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***SilverScript Employer PDP sponsored by Montgomery  
County Government (SilverScript)***

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

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

This formulary was updated on 08/19/2024. For more recent information or other questions, please contact Customer Care at 1-866-249-6167, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 25103

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2025. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

## What is the SilverScript Formulary?

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

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

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

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

## Can the Formulary change?

Most changes in drug coverage happen on January 1, but SilverScript may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [Caremark.com](https://www.caremark.com).

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

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

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

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

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

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

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

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

If we remove drugs from our formulary, add quantity limits and/or prior authorization restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript Formulary?”

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

This formulary is current as of January 1, 2025. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

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

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

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

#### **Alphabetical Listing**

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

#### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

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

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

## Are there any restrictions on my coverage?

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

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the SilverScript Formulary?" for information about how to request an exception.

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

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

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

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

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

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

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

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

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

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

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

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

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

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

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

**Initial Coverage Stage Copayment/Coinsurance Levels**

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

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

- Cost-Sharing Tier 1: Generic**
- Cost-Sharing Tier 2: Preferred Brand**
- Cost-Sharing Tier 3: Non-Preferred Brand**

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

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

|                                    | <b>Network Retail Pharmacy</b><br>(Up to a 30-day supply available at <u>any</u> network pharmacy) | <b>Mail-Order Pharmacy</b><br>(Up to a 30-day supply) | <b>Long-Term Care (LTC) Pharmacy</b><br>(Up to a 31-day supply) |
|------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|
| <b>Tier 1: Generic</b>             | \$10.00                                                                                            | \$10.00                                               | \$10.00                                                         |
| <b>Tier 2: Preferred Brand</b>     | \$20.00                                                                                            | \$20.00                                               | \$20.00                                                         |
| <b>Tier 3: Non-Preferred Brand</b> | \$35.00                                                                                            | \$35.00                                               | \$35.00                                                         |

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

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

### **For more information**

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

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

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

### **SilverScript's Formulary**

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

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

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

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

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>ANALGESICS</b>                                                                        |                            |           |
| <b>GOUT</b>                                                                              |                            |           |
| <i>allopurinol</i> TABS 100mg, 300mg                                                     | 1                          |           |
| ALLOPURINOL TABS 200mg                                                                   | 3                          |           |
| <i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg                                | 3                          | NDS       |
| <i>colchicine</i> TABS .6mg                                                              | 1                          |           |
| <i>colchicine w/ probenecid tab</i> 0.5-500 mg                                           | 1                          |           |
| <i>febuxostat</i> TABS 40mg                                                              | 1                          |           |
| <i>febuxostat</i> (generic of ULORIC) TABS 80mg                                          | 1                          |           |
| KRYSTEXXA SOLN 8mg/ml                                                                    | 3                          | NDS NM PA |
| MITIGARE CAPS .6mg                                                                       | 2                          |           |
| <i>probenecid</i> TABS 500mg                                                             | 1                          |           |
| <b>MISCELLANEOUS</b>                                                                     |                            |           |
| <i>lidocaine hcl (local anesth.)</i> SOLN 4%                                             | 1                          | B/D       |
| <i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%   | 1                          | B/D       |
| <i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%             | 1                          | B/D       |
| <b>NSAIDS</b>                                                                            |                            |           |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg                    | 1                          |           |
| <i>diclofenac potassium</i> TABS 50mg                                                    | 1                          |           |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg                               | 1                          |           |
| <i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg (generic of ARTHROTEC 50) | 1                          |           |
| <i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg (generic of ARTHROTEC 75) | 1                          |           |
| <i>diflunisal</i> TABS 500mg                                                             | 1                          |           |
| <i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg                            | 1                          |           |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg                  | 1                          |           |

| Drug Name                                                                                                                   | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>etodolac</i> (generic of LODINE) TABS 400mg                                                                              | 1                          |           |
| <i>flurbiprofen</i> TABS 100mg                                                                                              | 1                          |           |
| <i>ibu</i> TABS 400mg, 600mg, 800mg                                                                                         | 1                          |           |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg                                                                   | 1                          |           |
| <i>ketorolac tromethamine</i> TABS 10mg                                                                                     | 1                          |           |
| <i>meclofenamate sodium</i> CAPS 50mg, 100mg                                                                                | 1                          |           |
| <i>meloxicam</i> TABS 7.5mg, 15mg                                                                                           | 1                          |           |
| <i>nabumetone</i> TABS 500mg, 750mg                                                                                         | 1                          |           |
| <i>naproxen</i> TABS 250mg, 375mg                                                                                           | 1                          |           |
| <i>naproxen</i> (generic of NAPROSYN) TABS 500mg                                                                            | 1                          |           |
| <i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg                                                                  | 1                          |           |
| <i>naproxen sodium</i> TABS 275mg                                                                                           | 1                          |           |
| <i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg                                                                   | 1                          |           |
| <i>oxaprozin</i> (generic of DAYPRO) TABS 600mg                                                                             | 1                          |           |
| <i>piroxicam</i> CAPS 10mg, 20mg                                                                                            | 1                          |           |
| <i>sulindac</i> TABS 150mg, 200mg                                                                                           | 1                          |           |
| <i>tolmetin sodium</i> CAPS 400mg; TABS 600mg                                                                               | 1                          |           |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                                                       |                            |           |
| BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg<br>QL (60 buccal films / 30 days)                                        | 3                          | QL PA     |
| BELBUCA FILM 750mcg, 900mcg<br>QL (60 buccal films / 30 days)                                                               | 3                          | NDS QL PA |
| <i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr<br>QL (4 patches / 28 days) | 1                          | QL PA     |

| Drug Name                                                                                                                                              | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>fentanyl</i> PT72 12mcg/hr,<br>25mcg/hr, 37.5mcg/hr,<br>50mcg/hr, 62.5mcg/hr,<br>75mcg/hr, 87.5mcg/hr,<br>100mcg/hr<br>QL (10 patches / 30<br>days) | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg,<br>40mg, 50mg<br>QL (60 caps / 30 days)                                                     | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg,<br>80mg<br>QL (30 tabs / 30 days)                                                           | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> T24A 100mg, 120mg<br>QL (30 tabs / 30 days)                                                                              | 3                          | NDS QL PA |
| <i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg<br>QL (30 tabs / 30 days)                                                                          | 1                          | QL PA     |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml<br>QL (450 mL / 30 days)                                                                                   | 1                          | QL PA     |
| <i>methadone hcl</i> TABS 5mg, 10mg<br>QL (90 tabs / 30 days)                                                                                          | 1                          | QL PA     |
| METHADONE HCL INJ<br>SOLN 10mg/ml                                                                                                                      | 3                          |           |
| <i>methadone hydrochloride i</i><br>(generic of METHADOSE)<br>CONC 10mg/ml<br>QL (90 mL / 30 days)                                                     | 1                          | QL PA     |
| <i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg,<br>80mg, 100mg<br>QL (60 caps / 30 days)                                                    | 1                          | QL PA     |
| <i>morphine sulfate</i> (generic of<br>MS CONTIN) TBCR 15mg,<br>30mg, 60mg, 100mg, 200mg<br>QL (90 tabs / 30 days)                                     | 1                          | QL PA     |
| <i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg,<br>90mg, 120mg<br>QL (30 caps / 30 days)                                                    | 1                          | QL PA     |
| <i>tramadol hcl</i> TB24 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days)                                                                                 | 1                          | QL PA     |

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                                     |                            |           |
| <i>acetaminophen w/ codeine</i><br><i>soln</i> 120-12 mg/5ml<br>QL (2700 mL / 30 days)                     | 1                          | QL        |
| <i>acetaminophen w/ codeine</i><br><i>tab</i> 300-15 mg<br>QL (400 tabs / 30 days)                         | 1                          | QL        |
| <i>acetaminophen w/ codeine</i><br><i>tab</i> 300-30 mg<br>QL (360 tabs / 30 days)                         | 1                          | QL        |
| <i>acetaminophen w/ codeine</i><br><i>tab</i> 300-60 mg<br>QL (180 tabs / 30 days)                         | 1                          | QL        |
| <i>acetaminophen-caffeine-</i><br><i>dihydrocodeine cap</i> 320.5-30-<br>16 mg<br>QL (300 caps / 30 days)  | 1                          | QL        |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml                                                            | 3                          |           |
| <i>butorphanol tartrate</i> SOLN 10mg/ml<br>QL (10 mL / 30 days)                                           | 1                          | QL        |
| CODEINE SULFATE TABS 15mg, 60mg<br>QL (180 tabs / 30 days)                                                 | 3                          | QL        |
| <i>codeine sulfate</i> TABS 30mg<br>QL (180 tabs / 30 days)                                                | 1                          | QL        |
| <i>endocet tab</i> 2.5-325mg<br>(generic of PERCOCET)<br>QL (360 tabs / 30 days)                           | 1                          | QL        |
| <i>endocet tab</i> 5-325mg (generic<br>of PERCOCET)<br>QL (360 tabs / 30 days)                             | 1                          | QL        |
| <i>endocet tab</i> 7.5-325mg<br>(generic of PERCOCET)<br>QL (240 tabs / 30 days)                           | 1                          | QL        |
| <i>endocet tab</i> 10-325mg<br>(generic of PERCOCET)<br>QL (180 tabs / 30 days)                            | 1                          | QL        |
| <i>fentanyl citrate</i> LPOP 200mcg<br>QL (120 lozenges / 30<br>days)                                      | 1                          | QL PA     |
| <i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg,<br>1200mcg, 1600mcg<br>QL (120 lozenges / 30<br>days) | 3                          | NDS QL PA |

| Drug Name                                                                                          | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>fentanyl citrate</i> TABS<br>200mcg, 400mcg, 600mcg,<br>800mcg<br>QL (120 tabs / 30 days)       | 3                          | NDS QL PA |
| <i>hydrocodone-acetaminophen<br/>soln 7.5-325 mg/15ml</i><br>QL (2700 mL / 30 days)                | 1                          | QL        |
| <i>hydrocodone-acetaminophen<br/>tab 5-300 mg</i> (generic of<br>XODOL)<br>QL (240 tabs / 30 days) | 1                          | QL        |
| <i>hydrocodone-acetaminophen<br/>tab 5-325 mg</i><br>QL (240 tabs / 30 days)                       | 1                          | QL        |
| <i>hydrocodone-acetaminophen<br/>tab 7.5-300 mg</i><br>QL (180 tabs / 30 days)                     | 1                          | QL        |
| <i>hydrocodone-acetaminophen<br/>tab 7.5-325 mg</i><br>QL (180 tabs / 30 days)                     | 1                          | QL        |
| <i>hydrocodone-acetaminophen<br/>tab 10-300 mg</i><br>QL (180 tabs / 30 days)                      | 1                          | QL        |
| <i>hydrocodone-acetaminophen<br/>tab 10-325 mg</i><br>QL (180 tabs / 30 days)                      | 1                          | QL        |
| <i>hydrocodone-ibuprofen tab 5-<br/>200 mg</i><br>QL (150 tabs / 30 days)                          | 1                          | QL        |
| <i>hydrocodone-ibuprofen tab<br/>7.5-200 mg</i><br>QL (150 tabs / 30 days)                         | 1                          | QL        |
| <i>hydrocodone-ibuprofen tab<br/>10-200 mg</i><br>QL (150 tabs / 30 days)                          | 1                          | QL        |
| <i>hydromorphone hcl</i> (generic<br>of DILAUDID) LIQD 1mg/ml<br>QL (600 mL / 30 days)             | 1                          | QL        |
| <i>hydromorphone hcl</i> (generic<br>of DILAUDID) SOLN 1mg/ml,<br>2mg/ml                           | 3                          | B/D       |
| <i>hydromorphone hcl</i> SOLN<br>4mg/ml, 10mg/ml, 50mg/5ml                                         | 3                          | B/D       |
| <i>hydromorphone hcl</i> (generic<br>of DILAUDID) TABS 2mg,<br>4mg, 8mg<br>QL (180 tabs / 30 days) | 1                          | QL        |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------|----------------------------|--------|
| HYDROMORPHONE<br>HYDROCHLORI SOLN<br>.25mg/0.5ml, 1mg/ml, 2mg/ml,<br>4mg/ml                   | 3                          | B/D    |
| MORPHINE SULFATE SOLN<br>2mg/ml, 4mg/ml, 5mg/ml,<br>8mg/ml, 10mg/ml, 50mg/ml                  | 3                          | B/D    |
| <i>morphine sulfate</i> SOLN<br>4mg/ml, 8mg/ml, 10mg/ml                                       | 3                          | B/D    |
| <i>morphine sulfate</i> SOLN<br>10mg/5ml, 20mg/5ml<br>QL (900 mL / 30 days)                   | 1                          | QL     |
| <i>morphine sulfate</i> SOLN<br>100mg/5ml<br>QL (180 mL / 30 days)                            | 1                          | QL     |
| <i>morphine sulfate</i> TABS<br>15mg, 30mg<br>QL (180 tabs / 30 days)                         | 1                          | QL     |
| MORPHINE<br>SULFATE/SODIUM C SOLN<br>1mg/ml                                                   | 3                          | B/D    |
| <i>nalbuphine hcl</i> SOLN<br>10mg/ml, 20mg/ml                                                | 3                          |        |
| OXAYDO TABS 5mg<br>QL (180 tabs / 30 days)                                                    | 3                          | QL     |
| OXAYDO TABS 7.5mg<br>QL (360 tabs / 30 days)                                                  | 3                          | NDS QL |
| <i>oxycodone hcl</i> CAPS 5mg<br>QL (180 caps / 30 days)                                      | 1                          | QL     |
| <i>oxycodone hcl</i> CONC<br>100mg/5ml<br>QL (180 mL / 30 days)                               | 1                          | QL     |
| <i>oxycodone hcl</i> SOLN<br>5mg/5ml<br>QL (900 mL / 30 days)                                 | 1                          | QL     |
| <i>oxycodone hcl</i> TABS 5mg,<br>10mg, 20mg<br>QL (180 tabs / 30 days)                       | 1                          | QL     |
| <i>oxycodone hcl</i> (generic of<br>ROXICODONE) TABS 15mg,<br>30mg<br>QL (180 tabs / 30 days) | 1                          | QL     |
| <i>oxycodone w/ acetaminophen<br/>soln 5-325 mg/5ml</i><br>QL (1800 mL / 30 days)             | 1                          | QL     |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCOCET)<br>QL (360 tabs / 30 days) | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET)<br>QL (360 tabs / 30 days)   | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET)<br>QL (240 tabs / 30 days) | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET)<br>QL (180 tabs / 30 days)  | 1                          | QL        |
| <i>oxymorphone hcl TABS 5mg, 10mg</i><br>QL (180 tabs / 30 days)                                  | 1                          | QL        |
| SEGLENTIS TAB 56-44MG<br>QL (120 tabs / 30 days)                                                  | 3                          | QL PA     |
| <i>tramadol hcl TABS 50mg</i><br>QL (240 tabs / 30 days)                                          | 1                          | QL        |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i><br>QL (240 tabs / 30 days)                          | 1                          | QL        |
| <i>trexix</i><br>QL (300 caps / 30 days)                                                          | 1                          | QL        |
| <b>ANTI-INFECTIVES</b>                                                                            |                            |           |
| <b>ANTI-INFECTIVES - MISCELLANEOUS</b>                                                            |                            |           |
| AEMCOLO TBEC 194mg                                                                                | 3                          |           |
| <i>albendazole TABS 200mg</i>                                                                     | 3                          | NDS       |
| <i>amikacin sulfate SOLN</i><br>1gm/4ml, 500mg/2ml                                                | 1                          |           |
| ARIKAYCE SUSP<br>590mg/8.4ml                                                                      | 3                          | NDS NM PA |
| <i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml                                              | 1                          |           |
| <i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm                                               | 1                          |           |
| CAYSTON SOLR 75mg                                                                                 | 3                          | NDS NM PA |
| CLEOCIN PHOSPHATE<br>SOLN 300mg/2ml, 600mg/4ml                                                    | 3                          |           |
| <i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg                               | 1                          |           |

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml | 1                          |        |
| <i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN<br>900mg/6ml, 9000mg/60ml      | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>                                         | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>                                         | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>                                         | 1                          |        |
| CLINDMYC/NAC INJ<br>300/50ML                                                                    | 3                          |        |
| CLINDMYC/NAC INJ<br>600/50ML                                                                    | 3                          |        |
| CLINDMYC/NAC INJ<br>900/50ML                                                                    | 3                          |        |
| <i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR<br>150mg                            | 1                          |        |
| DALVANCE SOLR 500mg                                                                             | 3                          | NDS    |
| <i>dapsone TABS 25mg, 100mg</i>                                                                 | 1                          |        |
| DAPTOMY/NACL INJ<br>350/50ML                                                                    | 3                          |        |
| DAPTOMY/NACL INJ<br>500/50ML                                                                    | 3                          |        |
| DAPTOMYCIN SOLR 350mg                                                                           | 3                          | NDS    |
| <i>daptomycin</i> (generic of DAPTOMYCIN) SOLR<br>350mg                                         | 3                          | NDS    |
| <i>daptomycin SOLR 500mg</i>                                                                    | 3                          | NDS    |
| EMVERM CHEW 100mg                                                                               | 3                          | NDS    |
| <i>ertapenem sodium SOLR</i><br>1gm                                                             | 1                          |        |
| <i>gentamicin in saline inj 0.8 mg/ml</i>                                                       | 1                          |        |
| <i>gentamicin in saline inj 1 mg/ml</i>                                                         | 1                          |        |
| <i>gentamicin in saline inj 1.2 mg/ml</i>                                                       | 1                          |        |
| <i>gentamicin in saline inj 1.6 mg/ml</i>                                                       | 1                          |        |
| <i>gentamicin in saline inj 2 mg/ml</i>                                                         | 1                          |        |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------|----------------------------|--------|
| <i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml                                    | 1                          |        |
| HUMATIN CAPS 250mg                                                                 | 3                          | NDS    |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i>                             | 1                          |        |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)    | 1                          |        |
| IMPAVIDO CAPS 50mg                                                                 | 3                          | NDS    |
| <i>ivermectin</i> (generic of STROMEKTOL) TABS 3mg QL (12 tabs / 90 days)          | 1                          | QL PA  |
| KIMYRSA SOLR 1200mg                                                                | 3                          | NDS    |
| <i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml; TABS 600mg                   | 1                          |        |
| <i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml                                 | 3                          | NDS    |
| LINEZOLID INJ 2MG/ML                                                               | 3                          |        |
| MEROP/NACL INJ 1GM/50ML                                                            | 3                          |        |
| MEROP/NACL INJ 500/50ML                                                            | 3                          |        |
| <i>meropenem</i> SOLR 1gm, 500mg                                                   | 1                          |        |
| <i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm                          | 1                          |        |
| <i>metronidazole</i> (generic of FLAGYL) CAPS 375mg                                | 1                          |        |
| <i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml                   | 1                          |        |
| <i>metronidazole</i> TABS 250mg, 500mg                                             | 1                          |        |
| <i>neomycin sulfate</i> TABS 500mg                                                 | 1                          |        |
| <i>nitazoxanide</i> (generic of ALINIA) TABS 500mg                                 | 3                          | NDS    |
| <i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg | 2                          |        |
| <i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg               | 2                          |        |
| ORBACTIV SOLR 400mg                                                                | 3                          | NDS    |
| <i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg                | 1                          | B/D    |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------|----------------------------|-----------|
| <i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg       | 1                          |           |
| <i>polymyxin b sulfate</i> SOLR 500000unit                                  | 1                          |           |
| <i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg                      | 1                          |           |
| <i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg                        | 3                          | NDS       |
| RECARBRIO INJ 1.25GM                                                        | 3                          | NDS       |
| SIVEXTRO SOLR 200mg; TABS 200mg                                             | 3                          | NDS       |
| SOLOSEC PACK 2gm                                                            | 3                          |           |
| <i>streptomycin sulfate</i> SOLR 1gm                                        | 3                          | NDS       |
| <i>sulfadiazine</i> TABS 500mg                                              | 3                          | NDS       |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>                  | 1                          |           |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>                     | 1                          |           |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)     | 1                          |           |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS) | 1                          |           |
| <i>tinidazole</i> TABS 250mg, 500mg                                         | 1                          |           |
| TOBI PODHALER CAPS 28mg                                                     | 3                          | NDS NM PA |
| <i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml                       | 3                          | NDS NM PA |
| <i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml                   | 3                          | NDS NM PA |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml       | 1                          |           |
| <i>trimethoprim</i> TABS 100mg                                              | 1                          |           |
| VABOMERE INJ 2GM(1-1)                                                       | 3                          | NDS       |
| VANCOMYC/D5W INJ 1.5/300                                                    | 3                          |           |
| VANCOMYC/D5W INJ 1.25/250                                                   | 3                          |           |
| VANCOMYCIN SOLN 2000mg/400ml                                                | 3                          |           |

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| Drug Name                                                                                                                                         | Drug Requirements/<br>Tier | Limits  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg, 250mg                                                                                     | 1                          |         |
| <i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm                                                                           | 1                          |         |
| <i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg                                                                                    | 1                          |         |
| <i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml, 250mg/5ml                                                                                | 1                          |         |
| VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 5gm, 10gm, 500mg, 750mg | 3                          |         |
| VANCOMYCIN INJ 1 GM                                                                                                                               | 3                          |         |
| VANCOMYCIN INJ 500MG                                                                                                                              | 3                          |         |
| VANCOMYCIN INJ 750MG                                                                                                                              | 3                          |         |
| VIBATIV SOLR 750mg                                                                                                                                | 3                          | NDS     |
| XIFAXAN TABS 200mg                                                                                                                                | 3                          |         |
| ZEMDRI SOLN 500mg/10ml                                                                                                                            | 3                          | NDS     |
| ZYVOX SOLN 200mg/100ml                                                                                                                            | 3                          | NDS     |
| <b>ANTIFUNGALS</b>                                                                                                                                |                            |         |
| ABELCET SUSP 5mg/ml                                                                                                                               | 3                          | B/D     |
| <i>amphotericin b</i> SOLR 50mg                                                                                                                   | 1                          | B/D     |
| <i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg                                                                                    | 3                          | NDS B/D |
| <i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg                                                                                  | 1                          |         |
| CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg                                                                                                           | 3                          | NDS PA  |
| ERAXIS SOLR 50mg                                                                                                                                  | 3                          |         |
| ERAXIS SOLR 100mg                                                                                                                                 | 3                          | NDS     |
| <i>fluconazole</i> SUSR 10mg/ml; TABS 50mg                                                                                                        | 1                          |         |
| <i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 100mg, 150mg, 200mg                                                                   | 1                          |         |
| <i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml                                                                                                  | 1                          |         |

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------|----------------------------|--------|
| <i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml                     | 1                          |        |
| <i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg            | 3                          | NDS    |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg             | 1                          |        |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg                 | 1                          |        |
| <i>itraconazole</i> (generic of SPORANOX) CAPS 100mg                 | 1                          |        |
| <i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml               | 3                          | NDS    |
| <i>ketoconazole</i> TABS 200mg                                       | 1                          |        |
| <i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg      | 1                          |        |
| MICAFUNGIN/NACL INJ 50MG/50ML                                        | 3                          | NDS    |
| MICAFUNGIN/NACL INJ 100MG/100ML                                      | 3                          | NDS    |
| NOXAFIL PACK 300mg                                                   | 3                          | NDS PA |
| <i>nystatin</i> TABS 500000unit                                      | 1                          |        |
| <i>posaconazole</i> (generic of NOXAFIL) SOLN 300mg/16.7ml           | 3                          | NDS    |
| <i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml; TBEC 100mg    | 3                          | NDS PA |
| REZZAYO SOLR 200mg                                                   | 3                          | NDS    |
| <i>terbinafine hcl</i> TABS 250mg                                    | 1                          |        |
| TOLSURA CAPS 65mg                                                    | 3                          | NDS    |
| VIVJOA CPPK 150mg                                                    | 3                          | NDS NM |
| <i>voriconazole</i> (generic of VFEND IV) SOLR 200mg                 | 1                          | PA     |
| <i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml                  | 3                          | NDS PA |
| <i>voriconazole</i> (generic of VFEND) TABS 50mg, 200mg              | 1                          |        |
| <b>ANTIMALARIALS</b>                                                 |                            |        |
| <i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE) | 1                          |        |
| <i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE) | 1                          |        |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg                       | 1                          |        |

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| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------|----------------------------|--------|
| COARTEM TAB 20-120MG                                                      | 3                          |        |
| KRINTAFEL TABS 150mg                                                      | 3                          |        |
| <i>mefloquine hcl</i> TABS 250mg                                          | 1                          |        |
| PRIMAQUINE PHOSPHATE TABS 26.3mg                                          | 2                          |        |
| <i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg | 1                          |        |
| <i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg                  | 1                          |        |
| <b>ANTIRETROVIRAL AGENTS</b>                                              |                            |        |
| <i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml                  | 1                          | NM     |
| <i>abacavir sulfate</i> TABS 300mg                                        | 1                          | NM     |
| APTIVUS CAPS 250mg                                                        | 3                          | NDS NM |
| <i>atazanavir sulfate</i> CAPS 150mg                                      | 1                          | NM     |
| <i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg          | 1                          | NM     |
| <i>darunavir</i> (generic of PREZISTA) TABS 600mg, 800mg                  | 3                          | NDS NM |
| EDURANT TABS 25mg                                                         | 3                          | NDS NM |
| <i>efavirenz</i> (generic of SUSTIVA) TABS 600mg                          | 1                          | NM     |
| <i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg                      | 1                          | NM     |
| EMTRIVA SOLN 10mg/ml                                                      | 3                          | NM     |
| <i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg                | 3                          | NDS NM |
| <i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg               | 3                          | NDS NM |
| FUZEON SOLR 90mg                                                          | 3                          | NDS NM |
| INTELENCE TABS 25mg                                                       | 3                          | NM     |
| ISENTRESS CHEW 25mg                                                       | 3                          | NM     |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg                              | 3                          | NDS NM |
| ISENTRESS HD TABS 600mg                                                   | 3                          | NDS NM |
| <i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg     | 1                          | NM     |
| <i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg                 | 3                          | NDS NM |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------|----------------------------|--------|
| <i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg                | 1                          | NM     |
| NORVIR PACK 100mg                                                      | 3                          | NM     |
| PIFELTRO TABS 100mg                                                    | 3                          | NDS NM |
| PREZISTA SUSP 100mg/ml; TABS 150mg                                     | 3                          | NDS NM |
| PREZISTA TABS 75mg                                                     | 3                          | NM     |
| REYATAZ PACK 50mg                                                      | 3                          | NDS NM |
| <i>ritonavir</i> (generic of NORVIR) TABS 100mg                        | 1                          | NM     |
| RUKOBIA TB12 600mg                                                     | 3                          | NDS NM |
| SELZENTRY SOLN 20mg/ml; TABS 75mg                                      | 3                          | NDS NM |
| SELZENTRY TABS 25mg                                                    | 3                          | NM     |
| SUNLENCA TBPK 300mg                                                    | 3                          | NDS NM |
| <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg    | 1                          | NM     |
| TIVICAY TABS 10mg                                                      | 2                          | NM     |
| TIVICAY TABS 25mg, 50mg                                                | 3                          | NDS NM |
| TIVICAY PD TBSO 5mg                                                    | 3                          | NDS NM |
| TROGARZO SOLN 200mg/1.33ml                                             | 3                          | NDS NM |
| TYBOST TABS 150mg                                                      | 2                          | NM     |
| VIRACEPT TABS 250mg, 625mg                                             | 3                          | NDS NM |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg                          | 3                          | NDS NM |
| <i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml      | 1                          | NM     |
| <i>zidovudine</i> TABS 300mg                                           | 1                          | NM     |
| <b>ANTIRETROVIRAL COMBINATION AGENTS</b>                               |                            |        |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM) | 1                          | NM     |
| BIKTARVY TAB 30-120-15 MG                                              | 3                          | NDS NM |
| BIKTARVY TAB 50-200-25 MG                                              | 3                          | NDS NM |
| CIMDUO TAB 300-300                                                     | 3                          | NDS NM |
| COMPLERA TAB                                                           | 3                          | NDS NM |
| DELSTRIGO TAB                                                          | 3                          | NDS NM |
| DESCOVY TAB 120-15MG                                                   | 3                          | NDS NM |
| DESCOVY TAB 200/25MG                                                   | 3                          | NDS NM |
| DOVATO TAB 50-300MG                                                    | 3                          | NDS NM |

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| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)    | 3                          | NDS NM |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)      | 3                          | NDS NM |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)         | 3                          | NDS NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA) | 3                          | NDS NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA) | 3                          | NDS NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA) | 3                          | NDS NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA) | 1                          | NM     |
| EVOTAZ TAB 300-150                                                                     | 3                          | NDS NM |
| GENVOYA TAB                                                                            | 3                          | NDS NM |
| JULUCA TAB 50-25MG                                                                     | 3                          | NDS NM |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                                            | 1                          | NM     |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)      | 1                          | NM     |
| <i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)                          | 1                          | NM     |
| <i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)                          | 1                          | NM     |
| ODEFSEY TAB                                                                            | 3                          | NDS NM |
| PREZCOBIX TAB 800-150                                                                  | 3                          | NDS NM |
| STRIBILD TAB                                                                           | 3                          | NDS NM |
| SYMTUZA TAB                                                                            | 3                          | NDS NM |
| TRIUMEQ PD TAB                                                                         | 2                          | NM     |
| TRIUMEQ TAB                                                                            | 3                          | NDS NM |
| <b>ANTITUBERCULAR AGENTS</b>                                                           |                            |        |
| <i>cycloserine</i> CAPS 250mg                                                          | 3                          | NDS    |
| <i>ethambutol hcl</i> TABS 100mg, 400mg                                                | 1                          |        |

| Drug Name                                                       | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------|----------------------------|-----------|
| <i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg               | 1                          |           |
| PRETOMANID TABS 200mg                                           | 3                          |           |
| PRIFTIN TABS 150mg                                              | 3                          |           |
| <i>pyrazinamide</i> TABS 500mg                                  | 1                          |           |
| <i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg              | 1                          |           |
| <i>rifampin</i> CAPS 150mg, 300mg                               | 1                          |           |
| <i>rifampin</i> (generic of RIFADIN) SOLR 600mg                 | 1                          |           |
| SIRTURO TABS 20mg, 100mg                                        | 3                          | NDS NM    |
| TRECTOR TABS 250mg                                              | 3                          |           |
| <b>ANTIVIRALS</b>                                               |                            |           |
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg  | 1                          |           |
| <i>acyclovir sodium</i> SOLN 50mg/ml                            | 1                          | B/D       |
| <i>adefovir dipivoxil</i> TABS 10mg                             | 1                          | NM        |
| BARACLUDE SOLN .05mg/ml                                         | 3                          | NDS NM    |
| <i>cidofovir</i> SOLN 75mg/ml                                   | 1                          |           |
| <i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg          | 1                          | NM        |
| EPCLUSA PAK 150-37.5                                            | 3                          | NDS NM PA |
| EPCLUSA PAK 200-50MG                                            | 3                          | NDS NM PA |
| EPCLUSA TAB 200-50MG                                            | 3                          | NDS NM PA |
| EPCLUSA TAB 400-100                                             | 3                          | NDS NM PA |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg                     | 1                          |           |
| <i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml | 3                          | NDS B/D   |
| GANCICLOVIR SOLN 500mg/10ml                                     | 3                          | B/D       |
| <i>ganciclovir sodium</i> SOLR 500mg                            | 1                          | B/D       |
| HARVONI PAK 33.75-150MG                                         | 3                          | NDS NM PA |
| HARVONI PAK 45-200MG                                            | 3                          | NDS NM PA |
| HARVONI TAB 45-200MG                                            | 3                          | NDS NM PA |
| HARVONI TAB 90-400MG                                            | 3                          | NDS NM PA |
| <i>lamivudine (hbv)</i> TABS 100mg                              | 1                          | NM        |
| LIVTENCITY TABS 200mg                                           | 3                          | NDS NM PA |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------------|----------------------------|-----------|
| MAVYRET PAK 50-20MG                                                                           | 3                          | NDS NM PA |
| MAVYRET TAB 100-40MG                                                                          | 3                          | NDS NM PA |
| <i>oseltamivir phosphate</i><br>(generic of TAMIFLU) CAPS<br>30mg, 45mg, 75mg; SUSR<br>6mg/ml | 1                          |           |
| PAXLOVID TAB 150-100                                                                          | 2                          |           |
| PAXLOVID TAB 300-100                                                                          | 2                          |           |
| PEGASYS SOLN 180mcg/ml;<br>SOSY 180mcg/0.5ml                                                  | 3                          | NDS NM PA |
| PREVYMIS SOLN<br>240mg/12ml, 480mg/24ml;<br>TABS 240mg, 480mg                                 | 3                          | NDS       |
| RAPIVAB SOLN 200mg/20ml                                                                       | 3                          | NDS       |
| RELENZA DISKHALER<br>AEPB 5mg/blister                                                         | 2                          |           |
| <i>ribavirin (hepatitis c)</i> CAPS<br>200mg; TABS 200mg                                      | 1                          | NM        |
| <i>rimantadine hydrochloride</i><br>TABS 100mg                                                | 1                          |           |
| <i>valacyclovir hcl</i> (generic of<br>VALTREX) TABS 1gm,<br>500mg                            | 1                          |           |
| <i>valganciclovir hcl</i> (generic of<br>VALCYTE) SOLR 50mg/ml                                | 3                          | NDS       |
| <i>valganciclovir hcl</i> (generic of<br>VALCYTE) TABS 450mg                                  | 1                          |           |
| VOSEVI TAB                                                                                    | 3                          | NDS NM PA |
| XOFLUZA TBPK 40mg,<br>80mg                                                                    | 3                          |           |
| <b>CEPHALOSPORINS</b>                                                                         |                            |           |
| AVYCAZ INJ 2-0.5GM                                                                            | 3                          | NDS       |
| <i>cefaclor</i> CAPS 250mg,<br>500mg; SUSR 250mg/5ml                                          | 1                          |           |
| CEFACLOR ER TB12 500mg                                                                        | 3                          |           |
| <i>cefadroxil</i> CAPS 500mg;<br>SUSR 250mg/5ml,<br>500mg/5ml; TABS 1gm                       | 1                          |           |
| CEFAZOLIN SOLR 2gm,<br>3gm                                                                    | 3                          |           |
| CEFAZOLIN INJ 1GM/50ML                                                                        | 3                          |           |
| <i>cefazolin sodium</i> SOLR 1gm,<br>2gm, 3gm, 10gm, 500mg                                    | 1                          |           |
| CEFAZOLIN SOLN<br>2GM/100ML-4%                                                                | 3                          |           |
| <i>cefdinir</i> CAPS 300mg; SUSR<br>125mg/5ml, 250mg/5ml                                      | 1                          |           |

| Drug Name                                                                                                       | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| CEFEPIME SOLN 1gm/50ml, 3<br>2gm/100ml                                                                          | 3                          |        |
| <i>cefepime hcl</i> SOLR 1gm,<br>2gm                                                                            | 1                          |        |
| CEFEPIME/DEX INJ 1GM                                                                                            | 3                          |        |
| CEFEPIME/DEX INJ 2GM                                                                                            | 3                          |        |
| <i>cefixime</i> CAPS 400mg;<br>SUSR 100mg/5ml, 200mg/5ml                                                        | 1                          |        |
| <i>cefotetan disodium</i> (generic of<br>CEFOTAN) SOLR 1gm, 2gm                                                 | 1                          |        |
| CEFOXITIN INJ 1GM                                                                                               | 3                          |        |
| CEFOXITIN INJ 2GM                                                                                               | 3                          |        |
| <i>cefoxitin sodium</i> SOLR 1gm,<br>2gm, 10gm                                                                  | 1                          |        |
| <i>cefpodoxime proxetil</i> SUSR<br>50mg/5ml, 100mg/5ml; TABS<br>100mg, 200mg                                   | 1                          |        |
| <i>cefprozil</i> SUSR 125mg/5ml,<br>250mg/5ml; TABS 250mg,<br>500mg                                             | 1                          |        |
| <i>ceftazidime</i> SOLR 1gm, 2gm,<br>6gm                                                                        | 1                          |        |
| <i>ceftriaxone sodium</i> SOLR<br>1gm, 2gm, 10gm, 250mg,<br>500mg                                               | 1                          |        |
| <i>cefuroxime axetil</i> TABS<br>250mg, 500mg                                                                   | 1                          |        |
| <i>cefuroxime sodium</i> SOLR<br>1.5gm, 750mg                                                                   | 1                          |        |
| <i>cephalexin</i> CAPS 250mg,<br>500mg, 750mg; SUSR<br>125mg/5ml, 250mg/5ml;<br>TABS 250mg, 500mg               | 1                          |        |
| FETROJA SOLR 1gm                                                                                                | 3                          | NDS    |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                                                               | 1                          |        |
| TEFLARO SOLR 400mg,<br>600mg                                                                                    | 3                          | NDS    |
| ZERBAXA INJ 1.5GM                                                                                               | 3                          | NDS    |
| <b>ERYTHROMYCINS/MACROLIDES</b>                                                                                 |                            |        |
| <i>azithromycin</i> PACK 1gm;<br>TABS 600mg                                                                     | 1                          |        |
| <i>azithromycin</i> (generic of<br>ZITHROMAX) SOLR 500mg;<br>SUSR 100mg/5ml,<br>200mg/5ml; TABS 250mg,<br>500mg | 1                          |        |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>clarithromycin</i> SUSR<br>125mg/5ml, 250mg/5ml;<br>TABS 250mg, 500mg                  | 1                          |        |
| <i>clarithromycin</i> (generic of<br>BIAXIN XL) TB24 500mg                                | 1                          |        |
| DIFICID SUSR 40mg/ml;<br>TABS 200mg                                                       | 3                          | NDS    |
| e.e.s. 400 TABS 400mg                                                                     | 1                          |        |
| <i>ery-tab</i> TBEC 250mg,<br>333mg, 500mg                                                | 1                          |        |
| ERYTHROCIN<br>LACTOBIONATE SOLR<br>500mg                                                  | 3                          |        |
| <i>erythrocin stearate</i> TABS<br>250mg                                                  | 1                          |        |
| <i>erythromycin base</i> CPEP<br>250mg; TABS 250mg, 500mg;<br>TBEC 250mg, 333mg, 500mg    | 1                          |        |
| <i>erythromycin ethylsuccinate</i><br>(generic of E.E.S.<br>GRANULES) SUSR<br>200mg/5ml   | 1                          |        |
| <i>erythromycin ethylsuccinate</i><br>(generic of ERYPED 400)<br>SUSR 400mg/5ml           | 3                          | NDS    |
| <i>erythromycin ethylsuccinate</i><br>TABS 400mg                                          | 1                          |        |
| <i>erythromycin lactobionate</i><br>(generic of ERYTHROCIN<br>LACTOBIONATE) SOLR<br>500mg | 1                          |        |
| <b>FLUOROQUINOLONES</b>                                                                   |                            |        |
| BAXDELA SOLR 300mg;<br>TABS 450mg                                                         | 3                          | NDS    |
| CIPRO SUSR 5gm/100ml,<br>500mg/5ml                                                        | 3                          |        |
| <i>ciprofloxacin</i> 200 mg/100ml in<br>d5w                                               | 1                          |        |
| <i>ciprofloxacin</i> 400 mg/200ml in<br>d5w                                               | 1                          |        |
| <i>ciprofloxacin hcl</i> (generic of<br>CIPRO) TABS 250mg,<br>500mg                       | 1                          |        |
| <i>ciprofloxacin hcl</i> TABS<br>750mg                                                    | 1                          |        |
| <i>levofloxacin</i> SOLN 25mg/ml;<br>TABS 250mg, 500mg, 750mg                             | 1                          |        |

| Drug Name                                                                                                                    | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>levofloxacin in d5w iv soln</i> 250<br>mg/50ml                                                                            | 1                          |        |
| <i>levofloxacin in d5w iv soln</i> 500<br>mg/100ml                                                                           | 1                          |        |
| <i>levofloxacin in d5w iv soln</i> 750<br>mg/150ml                                                                           | 1                          |        |
| <i>moxifloxacin hcl</i> TABS<br>400mg                                                                                        | 1                          |        |
| <i>moxifloxacin hcl</i> 400<br>mg/250ml in sodium chloride<br>0.8% inj                                                       | 1                          |        |
| MOXIFLOXACIN<br>HYDROCHLORID SOLN<br>400mg/250ml                                                                             | 3                          |        |
| <b>PENICILLINS</b>                                                                                                           |                            |        |
| <i>amoxicillin</i> CAPS 250mg,<br>500mg; CHEW 125mg,<br>250mg; SUSR 125mg/5ml,<br>200mg/5ml, 250mg/5ml;<br>TABS 500mg, 875mg | 1                          |        |
| <i>amoxicillin</i> (generic of<br>AMOXICILLIN) SUSR<br>400mg/5ml                                                             | 1                          |        |
| <i>amoxicillin &amp; k clavulanate</i><br>chew tab 200-28.5 mg                                                               | 1                          |        |
| <i>amoxicillin &amp; k clavulanate</i><br>chew tab 400-57 mg                                                                 | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for</i><br>susp 200-28.5 mg/5ml                                                           | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for</i><br>susp 250-62.5 mg/5ml                                                           | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for</i><br>susp 400-57 mg/5ml                                                             | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for</i><br>susp 600-42.9 mg/5ml<br>(generic of AUGMENTIN ES-<br>600)                      | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab</i><br>250-125 mg                                                                     | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab</i><br>500-125 mg (generic of<br>AUGMENTIN)                                           | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab</i><br>875-125 mg                                                                     | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab</i><br>er 12hr 1000-62.5 mg                                                           | 1                          |        |
| <i>ampicillin</i> CAPS 500mg                                                                                                 | 1                          |        |

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>ampicillin &amp; sulbactam sodium</i> 1<br>for inj 1.5 (1-0.5) gm (generic<br>of UNASYN)                |                            |        |
| <i>ampicillin &amp; sulbactam sodium</i> 1<br>for inj 3 (2-1) gm (generic of<br>UNASYN)                    |                            |        |
| <i>ampicillin &amp; sulbactam sodium</i> 1<br>for iv soln 1.5 (1-0.5) gm                                   |                            |        |
| <i>ampicillin &amp; sulbactam sodium</i> 1<br>for iv soln 3 (2-1) gm                                       |                            |        |
| <i>ampicillin &amp; sulbactam sodium</i> 1<br>for iv soln 15 (10-5) gm<br>(generic of UNASYN BULK<br>PACK) |                            |        |
| <i>ampicillin sodium</i> SOLR 1gm, 1<br>2gm, 10gm, 125mg, 250mg,<br>500mg                                  |                            |        |
| AUGMENTIN SUS 125/5ML 3                                                                                    |                            |        |
| BICILLIN C-R INJ 900/300 3                                                                                 |                            |        |
| BICILLIN C-R INJ 1200000 3                                                                                 |                            |        |
| BICILLIN L-A SUSY 3<br>600000unit/ml,<br>1200000unit/2ml,<br>2400000unit/4ml                               |                            |        |
| <i>dicloxacillin sodium</i> CAPS 1<br>250mg, 500mg                                                         |                            |        |
| NAFCILLIN INJ 1GM/50ML 3 NDS                                                                               |                            |        |
| NAFCILLIN INJ 2GM/100 3 NDS                                                                                |                            |        |
| <i>nafcillin sodium</i> SOLR 1gm, 1<br>2gm                                                                 |                            |        |
| <i>nafcillin sodium</i> SOLR 10gm 3 NDS                                                                    |                            |        |
| OXACILLIN INJ 1GM 3                                                                                        |                            |        |
| OXACILLIN INJ 2GM 3                                                                                        |                            |        |
| <i>oxacillin sodium</i> SOLR 1gm, 1<br>2gm, 10gm                                                           |                            |        |
| PEN GK/DEXTR INJ 3                                                                                         |                            |        |
| PEN GK/DEXTR INJ 3<br>40000/ML                                                                             |                            |        |
| PEN GK/DEXTR INJ 3                                                                                         |                            |        |
| <i>penicillin g potassium</i> SOLR 1<br>5000000unit, 20000000unit                                          |                            |        |
| <i>penicillin g sodium</i> SOLR 1<br>5000000unit                                                           |                            |        |
| <i>penicillin v potassium</i> SOLR 1<br>125mg/5ml, 250mg/5ml;<br>TABS 250mg, 500mg                         |                            |        |

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>pfizerpen</i> SOLR 5000000unit, 1<br>20000000unit                                                       |                            |        |
| <i>piperacillin sod-tazobactam na</i> 1<br>for inj 3.375 gm (3-0.375 gm)                                   |                            |        |
| <i>piperacillin sod-tazobactam</i> 1<br>sod for inj 2.25 gm (2-0.25<br>gm)                                 |                            |        |
| <i>piperacillin sod-tazobactam</i> 1<br>sod for inj 4.5 gm (4-0.5 gm)                                      |                            |        |
| <i>piperacillin sod-tazobactam</i> 1<br>sod for inj 13.5 gm (12-1.5<br>gm)                                 |                            |        |
| <i>piperacillin sod-tazobactam</i> 1<br>sod for inj 40.5 gm (36-4.5<br>gm)                                 |                            |        |
| ZOSYN SOL 2-0.25GM 3                                                                                       |                            |        |
| ZOSYN SOL 3-0.375G 3                                                                                       |                            |        |
| ZOSYN SOL 4-0.50GM 3                                                                                       |                            |        |
| <b>TETRACYCLINES</b>                                                                                       |                            |        |
| <i>demeclocycline hcl</i> TABS 1<br>150mg, 300mg                                                           |                            |        |
| <i>doxy 100</i> SOLR 100mg 1                                                                               |                            |        |
| <i>doxycycline (monohydrate)</i> 1<br>CAPS 50mg, 100mg; SUSR<br>25mg/5ml; TABS 50mg,<br>75mg, 100mg, 150mg |                            |        |
| <i>doxycycline hyclate</i> CAPS 1<br>50mg; SOLR 100mg; TABS<br>20mg, 100mg                                 |                            |        |
| <i>doxycycline hyclate</i> (generic 1<br>of VIBRAMYCIN) CAPS<br>100mg                                      |                            |        |
| <i>minocycline hcl</i> CAPS 50mg, 1<br>75mg, 100mg; TABS 50mg,<br>75mg, 100mg                              |                            |        |
| NUZYRA SOLR 100mg; 3 NDS NM<br>TABS 150mg                                                                  |                            |        |
| <i>tetracycline hcl</i> CAPS 250mg, 1<br>500mg                                                             |                            |        |
| <i>tigecycline</i> (generic of 3 NDS<br>TYGACIL) SOLR 50mg                                                 |                            |        |
| XERAVA SOLR 50mg, 3<br>100mg                                                                               |                            |        |
| <b>ANTINEOPLASTIC AGENTS<br/>ALKYLATING AGENTS</b>                                                         |                            |        |
| <i>bendamustine hcl</i> (generic of 3 NDS B/D NM<br>TREANDA) SOLR 25mg,<br>100mg                           |                            |        |

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

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits     |
|---------------------------------------------------------------------------------|----------------------------|------------|
| BENDEKA SOLN 100mg/4ml                                                          | 3                          | NDS B/D NM |
| <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml            | 1                          | B/D        |
| <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml                       | 1                          | B/D        |
| <i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg                        | 1                          | B/D        |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml | 3                          | NDS B/D    |
| <i>cyclophosphamide</i> SOLR 2gm                                                | 3                          | NDS B/D    |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg                                                | 3                          | B/D        |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml                                         | 3                          | NDS B/D    |
| GLEOSTINE CAPS 10mg, 40mg                                                       | 3                          | NM         |
| GLEOSTINE CAPS 100mg                                                            | 3                          | NDS NM     |
| IFEX SOLR 3gm                                                                   | 3                          | B/D        |
| <i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml                                       | 1                          | B/D        |
| IFOSFAMIDE SOLR 3gm                                                             | 3                          | B/D        |
| LEUKERAN TABS 2mg                                                               | 3                          | NDS        |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg            | 1                          | B/D        |
| <i>oxaliplatin</i> SOLR 100mg                                                   | 3                          | NDS B/D    |
| ZEPZELCA SOLR 4mg                                                               | 3                          | NDS NM PA  |
| <b>ANTIMETABOLITES</b>                                                          |                            |            |
| <i>azacitidine</i> (generic of VIDAZA) SUSR 100mg                               | 3                          | NDS B/D NM |
| <i>cytarabine</i> SOLN 20mg/ml, 100mg/ml                                        | 1                          | B/D        |
| <i>decitabine</i> SOLR 50mg                                                     | 3                          | NDS B/D NM |
| <i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg                           | 1                          | B/D        |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml            | 1                          | B/D        |
| FOLOTYN SOLN 20mg/ml                                                            | 3                          | NDS NM PA  |

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1                          | B/D       |
| <i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg                                                             | 1                          | B/D       |
| GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml                                            | 3                          | B/D       |
| INQOVI TAB 35-100MG                                                                                     | 3                          | NDS NM PA |
| LONSURF TAB 15-6.14                                                                                     | 3                          | NDS NM PA |
| LONSURF TAB 20-8.19                                                                                     | 3                          | NDS NM PA |
| <i>mercaptopurine</i> TABS 50mg                                                                         | 1                          |           |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm                                | 1                          | B/D       |
| ONUREG TABS 200mg, 300mg                                                                                | 3                          | NDS NM PA |
| PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg                                      | 3                          | NDS B/D   |
| <i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg                                        | 3                          | NDS B/D   |
| <i>pemetrexed disodium</i> SOLR 750mg, 1000mg                                                           | 3                          | NDS B/D   |
| PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml                                                                 | 3                          | NDS B/D   |
| <i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml                                                              | 3                          | NDS NM PA |
| PURIXAN SUSP 2000mg/100ml                                                                               | 3                          | NDS NM    |
| TABLOID TABS 40mg                                                                                       | 3                          | NDS       |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                                                   |                            |           |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg                                        | 3                          | NDS NM PA |
| AKEEGA TAB 50/500MG                                                                                     | 3                          | NDS NM PA |
| AKEEGA TAB 100/500                                                                                      | 3                          | NDS NM PA |
| <i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg                                                       | 1                          |           |
| <i>bicalutamide</i> (generic of CASODEX) TABS 50mg                                                      | 1                          |           |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg                                                                   | 2                          | NM PA     |

| Drug Name                                                 | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------|----------------------------|-----------|
| ERLEADA TABS 60mg, 240mg                                  | 3                          | NDS NM PA |
| EULEXIN CAPS 125mg                                        | 3                          | NDS       |
| <i>exemestane</i> (generic of AROMASIN) TABS 25mg         | 1                          |           |
| FIRMAGON SOLR 80mg                                        | 3                          | NM PA     |
| FIRMAGON SOLR 120mg/vial                                  | 3                          | NDS NM PA |
| <i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml   | 3                          | NDS B/D   |
| <i>letrozole</i> (generic of FEMARA) TABS 2.5mg           | 1                          |           |
| LEUPROLIDE ACETATE INJ 22.5mg                             | 3                          | NM PA     |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml                   | 1                          | NM PA     |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg                  | 3                          | NDS NM PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg                | 3                          | NDS NM PA |
| LUPRON DEPOT (4-MONTH) KIT 30mg                           | 3                          | NDS NM PA |
| LUPRON DEPOT (6-MONTH) KIT 45mg                           | 3                          | NDS NM PA |
| LYSODREN TABS 500mg                                       | 3                          | NDS NM    |
| <i>megestrol acetate</i> TABS 20mg, 40mg                  | 2                          |           |
| <i>nilutamide</i> (generic of NILANDRON) TABS 150mg       | 3                          | NDS       |
| NUBEQA TABS 300mg                                         | 3                          | NDS NM PA |
| ORGOVYX TABS 120mg                                        | 3                          | NDS NM PA |
| ORSERDU TABS 86mg, 345mg                                  | 3                          | NDS NM PA |
| SOLTAMOX SOLN 10mg/5ml                                    | 3                          | NDS       |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg                  | 1                          |           |
| <i>toremifene citrate</i> (generic of FARESTON) TABS 60mg | 1                          |           |
| TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg             | 2                          | NM PA     |
| XTANDI CAPS 40mg; TABS 40mg, 80mg                         | 3                          | NDS NM PA |
| YONSA TABS 125mg                                          | 3                          | NDS NM PA |
| ZOLADEX IMPL 3.6mg, 10.8mg                                | 3                          | NM PA     |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits     |
|-----------------------------------------------------------------------------------|----------------------------|------------|
| <b>IMMUNOMODULATORS</b>                                                           |                            |            |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg                       | 3                          | NDS NM PA  |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg                                                  | 3                          | NDS NM PA  |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg                                  | 3                          | NDS NM PA  |
| THALOMID CAPS 50mg, 100mg, 150mg, 200mg                                           | 3                          | NDS NM PA  |
| <b>MISCELLANEOUS</b>                                                              |                            |            |
| ASPARLAS SOLN 3750unit/5ml                                                        | 3                          | NDS NM PA  |
| BESREMI SOSY 500mcg/ml                                                            | 3                          | NDS NM PA  |
| <i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg                                | 3                          | NDS NM PA  |
| <i>bleomycin sulfate</i> SOLR 15unit, 30unit                                      | 1                          | B/D        |
| <i>dacarbazine</i> SOLR 100mg                                                     | 1                          | B/D        |
| <i>doxorubicin hcl</i> (generic of DOXORUBICIN HCL) SOLN 2mg/ml                   | 1                          | B/D        |
| <i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml                    | 3                          | NDS B/D    |
| ELLECE SOLN 50mg/25ml, 200mg/100ml                                                | 3                          | B/D        |
| <i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg                                 | 1                          |            |
| <i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 1                          | B/D        |
| <i>irinotecan hcl</i> SOLN 500mg/25ml                                             | 1                          | B/D        |
| IWILFIN TABS 192mg                                                                | 3                          | NDS NM PA  |
| MATULANE CAPS 50mg                                                                | 3                          | NDS NM     |
| <i>mitomycin</i> SOLR 5mg                                                         | 1                          | B/D        |
| <i>mitomycin</i> SOLR 20mg, 40mg                                                  | 3                          | NDS B/D    |
| <i>mitoxantrone hcl</i> CONC 2mg/ml                                               | 1                          | B/D NM     |
| NIPENT SOLR 10mg                                                                  | 3                          | NDS B/D    |
| ONCASPAR SOLN 750unit/ml                                                          | 3                          | NDS NM PA  |
| ONIVYDE INJ 43mg/10ml                                                             | 3                          | NDS B/D NM |
| RYLAZE SOLN 10mg/0.5ml                                                            | 3                          | NDS NM PA  |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits     |
|-------------------------------------------------------------------------------------------------------|----------------------------|------------|
| <i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml                                          | 1                          | B/D        |
| <i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg                                                   | 3                          | NDS B/D    |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg                                                             | 3                          | NDS        |
| <i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml                                                   | 3                          | NDS B/D NM |
| WELIREG TABS 40mg                                                                                     | 3                          | NDS NM PA  |
| <b>MITOTIC INHIBITORS</b>                                                                             |                            |            |
| ABRAXANE INJ 100MG                                                                                    | 3                          | NDS B/D NM |
| DOCETAXEL CONC 20mg/ml                                                                                | 3                          | B/D        |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml                                                  | 1                          | B/D        |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml                               | 3                          | NDS B/D    |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 3                          | NDS B/D    |
| <i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml                                            | 3                          | NDS B/D NM |
| ETOPOPHOS SOLR 100mg                                                                                  | 3                          | B/D        |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml                                                 | 1                          | B/D        |
| IXEMPRA KIT SOLR 15mg, 45mg                                                                           | 3                          | NDS B/D NM |
| JEVTANA SOLN 60mg/1.5ml                                                                               | 3                          | NDS NM PA  |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml                                       | 1                          | B/D        |
| PACLITAXEL INJ 100MG                                                                                  | 3                          | NDS B/D NM |
| <i>vinblastine sulfate</i> SOLN 1mg/ml                                                                | 1                          | B/D        |
| <i>vincristine sulfate</i> SOLN 1mg/ml                                                                | 1                          | B/D        |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml                                                    | 1                          | B/D        |
| <b>MOLECULAR TARGET AGENTS</b>                                                                        |                            |            |
| ALECENSA CAPS 150mg                                                                                   | 3                          | NDS NM PA  |
| ALUNBRIG TABS 30mg, 90mg, 180mg                                                                       | 3                          | NDS NM PA  |

| Drug Name                                          | Drug Requirements/<br>Tier | Limits     |
|----------------------------------------------------|----------------------------|------------|
| ALUNBRIG PAK                                       | 3                          | NDS NM PA  |
| ARZERRA CONC 100mg/5ml, 1000mg/50ml                | 3                          | NDS B/D NM |
| AUGTYRO CAPS 40mg                                  | 3                          | NDS NM PA  |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg       | 3                          | NDS NM PA  |
| BALVERSA TABS 3mg, 4mg, 5mg                        | 3                          | NDS NM PA  |
| BAVENCIO SOLN 200mg/10ml                           | 3                          | NDS NM PA  |
| BELEODAQ SOLR 500mg                                | 3                          | NDS NM PA  |
| BESPONSA SOLR .9mg                                 | 3                          | NDS NM PA  |
| BORTEZOMIB SOLR 1mg, 2.5mg                         | 3                          | NM PA      |
| <i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg  | 3                          | NDS NM PA  |
| BOSULIF CAPS 50mg, 100mg; TABS 100mg, 400mg, 500mg | 3                          | NDS NM PA  |
| BRAFTOVI CAPS 75mg                                 | 3                          | NDS NM PA  |
| BRUKINSA CAPS 80mg                                 | 3                          | NDS NM PA  |
| CABOMETYX TABS 20mg, 40mg, 60mg                    | 3                          | NDS NM PA  |
| CALQUENCE CAPS 100mg; TABS 100mg                   | 3                          | NDS NM PA  |
| CAPRELSA TABS 100mg, 300mg                         | 3                          | NDS NM PA  |
| COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml                | 3                          | NDS NM PA  |
| COMETRIQ (60MG DOSE) KIT 20mg                      | 3                          | NDS NM PA  |
| COMETRIQ KIT 100MG                                 | 3                          | NDS NM PA  |
| COMETRIQ KIT 140MG                                 | 3                          | NDS NM PA  |
| COPIKTRA CAPS 15mg, 25mg                           | 3                          | NDS NM PA  |
| COTELLIC TABS 20mg                                 | 3                          | NDS NM PA  |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml                | 3                          | NDS NM PA  |
| DARZALEX SOLN 100mg/5ml, 400mg/20ml                | 3                          | NDS NM PA  |
| DARZALEX SOL FASPRO                                | 3                          | NDS NM PA  |
| DAURISMO TABS 25mg, 100mg                          | 3                          | NDS NM PA  |
| EMPLICITI SOLR 300mg, 400mg                        | 3                          | NDS NM PA  |
| ENHERTU SOLR 100mg                                 | 3                          | NDS NM PA  |
| EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml                 | 3                          | NDS NM PA  |

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| Drug Name                                                                  | Drug Requirements/<br>Tier | Limits     |
|----------------------------------------------------------------------------|----------------------------|------------|
| ERBITUX SOLN<br>100mg/50ml, 200mg/100ml                                    | 3                          | NDS B/D NM |
| ERIVEDGE CAPS 150mg                                                        | 3                          | NDS NM PA  |
| <i>erlotinib hcl</i> (generic of<br>TARCEVA) TABS 25mg,<br>100mg, 150mg    | 3                          | NDS NM PA  |
| <i>everolimus</i> (generic of<br>AFINITOR) TABS 2.5mg,<br>5mg, 7.5mg, 10mg | 3                          | NDS NM PA  |
| <i>everolimus</i> (generic of<br>AFINITOR DISPERZ) TBSO<br>2mg, 3mg, 5mg   | 3                          | NDS NM PA  |
| FOTIVDA CAPS .89mg,<br>1.34mg                                              | 3                          | NDS NM PA  |
| FRUZAQLA CAPS 1mg, 5mg                                                     | 3                          | NDS NM PA  |
| FYARRO SUSR 100mg                                                          | 3                          | NDS NM PA  |
| GAVRETO CAPS 100mg                                                         | 3                          | NDS NM PA  |
| GAZYVA SOLN<br>1000mg/40ml                                                 | 3                          | NDS NM PA  |
| <i>gefitinib</i> (generic of IRESSA)<br>TABS 250mg                         | 3                          | NDS NM PA  |
| GILOTRIF TABS 20mg,<br>30mg, 40mg                                          | 3                          | NDS NM PA  |
| HERCEP HYLEC SOL 60-<br>10000                                              | 3                          | NDS NM PA  |
| HERCEPTIN SOLR 150mg                                                       | 3                          | NDS NM PA  |
| HERZUMA SOLR 150mg,<br>420mg                                               | 3                          | NDS NM PA  |
| IBRANCE CAPS 75mg,<br>100mg, 125mg; TABS 75mg,<br>100mg, 125mg             | 3                          | NDS NM PA  |
| ICLUSIG TABS 10mg, 15mg,<br>30mg, 45mg                                     | 3                          | NDS NM PA  |
| IDHIFA TABS 50mg, 100mg                                                    | 3                          | NDS NM PA  |
| <i>imatinib mesylate</i> (generic of<br>GLEEVEC) TABS 100mg,<br>400mg      | 3                          | NDS NM PA  |
| IMBRUVICA CAPS 70mg,<br>140mg; SUSP 70mg/ml;<br>TABS 140mg, 280mg, 420mg   | 3                          | NDS NM PA  |
| IMDELLTRA SOLR 1mg,<br>10mg                                                | 3                          | NDS NM PA  |
| IMFINZI SOLN 120mg/2.4ml,<br>500mg/10ml                                    | 3                          | NDS NM PA  |
| IMJUDO SOLN 25mg/1.25ml,<br>300mg/15ml                                     | 3                          | NDS NM PA  |
| INLYTA TABS 1mg, 5mg                                                       | 3                          | NDS NM PA  |
| INREBIC CAPS 100mg                                                         | 3                          | NDS NM PA  |

| Drug Name                                                     | Drug Requirements/<br>Tier | Limits     |
|---------------------------------------------------------------|----------------------------|------------|
| JAKAFI TABS 5mg, 10mg,<br>15mg, 20mg, 25mg                    | 3                          | NDS NM PA  |
| JAYPIRCA TABS 50mg,<br>100mg                                  | 3                          | NDS NM PA  |
| JEMPERLI SOLN<br>500mg/10ml                                   | 3                          | NDS NM PA  |
| KADCYLA SOLR 100mg,<br>160mg                                  | 3                          | NDS B/D NM |
| KANJINTI SOLR 150mg,<br>420mg                                 | 3                          | NDS NM PA  |
| KEYTRUDA SOLN<br>100mg/4ml                                    | 3                          | NDS NM PA  |
| KIMMTRAK SOLN<br>100mcg/0.5ml                                 | 3                          | NDS NM PA  |
| KISQALI 200 DOSE TBPK<br>200mg                                | 3                          | NDS NM PA  |
| KISQALI 200 PAK FEMARA                                        | 3                          | NDS NM PA  |
| KISQALI 400 DOSE TBPK<br>200mg                                | 3                          | NDS NM PA  |
| KISQALI 400 PAK FEMARA                                        | 3                          | NDS NM PA  |
| KISQALI 600 DOSE TBPK<br>200mg                                | 3                          | NDS NM PA  |
| KISQALI 600 PAK FEMARA                                        | 3                          | NDS NM PA  |
| KOSELUGO CAPS 10mg,<br>25mg                                   | 3                          | NDS NM PA  |
| KRAZATI TABS 200mg                                            | 3                          | NDS NM PA  |
| KYPROLIS SOLR 10mg,<br>30mg, 60mg                             | 3                          | NDS NM PA  |
| <i>lapatinib ditosylate</i> (generic of<br>TYKERB) TABS 250mg | 3                          | NDS NM PA  |
| LENVIMA 4 MG DAILY DOSE<br>CPPK 4mg                           | 3                          | NDS NM PA  |
| LENVIMA 8 MG DAILY DOSE<br>CPPK 4mg                           | 3                          | NDS NM PA  |
| LENVIMA 10 MG DAILY<br>DOSE CPPK 10mg                         | 3                          | NDS NM PA  |
| LENVIMA 12MG DAILY<br>DOSE CPPK 4mg                           | 3                          | NDS NM PA  |
| LENVIMA 20 MG DAILY<br>DOSE CPPK 10mg                         | 3                          | NDS NM PA  |
| LENVIMA CAP 14 MG                                             | 3                          | NDS NM PA  |
| LENVIMA CAP 18 MG                                             | 3                          | NDS NM PA  |
| LENVIMA CAP 24 MG                                             | 3                          | NDS NM PA  |
| LIBTAYO SOLN 350mg/7ml                                        | 3                          | NDS NM PA  |
| LOQTORZI SOLN<br>240mg/6ml                                    | 3                          | NDS NM PA  |
| LORBRENA TABS 25mg,<br>100mg                                  | 3                          | NDS NM PA  |

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| Drug Name                                                | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------|----------------------------|-----------|
| LUMAKRAS TABS 120mg, 320mg                               | 3                          | NDS NM PA |
| LUNSUMIO SOLN 1mg/ml, 30mg/30ml                          | 3                          | NDS NM PA |
| LYNPARZA TABS 100mg, 150mg                               | 3                          | NDS NM PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg                      | 3                          | NDS NM PA |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg                      | 3                          | NDS NM PA |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg                      | 3                          | NDS NM PA |
| MARGENZA SOLN 250mg/10ml                                 | 3                          | NDS NM PA |
| MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg                   | 3                          | NDS NM PA |
| MEKTOVI TABS 15mg                                        | 3                          | NDS NM PA |
| MONJUVI SOLR 200mg                                       | 3                          | NDS NM PA |
| MYLOTARG SOLR 4.5mg                                      | 3                          | NDS NM PA |
| NERLYNX TABS 40mg                                        | 3                          | NDS NM PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg                             | 3                          | NDS NM PA |
| ODOMZO CAPS 200mg                                        | 3                          | NDS NM PA |
| OGIVRI SOLR 150mg, 420mg                                 | 3                          | NDS NM PA |
| OGSIVEO TABS 50mg, 100mg, 150mg                          | 3                          | NDS NM PA |
| OJEMDA SUSR 25mg/ml; TABS 100mg                          | 3                          | NDS NM PA |
| OJJAARA TABS 100mg, 150mg, 200mg                         | 3                          | NDS NM PA |
| ONTRUZANT SOLR 150mg, 420mg                              | 3                          | NDS NM PA |
| OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml | 3                          | NDS NM PA |
| OPDUALAG SOL                                             | 3                          | NDS NM PA |
| PADCEV SOLR 20mg, 30mg                                   | 3                          | NDS NM PA |
| <i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg    | 3                          | NDS NM PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg                         | 3                          | NDS NM PA |
| PERJETA SOLN 420mg/14ml                                  | 3                          | NDS NM PA |
| PHESGO SOL                                               | 3                          | NDS NM PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg                       | 3                          | NDS NM PA |
| PIQRAY 250MG TAB DOSE                                    | 3                          | NDS NM PA |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits     |
|-----------------------------------------------------------------------------|----------------------------|------------|
| PIQRAY 300MG DAILY DOSE TBPK 150mg                                          | 3                          | NDS NM PA  |
| POLIVY SOLR 30mg, 140mg                                                     | 3                          | NDS NM PA  |
| POTELIGEO SOLN 20mg/5ml                                                     | 3                          | NDS NM PA  |
| QINLOCK TABS 50mg                                                           | 3                          | NDS NM PA  |
| RETEVMO CAPS 40mg, 80mg                                                     | 3                          | NDS NM PA  |
| REZLIDHIA CAPS 150mg                                                        | 3                          | NDS NM PA  |
| ROZLYTREK CAPS 100mg, 200mg; PACK 50mg                                      | 3                          | NDS NM PA  |
| RUBRACA TABS 200mg, 250mg, 300mg                                            | 3                          | NDS NM PA  |
| RYBREVENT SOLN 350mg/7ml                                                    | 3                          | NDS NM PA  |
| RYDAPT CAPS 25mg                                                            | 3                          | NDS NM PA  |
| SARCLISA SOLN 100mg/5ml, 500mg/25ml                                         | 3                          | NDS NM PA  |
| SCEMBLIX TABS 20mg, 40mg, 100mg                                             | 3                          | NDS NM PA  |
| <i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg                   | 3                          | NDS NM PA  |
| SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg                           | 3                          | NDS NM PA  |
| STIVARGA TABS 40mg                                                          | 3                          | NDS NM PA  |
| <i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg | 3                          | NDS NM PA  |
| TABRECTA TABS 150mg, 200mg                                                  | 3                          | NDS NM PA  |
| TAFINLAR CAPS 50mg, 75mg; TBSO 10mg                                         | 3                          | NDS NM PA  |
| TAGRISSE TABS 40mg, 80mg                                                    | 3                          | NDS NM PA  |
| TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg                          | 3                          | NDS NM PA  |
| TASIGNA CAPS 50mg, 150mg, 200mg                                             | 3                          | NDS NM PA  |
| TAZVERIK TABS 200mg                                                         | 3                          | NDS NM PA  |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml                                      | 3                          | NDS NM PA  |
| TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml                                         | 3                          | NDS NM PA  |
| <i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml                       | 3                          | NDS B/D NM |
| TEPMETKO TABS 225mg                                                         | 3                          | NDS NM PA  |

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| Drug Name                                         | Drug Requirements/<br>Tier | Limits     |
|---------------------------------------------------|----------------------------|------------|
| TIBSOVO TABS 250mg                                | 3                          | NDS NM PA  |
| TIVDAK SOLR 40mg                                  | 3                          | NDS NM PA  |
| TRAZIMERA SOLR 150mg, 420mg                       | 3                          | NDS NM PA  |
| TRODELVY SOLR 180mg                               | 3                          | NDS NM PA  |
| TRUQAP TABS 160mg, 200mg                          | 3                          | NDS NM PA  |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml               | 3                          | NDS NM PA  |
| TUKYSA TABS 50mg, 150mg                           | 3                          | NDS NM PA  |
| TURALIO CAPS 125mg                                | 3                          | NDS NM PA  |
| VANFLYTA TABS 17.7mg, 26.5mg                      | 3                          | NDS NM PA  |
| VECTIBIX SOLN 100mg/5ml, 400mg/20ml               | 3                          | NDS B/D NM |
| VENCLEXTA TABS 10mg                               | 2                          | NM PA      |
| VENCLEXTA TABS 50mg, 100mg                        | 3                          | NDS NM PA  |
| VENCLEXTA TAB START PK                            | 3                          | NDS NM PA  |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg           | 3                          | NDS NM PA  |
| VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml           | 3                          | NDS NM PA  |
| VIZIMPRO TABS 15mg, 30mg, 45mg                    | 3                          | NDS NM PA  |
| VONJO CAPS 100mg                                  | 3                          | NDS NM PA  |
| XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg, 150mg | 3                          | NDS NM PA  |
| XOSPATA TABS 40mg                                 | 3                          | NDS NM PA  |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg          | 3                          | NDS NM PA  |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg         | 3                          | NDS NM PA  |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg          | 3                          | NDS NM PA  |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg         | 3                          | NDS NM PA  |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg          | 3                          | NDS NM PA  |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg         | 3                          | NDS NM PA  |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg         | 3                          | NDS NM PA  |
| YERVOY SOLN 50mg/10ml, 200mg/40ml                 | 3                          | NDS NM PA  |

| Drug Name                          | Drug Requirements/<br>Tier | Limits    |
|------------------------------------|----------------------------|-----------|
| ZALTRAP SOLN 100mg/4ml, 200mg/8ml  | 3                          | NDS NM PA |
| ZEJULA TABS 100mg, 200mg, 300mg    | 3                          | NDS NM PA |
| ZELBORAF TABS 240mg                | 3                          | NDS NM PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 3                          | NDS NM PA |
| ZOLINZA CAPS 100mg                 | 3                          | NDS NM PA |
| ZYDELIG TABS 100mg, 150mg          | 3                          | NDS NM PA |
| ZYKADIA TABS 150mg                 | 3                          | NDS NM PA |
| ZYNLONTA SOLR 10mg                 | 3                          | NDS NM PA |
| ZYNYZ SOLN 500mg/20ml              | 3                          | NDS NM PA |

**PROTECTIVE AGENTS**

|                                                                                  |   |            |
|----------------------------------------------------------------------------------|---|------------|
| <i>dexrazoxane hcl</i> SOLR 250mg, 500mg                                         | 3 | NDS B/D    |
| ELITEK SOLR 1.5mg, 7.5mg                                                         | 3 | NDS B/D    |
| KHAPZORY SOLR 175mg                                                              | 3 | NDS B/D NM |
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 1 | B/D        |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg                             | 1 |            |
| <i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg           | 1 | B/D NM     |
| MESNEX TABS 400mg                                                                | 3 | NDS        |

**CARDIOVASCULAR****ACE INHIBITOR COMBINATIONS**

|                                                                            |   |  |
|----------------------------------------------------------------------------|---|--|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>                    | 1 |  |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (generic of LOTREL)  | 1 |  |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (generic of LOTREL)  | 1 |  |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>                      | 1 |  |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL) | 1 |  |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL) | 1 |  |

| Drug Name                                                                              | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------|-----------------------------------|
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i>                               | 1                                 |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>   | 1                                 |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>   | 1                                 |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>     | 1                                 |
| <i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>                                | 1                                 |
| <i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>                                | 1                                 |
| <i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>                                | 1                                 |
| <i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>                                | 1                                 |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>                       | 1                                 |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i> | 1                                 |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>                      | 1                                 |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>                      | 1                                 |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>     | 1                                 |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>     | 1                                 |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>       | 1                                 |

| Drug Name                                                                      | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------------|-----------------------------------|
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>     | 1                                 |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>     | 1                                 |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i>                              | 1                                 |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i>                              | 1                                 |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i>                              | 1                                 |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i>                              | 1                                 |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i>                              | 1                                 |
| <b>ACE INHIBITORS</b>                                                          |                                   |
| <i>benazepril hcl TABS 5mg</i>                                                 | 1                                 |
| <i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>              | 1                                 |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>                                | 1                                 |
| <i>enalapril maleate (generic of EPANED) SOLN 1mg/ml</i>                       | 1                                 |
| <i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>      | 1                                 |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>                                 | 1                                 |
| <i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i> | 1                                 |
| <i>moexipril hcl TABS 7.5mg, 15mg</i>                                          | 1                                 |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>                                 | 1                                 |
| <i>QBRELIS SOLN 1mg/ml</i>                                                     | 3 NDS                             |
| <i>quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg</i>          | 1                                 |
| <i>ramipril (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>              | 1                                 |
| <i>trandolapril TABS 1mg, 2mg, 4mg</i>                                         | 1                                 |

| Drug Name                                                                                           | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>                                                             |                                   |
| <i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg                                               | 1                                 |
| KERENDIA TABS 10mg, 20mg                                                                            | 2                                 |
| <i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml                                           | 1                                 |
| <i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg                                 | 1                                 |
| <b>ALPHA BLOCKERS</b>                                                                               |                                   |
| <i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg                              | 1                                 |
| <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg                                                              | 1                                 |
| <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg                                                       | 1                                 |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>                                              |                                   |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)  | 1                                 |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)  | 1                                 |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1                                 |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED) | 1                                 |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)                              | 1                                 |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)                              | 1                                 |

| Drug Name                                                                                   | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------|-----------------------------------|
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)                     | 1                                 |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)                     | 1                                 |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)  | 1                                 |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT)    | 1                                 |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT) | 1                                 |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT)   | 1                                 |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT)   | 1                                 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (generic of ATACAND HCT)    | 1                                 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (generic of ATACAND HCT)    | 1                                 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (generic of ATACAND HCT)      | 1                                 |
| EDARBYCLOR TAB 40-12.5                                                                      | 3                                 |
| EDARBYCLOR TAB 40-25MG                                                                      | 3                                 |
| ENTRESTO TAB 24-26MG                                                                        | 2                                 |
| ENTRESTO TAB 49-51MG                                                                        | 2                                 |
| ENTRESTO TAB 97-103MG                                                                       | 2                                 |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE)                  | 1                                 |

| Drug Name                                                                                 | Drug Requirements/<br>Tier Limits |
|-------------------------------------------------------------------------------------------|-----------------------------------|
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>                | 1                                 |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>    | 1                                 |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>   | 1                                 |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>     | 1                                 |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>   | 1                                 |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>   | 1                                 |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>     | 1                                 |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>  | 1                                 |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>  | 1                                 |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>    | 1                                 |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i> | 1                                 |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>   | 1                                 |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                                                 | 1                                 |
| <i>telmisartan-amlodipine tab 40-10 mg</i>                                                | 1                                 |

| Drug Name                                                                       | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------|-----------------------------------|
| <i>telmisartan-amlodipine tab 80-5 mg</i>                                       | 1                                 |
| <i>telmisartan-amlodipine tab 80-10 mg</i>                                      | 1                                 |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i> | 1                                 |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i> | 1                                 |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>   | 1                                 |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>     | 1                                 |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>    | 1                                 |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>      | 1                                 |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>    | 1                                 |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>      | 1                                 |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                                      |                                   |
| <i>candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg, 32mg</i>     | 1                                 |
| <i>EDARBI TABS 40mg, 80mg</i>                                                   | 3                                 |
| <i>irbesartan (generic of AVAPRO) TABS 75mg, 150mg, 300mg</i>                   | 1                                 |
| <i>losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg</i>            | 1                                 |
| <i>olmesartan medoxomil (generic of BENICAR) TABS 5mg, 20mg, 40mg</i>           | 1                                 |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------|----------------------------|--------|
| <i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg                | 1                          |        |
| <i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg            | 1                          |        |
| <b>ANTIARRHYTHMICS</b>                                                        |                            |        |
| <i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg      | 1                          |        |
| <i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg          | 3                          |        |
| <i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg            | 1                          | NM     |
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg                             | 1                          |        |
| MULTAQ TABS 400mg                                                             | 3                          |        |
| NORPACE CR CP12 100mg, 150mg                                                  | 3                          |        |
| <i>pacerone</i> TABS 100mg, 200mg, 400mg                                      | 1                          |        |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg     | 1                          |        |
| <i>quinidine sulfate</i> TABS 200mg, 300mg                                    | 1                          |        |
| <i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg              | 1                          |        |
| <i>sotalol hcl</i> TABS 240mg                                                 | 1                          |        |
| <i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg | 1                          |        |
| SOTYLIZE SOLN 5mg/ml                                                          | 3                          |        |
| <b>ANTILIPEMICS, FIBRATES</b>                                                 |                            |        |
| <i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg             | 1                          |        |
| <i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg                       | 1                          |        |
| <i>fenofibrate</i> TABS 54mg, 160mg                                           | 1                          |        |
| <i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg                   | 1                          |        |

| Drug Name                                                                    | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------|----------------------------|--------|
| <i>gemfibrozil</i> (generic of LOPID) TABS 600mg                             | 1                          |        |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                            |                            |        |
| ALTOPREV TB24 20mg, 40mg, 60mg                                               | 3                          | NDS    |
| ATORVALIQ SUSP 20mg/5ml                                                      | 3                          |        |
| <i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg | 1                          |        |
| EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg                                  | 3                          |        |
| FLOLIPID SUSP 20mg/5ml, 40mg/5ml                                             | 3                          |        |
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg                                    | 1                          |        |
| <i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg                   | 1                          |        |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg                                      | 1                          |        |
| <i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg           | 1                          |        |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg                        | 1                          |        |
| <i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg  | 1                          |        |
| <i>simvastatin</i> TABS 5mg                                                  | 1                          |        |
| <i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg                  | 1                          |        |
| <i>simvastatin</i> TABS 80mg QL (30 tabs / 30 days)                          | 1                          | QL     |
| ZYPITAMAG TABS 2mg, 4mg                                                      | 3                          |        |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                                           |                            |        |
| <i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose          | 1                          |        |
| <i>cholestyramine light</i> PACK 4gm                                         | 1                          |        |
| <i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose        | 1                          |        |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------|----------------------------|-----------|
| <i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg           | 1                          |           |
| <i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm                | 1                          |           |
| <i>colestipol hcl</i> PACK 5gm                                                | 1                          |           |
| EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml                                          | 3                          | NDS NM PA |
| <i>ezetimibe</i> (generic of ZETIA) TABS 10mg                                 | 1                          |           |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN)                | 1                          |           |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN)                | 1                          |           |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN)                | 1                          |           |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)                | 1                          |           |
| JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg                                           | 3                          | NDS NM PA |
| NEXLETOL TABS 180mg                                                           | 2                          |           |
| NEXLIZET TAB 180/10MG                                                         | 2                          |           |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg                  | 1                          |           |
| <i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)                 | 1                          |           |
| <i>prevalite</i> PACK 4gm                                                     | 1                          |           |
| <i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose                    | 1                          |           |
| REPATHA SOSY 140mg/ml                                                         | 2                          | NM PA     |
| REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml                                    | 2                          | NM PA     |
| REPATHA SURECLICK SOAJ 140mg/ml                                               | 2                          | NM PA     |
| VASCEPA CAPS .5gm, 1gm                                                        | 2                          |           |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                                     |                            |           |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)   | 1                          |           |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100) | 1                          |           |

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

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

| Drug Name                                                                                                             | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg                                                                               | 1                                 |
| <i>isradipine</i> CAPS 2.5mg, 5mg                                                                                     | 1                                 |
| KATERZIA SUSP 1mg/ml                                                                                                  | 3                                 |
| <i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg                                      | 1                                 |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg                                                                                | 1                                 |
| NICARDIPINE SOL 20/200ML                                                                                              | 3                                 |
| NICARDIPINE SOL 40/200ML                                                                                              | 3                                 |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg                                                                               | 1                                 |
| <i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg                                                     | 1                                 |
| <i>nimodipine</i> CAPS 30mg                                                                                           | 1                                 |
| <i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg                                                          | 1                                 |
| <i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg                                                                      | 1                                 |
| NORLIQVA SOLN 1mg/ml                                                                                                  | 3                                 |
| NYMALIZE SOLN 6mg/ml                                                                                                  | 3 NDS                             |
| <i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                                   | 1                                 |
| <i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1                                 |
| <i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg                                                    | 1                                 |
| <b>DIURETICS</b>                                                                                                      |                                   |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg                                                                    | 1                                 |
| <i>amiloride &amp; hydrochlorothiazide tab</i> 5-50 mg                                                                | 1                                 |
| <i>amiloride hcl</i> TABS 5mg                                                                                         | 1                                 |
| <i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg                                                                        | 1                                 |
| <i>bumetanide</i> (generic of BUMEX) TABS .5mg                                                                        | 1                                 |

| Drug Name                                                         | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------|----------------------------|-----------|
| <i>chlorthalidone</i> TABS 25mg, 50mg                             | 1                          |           |
| <i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg            | 3                          | NDS NM PA |
| DIURIL SUSP 250mg/5ml                                             | 3                          |           |
| <i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg             | 1                          |           |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml                          | 1                          |           |
| <i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg        | 1                          |           |
| <i>furosemide inj</i> SOLN 10mg/ml                                | 1                          |           |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg   | 1                          |           |
| <i>indapamide</i> TABS 1.25mg, 2.5mg                              | 1                          |           |
| <i>methazolamide</i> TABS 25mg, 50mg                              | 1                          |           |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg                           | 1                          |           |
| <i>ormarvi</i> (generic of KEVEYIS) TABS 50mg                     | 3                          | NDS NM PA |
| SOAANZ TABS 20mg, 40mg, 60mg                                      | 3                          |           |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>      | 1                          |           |
| THALITONE TABS 15mg                                               | 3                          |           |
| <i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg                       | 1                          |           |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>       | 1                          |           |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>       | 1                          |           |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>         | 1                          |           |
| <b>MISCELLANEOUS</b>                                              |                            |           |
| <i>aliskiren fumarate</i> (generic of TEKTRINA) TABS 150mg, 300mg | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>     | 1                          |           |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------|----------------------------|-----------|
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>                    | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>                    | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)  | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)  | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)  | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)  | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET) | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET) | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET) | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET) | 1                          |           |
| ASPRUZYU SPRINKLE PACK 500mg, 1000mg                                             | 3                          |           |
| CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg                                              | 3                          | NDS NM PA |
| <i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr                      | 1                          |           |
| <i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr                      | 1                          |           |
| <i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr                      | 1                          |           |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg; TB24 .17mg                           | 1                          |           |
| CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg                                           | 2                          |           |
| <i>digoxin</i> SOLN .05mg/ml                                                     | 1                          |           |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------|----------------------------|-----------|
| <i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg, 125mcg, 250mcg | 1                          |           |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 100mg, 200mg, 300mg                 | 3                          | NDS NM PA |
| <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml                                    | 1                          |           |
| <i>guanfacine hcl</i> TABS 1mg, 2mg                                             | 2                          |           |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg               | 1                          |           |
| INPEFA TABS 200mg, 400mg                                                        | 3                          |           |
| <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)   | 1                          |           |
| LANOXIN PEDIATRIC SOLN .1mg/ml                                                  | 3                          |           |
| LODOCO TABS .5mg                                                                | 3                          |           |
| <i>metirosine</i> (generic of DEMSER) CAPS 250mg                                | 3                          | NDS NM    |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg                                      | 1                          |           |
| <i>minoxidil</i> TABS 2.5mg, 10mg                                               | 1                          |           |
| <i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg                  | 3                          | NDS       |
| <i>ranolazine</i> TB12 500mg, 1000mg                                            | 1                          |           |
| VERQUVO TABS 2.5mg, 5mg, 10mg                                                   | 2                          |           |
| VYNDAMAX CAPS 61mg                                                              | 3                          | NDS NM PA |
| VYNDAQEL CAPS 20mg                                                              | 3                          | NDS NM PA |
| <b>NITRATES</b>                                                                 |                            |           |
| <i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg             | 1                          |           |
| <i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg                               | 1                          |           |
| <i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg           | 1                          |           |
| NITRO-BID OINT 2%                                                               | 2                          |           |
| NITRO-DUR PT24 .3mg/hr, .8mg/hr                                                 | 3                          | NDS       |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits     |
|--------------------------------------------------------------------------------------------------------|----------------------------|------------|
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr                                           | 1                          |            |
| <i>nitroglycerin</i> (generic of NITROLINGUAL) SOLN .4mg/spray                                         | 1                          |            |
| <i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg                                      | 1                          |            |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                                                                 |                            |            |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg                                                              | 3                          | NDS NM PA  |
| <i>alyq</i> (generic of ADCIRCA) TABS 20mg                                                             | 3                          | NDS NM PA  |
| <i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg                                                | 3                          | NDS NM PA  |
| <i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg                                               | 3                          | NDS NM PA  |
| <i>epoprostenol sodium</i> (generic of VELETRI) SOLR .5mg, 1.5mg                                       | 3                          | NDS B/D NM |
| OPSUMIT TABS 10mg                                                                                      | 3                          | NDS NM PA  |
| ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg                                                                  | 3                          | NDS NM PA  |
| ORENITRAM TBCR .125mg                                                                                  | 3                          | NM PA      |
| ORENITRAM TAB MONTH 1                                                                                  | 3                          | NDS NM PA  |
| ORENITRAM TAB MONTH 2                                                                                  | 3                          | NDS NM PA  |
| ORENITRAM TAB MONTH 3                                                                                  | 3                          | NDS NM PA  |
| REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml                                            | 3                          | NDS NM PA  |
| <i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml; SUSR 10mg/ml | 3                          | NDS NM PA  |
| <i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg                      | 1                          | NM PA      |
| <i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg                               | 3                          | NDS NM PA  |
| TADLIQ SUSP 20mg/5ml                                                                                   | 3                          | NDS NM PA  |
| TRACLEER TBSO 32mg                                                                                     | 3                          | NDS NM PA  |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml                                  | 3                          | NDS NM PA  |
| TYVASO SOLN .6mg/ml                                                                                    | 3                          | NDS NM PA  |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| TYVASO DPI<br>MAINTENANCE KI POWD<br>16mcg, 32mcg, 48mcg,<br>64mcg                                     | 3                          | NDS NM PA |
| TYVASO DPI POW 16-32-48                                                                                | 3                          | NDS NM PA |
| UPTRAVI SOLR 1800mcg;<br>TABS 200mcg, 400mcg,<br>600mcg, 800mcg, 1000mcg,<br>1200mcg, 1400mcg, 1600mcg | 3                          | NDS NM PA |
| UPTRAVI PACK TAB 200/800                                                                               | 3                          | NDS NM PA |
| <b>CENTRAL NERVOUS SYSTEM</b>                                                                          |                            |           |
| <b>ANTIANXIETY</b>                                                                                     |                            |           |
| <i>alprazolam</i> (generic of<br>XANAX) TABS .25mg, .5mg,<br>1mg, 2mg                                  | 1                          |           |
| <i>alprazolam</i> (generic of<br>XANAX XR) TB24 .5mg,<br>1mg, 2mg, 3mg                                 | 1                          |           |
| <i>alprazolam</i> TBDP .25mg,<br>.5mg, 1mg, 2mg                                                        | 1                          |           |
| ALPRAZOLAM INTENSOL<br>CONC 1mg/ml                                                                     | 3                          |           |
| <i>buspirone hcl</i> TABS 5mg,<br>7.5mg, 10mg, 15mg, 30mg                                              | 1                          |           |
| <i>chlordiazepoxide hcl</i> CAPS<br>5mg, 10mg, 25mg                                                    | 1                          |           |
| <i>fluvoxamine maleate</i> CP24<br>100mg, 150mg; TABS 25mg,<br>50mg, 100mg                             | 1                          |           |
| <i>lorazepam</i> CONC 2mg/ml                                                                           | 1                          |           |
| <i>lorazepam</i> (generic of<br>ATIVAN) SOLN 4mg/ml,<br>20mg/10ml; TABS .5mg, 1mg,<br>2mg              | 1                          |           |
| <i>lorazepam intensol</i> CONC<br>2mg/ml                                                               | 1                          |           |
| <i>oxazepam</i> CAPS 10mg,<br>15mg, 30mg                                                               | 1                          |           |
| <b>ANTIDEMENTIA</b>                                                                                    |                            |           |
| ADLARITY PTWK 5mg/day,<br>10mg/day                                                                     | 3                          |           |
| <i>donepezil hydrochloride</i><br>(generic of ARICEPT) TABS<br>5mg, 10mg, 23mg                         | 1                          |           |
| <i>donepezil hydrochloride</i><br>TBDP 5mg, 10mg                                                       | 1                          |           |

| Drug Name                                                                                                                                           | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>galantamine hydrobromide</i><br>CP24 8mg, 16mg, 24mg;<br>SOLN 4mg/ml; TABS 4mg,<br>8mg, 12mg                                                     | 1                          |        |
| <i>memantine hcl</i> CP24 7mg;<br>SOLN 2mg/ml; TABS 5mg,<br>10mg<br>PA applies if 29 years and<br>younger                                           | 1                          | PA     |
| <i>memantine hcl</i> (generic of<br>NAMENDA XR) CP24 14mg,<br>21mg, 28mg<br>PA applies if 29 years and<br>younger                                   | 1                          | PA     |
| <i>memantine hcl tab 28 x 5 mg</i><br>& 21 x 10 mg titration pack<br>(generic of NAMENDA<br>TITRATION PAK)<br>PA applies if 29 years and<br>younger | 1                          | PA     |
| NAMZARIC CAP 7-10MG                                                                                                                                 | 3                          |        |
| NAMZARIC CAP 14-10MG                                                                                                                                | 3                          |        |
| NAMZARIC CAP 21-10MG                                                                                                                                | 3                          |        |
| NAMZARIC CAP 28-10MG                                                                                                                                | 3                          |        |
| NAMZARIC CAP PACK                                                                                                                                   | 3                          |        |
| <i>rivastigmine</i> (generic of<br>EXELON) PT24 4.6mg/24hr,<br>9.5mg/24hr, 13.3mg/24hr                                                              | 1                          |        |
| <i>rivastigmine tartrate</i> CAPS<br>1.5mg, 3mg, 4.5mg, 6mg                                                                                         | 1                          |        |
| <b>ANTIDEPRESSANTS</b>                                                                                                                              |                            |        |
| <i>amitriptyline hcl</i> TABS 10mg,<br>25mg, 50mg, 75mg, 100mg,<br>150mg                                                                            | 2                          |        |
| <i>amoxapine</i> TABS 25mg,<br>50mg, 100mg, 150mg                                                                                                   | 2                          |        |
| AUVELITY TAB 45-105MG                                                                                                                               | 3                          |        |
| <i>bupropion hcl</i> TABS 75mg,<br>100mg                                                                                                            | 1                          |        |
| <i>bupropion hcl</i> (generic of<br>WELLBUTRIN SR) TB12<br>100mg, 150mg, 200mg                                                                      | 1                          |        |
| <i>bupropion hcl</i> (generic of<br>WELLBUTRIN XL) TB24<br>150mg, 300mg                                                                             | 1                          |        |
| <i>citalopram hydrobromide</i><br>SOLN 10mg/5ml                                                                                                     | 1                          |        |

| Drug Name                                                                   | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------|-----------------------------------|
| <i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg    | 1                                 |
| <i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg        | 3                                 |
| <i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg               | 3                                 |
| <i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg                        | 3                                 |
| DESVENLAFAXINE ER TB24 50mg, 100mg                                          | 3                                 |
| <i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg | 1                                 |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml  | 2                                 |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg                               | 3                                 |
| <i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg           | 1                                 |
| <i>duloxetine hcl</i> CPEP 40mg                                             | 1                                 |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr                                    | 3 NDS                             |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml                                    | 1                                 |
| <i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg       | 1                                 |
| FETZIMA CP24 20mg, 40mg, 80mg, 120mg                                        | 3                                 |
| FETZIMA CAP TITRATIO                                                        | 3                                 |
| <i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg             | 1                                 |
| <i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml                              | 1                                 |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg                                 | 1                                 |
| <i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg                    | 3                                 |
| MARPLAN TABS 10mg                                                           | 3                                 |
| <i>mirtazapine</i> TABS 7.5mg, 45mg                                         | 1                                 |

| Drug Name                                                                      | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------------|-----------------------------------|
| <i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg                        | 1                                 |
| <i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg           | 1                                 |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg                    | 1                                 |
| <i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg      | 1                                 |
| <i>nortriptyline hcl</i> SOLN 10mg/5ml                                         | 3                                 |
| <i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml                         | 3                                 |
| <i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg           | 1                                 |
| <i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg          | 3                                 |
| <i>perphenazine-amitriptyline tab</i> 2-10 mg                                  | 2                                 |
| <i>perphenazine-amitriptyline tab</i> 2-25 mg                                  | 2                                 |
| <i>perphenazine-amitriptyline tab</i> 4-10 mg                                  | 2                                 |
| <i>perphenazine-amitriptyline tab</i> 4-25 mg                                  | 2                                 |
| <i>perphenazine-amitriptyline tab</i> 4-50 mg                                  | 2                                 |
| <i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg                        | 1                                 |
| <i>protriptyline hcl</i> TABS 5mg, 10mg                                        | 3                                 |
| <i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 1                                 |
| SPRAVATO SOL 56MG DOS                                                          | 3 NDS NM PA                       |
| SPRAVATO SOL 84MG DOS                                                          | 3 NDS NM PA                       |
| <i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg                  | 1                                 |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg                            | 1                                 |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg                             | 3                                 |

| Drug Name                                                                | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------|-----------------------------------|
| TRINTELLIX TABS 5mg, 10mg, 20mg                                          | 3                                 |
| <i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg  | 1                                 |
| <i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg              | 1                                 |
| <i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg         | 1                                 |
| ZURZUVAE CAPS 20mg, 25mg, 30mg                                           | 3 NDS NM PA                       |
| <b>ANTIPARKINSONIAN AGENTS</b>                                           |                                   |
| <i>amantadine hcl</i> CAPS 100mg; SOLN 50mg/5ml; TABS 100mg              | 1                                 |
| <i>benztropine mesylate</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg             | 1                                 |
| <i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg | 1                                 |
| <i>carb/levo orally disintegrating tab 10-100mg</i>                      | 1                                 |
| <i>carb/levo orally disintegrating tab 25-100mg</i>                      | 1                                 |
| <i>carb/levo orally disintegrating tab 25-250mg</i>                      | 1                                 |
| <i>carbidopa</i> (generic of LODOSYN) TABS 25mg                          | 1                                 |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i> (generic of SINEMET)       | 1                                 |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i> (generic of SINEMET)       | 1                                 |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                            | 1                                 |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                         | 1                                 |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                         | 1                                 |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>                 | 1                                 |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>                | 1                                 |

| Drug Name                                                                                                | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>                                                  | 1                                 |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>                                               | 1                                 |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>                                                | 1                                 |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>                                                  | 1                                 |
| DUOPA SUS 4.63-20<br><i>entacapone</i> TABS 200mg                                                        | 3 NDS B/D NM<br>1                 |
| GOCOVRI CP24 68.5mg, 137mg                                                                               | 3 NDS NM                          |
| INBRIJA CAPS 42mg                                                                                        | 3 NDS NM PA                       |
| NOURIANZ TABS 20mg, 40mg                                                                                 | 3 NDS NM                          |
| ONGENTYS CAPS 25mg, 50mg                                                                                 | 3                                 |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 1.5mg, 4.5mg        | 1                                 |
| <i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 2.25mg, 3mg, 3.75mg       | 1                                 |
| <i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg, 1mg                                           | 1                                 |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg | 1                                 |
| RYTARY CAP 95MG                                                                                          | 3                                 |
| RYTARY CAP 145MG                                                                                         | 3                                 |
| RYTARY CAP 195MG                                                                                         | 3                                 |
| RYTARY CAP 245MG                                                                                         | 3                                 |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg                                                                 | 1                                 |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml                                                                  | 2                                 |
| <i>trihexyphenidyl hcl</i> TABS 2mg, 5mg                                                                 | 1                                 |
| XADAGO TABS 50mg, 100mg                                                                                  | 3 NDS                             |

| Drug Name                                                                                                          | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| ZELAPAR TBDP 1.25mg                                                                                                | 3                          | NDS    |
| <b>ANTIPSYCHOTICS</b>                                                                                              |                            |        |
| ABILIFY ASIMTUFII PRSY<br>720mg/2.4ml, 960mg/3.2ml                                                                 | 3                          | NDS    |
| ABILIFY MAINTENA PRSY<br>300mg, 400mg; SRER<br>300mg, 400mg                                                        | 3                          | NDS    |
| ABILIFY MYCITE<br>MAINTENANC TBPK 2mg,<br>5mg, 10mg, 15mg, 20mg,<br>30mg                                           | 3                          | NDS    |
| ABILIFY MYCITE STARTER<br>KI TBPK 2mg, 5mg, 10mg,<br>15mg, 20mg, 30mg                                              | 3                          | NDS    |
| aripiprazole SOLN 1mg/ml;<br>TBDP 10mg, 15mg                                                                       | 1                          |        |
| aripiprazole (generic of<br>ABILIFY) TABS 2mg, 5mg,<br>10mg, 15mg, 20mg, 30mg                                      | 1                          |        |
| ARISTADA PRSY<br>441mg/1.6ml, 662mg/2.4ml,<br>882mg/3.2ml, 1064mg/3.9ml                                            | 3                          | NDS    |
| ARISTADA INITIO PRSY<br>675mg/2.4ml                                                                                | 3                          | NDS    |
| asenapine maleate (generic of<br>SAPHRIS) SUBL 2.5mg,<br>5mg, 10mg                                                 | 1                          |        |
| CAPLYTA CAPS 10.5mg,<br>21mg, 42mg                                                                                 | 3                          | NDS    |
| chlorpromazine hcl CONC<br>30mg/ml, 100mg/ml; SOLN<br>25mg/ml, 50mg/2ml; TABS<br>10mg, 25mg, 50mg, 100mg,<br>200mg | 1                          |        |
| clozapine (generic of<br>CLOZARIL) TABS 25mg,<br>50mg, 100mg, 200mg                                                | 1                          |        |
| clozapine TBDP 12.5mg,<br>25mg, 100mg, 150mg, 200mg                                                                | 1                          |        |
| FANAPT TABS 1mg, 2mg,<br>4mg, 6mg, 8mg, 10mg, 12mg                                                                 | 3                          | NDS    |
| FANAPT PAK                                                                                                         | 3                          |        |
| fluphenazine decanoate<br>SOLN 25mg/ml                                                                             | 1                          |        |
| fluphenazine hcl CONC<br>5mg/ml; ELIX 2.5mg/5ml;<br>SOLN 2.5mg/ml; TABS 1mg,<br>2.5mg, 5mg, 10mg                   | 1                          |        |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------|----------------------------|-----------|
| haloperidol TABS .5mg, 1mg, 1<br>2mg, 5mg, 10mg, 20mg                                        | 1                          |           |
| haloperidol decanoate<br>(generic of HALDOL<br>DECANOATE 50) SOLN<br>50mg/ml                 | 1                          |           |
| haloperidol decanoate<br>(generic of HALDOL<br>DECANOATE 100) SOLN<br>100mg/ml               | 1                          |           |
| haloperidol lactate CONC<br>2mg/ml; SOLN 5mg/ml                                              | 1                          |           |
| INVEGA HAFYERA SUSY<br>1092mg/3.5ml, 1560mg/5ml                                              | 3                          | NDS       |
| INVEGA SUSTENNA SUSY<br>39mg/0.25ml                                                          | 3                          |           |
| INVEGA SUSTENNA SUSY<br>78mg/0.5ml, 117mg/0.75ml,<br>156mg/ml, 234mg/1.5ml                   | 3                          | NDS       |
| INVEGA TRINZA SUSY<br>273mg/0.88ml, 410mg/1.32ml,<br>546mg/1.75ml, 819mg/2.63ml              | 3                          | NDS       |
| loxapine succinate CAPS<br>5mg, 10mg, 25mg, 50mg                                             | 1                          |           |
| lurasidone hcl (generic of<br>LATUDA) TABS 20mg,<br>40mg, 60mg, 80mg, 120mg                  | 1                          |           |
| molindone hcl TABS 5mg,<br>10mg, 25mg                                                        | 1                          |           |
| NUPLAZID CAPS 34mg;<br>TABS 10mg                                                             | 3                          | NDS NM PA |
| olanzapine (generic of<br>ZYPREXA) SOLR 10mg;<br>TABS 2.5mg, 5mg, 7.5mg,<br>10mg, 15mg, 20mg | 1                          |           |
| olanzapine (generic of<br>ZYPREXA ZYDIS) TBDP<br>5mg, 10mg, 15mg, 20mg                       | 1                          |           |
| paliperidone TB24 1.5mg                                                                      | 1                          |           |
| paliperidone (generic of<br>INVEGA) TB24 3mg, 6mg,<br>9mg                                    | 1                          |           |
| perphenazine TABS 2mg,<br>4mg, 8mg, 16mg                                                     | 1                          |           |
| PERSERIS PRSY 90mg,<br>120mg                                                                 | 3                          | NDS       |
| pimozide TABS 1mg, 2mg                                                                       | 1                          |           |

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg             | 1                          |        |
| <i>quetiapine fumarate</i> TABS 150mg                                                                    | 1                          |        |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 150mg, 200mg, 300mg, 400mg                | 1                          |        |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg                                                             | 3                          | NDS    |
| <i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg                     | 1                          |        |
| <i>risperidone</i> TABS .25mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg                                      | 1                          |        |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg                          | 1                          |        |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg                          | 3                          | NDS    |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr                                                          | 3                          | NDS    |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg                                                     | 1                          |        |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg                                                              | 1                          |        |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg                                                      | 1                          |        |
| UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml | 3                          | NDS    |
| VERSACLOZ SUSP 50mg/ml                                                                                   | 3                          | NDS    |
| VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg                                                                      | 3                          | NDS    |
| <i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg                                   | 1                          |        |
| <i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg                                                | 1                          |        |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------|----------------------------|-----------|
| ZYPREXA RELPREVV SUSR 210mg                                            | 3                          | NM        |
| ZYPREXA RELPREVV SUSR 300mg, 405mg                                     | 3                          | NDS NM    |
| <b>ANTISEIZURE AGENTS</b>                                              |                            |           |
| APTOM TABS 200mg, 400mg, 600mg, 800mg                                  | 3                          | NDS       |
| BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg              | 3                          | NDS       |
| BRIVIACT SOLN 50mg/5ml                                                 | 3                          |           |
| <i>carbamazepine</i> CHEW 100mg                                        | 1                          |           |
| <i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg   | 1                          |           |
| <i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg  | 1                          |           |
| <i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg | 1                          |           |
| <i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml; TABS 10mg, 20mg       | 1                          |           |
| <i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg, 2mg            | 1                          |           |
| <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg, 2mg                   | 1                          |           |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg                | 1                          |           |
| DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg                          | 3                          | NDS NM PA |
| <i>diazepam</i> SOLN 5mg/5ml                                           | 1                          |           |
| <i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg                | 1                          |           |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg                 | 1                          |           |
| <i>diazepam inj</i> SOLN 5mg/ml                                        | 1                          |           |
| <i>diazepam intensol</i> CONC 5mg/ml                                   | 1                          |           |
| DILANTIN CAPS 30mg                                                     | 3                          |           |
| <i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg    | 1                          |           |

| Drug Name                                                                                                       | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg                                             | 1                          |           |
| <i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg                                         | 1                          |           |
| EPIDIOLEX SOLN 100mg/ml                                                                                         | 3                          | NDS NM PA |
| <i>epitol</i> (generic of TEGRETOL) TABS 200mg                                                                  | 1                          |           |
| EPRONTIA SOLN 25mg/ml                                                                                           | 3                          |           |
| <i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml                                            | 1                          |           |
| <i>felbamate</i> SUSP 600mg/5ml                                                                                 | 1                          |           |
| <i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg                                                        | 1                          |           |
| FINTEPLA SOLN 2.2mg/ml                                                                                          | 3                          | NDS NM PA |
| FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg                                                            | 3                          | NDS       |
| FYCOMPA TABS 2mg                                                                                                | 3                          |           |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml, 300mg/6ml; TABS 600mg, 800mg | 1                          |           |
| <i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg                           | 1                          |           |
| <i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml                                                         | 1                          |           |
| LAMICTAL ODT KIT BLUE                                                                                           | 3                          |           |
| LAMICTAL ODT KIT GREEN                                                                                          | 3                          |           |
| LAMICTAL XR KIT                                                                                                 | 3                          |           |
| <i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg                                        | 1                          |           |
| <i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg                                              | 1                          |           |
| <i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg                                         | 1                          |           |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg                | 1                          |        |
| <i>lamotrigine</i> (generic of LAMICTAL ODT) TB24 25mg, 50mg, 100mg, 200mg                             | 1                          |        |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)  | 1                          |        |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C) | 1                          |        |
| <i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)       | 1                          |        |
| <i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> (generic of LAMICTAL ODT)  | 1                          |        |
| <i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)       | 1                          |        |
| <i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg    | 1                          |        |
| <i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg                                          | 1                          |        |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)                | 1                          |        |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)               | 1                          |        |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)               | 1                          |        |
| LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg                                                          | 3                          |        |
| <i>methsuximide</i> (generic of CELONTIN) CAPS 300mg                                                   | 1                          |        |

| Drug Name                                                                                                    | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| MOTPOLY XR CP24 100mg, 150mg, 200mg                                                                          | 3                          | NDS    |
| NAYZILAM SOLN 5mg/0.1ml                                                                                      | 3                          |        |
| <i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg                         | 1                          |        |
| OXTELLAR XR TB24 150mg, 300mg                                                                                | 3                          |        |
| OXTELLAR XR TB24 600mg                                                                                       | 3                          | NDS    |
| <i>phenobarbital</i> ELIX 20mg/5ml                                                                           | 3                          |        |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg                            | 2                          |        |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml                                                           | 3                          |        |
| <i>phenytek</i> CAPS 200mg, 300mg                                                                            | 1                          |        |
| <i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg                                                    | 1                          |        |
| <i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml                                                    | 1                          |        |
| <i>phenytoin sodium</i> SOLN 50mg/ml                                                                         | 1                          |        |
| <i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg                                            | 1                          |        |
| <i>phenytoin sodium extended</i> CAPS 200mg, 300mg                                                           | 1                          |        |
| <i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml | 1                          |        |
| <i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg                                                      | 1                          |        |
| <i>primidone</i> TABS 125mg                                                                                  | 1                          |        |
| <i>roweepra</i> (generic of KEPPRA) TABS 500mg                                                               | 1                          |        |
| <i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml; TABS 400mg                                               | 3                          | NDS    |
| <i>rufinamide</i> (generic of BANZEL) TABS 200mg                                                             | 1                          |        |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------|----------------------------|-----------|
| SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg                                         | 3                          |           |
| <i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg            | 1                          |           |
| <i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg | 1                          |           |
| <i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)          | 1                          |           |
| <i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)          | 1                          |           |
| SYMPAZAN FILM 5mg, 10mg, 20mg                                                    | 3                          | NDS       |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg                                   | 1                          |           |
| <i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg                  | 1                          |           |
| <i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg             | 1                          |           |
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml                                 | 1                          |           |
| <i>valproic acid</i> CAPS 250mg                                                  | 1                          |           |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml                                                 | 3                          |           |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml                                               | 3                          |           |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml                                              | 3                          |           |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml                                               | 3                          |           |
| <i>vigabatrin</i> (generic of SABRIL) PACK 500mg; TABS 500mg                     | 3                          | NDS NM PA |
| <i>vigadrone</i> (generic of SABRIL) PACK 500mg; TABS 500mg                      | 3                          | NDS NM PA |
| <i>vigpoder</i> (generic of SABRIL) PACK 500mg                                   | 3                          | NDS NM PA |
| XCOPRI TABS 25mg, 50mg, 100mg, 150mg, 200mg                                      | 3                          | NDS       |
| XCOPRI PAK 12.5-25                                                               | 3                          |           |
| XCOPRI PAK 50-100MG                                                              | 3                          | NDS       |
| XCOPRI PAK 100-150                                                               | 3                          | NDS       |

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

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------|----------------------------|-----------|
| XCOPRI PAK 150-200MG (MAINTENANCE)                                            | 3                          | NDS       |
| XCOPRI PAK 150-200MG (TITRATION)                                              | 3                          | NDS       |
| ZONISADE SUSP 100mg/5ml                                                       | 3                          | NDS       |
| zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg                             | 1                          |           |
| zonisamide CAPS 50mg                                                          | 1                          |           |
| ZTALMY SUSP 50mg/ml                                                           | 3                          | NDS NM PA |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>                               |                            |           |
| ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg               | 3                          |           |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg (generic of MYDAYIS) | 1                          |           |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg (generic of MYDAYIS)   | 1                          |           |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg (generic of MYDAYIS) | 1                          |           |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg (generic of MYDAYIS)   | 1                          |           |
| amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)       | 1                          |           |
| amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)      | 1                          |           |
| amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)      | 1                          |           |
| amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)      | 1                          |           |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------|----------------------------|--------|
| amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)                          | 1                          |        |
| amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)                          | 1                          |        |
| amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)                                      | 1                          |        |
| amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)                                    | 1                          |        |
| amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)                                     | 1                          |        |
| amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)                                   | 1                          |        |
| amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)                                     | 1                          |        |
| amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)                                     | 1                          |        |
| amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)                                     | 1                          |        |
| atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg             | 1                          |        |
| AZSTARYS CAP 26.1-5.2                                                                             | 3                          |        |
| AZSTARYS CAP 39.2-7.8                                                                             | 3                          |        |
| AZSTARYS CAP 52.3-10.                                                                             | 3                          |        |
| COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg                                                        | 3                          |        |
| dexmethylphenidate hcl (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg | 1                          |        |
| dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg, 10mg                                 | 1                          |        |

| Drug Name                                                                                                                                                    | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>dextroamphetamine sulfate</i><br>CP24 5mg, 15mg; TABS<br>2.5mg, 5mg, 7.5mg, 10mg,<br>15mg, 20mg, 30mg                                                     | 1                                 |
| <i>dextroamphetamine sulfate</i><br>(generic of DEXEDRINE)<br>CP24 10mg                                                                                      | 1                                 |
| DYANAVEL XR CHER 5mg,<br>10mg, 15mg, 20mg; SUEP<br>2.5mg/ml                                                                                                  | 3                                 |
| <i>guanfacine hcl (adhd)</i> (generic<br>of INTUNIV) TB24 1mg, 2mg,<br>3mg, 4mg                                                                              | 2                                 |
| JORNAY PM CP24 20mg,<br>40mg, 60mg, 80mg, 100mg                                                                                                              | 3                                 |
| <i>lisdexamfetamine dimesylate</i><br>CAPS 10mg, 20mg, 30mg,<br>40mg, 50mg, 60mg, 70mg;<br>CHEW 10mg, 20mg, 30mg,<br>40mg, 50mg, 60mg                        | 1                                 |
| <i>methylphenidate</i> (generic of<br>DAYTRANA) PTCH<br>10mg/9hr, 15mg/9hr,<br>20mg/9hr, 30mg/9hr                                                            | 1                                 |
| <i>methylphenidate hcl</i> CHEW<br>2.5mg, 5mg, 10mg; CP24<br>60mg; TB24 18mg, 27mg,<br>36mg, 54mg; TBCR 10mg,<br>20mg, 27mg, 36mg, 45mg,<br>54mg, 63mg, 72mg | 1                                 |
| <i>methylphenidate hcl</i> (generic<br>of RITALIN LA) CP24 10mg,<br>20mg, 30mg, 40mg                                                                         | 1                                 |
| <i>methylphenidate hcl</i> (generic<br>of METADATE CD) CPCR<br>10mg, 20mg, 30mg, 40mg,<br>50mg, 60mg                                                         | 1                                 |
| <i>methylphenidate hcl</i> (generic<br>of METHYLIN) SOLN<br>5mg/5ml, 10mg/5ml                                                                                | 1                                 |
| <i>methylphenidate hcl</i> (generic<br>of RITALIN) TABS 5mg,<br>10mg, 20mg                                                                                   | 1                                 |
| <i>methylphenidate hcl</i> (generic<br>of CONCERTA) TBCR 18mg,<br>27mg, 36mg, 54mg                                                                           | 1                                 |
| QELBREE CP24 100mg,<br>150mg, 200mg                                                                                                                          | 3                                 |

| Drug Name                                                                                                  | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------------------------------------------|-----------------------------------|
| QUILLICHEW ER CHER<br>20mg, 30mg, 40mg                                                                     | 3                                 |
| QUILLIVANT XR SRER<br>25mg/5ml                                                                             | 3                                 |
| VYVANSE CAPS 10mg,<br>20mg, 30mg, 40mg, 50mg,<br>60mg, 70mg; CHEW 10mg,<br>20mg, 30mg, 40mg, 50mg,<br>60mg | 3                                 |
| XELSTRYM PTCH<br>4.5mg/9hr, 9mg/9hr,<br>13.5mg/9hr, 18mg/9hr                                               | 3                                 |
| <i>zenzedi</i> TABS 2.5mg, 5mg,<br>7.5mg, 10mg, 15mg, 20mg,<br>30mg                                        | 1                                 |
| <b>HYPNOTICS</b>                                                                                           |                                   |
| BELSOMRA TABS 5mg,<br>10mg, 15mg, 20mg                                                                     | 2                                 |
| DAYVIGO TABS 5mg, 10mg                                                                                     | 2                                 |
| <i>doxepin hcl (sleep)</i> (generic of<br>SILENOR) TABS 3mg, 6mg                                           | 1                                 |
| EDLUAR SUBL 5mg, 10mg                                                                                      | 3                                 |
| <i>estazolam</i> TABS 1mg, 2mg                                                                             | 1                                 |
| <i>eszopiclone</i> (generic of<br>LUNESTA) TABS 1mg, 2mg,<br>3mg                                           | 3                                 |
| HETLIOZ LQ SUSP 4mg/ml                                                                                     | 3 NDS NM PA                       |
| QUVIVIQ TABS 25mg, 50mg                                                                                    | 3                                 |
| <i>ramelteon</i> (generic of<br>ROZEREM) TABS 8mg                                                          | 1                                 |
| <i>tasimelteon</i> (generic of<br>HETLIOZ) CAPS 20mg                                                       | 3 NDS NM PA                       |
| <i>temazepam</i> (generic of<br>RESTORIL) CAPS 7.5mg,<br>15mg, 22.5mg, 30mg                                | 1                                 |
| <i>triazolam</i> (generic of<br>HALCION) TABS .25mg                                                        | 2                                 |
| <i>triazolam</i> TABS .125mg                                                                               | 2                                 |
| <i>zaleplon</i> CAPS 5mg, 10mg                                                                             | 2                                 |
| ZOLPIDEM TARTRATE<br>CAPS 7.5mg                                                                            | 3                                 |
| <i>zolpidem tartrate</i> (generic of<br>AMBIEN) TABS 5mg, 10mg                                             | 1                                 |
| <i>zolpidem tartrate</i> (generic of<br>AMBIEN CR) TBCR 6.25mg,<br>12.5mg                                  | 2                                 |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------|----------------------------|--------|
| <b>MIGRAINE</b>                                                                  |                            |        |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml                                                   | 2                          | NM     |
| <i>almotriptan malate</i> TABS 6.25mg, 12.5mg                                    | 1                          |        |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml                                    | 3                          | NDS    |
| <i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml              | 3                          | NDS    |
| <i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg               | 1                          |        |
| EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml                                  | 2                          | NM     |
| <i>ergotamine w/ caffeine tab</i> 1-100 mg                                       | 1                          |        |
| <i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg                      | 1                          |        |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg                                           | 1                          |        |
| NURTEC TBDP 75mg                                                                 | 2                          |        |
| QULIPTA TABS 10mg, 30mg, 60mg                                                    | 2                          |        |
| <i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg                                   | 1                          |        |
| <i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg                        | 1                          |        |
| <i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg                    | 1                          |        |
| <i>sumatriptan</i> SOLN 5mg/act, 20mg/act                                        | 1                          |        |
| <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml; SOLN 6mg/0.5ml      | 1                          |        |
| <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml | 1                          |        |
| <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml | 1                          |        |
| <i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg         | 1                          |        |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------|----------------------------|-----------|
| UBRELVY TABS 50mg, 100mg                                                        | 2                          |           |
| ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml                                                | 3                          | NDS       |
| <i>zolmitriptan</i> (generic of ZOMIG) SOLN 5mg                                 | 1                          |           |
| <i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg                            | 1                          |           |
| <b>MISCELLANEOUS</b>                                                            |                            |           |
| AMVUTTRA SOSY 25mg/0.5ml                                                        | 3                          | NDS NM PA |
| AUSTEDO TABS 6mg, 9mg, 12mg                                                     | 3                          | NDS NM PA |
| AUSTEDO XR TB24 6mg, 12mg, 24mg, 30mg, 36mg, 42mg, 48mg                         | 3                          | NDS NM PA |
| AUSTEDO XR TAB TITR KIT                                                         | 3                          | NDS NM PA |
| DAYBUE SOLN 200mg/ml                                                            | 3                          | NDS NM PA |
| <i>edaravone</i> (generic of RADICAVA) SOLN 30mg/100ml                          | 3                          | NDS NM PA |
| ENSPRYNG SOSY 120mg/ml                                                          | 3                          | NDS NM PA |
| EQUETRO CP12 100mg, 200mg, 300mg                                                | 3                          |           |
| EVRYSDI SOLR .75mg/ml                                                           | 3                          | NDS NM PA |
| EXSERVAN FILM 50mg                                                              | 3                          | NDS NM    |
| FIRDAPSE TABS 10mg                                                              | 3                          | NDS NM PA |
| <i>gabapentin (once-daily)</i> (generic of GRALISE) TABS 300mg, 600mg           | 1                          | PA        |
| GRALISE TABS 450mg, 750mg, 900mg                                                | 3                          | PA        |
| HORIZANT TBCR 300mg, 600mg                                                      | 3                          | PA        |
| <i>lithium</i> SOLN 8meq/5ml                                                    | 1                          |           |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg       | 1                          |           |
| <i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg                       | 1                          |           |
| NUDEXTA CAP 20-10MG                                                             | 3                          | NDS PA    |
| <i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg | 1                          | PA        |
| <i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg    | 1                          |           |

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

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>pyridostigmine bromide</i> TABS 30mg                                                                  | 1                          |           |
| <i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) TBCR 180mg                                  | 1                          |           |
| RADICAVA ORS SUSP 105mg/5ml                                                                              | 3                          | NDS NM PA |
| RADICAVA ORS STARTER KIT SUSP 105mg/5ml                                                                  | 3                          | NDS NM PA |
| <i>riluzole</i> TABS 50mg                                                                                | 1                          |           |
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg                                                                   | 3                          |           |
| SAVELLA MIS TITR PAK                                                                                     | 3                          |           |
| SKYCLARYS CAPS 50mg                                                                                      | 3                          | NDS NM PA |
| TEGLUTIK SUSP 50mg/10ml                                                                                  | 3                          | NDS NM    |
| TEGSEDI SOSY 284mg/1.5ml                                                                                 | 3                          | NDS NM PA |
| <i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg, 25mg                                             | 3                          | NDS NM PA |
| UPLIZNA SOLN 100mg/10ml                                                                                  | 3                          | NDS NM PA |
| WAINUA SOAJ 45mg/0.8ml                                                                                   | 3                          | NDS NM PA |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                                                         |                            |           |
| AVONEX PSKT 30mcg/0.5ml                                                                                  | 3                          | NDS NM PA |
| AVONEX PEN AJKT 30mcg/0.5ml                                                                              | 3                          | NDS NM PA |
| BAFIERTAM CPDR 95mg                                                                                      | 3                          | NDS NM PA |
| BETASERON KIT .3mg                                                                                       | 3                          | NDS NM PA |
| COPAXONE SOSY 20mg/ml, 40mg/ml                                                                           | 3                          | NDS NM PA |
| <i>dalfampridine</i> (generic of AMPYRA) TB12 10mg                                                       | 1                          | NM PA     |
| <i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg, 240mg                                        | 3                          | NDS NM PA |
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> (generic of TECFIDERA STARTER PACK) | 3                          | NDS NM PA |
| <i>fingolimod hcl</i> (generic of GILENYA) CAPS .5mg                                                     | 3                          | NDS NM PA |
| GILENYA CAPS .25mg                                                                                       | 3                          | NDS NM PA |
| <i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml                                    | 3                          | NDS NM PA |
| <i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml                                               | 3                          | NDS NM PA |

| Drug Name                                                          | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------|----------------------------|-----------|
| MAVENCLAD (4 TABS) TBPK 10mg                                       | 3                          | NDS NM PA |
| MAVENCLAD (5 TABS) TBPK 10mg                                       | 3                          | NDS NM PA |
| MAVENCLAD (6 TABS) TBPK 10mg                                       | 3                          | NDS NM PA |
| MAVENCLAD (7 TABS) TBPK 10mg                                       | 3                          | NDS NM PA |
| MAVENCLAD (8 TABS) TBPK 10mg                                       | 3                          | NDS NM PA |
| MAVENCLAD (9 TABS) TBPK 10mg                                       | 3                          | NDS NM PA |
| MAVENCLAD (10 TABS) TBPK 10mg                                      | 3                          | NDS NM PA |
| MAYZENT TABS .25mg, 1mg, 2mg                                       | 3                          | NDS NM PA |
| MAYZENT STARTER PACK (7) TBPK .25mg                                | 3                          | NDS NM PA |
| MAYZENT STARTER PACK (12) TBPK .25mg                               | 3                          | NDS NM PA |
| OCREVUS SOLN 300mg/10ml                                            | 3                          | NDS NM PA |
| PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml                      | 3                          | NDS NM PA |
| PLEGRIDY INJ STARTER                                               | 3                          | NDS NM PA |
| PLEGRIDY PEN INJ STARTER                                           | 3                          | NDS NM PA |
| PONVORY TABS 20mg                                                  | 3                          | NDS NM PA |
| PONVORY TAB STARTER                                                | 3                          | NDS NM PA |
| TASCENSO ODT TBDP .25mg, .5mg                                      | 3                          | NDS NM PA |
| <i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg           | 3                          | NDS NM PA |
| VUMERITY CPDR 231mg                                                | 3                          | NDS NM PA |
| ZEPOSIA CAPS .92mg                                                 | 3                          | NDS NM PA |
| ZEPOSIA 7DAY CAP STR PACK                                          | 3                          | NDS NM PA |
| ZEPOSIA CAP STR KIT                                                | 3                          | NDS NM PA |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                              |                            |           |
| <i>baclofen</i> SOLN 5mg/5ml, 10mg/5ml; TABS 5mg, 10mg, 15mg, 20mg | 1                          |           |
| <i>baclofen</i> (generic of FLEQSUVY) SUSP 25mg/5ml                | 3                          | NDS       |
| BOTOX SOLR 100unit, 200unit                                        | 3                          | NDS PA    |

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| Drug Name                                                                | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------|----------------------------|-----------|
| <i>carisoprodol</i> (generic of SOMA) TABS 350mg                         | 2                          |           |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg                                | 2                          |           |
| <i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg                 | 1                          |           |
| <i>dantrolene sodium</i> CAPS 50mg, 100mg                                | 1                          |           |
| DYSPORT SOLR 300unit                                                     | 3                          | NM PA     |
| DYSPORT SOLR 500unit                                                     | 3                          | NDS NM PA |
| LYVISPAH PACK 5mg, 10mg, 20mg                                            | 3                          |           |
| <i>metaxalone</i> TABS 800mg                                             | 3                          |           |
| <i>methocarbamol</i> TABS 500mg, 750mg                                   | 2                          |           |
| MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml                                 | 3                          | NM PA     |
| MYOBLOC SOLN 10000unit/2ml                                               | 3                          | NDS NM PA |
| <i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg | 1                          |           |
| <i>tizanidine hcl</i> TABS 2mg                                           | 1                          |           |
| XEOMIN SOLR 50unit                                                       | 3                          | NM PA     |
| XEOMIN SOLR 100unit, 200unit                                             | 3                          | NDS NM PA |
| <b>NARCOLEPSY/CATAPLEXY</b>                                              |                            |           |
| <i>armodafinil</i> (generic of NUVIGIL) TABS 50mg, 150mg, 200mg, 250mg   | 1                          | PA        |
| LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm                                       | 3                          | NDS NM PA |
| <i>modafinil</i> (generic of PROVIGIL) TABS 100mg, 200mg                 | 1                          | PA        |
| SODIUM OXYBATE SOLN 500mg/ml                                             | 3                          | NDS NM PA |
| SUNOSI TABS 75mg, 150mg                                                  | 3                          | PA        |
| WAKIX TABS 4.45mg, 17.8mg                                                | 3                          | NDS NM PA |
| XYREM SOLN 500mg/ml                                                      | 3                          | NDS NM PA |
| XYWAV SOL 0.5GM/ML                                                       | 3                          | NDS NM PA |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                            |                            |           |
| <i>acamprosate calcium</i> TBEC 333mg                                    | 1                          |           |

| Drug Name                                                                                                            | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml               | 3                          | NDS NM |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg<br>QL (90 tabs / 30 days)                                                     | 1                          | QL     |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (90 films / 30 days) | 1                          | QL     |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (90 films / 30 days)   | 1                          | QL     |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (90 films / 30 days)   | 1                          | QL     |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (60 films / 30 days)  | 1                          | QL     |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i><br>QL (90 tabs / 30 days)                         | 1                          | QL     |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i><br>QL (90 tabs / 30 days)                           | 1                          | QL     |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg                                                                  | 1                          |        |
| <i>disulfiram</i> TABS 250mg, 500mg                                                                                  | 1                          |        |
| KLOXXADO LIQD 8mg/0.1ml                                                                                              | 2                          |        |
| LUCEMYRA TABS .18mg<br><i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml        | 3                          | NDS    |
| <i>naltrexone hcl</i> TABS 50mg                                                                                      | 1                          |        |
| NICOTROL INHALER INHA 10mg                                                                                           | 3                          |        |
| NICOTROL NS SOLN 10mg/ml                                                                                             | 3                          |        |
| OPVEE SOLN 2.7mg/0.1ml                                                                                               | 3                          |        |

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| SUBLOCADE SOSY<br>100mg/0.5ml, 300mg/1.5ml                                                                       | 3                          | NDS NM |
| <i>varenicline tartrate</i> TABS<br>.5mg, 1mg                                                                    | 1                          |        |
| <i>varenicline tartrate tab 11 x<br/>0.5 mg &amp; 42 x 1 mg start pack</i>                                       | 1                          |        |
| VIVITROL SUSR 380mg                                                                                              | 3                          | NDS NM |
| ZIMHI SOSY 5mg/0.5ml                                                                                             | 3                          |        |
| ZUBSOLV SUB 0.7-0.18<br>QL (90 tabs / 30 days)                                                                   | 3                          | QL     |
| ZUBSOLV SUB 1.4-0.36<br>QL (90 tabs / 30 days)                                                                   | 3                          | QL     |
| ZUBSOLV SUB 2.9-0.71<br>QL (90 tabs / 30 days)                                                                   | 3                          | QL     |
| ZUBSOLV SUB 5.7-1.4<br>QL (90 tabs / 30 days)                                                                    | 3                          | QL     |
| ZUBSOLV SUB 8.6-2.1<br>QL (60 tabs / 30 days)                                                                    | 3                          | QL     |
| ZUBSOLV SUB 11.4-2.9<br>QL (30 tabs / 30 days)                                                                   | 3                          | QL     |
| <b>ENDOCRINE AND METABOLIC<br/>ANDROGENS</b>                                                                     |                            |        |
| AVEED SOLN 750mg/3ml                                                                                             | 3                          | NM PA  |
| <i>danazol</i> CAPS 50mg, 100mg, 1<br>200mg                                                                      | 1                          |        |
| <i>depo-testosterone</i> SOLN<br>100mg/ml, 200mg/ml                                                              | 1                          | PA     |
| JATENZO CAPS 158mg,<br>198mg                                                                                     | 3                          | PA     |
| JATENZO CAPS 237mg                                                                                               | 3                          | NDS PA |
| <i>methyltestosterone</i> CAPS<br>10mg                                                                           | 3                          | NDS PA |
| NATESTO GEL 5.5mg/act                                                                                            | 3                          | PA     |
| <i>testosterone</i> GEL 1%,<br>10mg/act, 20.25mg/1.25gm,<br>25mg/2.5gm, 40.5mg/2.5gm,<br>50mg/5gm; SOLN 30mg/act | 1                          | PA     |
| <i>testosterone</i> (generic of<br>ANDROGEL PUMP) GEL<br>1.62%                                                   | 1                          | PA     |
| <i>testosterone cypionate</i> SOLN<br>100mg/ml, 200mg/ml                                                         | 1                          | PA     |
| <i>testosterone enanthate</i> SOLN<br>200mg/ml                                                                   | 1                          | PA     |
| TLANDO CAPS 112.5mg                                                                                              | 3                          | PA     |
| XYOSTED SOAJ<br>50mg/0.5ml, 75mg/0.5ml,<br>100mg/0.5ml                                                           | 3                          | PA     |

| Drug Name                                                          | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------|----------------------------|--------|
| <b>ANTIDIABETICS</b>                                               |                            |        |
| <i>acarbose</i> TABS 25mg, 50mg, 1<br>100mg                        | 1                          |        |
| FARXIGA TABS 5mg, 10mg                                             | 2                          |        |
| <i>glimepiride</i> TABS 1mg, 2mg, 4mg                              | 1                          |        |
| <i>glipizide</i> TABS 5mg, 10mg;<br>TB24 2.5mg                     | 1                          |        |
| <i>glipizide</i> (generic of<br>GLUCOTROL XL) TB24 5mg,<br>10mg    | 1                          |        |
| <i>glipizide xl</i> TB24 2.5mg                                     | 1                          |        |
| <i>glipizide xl</i> (generic of<br>GLUCOTROL XL) TB24 5mg,<br>10mg | 1                          |        |
| <i>glipizide-metformin hcl tab<br/>2.5-250 mg</i>                  | 1                          |        |
| <i>glipizide-metformin hcl tab<br/>2.5-500 mg</i>                  | 1                          |        |
| <i>glipizide-metformin hcl tab 5-<br/>500 mg</i>                   | 1                          |        |
| GLYXAMBI TAB 10-5 MG                                               | 2                          |        |
| GLYXAMBI TAB 25-5 MG                                               | 2                          |        |
| JANUMET TAB 50-500MG                                               | 2                          |        |
| JANUMET TAB 50-1000                                                | 2                          |        |
| JANUMET XR TAB 50-<br>500MG                                        | 2                          |        |
| JANUMET XR TAB 50-1000                                             | 2                          |        |
| JANUMET XR TAB 100-1000                                            | 2                          |        |
| JANUVIA TABS 25mg, 50mg, 100mg                                     | 2                          |        |
| JARDIANCE TABS 10mg, 25mg                                          | 2                          |        |
| JENTADUETO TAB 2.5-500                                             | 2                          |        |
| JENTADUETO TAB 2.5-850                                             | 2                          |        |
| JENTADUETO TAB 2.5-1000                                            | 2                          |        |
| JENTADUETO TAB XR 2.5-<br>1000MG                                   | 2                          |        |
| JENTADUETO TAB XR 5-<br>1000MG                                     | 2                          |        |
| <i>liraglutide</i> SOPN 18mg/3ml<br>QL (3 pens / 30 days)          | 1                          | QL PA  |
| <i>metformin hcl</i> (generic of<br>RIOMET) SOLN 500mg/5ml         | 1                          |        |
| <i>metformin hcl</i> TABS 500mg, 850mg, 1000mg                     | 1                          |        |

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>metformin hcl</i> TB24 500mg, 750mg<br>(generic of GLUCOPHAGE XR)                                             | 1                          |        |
| <i>miglitol</i> TABS 25mg, 50mg, 100mg                                                                           | 1                          |        |
| MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml<br>QL (4 pens / 28 days) | 2                          | QL PA  |
| <i>nateglinide</i> TABS 60mg, 120mg                                                                              | 1                          |        |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml<br>QL (1 pen / 28 days)                                             | 2                          | QL PA  |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml<br>QL (1 pen / 28 days)                                                | 2                          | QL PA  |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml<br>QL (1 pen / 28 days)                                                          | 2                          | QL PA  |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml<br>QL (1 pen / 28 days)                                                          | 2                          | QL PA  |
| <i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg                                                 | 1                          |        |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT)                                             | 1                          |        |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT)                                             | 1                          |        |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>                                                              | 1                          |        |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET)                                    | 1                          |        |
| <i>repaglinide</i> TABS .5mg, 1mg, 2mg                                                                           | 1                          |        |
| RYBELSUS TABS 3mg, 7mg, 14mg<br>QL (30 tabs / 30 days)                                                           | 2                          | QL PA  |
| SYMLINPEN 60 SOPN 1500mcg/1.5ml                                                                                  | 3                          | NDS    |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------|----------------------------|-----------|
| SYMLINPEN 120 SOPN 2700mcg/2.7ml                                                         | 3                          | NDS       |
| SYNJARDY TAB 5-500MG                                                                     | 2                          |           |
| SYNJARDY TAB 5-1000MG                                                                    | 2                          |           |
| SYNJARDY TAB 12.5-500                                                                    | 2                          |           |
| SYNJARDY TAB 12.5-1000MG                                                                 | 2                          |           |
| SYNJARDY XR TAB 5-1000MG                                                                 | 2                          |           |
| SYNJARDY XR TAB 10-1000                                                                  | 2                          |           |
| SYNJARDY XR TAB 12.5-1000                                                                | 2                          |           |
| SYNJARDY XR TAB 25-1000                                                                  | 2                          |           |
| TRADJENTA TABS 5mg                                                                       | 2                          |           |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG                                                     | 2                          |           |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG                                                      | 2                          |           |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG                                                  | 2                          |           |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG                                                      | 2                          |           |
| TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml<br>QL (4 pens / 28 days) | 2                          | QL PA     |
| TZIELD SOLN 2mg/2ml                                                                      | 3                          | NDS NM PA |
| XIGDUO XR TAB 2.5-1000                                                                   | 2                          |           |
| XIGDUO XR TAB 5-500MG                                                                    | 2                          |           |
| XIGDUO XR TAB 5-1000MG                                                                   | 2                          |           |
| XIGDUO XR TAB 10-500MG                                                                   | 2                          |           |
| XIGDUO XR TAB 10-1000                                                                    | 2                          |           |
| <b>ANTIDIABETICS, INSULINS</b>                                                           |                            |           |
| ADMELOG SOLN 100unit/ml                                                                  | 2                          |           |
| ADMELOG SOLOSTAR SOPN 100unit/ml                                                         | 2                          |           |
| ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY                                                      | 2                          | PA        |
| BASAGLAR KWIKPEN SOPN 100unit/ml                                                         | 2                          |           |
| FIASP SOLN 100unit/ml                                                                    | 2                          |           |
| FIASP FLEXTOUCH SOPN 100unit/ml                                                          | 2                          |           |
| FIASP PENFILL SOCT 100unit/ml                                                            | 2                          |           |

| Drug Name                                                    | Drug Requirements/<br>Tier | Limits  |
|--------------------------------------------------------------|----------------------------|---------|
| FIASP PUMPCART SOCT 100unit/ml                               | 2                          | B/D     |
| GAUZE PADS 2X2                                               | 2                          | PA      |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml                    | 3                          | NDS B/D |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml                      | 3                          | NDS     |
| INSULIN PEN NEEDLES: BD-EMBECTA                              | 2                          | PA      |
| INSULIN SAFETY NEEDLES: BD-EMBECTA                           | 2                          | PA      |
| INSULIN SYRINGES: BD-EMBECTA                                 | 2                          | PA      |
| NOVOLIN INJ 70/30 (brand RELION not covered)                 | 2                          |         |
| NOVOLIN INJ 70/30 FP (brand RELION not covered)              | 2                          |         |
| NOVOLIN N SUSP 100unit/ml (brand RELION not covered)         | 2                          |         |
| NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered) | 2                          |         |
| NOVOLIN R SOLN 100unit/ml (brand RELION not covered)         | 2                          |         |
| NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered) | 2                          |         |
| NOVOLOG MIX INJ 70/30 (brand RELION not covered)             | 2                          |         |
| NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)           | 2                          |         |
| OMNIPOD 5 G6 KIT INTRO                                       | 3                          |         |
| OMNIPOD 5 G6 MIS PODS                                        | 3                          |         |
| OMNIPOD 5 G7 KIT INTRO                                       | 3                          |         |
| OMNIPOD 5 G7 MIS PODS                                        | 3                          |         |
| OMNIPOD DASH KIT INTRO                                       | 3                          |         |

| Drug Name                                                 | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------|----------------------------|-----------|
| OMNIPOD DASH MIS PODS                                     | 3                          |           |
| OMNIPOD GO KIT 10UNT/DY                                   | 3                          |           |
| OMNIPOD GO KIT 15UNT/DY                                   | 3                          |           |
| OMNIPOD GO KIT 20UNT/DY                                   | 3                          |           |
| OMNIPOD GO KIT 25UNT/DY                                   | 3                          |           |
| OMNIPOD GO KIT 30UNT/DY                                   | 3                          |           |
| OMNIPOD GO KIT 35UNT/DY                                   | 3                          |           |
| OMNIPOD GO KIT 40UNT/DY                                   | 3                          |           |
| OMNIPOD MIS CLASSIC                                       | 3                          |           |
| SOLIQUA INJ 100/33                                        | 2                          |           |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml                       | 2                          |           |
| TOUJEO SOLOSTAR SOPN 300unit/ml                           | 2                          |           |
| TRESIBA SOLN 100unit/ml                                   | 2                          |           |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml             | 2                          |           |
| XULTOPHY INJ 100/3.6                                      | 2                          |           |
| <b>CALCIUM REGULATORS</b>                                 |                            |           |
| <i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg | 1                          |           |
| <i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg  | 1                          |           |
| BINOSTO TBEF 70mg                                         | 3                          |           |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act         | 1                          | B/D       |
| EVENITY SOSY 105mg/1.17ml                                 | 3                          | NDS NM PA |
| FOSAMAX + D TAB 70-2800                                   | 3                          |           |
| FOSAMAX + D TAB 70-5600                                   | 3                          |           |
| <i>ibandronate sodium</i> SOLN 3mg/3ml; TABS 150mg        | 1                          | B/D       |
| PAMIDRONATE DISODIUM SOLN 6mg/ml                          | 2                          | B/D       |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml     | 1                          | B/D       |
| PROLIA SOSY 60mg/ml                                       | 3                          | NM        |
| <i>risedronate sodium</i> TABS 5mg, 30mg, 150mg           | 1                          |           |

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

| Drug Name                                                               | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------|----------------------------|-----------|
| <i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg                | 1                          |           |
| <i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg                | 1                          |           |
| TERIPARATIDE SOPN 620mcg/2.48ml                                         | 3                          | NDS NM PA |
| <i>teriparatide</i> (recombinant) (generic of FORTEO) SOPN 600mcg/2.4ml | 3                          | NDS NM PA |
| TYMLOS SOPN 3120mcg/1.56ml                                              | 3                          | NDS NM PA |
| XGEVA SOLN 120mg/1.7ml                                                  | 3                          | NDS NM PA |
| <i>zoledronic acid</i> CONC 4mg/5ml                                     | 1                          | B/D NM    |
| ZOLEDRONIC ACID SOLN 4mg/100ml                                          | 3                          | B/D NM    |
| <i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml              | 1                          | B/D NM    |
| <b>CHELATING AGENTS</b>                                                 |                            |           |
| CHEMET CAPS 100mg                                                       | 3                          | NDS       |
| CUVRIOR TABS 300mg                                                      | 3                          | NDS NM    |
| <i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg | 3                          | NDS NM PA |
| <i>deferasirox</i> (generic of JADENU) TABS 90mg                        | 1                          | NM PA     |
| <i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg                | 3                          | NM PA     |
| <i>deferasirox</i> (generic of EXJADE) TBSO 125mg                       | 1                          | NM PA     |
| <i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg                | 3                          | NDS NM PA |
| <i>deferiprone</i> (generic of FERRIPROX) TABS 500mg, 1000mg            | 3                          | NDS NM PA |
| <i>deferoxamine mesylate</i> SOLR 2gm                                   | 1                          | NM PA     |
| <i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg           | 1                          | NM PA     |
| FERRIPROX SOLN 100mg/ml                                                 | 3                          | NDS NM PA |
| FERRIPROX TWICE-A-DAY TABS 1000mg                                       | 3                          | NDS NM PA |
| <i>kionex</i> SUSP 15gm/60ml                                            | 1                          |           |
| LOKELMA PACK 5gm, 10gm                                                  | 2                          |           |

| Drug Name                                                    | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------|----------------------------|--------|
| <i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg | 3                          | NDS NM |
| <i>sodium polystyrene sulfonate</i> powder                   | 1                          |        |
| <i>sps</i> SUSP 15gm/60ml                                    | 1                          |        |
| <i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg         | 3                          | NDS NM |
| <i>trientine hcl</i> CAPS 500mg                              | 3                          | NDS NM |
| VELTASSA PACK 8.4gm, 16.8gm, 25.2gm                          | 2                          |        |
| <b>CONTRACEPTIVES</b>                                        |                            |        |
| <i>afirmelle</i>                                             | 1                          |        |
| <i>altavera</i>                                              | 1                          |        |
| <i>alyacen 1/35</i>                                          | 1                          |        |
| <i>alyacen 7/7/7</i>                                         | 1                          |        |
| <i>amethia</i>                                               | 1                          |        |
| <i>amethyst</i>                                              | 1                          |        |
| ANNOVERA MIS                                                 | 3                          |        |
| <i>apri</i>                                                  | 1                          |        |
| <i>aranelle</i>                                              | 1                          |        |
| <i>ashlyna</i>                                               | 1                          |        |
| <i>aubra eq</i>                                              | 1                          |        |
| <i>aurovela 1/20</i>                                         | 1                          |        |
| <i>aurovela 24 fe</i>                                        | 1                          |        |
| <i>aurovela fe 1.5/30</i>                                    | 1                          |        |
| <i>aurovela fe 1/20</i>                                      | 1                          |        |
| <i>aviane</i>                                                | 1                          |        |
| <i>ayuna</i>                                                 | 1                          |        |
| <i>azurette</i>                                              | 1                          |        |
| <i>balziva</i>                                               | 1                          |        |
| <i>blisovi 24 fe</i>                                         | 1                          |        |
| <i>blisovi fe 1.5/30</i>                                     | 1                          |        |
| <i>briellyn</i>                                              | 1                          |        |
| <i>camila</i> TABS .35mg                                     | 1                          |        |
| <i>camrese</i>                                               | 1                          |        |
| <i>camrese lo</i>                                            | 1                          |        |
| <i>chateal eq</i>                                            | 1                          |        |
| <i>cryselle-28</i>                                           | 1                          |        |
| <i>cyred eq</i>                                              | 1                          |        |
| <i>dasetta 1/35</i>                                          | 1                          |        |
| <i>dasetta 7/7/7</i>                                         | 1                          |        |
| <i>daysee</i>                                                | 1                          |        |
| <i>deblitane</i> TABS .35mg                                  | 1                          |        |

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

| Drug Name                                                                         | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------|-----------------------------------|
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml                                           | 2                                 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)                      | 1                                 |
| dolishale                                                                         | 1                                 |
| drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)   | 1                                 |
| drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL) | 1                                 |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)                     | 1                                 |
| drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)               | 1                                 |
| elinest                                                                           | 1                                 |
| eluryng (generic of NUVARING)                                                     | 1                                 |
| emzahh TABS .35mg                                                                 | 1                                 |
| enilloring (generic of NUVARING)                                                  | 1                                 |
| enpresse-28                                                                       | 1                                 |
| enskyce                                                                           | 1                                 |
| errin TABS .35mg                                                                  | 1                                 |
| estarylla                                                                         | 1                                 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg                          | 1                                 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg                          | 1                                 |
| etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)   | 1                                 |
| falmina                                                                           | 1                                 |
| finzala                                                                           | 1                                 |
| gemmily (generic of TAYTULLA)                                                     | 1                                 |
| hailey 1.5/30                                                                     | 1                                 |
| hailey 24 fe                                                                      | 1                                 |
| haloette (generic of NUVARING)                                                    | 1                                 |
| heather TABS .35mg                                                                | 1                                 |
| iclevia                                                                           | 1                                 |
| incassia TABS .35mg                                                               | 1                                 |

| Drug Name                                                     | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------|-----------------------------------|
| introvale                                                     | 1                                 |
| isibloom                                                      | 1                                 |
| jasmiel (generic of YAZ)                                      | 1                                 |
| jolessa                                                       | 1                                 |
| juleber                                                       | 1                                 |
| junel 1.5/30                                                  | 1                                 |
| junel 1/20                                                    | 1                                 |
| junel fe 1.5/30                                               | 1                                 |
| junel fe 1/20                                                 | 1                                 |
| junel fe 24                                                   | 1                                 |
| kaitlib fe                                                    | 1                                 |
| kariva                                                        | 1                                 |
| kelnor 1/35                                                   | 1                                 |
| kelnor 1/50                                                   | 1                                 |
| kurvelo                                                       | 1                                 |
| larin 1.5/30                                                  | 1                                 |
| larin 1/20                                                    | 1                                 |
| larin 24 fe                                                   | 1                                 |
| larin fe 1.5/30                                               | 1                                 |
| larin fe 1/20                                                 | 1                                 |
| layolis fe                                                    | 1                                 |
| leena                                                         | 1                                 |
| lessina                                                       | 1                                 |
| levonest                                                      | 1                                 |
| levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg | 1                                 |
| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)   | 1                                 |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)  | 1                                 |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg  | 1                                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg          | 1                                 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg         | 1                                 |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg  | 1                                 |

| Drug Name                                                                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| levonorgestrel-ethinyl<br>estradiol (continuous) tab 90-<br>20 mcg                                                            | 1                          |        |
| levora 0.15/30-28                                                                                                             | 1                          |        |
| LILETTA IUD 20.1mcg/day                                                                                                       | 2                          | NM     |
| LO LOESTRIN TAB 1-10-10                                                                                                       | 3                          |        |
| loestrin 1.5/30-21                                                                                                            | 1                          |        |
| loestrin 1/20-21                                                                                                              | 1                          |        |
| loestrin fe 1.5/30                                                                                                            | 1                          |        |
| loestrin fe 1/20                                                                                                              | 1                          |        |
| loryna (generic of YAZ)                                                                                                       | 1                          |        |
| low-ogestrel                                                                                                                  | 1                          |        |
| lultera                                                                                                                       | 1                          |        |
| lyleq TABS .35mg                                                                                                              | 1                          |        |
| lyza TABS .35mg                                                                                                               | 1                          |        |
| marlissa                                                                                                                      | 1                          |        |
| medroxyprogesterone acetate 1<br>(contraceptive) (generic of<br>DEPO-PROVERA<br>CONTRACEPTIV) SUSP<br>150mg/ml; SUSY 150mg/ml | 1                          |        |
| merzee (generic of<br>TAYTULLA)                                                                                               | 1                          |        |
| mibelas 24 fe                                                                                                                 | 1                          |        |
| microgestin 1.5/30                                                                                                            | 1                          |        |
| microgestin 1/20                                                                                                              | 1                          |        |
| microgestin 24 fe                                                                                                             | 1                          |        |
| microgestin fe 1.5/30                                                                                                         | 1                          |        |
| microgestin fe 1/20                                                                                                           | 1                          |        |
| mili                                                                                                                          | 1                          |        |
| mono-lynyah                                                                                                                   | 1                          |        |
| NATAZIA TAB                                                                                                                   | 3                          |        |
| necon 0.5/35-28                                                                                                               | 1                          |        |
| NEXPLANON IMPL 68mg                                                                                                           | 2                          | NM     |
| NEXTSTELLIS TAB 3-<br>14.2MG                                                                                                  | 3                          |        |
| nikki (generic of YAZ)                                                                                                        | 1                          |        |
| nora-be TABS .35mg                                                                                                            | 1                          |        |
| norelgestromin-ethinyl<br>estradiol td ptwk 150-35<br>mcg/24hr                                                                | 1                          |        |
| norethindrone & ethinyl<br>estradiol-fe chew tab 0.4 mg-<br>35 mcg                                                            | 1                          |        |

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| norethindrone & ethinyl<br>estradiol-fe chew tab 0.8 mg-<br>25 mcg                                         | 1                          |        |
| norethindrone (contraceptive)<br>TABS .35mg                                                                | 1                          |        |
| norethindrone ac-ethinyl<br>estradiol-fe tab 1-20/1-30/1-35<br>mg-mcg                                      | 1                          |        |
| norethindrone ace & ethinyl<br>estradiol tab 1 mg-20 mcg                                                   | 1                          |        |
| norethindrone ace & ethinyl<br>estradiol tab 1.5 mg-30 mcg                                                 | 1                          |        |
| norethindrone ace & ethinyl<br>estradiol-fe tab 1 mg-20 mcg                                                | 1                          |        |
| norethindrone ace-eth<br>estradiol-fe chew tab 1 mg-20<br>mcg (24)                                         | 1                          |        |
| norethindrone ace-ethinyl<br>estradiol-fe cap 1 mg-20 mcg<br>(24) (generic of TAYTULLA)                    | 1                          |        |
| norgestimate & ethinyl<br>estradiol tab 0.25 mg-35 mcg                                                     | 1                          |        |
| norgestimate-eth estradiol tab<br>0.18-25/0.215-25/0.25-25 mg-<br>mcg (generic of ORTHO TRI-<br>CYCLEN LO) | 1                          |        |
| norgestimate-eth estradiol tab<br>0.18-35/0.215-35/0.25-35 mg-<br>mcg                                      | 1                          |        |
| norlyroc TABS .35mg                                                                                        | 1                          |        |
| nortrel 0.5/35 (28)                                                                                        | 1                          |        |
| nortrel 1/35 (21)                                                                                          | 1                          |        |
| nortrel 1/35 (28)                                                                                          | 1                          |        |
| nortrel 7/7/7                                                                                              | 1                          |        |
| nylia 1/35                                                                                                 | 1                          |        |
| nylia 7/7/7                                                                                                | 1                          |        |
| nymyo                                                                                                      | 1                          |        |
| ocella (generic of YASMIN 28)                                                                              | 1                          |        |
| PHEXXI GEL                                                                                                 | 3                          |        |
| philith                                                                                                    | 1                          |        |
| pimtrea                                                                                                    | 1                          |        |
| portia-28                                                                                                  | 1                          |        |
| reclipsen                                                                                                  | 1                          |        |
| rivelsa                                                                                                    | 1                          |        |
| setlakin                                                                                                   | 1                          |        |
| sharobel TABS .35mg                                                                                        | 1                          |        |

| Drug Name                                                | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------|-----------------------------------|
| <i>simliya</i>                                           | 1                                 |
| <i>simpesse</i>                                          | 1                                 |
| SLYND TABS 4mg                                           | 3                                 |
| <i>sprintec 28</i>                                       | 1                                 |
| <i>sronyx</i>                                            | 1                                 |
| <i>syeda</i> (generic of YASMIN 28)                      | 1                                 |
| <i>tarina 24 fe</i>                                      | 1                                 |
| <i>tarina fe 1/20 eq</i>                                 | 1                                 |
| <i>tilia fe</i>                                          | 1                                 |
| <i>tri-estarylla</i>                                     | 1                                 |
| <i>tri-legest fe</i>                                     | 1                                 |
| <i>tri-linyah</i>                                        | 1                                 |
| <i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO) | 1                                 |
| <i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)    | 1                                 |
| <i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)      | 1                                 |
| <i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)  | 1                                 |
| <i>tri-mili</i>                                          | 1                                 |
| <i>tri-nymyo</i>                                         | 1                                 |
| <i>tri-sprintec</i>                                      | 1                                 |
| <i>tri-vylibra</i>                                       | 1                                 |
| <i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)   | 1                                 |
| <i>trivora-28</i>                                        | 1                                 |
| <i>turqoz</i>                                            | 1                                 |
| TYBLUME CHW 0.1-0.02                                     | 3                                 |
| <i>tydemy</i> (generic of SAFYRAL)                       | 1                                 |
| <i>velivet</i>                                           | 1                                 |
| <i>vestura</i> (generic of YAZ)                          | 1                                 |
| <i>vienva</i>                                            | 1                                 |
| <i>viorele</i>                                           | 1                                 |
| <i>vyfemla</i>                                           | 1                                 |
| <i>vylibra</i>                                           | 1                                 |
| <i>wera</i>                                              | 1                                 |
| <i>wymzya fe</i>                                         | 1                                 |
| <i>xulane</i>                                            | 1                                 |
| <i>zafemy</i>                                            | 1                                 |
| <i>zovia 1/35</i>                                        | 1                                 |
| <i>zumandimine</i> (generic of YASMIN 28)                | 1                                 |

| Drug Name                                                                                                            | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b><i>ESTROGENS</i></b>                                                                                              |                                   |
| BIJUVA CAP 0.5-100                                                                                                   | 3                                 |
| BIJUVA CAP 1-100MG                                                                                                   | 3                                 |
| CLIMARA PRO DIS WEEKLY                                                                                               | 3                                 |
| COMBIPATCH DIS                                                                                                       | 3                                 |
| DEPO-ESTRADIOL OIL 5mg/ml                                                                                            | 3                                 |
| <i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr              | 2                                 |
| ELESTRIN GEL .06%                                                                                                    | 3                                 |
| <i>estradiol</i> (generic of ESTROGEL) GEL .06%                                                                      | 3                                 |
| <i>estradiol</i> (generic of DIVIGEL) GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm              | 3                                 |
| <i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr          | 2                                 |
| <i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 2                                 |
| <i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg                                                            | 1                                 |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>                                                          | 2                                 |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)                                     | 2                                 |
| <i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm                                                           | 1                                 |
| <i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg                                                             | 1                                 |
| <i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml                                     | 1                                 |
| ESTRING RING 7.5mcg/24hr                                                                                             | 3                                 |
| EVAMIST SOLN 1.53mg/spray                                                                                            | 3                                 |
| FEMRING RING .05mg/24hr, .1mg/24hr                                                                                   | 3                                 |
| <i>fyavolv tab 0.5mg-2.5mcg</i>                                                                                      | 2                                 |

| Drug Name                                                                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fyavolv tab 1mg-5mcg</i>                                                                                         | 2                          |        |
| IMVEXXY MAINTENANCE<br>PACK INST 4mcg, 10mcg                                                                        | 3                          | PA     |
| IMVEXXY STARTER PACK<br>INST 4mcg, 10mcg                                                                            | 3                          | PA     |
| <i>jinteli</i>                                                                                                      | 2                          |        |
| <i>lyllana</i> (generic of<br>MINIVELLE) PTTW<br>.025mg/24hr, .037mg/24hr,<br>.05mg/24hr, .075mg/24hr,<br>.1mg/24hr | 2                          |        |
| MENEST TABS .3mg,<br>.625mg, 1.25mg, 2.5mg                                                                          | 3                          |        |
| MENOSTAR PTWK<br>14mcg/24hr                                                                                         | 3                          |        |
| <i>mimvey</i> (generic of<br>ACTIVEELLA)                                                                            | 2                          |        |
| <i>norethindrone acetate-ethinyl<br/>estradiol tab 0.5 mg-2.5 mcg</i>                                               | 2                          |        |
| <i>norethindrone acetate-ethinyl<br/>estradiol tab 1 mg-5 mcg</i>                                                   | 2                          |        |
| PREMARIN CREA<br>.625mg/gm; SOLR 25mg                                                                               | 3                          |        |
| PREMARIN TABS .3mg,<br>.45mg, .625mg, .9mg, 1.25mg                                                                  | 2                          |        |
| PREMPHASE TAB                                                                                                       | 2                          |        |
| PREMPRO TAB                                                                                                         | 2                          |        |
| PREMPRO TAB 0.3-1.5                                                                                                 | 2                          |        |
| PREMPRO TAB 0.45-1.5                                                                                                | 2                          |        |
| PREMPRO TAB 0.625-5                                                                                                 | 2                          |        |
| <i>yuvafem</i> (generic of<br>VAGIFEM) TABS 10mcg                                                                   | 1                          |        |
| <b>GLUCOCORTICOIDS</b>                                                                                              |                            |        |
| ALKINDI SPRINKLE CPSP<br>1mg, 2mg, 5mg                                                                              | 3                          | NDS NM |
| ALKINDI SPRINKLE CPSP<br>.5mg                                                                                       | 3                          | NM     |
| <i>betamethasone sod<br/>phosphate &amp; acetate inj susp</i><br>6 (3-3) mg/ml (generic of<br>CELESTONE SOLUSPAN)   | 1                          |        |
| DEPO-MEDROL SUSP<br>20mg/ml                                                                                         | 3                          | B/D    |
| <i>dexamethasone ELIX</i><br>.5mg/5ml; SOLN .5mg/5ml;<br>TABS .5mg, .75mg, 1mg,<br>1.5mg, 2mg, 4mg, 6mg             | 1                          |        |

| Drug Name                                                                                                              | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| DEXAMETHASONE<br>INTENSOL CONC 1mg/ml                                                                                  | 3                          |        |
| <i>dexamethasone sodium<br/>phosphate SOLN</i> 4mg/ml,<br>10mg/ml, 20mg/5ml,<br>100mg/10ml, 120mg/30ml;<br>SOSY 4mg/ml | 1                          |        |
| <i>fludrocortisone acetate</i> TABS<br>.1mg                                                                            | 1                          |        |
| HEMADY TABS 20mg                                                                                                       | 3                          |        |
| <i>hydrocortisone</i> (generic of<br>CORTEF) TABS 5mg, 10mg,<br>20mg                                                   | 1                          |        |
| KENALOG-10 SUSP<br>10mg/ml                                                                                             | 3                          | B/D    |
| KENALOG-80 SUSP<br>80mg/ml                                                                                             | 3                          | B/D    |
| MEDROL TABS 2mg                                                                                                        | 3                          | B/D    |
| <i>methylprednisolone</i> (generic<br>of MEDROL) TABS 4mg,<br>8mg, 16mg                                                | 1                          | B/D    |
| <i>methylprednisolone</i> TABS<br>32mg                                                                                 | 1                          | B/D    |
| <i>methylprednisolone</i> (generic<br>of MEDROL DOSEPAK)<br>TBPK 4mg                                                   | 1                          |        |
| <i>methylprednisolone acetate</i><br>(generic of DEPO-MEDROL)<br>SUSP 40mg/ml, 80mg/ml                                 | 1                          | B/D    |
| <i>methylprednisolone sod succ</i><br>SOLR 40mg, 125mg                                                                 | 1                          | B/D    |
| <i>methylprednisolone sod succ</i><br>(generic of SOLU-MEDROL)<br>SOLR 500mg, 1000mg                                   | 1                          | B/D    |
| <i>prednisolone</i> SOLN<br>15mg/5ml                                                                                   | 1                          | B/D    |
| <i>prednisolone sodium<br/>phosphate</i> (generic of<br>PEDIAPRED) SOLN 5mg/5ml                                        | 1                          | B/D    |
| <i>prednisolone sodium<br/>phosphate</i> SOLN 15mg/5ml,<br>25mg/5ml                                                    | 1                          | B/D    |
| <i>prednisone</i> SOLN 5mg/5ml;<br>TABS 1mg, 2.5mg, 5mg,<br>10mg, 20mg, 50mg                                           | 1                          | B/D    |
| <i>prednisone</i> TBPK 5mg, 10mg                                                                                       | 1                          |        |
| PREDNISONE INTENSOL<br>CONC 5mg/ml                                                                                     | 3                          | B/D    |

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

| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits     |
|---------------------------------------------------------------------------|----------------------------|------------|
| SOLU-CORTEF SOLR<br>100mg, 250mg, 500mg,<br>1000mg                        | 3                          |            |
| SOLU-MEDROL SOLR 2gm,<br>40mg, 125mg, 500mg,<br>1000mg                    | 3                          | B/D        |
| <i>triamcinolone acetonide</i><br>(generic of KENALOG-40)<br>SUSP 40mg/ml | 1                          | B/D        |
| ZILRETTA SRER 32mg                                                        | 3                          | B/D NM     |
| <b>GLUCOSE ELEVATING AGENTS</b>                                           |                            |            |
| <i>diazoxide</i> (generic of<br>PROGLYCEM) SUSP<br>50mg/ml                | 3                          | NDS        |
| ZEGALOGUE SOAJ<br>.6mg/0.6ml; SOSY .6mg/0.6ml                             | 2                          |            |
| <b>MISCELLANEOUS</b>                                                      |                            |            |
| ALDURAZYME SOLN<br>2.9mg/5ml                                              | 3                          | NDS NM PA  |
| <i>betaine powder for oral<br/>solution</i> (generic of<br>CYSTADANE)     | 3                          | NDS NM     |
| <i>cabergoline</i> TABS .5mg                                              | 1                          |            |
| <i>carglumic acid</i> (generic of<br>CARBAGLU) TBSO 200mg                 | 3                          | NDS NM PA  |
| CERDELGA CAPS 84mg                                                        | 3                          | NDS NM PA  |
| CEREZYME SOLR 400unit                                                     | 3                          | NDS NM PA  |
| CHORIONIC<br>GONADOTROPIN SOLR<br>10000unit                               | 3                          | NM PA      |
| <i>cinacalcet hcl</i> (generic of<br>SENSIPAR) TABS 30mg,<br>60mg         | 1                          | B/D NM     |
| <i>cinacalcet hcl</i> (generic of<br>SENSIPAR) TABS 90mg                  | 3                          | NDS B/D NM |
| CRYSVITA SOLN 10mg/ml,<br>20mg/ml, 30mg/ml                                | 3                          | NDS NM PA  |
| CYSTAGON CAPS 50mg,<br>150mg                                              | 3                          | NM PA      |
| <i>desmopressin acetate</i><br>(generic of DDAVP) SOLN<br>4mcg/ml         | 3                          | NDS        |
| <i>desmopressin acetate</i><br>(generic of DDAVP) TABS<br>.1mg, .2mg      | 1                          |            |
| <i>desmopressin acetate spray</i><br>SOLN .01%                            | 1                          |            |

| Drug Name                                                                                                         | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>desmopressin acetate spray<br/>refrigerated</i> SOLN .01%                                                      | 1                          |           |
| DOJOLVI LIQD 100%                                                                                                 | 3                          | NDS NM PA |
| EGRIFTA SV SOLR 2mg                                                                                               | 3                          | NDS NM PA |
| ELAPRASE SOLN 6mg/3ml                                                                                             | 3                          | NDS NM PA |
| ELELYSO SOLR 200unit                                                                                              | 3                          | NDS NM PA |
| ELFABRIO SOLN 20mg/10ml                                                                                           | 3                          | NDS NM PA |
| FABRAZYME SOLR 5mg,<br>35mg                                                                                       | 3                          | NDS NM PA |
| FENSOLVI KIT 45mg                                                                                                 | 3                          | NDS NM PA |
| GALAFOLD CAPS 123mg                                                                                               | 3                          | NDS NM PA |
| GENOTROPIN CART 5mg,<br>12mg                                                                                      | 3                          | NDS NM PA |
| GENOTROPIN MINIUICK<br>PRSY .2mg                                                                                  | 2                          | NM PA     |
| GENOTROPIN MINIUICK<br>PRSY .4mg, .6mg, .8mg,<br>1mg, 1.2mg, 1.4mg, 1.6mg,<br>1.8mg, 2mg                          | 3                          | NDS NM PA |
| HUMATROPE CART 6mg,<br>12mg, 24mg                                                                                 | 3                          | NDS NM PA |
| INCRELEX SOLN 40mg/4ml                                                                                            | 3                          | NDS NM PA |
| ISTURISA TABS 1mg, 5mg                                                                                            | 3                          | NDS NM PA |
| <i>javygtor</i> (generic of KUVAN)<br>PACK 100mg, 500mg; TABS<br>100mg                                            | 3                          | NDS NM PA |
| JYNARQUE TABS 15mg,<br>30mg; TBP 15mg                                                                             | 3                          | NDS NM PA |
| JYNARQUE PAK 30-15MG                                                                                              | 3                          | NDS NM PA |
| JYNARQUE PAK 45-15MG                                                                                              | 3                          | NDS NM PA |
| JYNARQUE PAK 60-30MG                                                                                              | 3                          | NDS NM PA |
| JYNARQUE PAK 90-30MG                                                                                              | 3                          | NDS NM PA |
| KANUMA SOLN 20mg/10ml                                                                                             | 3                          | NDS NM PA |
| LAMZEDE SOLR 10mg                                                                                                 | 3                          | NDS NM PA |
| <i>lanreotide acetate</i> SOLN<br>120mg/0.5ml                                                                     | 3                          | NDS NM PA |
| <i>levocarnitine (metabolic<br/>modifiers)</i> (generic of<br>CARNITOR) SOLN<br>1gm/10ml, 200mg/ml; TABS<br>330mg | 1                          | B/D       |
| LUMIZYME SOLR 50mg                                                                                                | 3                          | NDS NM PA |
| LUPRON DEPOT-PED (1-<br>MONTH KIT 7.5mg,<br>11.25mg, 15mg                                                         | 3                          | NDS NM PA |
| LUPRON DEPOT-PED (3-<br>MONTH KIT 11.25mg, 30mg                                                                   | 3                          | NDS NM PA |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------|----------------------------|-----------|
| LUPRON DEPOT-PED (6-MONTH KIT 45mg                                          | 3                          | NDS NM PA |
| <i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg          | 3                          | NDS NM PA |
| <i>miglustat</i> (generic of ZAVESCA) CAPS 100mg                            | 3                          | NDS NM PA |
| MYALEPT SOLR 11.3mg                                                         | 3                          | NDS NM PA |
| MYCAPSSA CPDR 20mg                                                          | 3                          | NDS NM PA |
| MYFEMBREE TAB                                                               | 3                          | NDS       |
| NAGLAZYME SOLN 1mg/ml                                                       | 3                          | NDS NM PA |
| NEXVIAZYME SOLR 100mg                                                       | 3                          | NDS NM PA |
| NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml                                          | 3                          | NDS NM PA |
| <i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg            | 3                          | NDS NM PA |
| NITYR TABS 2mg, 5mg, 10mg                                                   | 3                          | NDS NM PA |
| NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml        | 3                          | NDS NM PA |
| NOVAREL SOLR 5000unit                                                       | 3                          | NM PA     |
| NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml                                           | 3                          | NDS NM PA |
| NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml                                         | 3                          | NDS NM PA |
| NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml                                         | 3                          | NDS NM PA |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml | 1                          | NM PA     |
| <i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml          | 1                          | NM PA     |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml           | 3                          | NDS NM PA |
| <i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml                   | 3                          | NDS NM PA |
| OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm                                | 3                          | NDS NM PA |
| OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg                            | 3                          | NDS NM PA |
| OPFOLDA CAPS 65mg                                                           | 3                          | NM PA     |

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------|----------------------------|-----------|
| ORFADIN SUSP 4mg/ml                                                                 | 3                          | NDS NM PA |
| ORIAHNN CAP                                                                         | 3                          | NDS       |
| ORLISSA TABS 150mg, 200mg                                                           | 3                          | NDS       |
| PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml                                      | 3                          | NDS NM PA |
| PHEBURANE PLLT 483mg/gm                                                             | 3                          | NDS NM PA |
| POMBILITI SOLR 105mg                                                                | 3                          | NDS NM PA |
| PREGNYL W/DILUENT BENZYL SOLR 10000unit                                             | 3                          | NM PA     |
| PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg                                          | 3                          | NDS NM PA |
| <i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg                                 | 1                          |           |
| RAVICTI LIQD 1.1gm/ml                                                               | 3                          | NDS NM PA |
| RECORLEV TABS 150mg                                                                 | 3                          | NDS NM PA |
| REVCIVI SOLN 2.4mg/1.5ml                                                            | 3                          | NDS NM    |
| REZDIFFRA TABS 60mg, 80mg, 100mg                                                    | 3                          | NDS NM PA |
| SAMSCA TABS 15mg, 30mg                                                              | 3                          | NDS NM PA |
| SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg                                          | 3                          | NDS NM PA |
| <i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg | 3                          | NDS NM PA |
| SEROSTIM SOLR 4mg, 5mg, 6mg                                                         | 3                          | NDS NM PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml                                             | 3                          | NDS NM PA |
| SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg                                      | 3                          | NDS NM PA |
| SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg           | 3                          | NDS NM PA |
| <i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg         | 3                          | NDS NM PA |
| SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml                                      | 3                          | NDS NM PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml                           | 3                          | NDS NM PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg                                          | 3                          | NDS NM PA |

| Drug Name                                                                                                                                     | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| STRENSIQ SOLN<br>18mg/0.45ml, 28mg/0.7ml,<br>40mg/ml, 80mg/0.8ml                                                                              | 3                          | NDS NM PA |
| SYNAREL SOLN 2mg/ml                                                                                                                           | 3                          | NDS PA    |
| TEPEZZA SOLR 500mg                                                                                                                            | 3                          | NDS NM PA |
| <i>tolvaptan</i> (generic of<br>SAMSCA) TABS 15mg,<br>30mg                                                                                    | 3                          | NDS NM PA |
| VEOZAH TABS 45mg                                                                                                                              | 3                          |           |
| VIJOICE PACK 50mg; TBPk                                                                                                                       | 3                          | NDS NM PA |
| 50mg, 125mg                                                                                                                                   |                            |           |
| VIJOICE TAB 250MG                                                                                                                             | 3                          | NDS NM PA |
| VIMIZIM SOLN 5mg/5ml                                                                                                                          | 3                          | NDS NM PA |
| VOXZOGO SOLR .4mg,<br>.56mg, 1.2mg                                                                                                            | 3                          | NDS NM PA |
| VPRIV SOLR 400unit                                                                                                                            | 3                          | NDS NM PA |
| XENPOZYME SOLR 4mg,<br>20mg                                                                                                                   | 3                          | NDS NM PA |
| <i>yargesa</i> (generic of<br>ZAVESCA) CAPS 100mg                                                                                             | 3                          | NDS NM PA |
| ZOMACTON SOLR 5mg                                                                                                                             | 3                          | NM PA     |
| ZOMACTON SOLR 10mg                                                                                                                            | 3                          | NDS NM PA |
| <b>PROGESTINS</b>                                                                                                                             |                            |           |
| CRINONE GEL 4%, 8%                                                                                                                            | 3                          | PA        |
| <i>medroxyprogesterone acetate</i><br>(generic of PROVERA) TABS<br>2.5mg, 5mg, 10mg                                                           | 1                          |           |
| <i>megestrol acetate</i> SUSP<br>40mg/ml                                                                                                      | 2                          |           |
| <i>megestrol acetate (appetite)</i><br>SUSP 625mg/5ml                                                                                         | 3                          |           |
| <i>norethindrone acetate</i> TABS<br>5mg                                                                                                      | 1                          |           |
| <i>progesterone</i> (generic of<br>PROMETRIUM) CAPS<br>100mg, 200mg                                                                           | 1                          |           |
| <b>THYROID AGENTS</b>                                                                                                                         |                            |           |
| ERMEZA SOLN 150mcg/5ml                                                                                                                        | 3                          |           |
| <i>euthyrox</i> (generic of<br>SYNTHROID) TABS 25mcg,<br>50mcg, 75mcg, 88mcg,<br>100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg,<br>200mcg | 1                          |           |

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

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

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits  |
|----------------------------------------------------------------------|----------------------------|---------|
| <i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg       | 1                          |         |
| GIMOTI SOLN 15mg/act                                                 | 3                          | NDS     |
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml                          | 1                          |         |
| <i>granisetron hcl</i> TABS 1mg                                      | 1                          | B/D     |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg                               | 1                          |         |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg             | 1                          |         |
| <i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg         | 1                          |         |
| <i>ondansetron</i> TBDP 4mg, 8mg                                     | 1                          | B/D     |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml         | 1                          |         |
| <i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg                   | 1                          | B/D     |
| <i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml               | 1                          |         |
| PALONOSETRON HYDROCHLORID SOLN .25mg/2ml                             | 3                          |         |
| <i>prochlorperazine</i> SUPP 25mg                                    | 1                          |         |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml                      | 1                          |         |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg                       | 1                          |         |
| <i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg     | 1                          |         |
| <i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml | 2                          |         |
| <i>promethazine hcl</i> SUPP 12.5mg, 25mg                            | 3                          |         |
| <i>promethegan</i> SUPP 12.5mg, 25mg, 50mg                           | 3                          |         |
| <i>scopolamine</i> (generic of TRANSDERM-SCOP) PT72 1mg/3days        | 3                          |         |
| SUSTOL PRSY 10mg/0.4ml                                               | 3                          |         |
| SYNDROS SOLN 5mg/ml                                                  | 3                          | NDS B/D |
| <i>trimethobenzamide hcl</i> CAPS 300mg                              | 1                          |         |
| VARUBI TBPK 90mg                                                     | 3                          | B/D NM  |

| Drug Name                                                                               | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------|----------------------------|--------|
| <b>ANTISPASMODICS</b>                                                                   |                            |        |
| <i>atropine sulfate</i> (generic of ATROPINE SULFATE) SOSY 1mg/10ml                     | 3                          |        |
| <i>atropine sulfate</i> SOSY .25mg/5ml                                                  | 3                          |        |
| ATROPINE SULFATE SOSY .25mg/5ml                                                         | 3                          |        |
| <i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg                                             | 2                          |        |
| <i>dicyclomine hcl</i> SOLN 10mg/5ml                                                    | 3                          |        |
| <i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml                                 | 3                          |        |
| <i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml | 1                          |        |
| <i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg                                     | 1                          |        |
| <i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg                               | 1                          |        |
| <i>glycopyrrolate (oral)</i> (generic of CUVPOSA) SOLN 1mg/5ml                          | 1                          |        |
| <i>methscopolamine bromide</i> TABS 2.5mg, 5mg                                          | 3                          |        |
| <b>H2-RECEPTOR ANTAGONISTS</b>                                                          |                            |        |
| <i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg                                       | 1                          |        |
| <i>cimetidine hcl</i> SOLN 300mg/5ml                                                    | 1                          |        |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml                    | 1                          |        |
| <i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg                                   | 1                          |        |
| <i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml                                       | 1                          |        |
| <i>nizatidine</i> CAPS 150mg, 300mg                                                     | 1                          |        |
| <b>INFLAMMATORY BOWEL DISEASE</b>                                                       |                            |        |
| <i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg                             | 1                          |        |
| <i>budesonide</i> CPEP 3mg                                                              | 1                          |        |
| <i>budesonide</i> (generic of UCERIS) TB24 9mg                                          | 3                          | NDS    |

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------|----------------------------|--------|
| <i>budesonide (intrarectal)</i> (generic of UCERIS) FOAM 2mg                        | 1                          |        |
| DIPENTUM CAPS 250mg                                                                 | 3                          | NDS    |
| <i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml          | 1                          |        |
| <i>mesalamine</i> (generic of APRISO) CP24 .375gm                                   | 1                          |        |
| <i>mesalamine</i> (generic of PENTASA) CPCR 500mg                                   | 1                          |        |
| <i>mesalamine</i> (generic of DELZICOL) CPDR 400mg                                  | 1                          |        |
| <i>mesalamine</i> ENEM 4gm; TBEC 800mg                                              | 1                          |        |
| <i>mesalamine</i> (generic of CANASA) SUPP 1000mg                                   | 1                          |        |
| <i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm                                    | 1                          |        |
| <i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm                           | 1                          |        |
| PENTASA CPCR 250mg                                                                  | 3                          |        |
| SFROWASA ENEM 4gm/60ml                                                              | 3                          | NDS    |
| <i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg                             | 1                          |        |
| <i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg                     | 1                          |        |
| <b>LAXATIVES</b>                                                                    |                            |        |
| CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML                                                | 3                          |        |
| CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML                                                | 3                          |        |
| <i>constulose</i> SOLN 10gm/15ml                                                    | 1                          |        |
| <i>enulose</i> SOLN 10gm/15ml                                                       | 1                          |        |
| <i>gavilyte-c</i>                                                                   | 1                          |        |
| <i>gavilyte-g</i> (generic of GOLYTELY)                                             | 1                          |        |
| <i>generlac</i> SOLN 10gm/15ml                                                      | 1                          |        |
| <i>lactulose</i> SOLN 10gm/15ml                                                     | 1                          |        |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml                                    | 1                          |        |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm (generic of GOLYTELY) | 1                          |        |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                                                    | 1                          |           |
| <i>peg-3350/electrolytes/asc (generic of MOVIPREP)</i>                                                 | 1                          |           |
| PLENVU SOL                                                                                             | 3                          |           |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)</i> | 1                          |           |
| SUFLAVE SOL                                                                                            | 3                          |           |
| SUTAB TAB                                                                                              | 3                          |           |
| <b>MISCELLANEOUS</b>                                                                                   |                            |           |
| <i>alosetron hcl (generic of LOTRONEX) TABS 1mg</i>                                                    | 3                          | NDS       |
| <i>alosetron hcl (generic of LOTRONEX) TABS .5mg</i>                                                   | 1                          |           |
| <i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>                | 1                          |           |
| BYLVAY CAPS 400mcg, 1200mcg                                                                            | 3                          | NDS NM PA |
| BYLVAY (PELLETS) CPSP 200mcg, 600mcg                                                                   | 3                          | NDS NM PA |
| CHOLBAM CAPS 50mg, 250mg                                                                               | 3                          | NDS NM PA |
| CREON CAP 3000UNIT                                                                                     | 2                          |           |
| CREON CAP 6000UNIT                                                                                     | 2                          |           |
| CREON CAP 12000UNT                                                                                     | 2                          |           |
| CREON CAP 24000UNT                                                                                     | 2                          |           |
| CREON CAP 36000UNT                                                                                     | 2                          |           |
| <i>cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml</i>                           | 1                          |           |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>                                                  | 3                          |           |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>                                 | 2                          |           |
| EOHILIA SUSP 2mg/10ml                                                                                  | 3                          | NDS       |
| GATTEX KIT 5mg                                                                                         | 3                          | NDS NM PA |
| HELIDAC MIS THERAPY                                                                                    | 3                          | NDS       |
| LINZESS CAPS 72mcg, 145mcg, 290mcg                                                                     | 2                          |           |
| LIVMARLI SOLN 9.5mg/ml                                                                                 | 3                          | NDS NM PA |
| <i>loperamide hcl CAPS 2mg</i>                                                                         | 1                          |           |

| Drug Name                                                   | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------|----------------------------|-----------|
| <i>lubiprostone (generic of AMITIZA) CAPS 8mcg, 24mcg</i>   | 1                          |           |
| <i>misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg</i> | 1                          |           |
| MOVANTIK TABS 12.5mg, 25mg                                  | 2                          |           |
| OICALIVA TABS 5mg, 10mg                                     | 3                          | NDS NM PA |
| PANCREAZE CAP 2600UNIT                                      | 3                          |           |
| PANCREAZE CAP 4200UNIT                                      | 3                          |           |
| PANCREAZE CAP 10500UNT                                      | 3                          |           |
| PANCREAZE CAP 16800UNT                                      | 3                          |           |
| PANCREAZE CAP 21000UNT                                      | 3                          |           |
| PANCREAZE CAP 37000                                         | 3                          |           |
| PERTZYE CAP 4000UNIT                                        | 3                          |           |
| PERTZYE CAP 8000UNIT                                        | 3                          |           |
| PERTZYE CAP 16000U                                          | 3                          |           |
| PERTZYE CAP 24000U                                          | 3                          |           |
| REBYOTA SUSP 150ml                                          | 3                          | NDS NM PA |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg             | 3                          | NDS       |
| SUCRAID SOLN 8500unit/ml                                    | 3                          | NDS NM    |
| <i>sucralfate (generic of CARAFATE) TABS 1gm</i>            | 1                          |           |
| SYMPROIC TABS .2mg                                          | 3                          |           |
| TALICIA CAP                                                 | 3                          |           |
| <i>ursodiol CAPS 300mg; TABS 250mg</i>                      | 1                          |           |
| <i>ursodiol (generic of URSO FORTE) TABS 500mg</i>          | 1                          |           |
| VIBERZI TABS 75mg, 100mg                                    | 3                          | NDS       |
| VIOKACE TAB 10440                                           | 3                          |           |
| VIOKACE TAB 20880                                           | 3                          | NDS       |
| VOQUEZNA PAK DUAL PAK                                       | 3                          |           |
| VOQUEZNA PAK TRIP PK                                        | 3                          |           |
| VOWST CAP                                                   | 3                          | NDS NM PA |
| XERMELO TABS 250mg                                          | 3                          | NDS NM PA |
| XIFAXAN TABS 550mg                                          | 3                          | NDS       |
| ZENPEP CAP 3000UNIT                                         | 2                          |           |
| ZENPEP CAP 5000UNIT                                         | 2                          |           |
| ZENPEP CAP 10000UNT                                         | 2                          |           |
| ZENPEP CAP 15000UNT                                         | 2                          |           |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------|----------------------------|--------|
| ZENPEP CAP 20000UNT                                                                      | 2                          |        |
| ZENPEP CAP 25000UNT                                                                      | 2                          |        |
| ZENPEP CAP 40000UNT                                                                      | 2                          |        |
| ZENPEP CAP 60000UNT                                                                      | 2                          |        |
| <b>PROTON PUMP INHIBITORS</b>                                                            |                            |        |
| <i>dexlansoprazole</i> (generic of DEXILANT) CPDR 30mg, 60mg                             | 1                          |        |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg; PACK 10mg, 20mg, 40mg | 1                          |        |
| <i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg                            | 1                          |        |
| <i>lansoprazole</i> CPDR 15mg                                                            | 1                          |        |
| <i>lansoprazole</i> (generic of PREVACID) CPDR 30mg                                      | 1                          |        |
| NEXIUM PACK 2.5mg, 5mg                                                                   | 3                          |        |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg                                                  | 1                          |        |
| <i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg              | 1                          |        |
| PRILOSEC PACK 2.5mg, 10mg                                                                | 3                          |        |
| <i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg                                 | 1                          |        |
| VOQUEZNA TABS 10mg, 20mg                                                                 | 3                          |        |
| <b>GENITOURINARY</b>                                                                     |                            |        |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>                                                      |                            |        |
| <i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg                                    | 1                          |        |
| CARDURA XL TB24 4mg, 8mg                                                                 | 3                          |        |
| <i>dutasteride</i> (generic of AVODART) CAPS .5mg                                        | 1                          |        |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg                                         | 1                          |        |
| ENTADFI CAP 5-5MG                                                                        | 3                          | PA     |
| <i>finasteride</i> (generic of PROSCAR) TABS 5mg                                         | 1                          |        |
| <i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg                                      | 1                          |        |

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

| Drug Name                                                                   | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------|-----------------------------------|
| <i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg     | 1                                 |
| OXYTROL PTTW 3.9mg/24hr                                                     | 3                                 |
| <i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg           | 1                                 |
| <i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg            | 1                                 |
| <i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg               | 1                                 |
| <i>tropium chloride</i> CP24 60mg; TABS 20mg                                | 1                                 |
| VESICARE LS SUSP 5mg/5ml                                                    | 3                                 |
| <b>VAGINAL ANTI-INFECTIVES</b>                                              |                                   |
| CLEOCIN SUPP 100mg                                                          | 3                                 |
| <i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%           | 1                                 |
| CLINDESSE CREA 2%                                                           | 3                                 |
| GYNAZOLE-1 CREA 2%                                                          | 3                                 |
| <i>metronidazole vaginal</i> GEL .75%                                       | 1                                 |
| <i>miconazole</i> 3 SUPP 200mg                                              | 1                                 |
| NUVESSA GEL 1.3%                                                            | 3                                 |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg                         | 1                                 |
| VANDAZOLE GEL .75%                                                          | 3                                 |
| XACIATO GEL 2%                                                              | 3                                 |
| <b>HEMATOLOGIC ANTICOAGULANTS</b>                                           |                                   |
| <i>dabigatran etexilate mesylate</i> CAPS 75mg                              | 1                                 |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg, 150mg | 1                                 |
| ELIQUIS TABS 2.5mg, 5mg                                                     | 2                                 |
| ELIQUIS STARTER PACK TBPK 5mg                                               | 2                                 |

| Drug Name                                                                                                                                          | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 1                                 |
| <i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml                                                                                   | 1                                 |
| <i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml                                                            | 3 NDS                             |
| FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml                                                                                                    | 3                                 |
| FRAGMIN SOLN 9500unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml                 | 3 NDS                             |
| HEP SOD/D5W INJ 20000UNT                                                                                                                           | 3                                 |
| HEP SOD/D5W INJ 25000UNT                                                                                                                           | 3                                 |
| HEP SOD/NACL INJ 12500UNT                                                                                                                          | 2                                 |
| HEP SOD/NACL INJ 25000UNT                                                                                                                          | 2                                 |
| HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml                                                                                               | 3 B/D                             |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml                                          | 1 B/D                             |
| HEPARIN/NACL INJ 25000UNT                                                                                                                          | 2                                 |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                                                                              | 1                                 |
| PRADAXA CAPS 75mg                                                                                                                                  | 3                                 |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                                                                       | 1                                 |

| Drug Name                                                                                                                                                    | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| XARELTO SUSR 1mg/ml;<br>TABS 2.5mg, 10mg, 15mg,<br>20mg                                                                                                      | 2                          |           |
| XARELTO STAR TAB<br>15/20MG                                                                                                                                  | 2                          |           |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                                                                                          |                            |           |
| ARANESP ALBUMIN FREE<br>SOLN 25mcg/ml, 40mcg/ml;<br>SOSY 10mcg/0.4ml,<br>25mcg/0.42ml, 40mcg/0.4ml                                                           | 2                          | NM PA     |
| ARANESP ALBUMIN FREE<br>SOLN 60mcg/ml, 100mcg/ml,<br>200mcg/ml; SOSY<br>60mcg/0.3ml, 100mcg/0.5ml,<br>150mcg/0.3ml, 200mcg/0.4ml,<br>300mcg/0.6ml, 500mcg/ml | 3                          | NDS NM PA |
| FULPHILA SOSY 6mg/0.6ml                                                                                                                                      | 3                          | NDS NM PA |
| LEUKINE SOLR 250mcg                                                                                                                                          | 3                          | NDS NM PA |
| NPLATE SOLR 125mcg,<br>250mcg, 500mcg                                                                                                                        | 3                          | NDS NM PA |
| <i>plerixafor</i> (generic of<br>MOZOBIL) SOLN<br>24mg/1.2ml                                                                                                 | 3                          | NDS NM PA |
| PROCRIT SOLN 2000unit/ml, 2<br>3000unit/ml, 4000unit/ml,<br>10000unit/ml                                                                                     |                            | NM PA     |
| PROCRIT SOLN<br>20000unit/ml, 40000unit/ml                                                                                                                   | 3                          | NDS NM PA |
| XOLREMDI CAPS 100mg                                                                                                                                          | 3                          | NDS NM PA |
| ZARXIO SOSY<br>300mcg/0.5ml, 480mcg/0.8ml                                                                                                                    | 3                          | NDS NM PA |
| <b>MISCELLANEOUS</b>                                                                                                                                         |                            |           |
| ADAKVEO SOLN<br>100mg/10ml                                                                                                                                   | 3                          | NDS NM PA |
| ADZYNMA KIT 500unit,<br>1500unit                                                                                                                             | 3                          | NDS NM PA |
| ALVAIZ TABS 9mg, 18mg,<br>36mg, 54mg                                                                                                                         | 3                          | NDS NM PA |
| <i>aminocaproic acid</i> SOLN<br>.25gm/ml; TABS 500mg,<br>1000mg                                                                                             | 3                          | NDS       |
| <i>anagrelide hcl</i> CAPS 1mg                                                                                                                               | 1                          |           |
| <i>anagrelide hcl</i> (generic of<br>AGRYLIN) CAPS .5mg                                                                                                      | 1                          |           |
| BERINERT KIT 500unit                                                                                                                                         | 3                          | NDS NM PA |
| CABLIVI KIT 11mg                                                                                                                                             | 3                          | NDS NM PA |
| <i>cilostazol</i> TABS 50mg,<br>100mg                                                                                                                        | 1                          |           |

| Drug Name                                                           | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------|----------------------------|-----------|
| CINRYZE SOLR 500unit                                                | 3                          | NDS NM PA |
| DOPTelet TABS 20mg                                                  | 3                          | NDS NM PA |
| DROXIA CAPS 200mg,<br>300mg, 400mg                                  | 2                          |           |
| EMPAVELI SOLN<br>1080mg/20ml                                        | 3                          | NDS NM PA |
| ENDARI PACK 5gm                                                     | 3                          | NDS NM PA |
| ENJAYMO SOLN<br>1100mg/22ml                                         | 3                          | NDS NM PA |
| FABHALTA CAPS 200mg                                                 | 3                          | NDS NM PA |
| GIVLAARI SOLN 189mg/ml                                              | 3                          | NDS NM PA |
| HAEGARDA SOLR 2000unit,<br>3000unit                                 | 3                          | NDS NM PA |
| <i>icatibant acetate</i> (generic of<br>FIRAZYR) SOSY 30mg/3ml      | 3                          | NDS NM PA |
| KALBITOR SOLN 10mg/ml                                               | 3                          | NDS NM PA |
| <i>l-glutamine (sickle cell)</i><br>(generic of ENDARI) PACK<br>5gm | 3                          | NDS NM PA |
| MULPLETA TABS 3mg                                                   | 3                          | NDS NM PA |
| ORLADEYO CAPS 110mg,<br>150mg                                       | 3                          | NDS NM PA |
| OXBRYTA TABS 300mg,<br>500mg; TBSO 300mg                            | 3                          | NDS NM PA |
| <i>pentoxifylline</i> TBCR 400mg                                    | 1                          |           |
| PYRUKYND TABS 5mg,<br>20mg, 50mg                                    | 3                          | NDS NM PA |
| PYRUKYND TAB<br>20MGX5MG                                            | 3                          | NDS NM PA |
| PYRUKYND TAB 50MGX20M                                               | 3                          | NDS NM PA |
| PYRUKYND TAPER PACK<br>TBPK 5mg                                     | 3                          | NDS NM PA |
| REBLOZYL SOLR 25mg,<br>75mg                                         | 3                          | NDS NM PA |
| RUCONEST SOLR 2100unit                                              | 3                          | NDS NM PA |
| <i>sajazir</i> (generic of FIRAZYR)<br>SOSY 30mg/3ml                | 3                          | NDS NM PA |
| SIKLOS TABS 100mg                                                   | 3                          |           |
| SIKLOS TABS 1000mg                                                  | 3                          | NDS       |
| SOLIRIS SOLN 300mg/30ml                                             | 3                          | NDS NM PA |
| TAKHZYRO SOLN<br>300mg/2ml; SOSY 150mg/ml,<br>300mg/2ml             | 3                          | NDS NM PA |
| TAVALISSE TABS 100mg,<br>150mg                                      | 3                          | NDS NM PA |
| TAVNEOS CAPS 10mg                                                   | 3                          | NDS NM PA |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------|----------------------------|-----------|
| <i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml                  | 1                          |           |
| <i>tranexamic acid</i> TABS 650mg                                                 | 1                          |           |
| ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml                                             | 3                          | NDS NM PA |
| VOYDEYA TABS 100mg                                                                | 3                          | NDS NM PA |
| VOYDEYA TAB 50-100MG                                                              | 3                          | NDS NM PA |
| ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml                         | 3                          | NDS NM PA |
| <b>PLATELET AGGREGATION INHIBITORS</b>                                            |                            |           |
| <i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg                                 | 1                          |           |
| BRILINTA TABS 60mg, 90mg                                                          | 2                          |           |
| <i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg                        | 1                          |           |
| <i>clopidogrel bisulfate</i> TABS 300mg                                           | 1                          |           |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg                                         | 2                          |           |
| <i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg                          | 1                          |           |
| ZONTIVITY TABS 2.08mg                                                             | 3                          |           |
| <b>IMMUNOLOGIC AGENTS</b>                                                         |                            |           |
| <b>AUTOIMMUNE AGENTS</b>                                                          |                            |           |
| ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml                                           | 3                          | NDS NM PA |
| ADBRY SOSY 150mg/ml                                                               | 3                          | NDS NM PA |
| AVSOLA SOLR 100mg                                                                 | 3                          | NDS NM PA |
| CIBINQO TABS 50mg, 100mg, 200mg                                                   | 3                          | NDS NM PA |
| COSENTYX SOLN 125mg/5ml; SOSY 75mg/0.5ml, 150mg/ml                                | 3                          | NDS NM PA |
| COSENTYX SENSOREADY PEN SOAJ 150mg/ml                                             | 3                          | NDS NM PA |
| COSENTYX UNOREADY SOAJ 300mg/2ml                                                  | 3                          | NDS NM PA |
| DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml | 3                          | NDS NM PA |
| ENBREL SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml                                  | 3                          | NDS NM PA |
| ENBREL MINI SOCT 50mg/ml                                                          | 3                          | NDS NM PA |

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------|----------------------------|-----------|
| ENBREL SURECLICK SOAJ 50mg/ml                                         | 3                          | NDS NM PA |
| HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml            | 3                          | NDS NM PA |
| HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml                    | 3                          | NDS NM PA |
| HUMIRA PEN KIT PS/UV                                                  | 3                          | NDS NM PA |
| HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml                             | 3                          | NDS NM PA |
| HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml                             | 3                          | NDS NM PA |
| IDACIO (2 PEN) AJKT 40mg/0.8ml                                        | 3                          | NDS NM PA |
| IDACIO (2 SYRINGE) PSKT 40mg/0.8ml                                    | 3                          | NDS NM PA |
| IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml                              | 3                          | NDS NM PA |
| IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml                            | 3                          | NDS NM PA |
| RENFLEXIS SOLR 100mg                                                  | 3                          | NDS NM PA |
| RINVOQ TB24 15mg, 30mg, 45mg                                          | 3                          | NDS NM PA |
| RINVOQ LQ SOLN 1mg/ml                                                 | 3                          | NDS NM PA |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml; SOLN 600mg/10ml; SOSY 150mg/ml | 3                          | NDS NM PA |
| SKYRIZI PEN SOAJ 150mg/ml                                             | 3                          | NDS NM PA |
| SOTYKTU TABS 6mg                                                      | 3                          | NDS NM PA |
| SPEVIGO SOLN 450mg/7.5ml; SOSY 150mg/ml                               | 3                          | NDS NM PA |
| STELARA SOLN 45mg/0.5ml, 130mg/26ml; SOSY 45mg/0.5ml, 90mg/ml         | 3                          | NDS NM PA |
| TREMFYA SOPN 100mg/ml; SOSY 100mg/ml                                  | 3                          | NDS NM PA |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml                          | 3                          | NDS NM PA |
| VELSIPITY TABS 2mg                                                    | 3                          | NDS NM PA |
| XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg                                   | 3                          | NDS NM PA |
| XELJANZ XR TB24 11mg, 22mg                                            | 3                          | NDS NM PA |

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

| Drug Name                                                                                                        | Drug Requirements/<br>Tier Limits |            |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------|
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml                                | 3                                 | NDS NM PA  |
| HEPAGAM B SOLN 312unit/ml                                                                                        | 3                                 | NDS B/D NM |
| HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml                           | 3                                 | NDS NM PA  |
| HYQVIA INJ 2.5-200                                                                                               | 3                                 | NDS NM PA  |
| HYQVIA INJ 5-400                                                                                                 | 3                                 | NDS NM PA  |
| HYQVIA INJ 10-800                                                                                                | 3                                 | NDS NM PA  |
| HYQVIA INJ 20-1600                                                                                               | 3                                 | NDS NM PA  |
| HYQVIA INJ 30-2400                                                                                               | 3                                 | NDS NM PA  |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 3                                 | NDS NM PA  |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml                                  | 3                                 | NDS NM PA  |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml                                                       | 3                                 | NDS NM PA  |
| XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml                                                              | 3                                 | NDS NM PA  |
| <b>IMMUNOMODULATORS</b>                                                                                          |                                   |            |
| ACTIMMUNE SOLN 100mcg/0.5ml                                                                                      | 3                                 | NDS NM PA  |
| ARCALYST SOLR 220mg                                                                                              | 3                                 | NDS NM PA  |
| GRASTEK SUBL 2800bau                                                                                             | 3                                 |            |
| ILARIS SOLN 150mg/ml                                                                                             | 3                                 | NDS NM PA  |
| JOENJA TABS 70mg                                                                                                 | 3                                 | NDS NM PA  |
| ODACTRA SUB                                                                                                      | 3                                 |            |
| ORALAIR SUB 300 IR                                                                                               | 3                                 | NM         |
| PALFORZIA CAP ESCALAT                                                                                            | 3                                 | NDS NM     |
| PALFORZIA CAP LEVEL 3                                                                                            | 3                                 | NDS NM     |
| PALFORZIA CAP LEVEL 7                                                                                            | 3                                 | NDS NM     |
| PALFORZIA CAP LEVEL 8                                                                                            | 3                                 | NDS NM     |
| PALFORZIA CAP LEVEL 10                                                                                           | 3                                 | NDS NM     |
| PALFORZIA LEVEL 1 CSPK 1mg                                                                                       | 3                                 | NDS NM     |
| PALFORZIA LEVEL 2 CSPK 1mg                                                                                       | 3                                 | NDS NM     |

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

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

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

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

| Drug Name                                          | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------|----------------------------|--------|
| TRUMENBA INJ                                       | 1                          |        |
| TWINRIX INJ                                        | 1                          |        |
| TYPHIM VI SOLN<br>25mcg/0.5ml; SOSY<br>25mcg/0.5ml | 1                          |        |
| VAQTA SUSP 25unit/0.5ml,<br>50unit/ml              | 1                          |        |
| VARIVAX INJ 1350pfu/0.5ml                          | 1                          |        |
| YF-VAX INJ                                         | 1                          |        |

### **NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE**

|                                                                                                  |   |
|--------------------------------------------------------------------------------------------------|---|
| D2.5W/NACL INJ 0.45%                                                                             | 3 |
| D5W/LYTES INJ #48                                                                                | 3 |
| D10W/NACL INJ 0.2%                                                                               | 2 |
| <i>dextrose 2.5% w/ sodium<br/>chloride 0.45% (generic of<br/>DEXTROSE 2.5%/SODIUM<br/>CHLO)</i> | 1 |
| <i>dextrose 5% in lactated<br/>ringers</i>                                                       | 1 |
| <i>dextrose 5% w/ sodium<br/>chloride 0.2%</i>                                                   | 1 |
| <i>dextrose 5% w/ sodium<br/>chloride 0.3% (generic of<br/>DEXTROSE 5%/SODIUM<br/>CHLORI)</i>    | 1 |
| <i>dextrose 5% w/ sodium<br/>chloride 0.9%</i>                                                   | 1 |
| <i>dextrose 5% w/ sodium<br/>chloride 0.45%</i>                                                  | 1 |
| <i>dextrose 5% w/ sodium<br/>chloride 0.225% (generic of<br/>DEXTROSE/SODIUM<br/>CHLORIDE)</i>   | 1 |
| <i>dextrose 10% w/ sodium<br/>chloride 0.45%</i>                                                 | 1 |
| ISOLYTE-P INJ /D5W                                                                               | 3 |
| ISOLYTE-S INJ                                                                                    | 3 |
| ISOLYTE-S INJ PH 7.4                                                                             | 3 |
| <i>kcl 10 meq/l (0.075%) in<br/>dextrose 5% &amp; nacl 0.45% inj</i>                             | 1 |
| <i>kcl 20 meq/l (0.15%) in<br/>dextrose 5% &amp; nacl 0.2% inj</i>                               | 1 |
| <i>kcl 20 meq/l (0.15%) in<br/>dextrose 5% &amp; nacl 0.9% inj</i>                               | 1 |

| Drug Name                                                                                                           | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>                                                     | 1                                 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>                                 | 1                                 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>                                | 1                                 |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>                                                                      | 1                                 |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>                                                    | 1                                 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>                   | 1                                 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>                                                      | 1                                 |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>                                  | 1                                 |
| KCL/D5W/LACT INJ 20MEQ/L                                                                                            | 3                                 |
| KCL/D5W/NACL INJ 0.3/0.9%                                                                                           | 3                                 |
| <i>lactated ringer's solution</i>                                                                                   | 1                                 |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml                                       | 2                                 |
| <i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i> | 2                                 |
| <i>magnesium sulfate SOLN 50%</i>                                                                                   | 2                                 |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>                    | 2                                 |
| <i>multiple electrolytes ph 5.5</i>                                                                                 | 1                                 |
| <i>multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)</i>                                                      | 1                                 |

| Drug Name                                                                                                                    | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| POT CHL 20MEQ/L IN NACL 0.9% INJ                                                                                             | 3                                 |
| POT CHL 20MEQ/L IN NACL 0.45% INJ                                                                                            | 3                                 |
| POT CHL 40MEQ/L IN NACL 0.9% INJ                                                                                             | 3                                 |
| <i>potassium chloride SOLN 2meq/ml</i>                                                                                       | 1                                 |
| <i>potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i> | 1                                 |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>                                                                | 1                                 |
| <i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>                                                                     | 1                                 |
| TPN ELECTROL INJ                                                                                                             | 3 B/D                             |
| <b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>                                                                                  |                                   |
| <i>klor-con PACK 20meq</i>                                                                                                   | 1                                 |
| <i>klor-con 8 TBCR 8meq</i>                                                                                                  | 1                                 |
| <i>klor-con 10 TBCR 10meq</i>                                                                                                | 1                                 |
| <i>klor-con m10 TBCR 10meq</i>                                                                                               | 1                                 |
| <i>klor-con m15 TBCR 15meq</i>                                                                                               | 1                                 |
| <i>klor-con m20 TBCR 20meq</i>                                                                                               | 1                                 |
| M-NATAL PLUS TAB                                                                                                             | 2                                 |
| <i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq</i>                                      | 1                                 |
| <i>potassium chloride (generic of K-TAB) TBCR 20meq</i>                                                                      | 1                                 |
| <i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>                                             | 1                                 |
| PRENATAL TAB 27-1MG                                                                                                          | 2                                 |
| PRENATAL TAB PLUS                                                                                                            | 2                                 |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>                                                                     | 1                                 |
| WESTAB PLUS TAB 27-1MG                                                                                                       | 2                                 |
| <b>IV NUTRITION</b>                                                                                                          |                                   |
| CLINIMIX E INJ 2.75/D5W                                                                                                      | 3 B/D                             |
| CLINIMIX E INJ 4.25/D5W                                                                                                      | 3 B/D                             |
| CLINIMIX E INJ 4.25/D10                                                                                                      | 3 B/D                             |
| CLINIMIX E INJ 5%/D15W                                                                                                       | 3 B/D                             |
| CLINIMIX E INJ 5%/D20W                                                                                                       | 3 B/D                             |

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

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits  |
|----------------------------------------------------------------------------------------|----------------------------|---------|
| CLINIMIX E INJ 8/10                                                                    | 3                          | B/D     |
| CLINIMIX E INJ 8/14                                                                    | 3                          | B/D     |
| CLINIMIX INJ 4.25/D5W                                                                  | 3                          | B/D     |
| CLINIMIX INJ 4.25/D10                                                                  | 3                          | B/D     |
| CLINIMIX INJ 5%/D15W                                                                   | 3                          | B/D     |
| CLINIMIX INJ 5%/D20W                                                                   | 3                          | B/D     |
| CLINIMIX INJ 6/5                                                                       | 3                          | B/D     |
| CLINIMIX INJ 8/10                                                                      | 3                          | B/D     |
| CLINIMIX INJ 8/14                                                                      | 3                          | B/D     |
| <i>clinisol sf 15%</i>                                                                 | 1                          | B/D     |
| CLINOLIPID EMU 20%                                                                     | 3                          | B/D     |
| <i>dextrose SOLN 5%, 10%</i>                                                           | 1                          |         |
| <i>dextrose SOLN 50%, 70%</i>                                                          | 1                          | B/D     |
| INTRALIPID EMUL<br>20gm/100ml, 30gm/100ml                                              | 3                          | B/D     |
| KABIVEN EMU                                                                            | 3                          | NDS B/D |
| NUTRILIPID EMUL<br>20gm/100ml                                                          | 3                          | B/D     |
| <i>plenamine</i>                                                                       | 1                          | B/D     |
| PREMASOL SOL 10%                                                                       | 3                          | NDS B/D |
| PROSOL INJ 20%                                                                         | 3                          | B/D     |
| SMOFLIPID EMU                                                                          | 3                          | B/D     |
| TRAVASOL INJ 10%                                                                       | 3                          | B/D     |
| TROPHAMINE INJ 10%                                                                     | 3                          | B/D     |
| <b>OPHTHALMIC</b>                                                                      |                            |         |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>                                                |                            |         |
| <i>bacitracin-polymyxin-<br/>neomycin-hc ophth oint 1%</i>                             | 1                          |         |
| <i>neo-polycin hc ophth oint 1%</i>                                                    | 1                          |         |
| <i>neomycin-polymyxin-<br/>dexamethasone ophth oint<br/>0.1% (generic of MAXITROL)</i> | 1                          |         |
| <i>neomycin-polymyxin-<br/>dexamethasone ophth susp<br/>0.1% (generic of MAXITROL)</i> | 1                          |         |
| <i>neomycin-polymyxin-hc ophth<br/>susp</i>                                            | 1                          |         |
| <i>sulfacetamide sodium-<br/>prednisolone ophth soln 10-<br/>0.23(0.25)%</i>           | 1                          |         |
| TOBRADEX OIN 0.3-0.1%                                                                  | 2                          |         |
| TOBRADEX ST SUS 0.3-0.05                                                               | 2                          |         |
| <i>tobramycin-dexamethasone<br/>ophth susp 0.3-0.1%</i>                                | 1                          |         |
| ZYLET SUS 0.5-0.3%                                                                     | 2                          |         |
| <b>ANTI-INFECTIVES</b>                                                                 |                            |         |
| AZASITE SOLN 1%                                                                        | 3                          |         |

| Drug Name                                                                    | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------|----------------------------|--------|
| <i>bacitracin (ophthalmic) OINT</i>                                          | 1                          |        |
| 500unit/gm                                                                   |                            |        |
| <i>bacitracin-polymyxin b ophth<br/>oint</i>                                 | 1                          |        |
| BESIVANCE SUSP .6%                                                           | 2                          |        |
| CILOXAN OINT .3%                                                             | 2                          |        |
| <i>ciprofloxacin hcl (ophth)<br/>SOLN .3%</i>                                | 1                          |        |
| <i>erythromycin (ophth) OINT</i>                                             | 1                          |        |
| 5mg/gm                                                                       |                            |        |
| <i>gatifloxacin (ophth) SOLN</i>                                             | 1                          |        |
| .5%                                                                          |                            |        |
| <i>gentamicin sulfate (ophth)<br/>SOLN .3%</i>                               | 1                          |        |
| <i>levofloxacin (ophth) SOLN</i>                                             | 1                          |        |
| 1.5%                                                                         |                            |        |
| <i>moxifloxacin hcl (ophth)<br/>SOLN .5%</i>                                 | 1                          |        |
| <i>moxifloxacin hcl (ophth)<br/>(generic of VIGAMOX) SOLN<br/>.5%</i>        | 1                          |        |
| NATACYN SUSP 5%                                                              | 3                          |        |
| <i>neo-polycin 5(3.5)mg-400unt-<br/>10000unt op oin</i>                      | 1                          |        |
| <i>neomycin-bacitrac zn-polymyx<br/>5(3.5)mg-400unt-10000unt op<br/>oin</i>  | 1                          |        |
| <i>neomycin-polymy-gramicid op<br/>sol 1.75-10000-0.025mg-unt-<br/>mg/ml</i> | 1                          |        |
| <i>ofloxacin (ophth) (generic of<br/>OCUFLOX) SOLN .3%</i>                   | 1                          |        |
| <i>polycin ophth oint</i>                                                    | 1                          |        |
| <i>polymyxin b-trimethoprim<br/>ophth soln 10000 unit/ml-0.1%</i>            | 1                          |        |
| <i>sulfacetamide sodium (ophth)</i>                                          | 1                          |        |
| OINT 10%; SOLN 10%                                                           |                            |        |
| <i>tobramycin (ophth) SOLN</i>                                               | 1                          |        |
| .3%                                                                          |                            |        |
| TOBREX OINT .3%                                                              | 3                          |        |
| trifluridine SOLN 1%                                                         | 1                          |        |
| XDEMVEY SOLN .25%                                                            | 3                          | NDS NM |
| ZIRGAN GEL .15%                                                              | 3                          |        |
| <b>ANTI-INFLAMMATORIES</b>                                                   |                            |        |
| ACUVAIL SOLN .45%                                                            | 3                          |        |

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

| Drug Name                                                                    | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------|----------------------------|--------|
| <i>bromfenac sodium (ophth)</i><br>(generic of PROLENSA)<br>SOLN .07%        | 1                          |        |
| <i>bromfenac sodium (ophth)</i><br>SOLN .09%                                 | 1                          |        |
| <i>bromfenac sodium (ophth)</i><br>(generic of BROMSITE)<br>SOLN .075%       | 1                          |        |
| <i>dexamethasone sodium<br/>phosphate (ophth)</i> SOLN .1%                   | 1                          |        |
| <i>diclofenac sodium (ophth)</i><br>SOLN .1%                                 | 1                          |        |
| <i>difluprednate</i> (generic of<br>DUREZOL) EMUL .05%                       | 1                          |        |
| FLAREX SUSP .1%                                                              | 3                          |        |
| <i>fluorometholone (ophth)</i><br>(generic of FML LIQUIFILM)<br>SUSP .1%     | 1                          |        |
| <i>flurbiprofen sodium</i> SOLN<br>.03%                                      | 1                          |        |
| FML FORTE SUSP .25%                                                          | 3                          |        |
| ILEVRO SUSP .3%                                                              | 3                          |        |
| INVELTYS SUSP 1%                                                             | 3                          |        |
| <i>ketorolac tromethamine<br/>(ophth)</i> (generic of ACULAR<br>LS) SOLN .4% | 1                          |        |
| <i>ketorolac tromethamine<br/>(ophth)</i> (generic of ACULAR)<br>SOLN .5%    | 1                          |        |
| LOTEMAX OINT .5%                                                             | 2                          |        |
| LOTEMAX SM GEL .38%                                                          | 2                          |        |
| <i>loteprednol etabonate</i><br>(generic of LOTEMAX) GEL<br>.5%; SUSP .5%    | 1                          |        |
| <i>loteprednol etabonate</i><br>(generic of ALREX) SUSP<br>.2%               | 1                          |        |
| MAXIDEX SUSP .1%                                                             | 3                          |        |
| NEVANAC SUSP .1%                                                             | 3                          |        |
| PRED MILD SUSP .12%                                                          | 3                          |        |
| <i>prednisolone acetate (ophth)</i><br>(generic of PRED FORTE)<br>SUSP 1%    | 1                          |        |
| PREDNISOLONE SODIUM<br>PHOSP SOLN 1%                                         | 2                          |        |
| XIPERE SUSP 40mg/ml                                                          | 3                          | NM PA  |
| YUTIQ IMPL .18mg                                                             | 3                          | NDS NM |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>ANTIALLERGICS</b>                                                                         |                            |        |
| <i>azelastine hcl (ophth)</i> SOLN<br>.05%                                                   | 1                          |        |
| <i>bepotastine besilate</i> (generic<br>of BEPREVE) SOLN 1.5%                                | 1                          |        |
| <i>cromolyn sodium (ophth)</i><br>SOLN 4%                                                    | 1                          |        |
| <i>epinastine hcl (ophth)</i> SOLN<br>.05%                                                   | 1                          |        |
| ZERVIAE SOLN .24%                                                                            | 3                          |        |
| <b>ANTIGLAUCOMA</b>                                                                          |                            |        |
| <i>betaxolol hcl (ophth)</i> SOLN<br>.5%                                                     | 1                          |        |
| BETIMOL SOLN .25%, .5%                                                                       | 3                          |        |
| BETOPTIC-S SUSP .25%                                                                         | 3                          |        |
| <i>brimonidine tartrate</i> (generic<br>of ALPHAGAN P) SOLN .1%,<br>.15%                     | 1                          |        |
| <i>brimonidine tartrate</i> SOLN<br>.2%                                                      | 1                          |        |
| <i>brimonidine tartrate-timolol<br/>maleate ophth soln 0.2-0.5%</i><br>(generic of COMBIGAN) | 1                          |        |
| <i>brinzolamide</i> (generic of<br>AZOPT) SUSP 1%                                            | 1                          |        |
| <i>carteolol hcl (ophth)</i> SOLN<br>1%                                                      | 1                          |        |
| COMBIGAN SOL 0.2/0.5%                                                                        | 2                          |        |
| <i>dorzolamide hcl</i> SOLN 2%                                                               | 1                          |        |
| <i>dorzolamide hcl-timolol<br/>maleate ophth soln 2-0.5%</i><br>(generic of COSOPT)          | 1                          |        |
| <i>dorzolamide hcl-timolol<br/>maleate pf ophth soln 2-0.5%</i><br>(generic of COSOPT PF)    | 1                          |        |
| IYUZEH SOLN .005%                                                                            | 3                          |        |
| <i>latanoprost</i> (generic of<br>XALATAN) SOLN .005%                                        | 1                          |        |
| <i>levobunolol hcl</i> SOLN .5%                                                              | 1                          |        |
| LUMIGAN SOLN .01%                                                                            | 2                          |        |
| PHOSPHOLINE IODIDE<br>SOLN .125%                                                             | 3                          | NDS NM |
| <i>pilocarpine hcl</i> SOLN 1%,<br>2%, 4%                                                    | 1                          |        |
| RHOPRESSA SOLN .02%                                                                          | 2                          |        |
| ROCKLATAN DRO                                                                                | 2                          |        |
| SIMBRINZA SUS 1-0.2%                                                                         | 3                          |        |

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

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------|----------------------------|-----------|
| <i>timolol maleate (ophth)</i> SOLG 1<br>.25%, .5%; SOLN .25%, .5%             |                            |           |
| <i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL) SOLN .5%        | 1                          |           |
| <i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5% | 1                          |           |
| <i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%                           | 1                          |           |
| VYZULTA SOLN .024%                                                             | 3                          |           |
| <b>MISCELLANEOUS</b>                                                           |                            |           |
| ATROPINE SULFATE SOLN 1%                                                       | 2                          |           |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1%                                   | 1                          |           |
| BEOVU SOSY 6mg/0.05ml                                                          | 3                          | NDS NM PA |
| BYOOVIZ SOLN .5mg/0.05ml                                                       | 3                          | NDS NM PA |
| CIMERLI SOLN .3mg/0.05ml                                                       | 3                          | NM PA     |
| CIMERLI SOLN .5mg/0.05ml                                                       | 3                          | NDS NM PA |
| CYSTADROPS SOLN .37%                                                           | 3                          | NDS NM PA |
| CYSTARAN SOLN .44%                                                             | 3                          | NDS NM PA |
| EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml                                         | 3                          | NDS NM PA |
| EYLEA HD SOLN 8mg/0.07ml                                                       | 3                          | NDS NM PA |
| EYSUVIS SUSP .25%                                                              | 3                          |           |
| IZERVAY SOLN 2mg/0.1ml                                                         | 3                          | NDS NM PA |
| LACRISERT INST 5mg                                                             | 3                          |           |
| LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml                                         | 3                          | NDS NM PA |
| MIEBO SOLN 1.338gm/ml                                                          | 2                          |           |
| OXERVATE SOLN .002%                                                            | 3                          | NDS NM PA |
| <i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%                          | 1                          |           |
| RESTASIS EMUL .05%                                                             | 2                          |           |
| RESTASIS MULTIDOSE EMUL .05%                                                   | 2                          |           |
| SUSVIMO SOLN 10mg/0.1ml                                                        | 3                          | NDS NM PA |
| SYFOVRE SOLN 15mg/0.1ml                                                        | 3                          | NDS NM PA |
| VABYSMO SOLN 6mg/0.05ml                                                        | 3                          | NDS NM PA |
| XIIDRA SOLN 5%                                                                 | 2                          |           |
| <b>OTIC</b>                                                                    |                            |           |
| <b>OTIC AGENTS</b>                                                             |                            |           |
| <i>acetic acid (otic)</i> SOLN 2%                                              | 1                          |           |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------|----------------------------|--------|
| CIPRO HC SUS OTIC                                                                          | 3                          |        |
| <i>ciprofloxacin hcl (otic)</i> SOLN .2%                                                   | 1                          |        |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>                                      | 1                          |        |
| CORTISPORIN SUS -TC OTIC                                                                   | 3                          |        |
| <i>flac</i> (generic of DERMOTIC) OIL .01%                                                 | 1                          |        |
| <i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%                        | 1                          |        |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (generic of HYDROCORTISONE/ACETIC ACI) | 1                          |        |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                                                  | 1                          |        |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>                          | 1                          |        |
| <i>ofloxacin (otic)</i> SOLN .3%                                                           | 1                          |        |
| <b>RESPIRATORY</b>                                                                         |                            |        |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                                           |                            |        |
| ANORO ELLIPT AER 62.5-25                                                                   | 2                          |        |
| BEVESPI AER 9-4.8MCG                                                                       | 2                          |        |
| BREZTRI AERO AER SPHERE                                                                    | 2                          |        |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)                                               | 2                          |        |
| COMBIVENT AER 20-100                                                                       | 3                          |        |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>                                   | 1                          | B/D    |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG                                                        | 2                          |        |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG                                                        | 2                          |        |
| <b>ANTICHOLINERGICS</b>                                                                    |                            |        |
| ATROVENT HFA AERS 17mcg/act                                                                | 3                          |        |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh                                                           | 2                          |        |
| <i>ipratropium bromide</i> SOLN .02%                                                       | 1                          | B/D    |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>ipratropium bromide (nasal)</i><br>SOLN .03%, .06%                                  | 1                          |        |
| SPIRIVA RESPIMAT AERS                                                                  | 3                          |        |
| 1.25mcg/act, 2.5mcg/act                                                                |                            |        |
| <i>tiotropium bromide monohydrate</i> (generic of SPIRIVA HANDIHALER)<br>CAPS 18mcg    | 1                          |        |
| <b>ANTI-HISTAMINE COMBINATIONS</b>                                                     |                            |        |
| <i>azelastine hcl-fluticasone prop</i> nasal spray 137-50 mcg/act (generic of DYMISTA) | 1                          |        |
| CLARINEX-D TAB 2.5-120                                                                 | 3                          |        |
| <i>promethazine vc</i>                                                                 | 2                          |        |
| RYALTRIS SPR 665-25                                                                    | 3                          |        |
| <b>ANTI-HISTAMINES</b>                                                                 |                            |        |
| <i>azelastine hcl</i> SOLN .1%                                                         | 1                          |        |
| <i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg                                    | 2                          |        |
| <i>cetirizine hcl</i> SOLN 5mg/5ml                                                     | 1                          |        |
| <i>clemastine fumarate</i> TABS 2.68mg                                                 | 2                          |        |
| <i>cycloheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg                                       | 2                          |        |
| <i>desloratadine</i> (generic of CLARINEX) TABS 5mg                                    | 1                          |        |
| <i>desloratadine</i> TBP 2.5mg, 5mg                                                    | 1                          |        |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml                                                | 1                          |        |
| <i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml                                           | 3                          |        |
| <i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg                            | 2                          |        |
| <i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg                             | 2                          |        |
| <i>hydroxyzine pamoate</i> CAPS 50mg, 100mg                                            | 2                          |        |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg                         | 1                          |        |
| <i>olopatadine hcl (nasal)</i> SOLN .6%                                                | 1                          |        |
| QUZYTIR SOLN 10mg/ml                                                                   | 3                          | NDS    |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>BETA AGONISTS</b>                                                                           |                            |        |
| <i>albuterol sulfate</i> AERS 108mcg/act (generic of Proair HFA)                               | 1                          |        |
| <i>albuterol sulfate</i> AERS 108mcg/act (generic of Ventolin HFA)                             | 1                          |        |
| <i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act (generic of Proventil HFA) | 1                          |        |
| <i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml                        | 1                          | B/D    |
| <i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg                                           | 1                          |        |
| <i>arformoterol tartrate</i> (generic of BROVANA) NEBU 15mcg/2ml                               | 1                          | B/D    |
| <i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU 20mcg/2ml                             | 1                          | B/D    |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml                    | 1                          | B/D    |
| <i>levalbuterol tartrate</i> AERO 45mcg/act                                                    | 1                          |        |
| SEREVENT DISKUS AEPB 50mcg/dose                                                                | 2                          |        |
| STRIVERDI RESPIMAT AERS 2.5mcg/act                                                             | 3                          |        |
| <i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg                                        | 1                          |        |
| VENTOLIN HFA AERS 108mcg/act                                                                   | 2                          |        |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act                                              | 2                          |        |
| <b>LEUKOTRIENE MODULATORS</b>                                                                  |                            |        |
| <i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg            | 1                          |        |
| <i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg                                       | 1                          |        |
| <b>MISCELLANEOUS</b>                                                                           |                            |        |
| <i>acetylcysteine</i> SOLN 10%, 20%                                                            | 1                          | B/D    |

| Drug Name                                                                                          | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------|----------------------------|-----------|
| ARALAST NP SOLR 500mg, 1000mg                                                                      | 3                          | NDS NM PA |
| BRONCHITOL CAPS 40mg                                                                               | 3                          | NDS NM PA |
| <i>cromolyn sodium</i> NEBU 20mg/2ml                                                               | 1                          | B/D       |
| <i>elixophyllin</i> ELIX 80mg/15ml                                                                 | 3                          | NDS       |
| <i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)     | 1                          |           |
| <i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen) | 1                          |           |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)            | 1                          |           |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml                                                                   | 3                          | NDS NM PA |
| FASENRA PEN SOAJ 30mg/ml                                                                           | 3                          | NDS NM PA |
| GLASSIA SOLN 1000mg/50ml                                                                           | 3                          | NDS NM PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg; TABS 150mg                                          | 3                          | NDS NM PA |
| OFEV CAPS 100mg, 150mg                                                                             | 3                          | NDS NM PA |
| ORKAMBI GRA 75-94MG                                                                                | 3                          | NDS NM PA |
| ORKAMBI GRA 100-125                                                                                | 3                          | NDS NM PA |
| ORKAMBI GRA 150-188                                                                                | 3                          | NDS NM PA |
| ORKAMBI TAB 100-125                                                                                | 3                          | NDS NM PA |
| ORKAMBI TAB 200-125                                                                                | 3                          | NDS NM PA |
| <i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg; TABS 267mg, 801mg                              | 3                          | NDS NM PA |
| <i>pirfenidone</i> TABS 534mg                                                                      | 3                          | NDS NM PA |
| PROLASTIN-C SOLN 1000mg/20ml                                                                       | 3                          | NDS NM PA |
| PULMOZYME SOLN 2.5mg/2.5ml                                                                         | 3                          | NDS NM PA |
| <i>roflumilast</i> (generic of DALIRESP) TABS 250mcg, 500mcg                                       | 1                          |           |
| SYMDEKO TAB 50-75MG                                                                                | 3                          | NDS NM PA |
| SYMDEKO TAB 100-150                                                                                | 3                          | NDS NM PA |
| THEO-24 CP24 100mg, 200mg, 300mg, 400mg                                                            | 3                          |           |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg | 1                          |           |
| TRIKAFTA PAK 59.5MG                                                                                    | 3                          | NDS NM PA |
| TRIKAFTA PAK 75MG                                                                                      | 3                          | NDS NM PA |
| TRIKAFTA TAB 50-25-37.5MG & 75MG                                                                       | 3                          | NDS NM PA |
| TRIKAFTA TAB 100-50-75MG & 150MG                                                                       | 3                          | NDS NM PA |
| XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml          | 3                          | NDS NM PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg                                                                    | 3                          | NDS NM PA |
| <b>NASAL STEROIDS</b>                                                                                  |                            |           |
| <i>flunisolide (nasal)</i> SOLN .025%                                                                  | 1                          |           |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act                                                   | 1                          |           |
| <i>mometasone furoate (nasal)</i> SUSP 50mcg/act                                                       | 1                          |           |
| OMNARIS SUSP 50mcg/act                                                                                 | 3                          |           |
| QNASL AERS 80mcg/act                                                                                   | 3                          |           |
| QNASL CHILDRENS AERS 40mcg/act                                                                         | 3                          |           |
| XHANCE EXHU 93mcg/act                                                                                  | 3                          |           |
| ZETONNA AERS 37mcg/act                                                                                 | 3                          |           |
| <b>STEROID INHALANTS</b>                                                                               |                            |           |
| ALVESCO AERS 80mcg/act, 160mcg/act                                                                     | 3                          |           |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act                                                 | 2                          |           |
| <i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml                | 1                          | B/D       |
| <b>STEROID/BETA-AGONIST COMBINATIONS</b>                                                               |                            |           |
| ADVAIR HFA AER 45/21                                                                                   | 2                          |           |
| ADVAIR HFA AER 115/21                                                                                  | 2                          |           |
| ADVAIR HFA AER 230/21                                                                                  | 2                          |           |
| BREO ELLIPTA INH 50-25MCG                                                                              | 2                          |           |

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

| Drug Name                                                                                                          | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| BREO ELLIPTA INH 100-25                                                                                            | 2                          |        |
| BREO ELLIPTA INH 200-25                                                                                            | 2                          |        |
| <i>breyana</i> (generic of SYMBICORT)                                                                              | 1                          |        |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT)                          | 1                          |        |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> (generic of SYMBICORT)                         | 1                          |        |
| DULERA AER 50-5MCG                                                                                                 | 3                          |        |
| DULERA AER 100-5MCG                                                                                                | 3                          |        |
| DULERA AER 200-5MCG                                                                                                | 3                          |        |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered) | 1                          |        |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered) | 1                          |        |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) (generic PRASCO not covered) | 1                          |        |
| <i>wixela inhub</i> (generic of ADVAIR DISKUS)                                                                     | 1                          |        |
| <b>TOPICAL DERMATOLOGY, ACNE</b>                                                                                   |                            |        |
| ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg                                                                             | 3                          | NDS    |
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg                                                                        | 1                          |        |
| <i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3%                                                           | 1                          |        |
| ADAPALENE SOLN .1%                                                                                                 | 3                          |        |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)                                                 | 1                          |        |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> (generic of EPIDUO FORTE)                                           | 1                          |        |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------|----------------------------|--------|
| AKLIEF CREA .005%                                                                | 3                          |        |
| ALTRENO LOTN .05%                                                                | 3                          |        |
| <i>amnesteam</i> CAPS 10mg, 20mg, 40mg                                           | 1                          |        |
| AMZEEQ FOAM 4%                                                                   | 3                          |        |
| ARAZLO LOTN .045%                                                                | 3                          |        |
| AZELEX CREA 20%                                                                  | 3                          |        |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN)            | 1                          |        |
| CABTREO GEL                                                                      | 3                          | NDS    |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg                                      | 1                          |        |
| <i>clindacin</i> FOAM 1%                                                         | 1                          |        |
| <i>clindacin etz pledgets</i> SWAB 1%                                            | 1                          |        |
| <i>clindacin-p</i> SWAB 1%                                                       | 1                          |        |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>               | 1                          |        |
| <i>clindamycin phosphate (topical)</i> FOAM 1%; SOLN 1%; SWAB 1%                 | 1                          |        |
| <i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1%             | 1                          |        |
| <i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1%            | 1                          |        |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>                           | 1                          |        |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA)   | 1                          |        |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON) | 1                          |        |
| <i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>                            | 1                          |        |
| <i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5%                        | 1                          |        |
| DIFFERIN LOTN .1%                                                                | 3                          |        |
| EPSOLAY CREA 5%                                                                  | 3                          |        |
| <i>ery</i> PADS 2%                                                               | 1                          |        |
| <i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2%                        | 1                          |        |

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

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------|----------------------------|--------|
| <i>erythromycin (acne aid)</i><br>SOLN 2%                                          | 1                          |        |
| FABIOR FOAM .1%                                                                    | 3                          |        |
| <i>isotretinoin</i> CAPS 10mg,<br>20mg, 30mg, 40mg                                 | 1                          |        |
| <i>isotretinoin</i> (generic of<br>ABSORICA) CAPS 25mg,<br>35mg                    | 3                          | NDS    |
| <i>neuac gel</i> 1.2-5%                                                            | 1                          |        |
| RETIN-A MICRO GEL .06%                                                             | 3                          |        |
| <i>sulfacetamide sodium (acne)</i><br>(generic of KLARON) LOTN<br>10%              | 1                          |        |
| TAZAROTENE FOAM .1%                                                                | 3                          |        |
| <i>tretinoin</i> (generic of RETIN-A)<br>CREA .025%, .05%, .1%;<br>GEL .01%, .025% | 1                          |        |
| <i>tretinoin</i> (generic of ATRALIN)<br>GEL .05%                                  | 1                          |        |
| <i>tretinoin microsphere</i> GEL<br>.04%, .1%                                      | 1                          |        |
| <i>tretinoin microsphere</i> (generic<br>of RETIN-A MICRO PUMP)<br>GEL .08%        | 1                          |        |
| <i>twice-daily clindamycin</i><br><i>phosphate (topical)</i> GEL 1%                | 1                          |        |
| TWYNEO CRE 0.1-3%                                                                  | 3                          |        |
| WINLEVI CREA 1%                                                                    | 3                          |        |
| <i>zenatane</i> CAPS 10mg, 20mg,<br>30mg, 40mg                                     | 1                          |        |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                                    |                            |        |
| ALTABAX OINT 1%                                                                    | 3                          |        |
| <i>gentamicin sulfate (topical)</i><br>CREA .1%; OINT .1%                          | 1                          |        |
| <i>mupirocin</i> OINT 2%                                                           | 1                          |        |
| <i>silver sulfadiazine</i> (generic of<br>SILVADENE) CREA 1%                       | 1                          |        |
| <i>ssd</i> (generic of SILVADENE)<br>CREA 1%                                       | 1                          |        |
| SULFAMYLON CREA<br>85mg/gm                                                         | 3                          |        |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                                    |                            |        |
| <i>ciclopirox</i> GEL .77%; SHAM<br>1%                                             | 1                          |        |
| <i>ciclopirox olamine</i> CREA<br>.77%; SUSP .77%                                  | 1                          |        |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>clotrimazole (topical)</i> CREA<br>1%; SOLN 1%                                             | 1                          |        |
| <i>clotrimazole w/<br/>betamethasone cream</i> 1-<br>0.05%                                    | 1                          |        |
| <i>econazole nitrate</i> CREA 1%                                                              | 1                          |        |
| JUBLIA SOLN 10%                                                                               | 3                          | NDS    |
| <i>ketoconazole (topical)</i> CREA<br>2%; SHAM 2%                                             | 1                          |        |
| <i>klayesta</i> POWD<br>100000unit/gm                                                         | 1                          |        |
| <i>miconazole-zinc oxide-white<br/>petrolatum oint</i> 0.25-15-<br>81.35%                     | 1                          |        |
| <i>naftifine hcl</i> CREA 1%, 2%                                                              | 1                          |        |
| <i>naftifine hcl</i> (generic of<br>NAFTIN) GEL 2%                                            | 1                          |        |
| NAFTIN GEL 1%                                                                                 | 3                          |        |
| <i>nyamyc</i> POWD<br>100000unit/gm                                                           | 1                          |        |
| <i>nystatin (topical)</i> CREA<br>100000unit/gm; OINT<br>100000unit/gm; POWD<br>100000unit/gm | 1                          |        |
| <i>nystop</i> POWD 100000unit/gm                                                              | 1                          |        |
| OXISTAT LOTN 1%                                                                               | 3                          | PA     |
| <i>selenium sulfide</i> LOTN 2.5%                                                             | 1                          |        |
| ZORYVE FOAM .3%                                                                               | 3                          |        |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                                                            |                            |        |
| <i>acitretin</i> CAPS 10mg,<br>17.5mg, 25mg                                                   | 1                          |        |
| <i>calcipotriene</i> CREA .005%;<br>OINT .005%; SOLN .005%                                    | 1                          | PA     |
| <i>calcitrene</i> OINT .005%                                                                  | 1                          | PA     |
| ENSTILAR AER                                                                                  | 3                          | NDS PA |
| <i>methoxsalen rapid</i> CAPS<br>10mg                                                         | 3                          | NDS    |
| SORILUX FOAM .005%                                                                            | 3                          | NDS PA |
| <i>tazarotene</i> (generic of<br>TAZORAC) CREA .1%; GEL<br>.05%, .1%                          | 1                          |        |
| TAZORAC CREA .05%                                                                             | 3                          |        |
| VTAMA CREA 1%                                                                                 | 3                          | NDS    |
| ZORYVE CREA .3%                                                                               | 3                          |        |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                                                           |                            |        |
| <i>ala-cort</i> CREA 1%                                                                       | 1                          |        |
| <i>ala-scalp</i> LOTN 2%                                                                      | 1                          |        |

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| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>alclometasone dipropionate</i><br>CREA .05%; OINT .05%                                 | 1                          |        |
| <i>betamethasone dipropionate</i><br>(topical) CREA .05%; LOTN<br>.05%; OINT .05%         | 1                          |        |
| <i>betamethasone dipropionate</i><br><i>augmented</i> CREA .05%; GEL<br>.05%; LOTN .05%   | 1                          |        |
| <i>betamethasone dipropionate</i><br><i>augmented</i> (generic of<br>DIPROLENE) OINT .05% | 1                          |        |
| <i>betamethasone valerate</i><br>CREA .1%; FOAM .12%;<br>LOTN .1%; OINT .1%               | 1                          |        |
| <i>clobetasol propionate</i> CREA .05%;<br>FOAM .05%; GEL .05%;<br>OINT .05%; SOLN .05%   | 1                          |        |
| <i>clobetasol propionate</i> (generic<br>of CLOBEX) LIQD .05%;<br>LOTN .05%; SHAM .05%    | 1                          |        |
| <i>clobetasol propionate e</i><br>CREA .05%                                               | 1                          |        |
| <i>clobetasol propionate</i><br><i>emulsion</i> FOAM .05%                                 | 1                          |        |
| <i>clodan</i> (generic of CLOBEX)<br>SHAM .05%                                            | 1                          |        |
| <i>desonide</i> (generic of<br>DESOWEN) CREA .05%                                         | 1                          |        |
| <i>desonide</i> LOTN .05%; OINT<br>.05%                                                   | 1                          |        |
| <i>desoximetasone</i> (generic of<br>TOPICORT) LIQD .25%                                  | 1                          |        |
| DUOBRII LOT                                                                               | 3                          | NDS    |
| EPIFOAM AER 1%                                                                            | 3                          |        |
| <i>fluocinolone acetonide</i> CREA .01%;<br>SOLN .01%                                     | 1                          |        |
| <i>fluocinolone acetonide</i><br>(generic of SYNALAR) CREA<br>.025%; OINT .025%           | 1                          |        |
| <i>fluocinolone acetonide</i><br>(generic of DERMA-<br>SMOOTHE/FS BODY) OIL<br>.01%       | 1                          |        |
| <i>fluocinolone acetonide</i><br>(generic of DERMA-<br>SMOOTHE/FS SCALP) OIL<br>.01%      | 1                          |        |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits     |
|---------------------------------------------------------------------------------------------------------------|----------------------------|------------|
| <i>fluocinonide</i> CREA .05%;<br>GEL .05%; OINT .05%; SOLN<br>.05%                                           | 1                          |            |
| <i>fluocinonide emulsified base</i><br>CREA .05%                                                              | 1                          |            |
| <i>fluticasone propionate</i> CREA .05%;<br>LOTN .05%; OINT .005%                                             | 1                          |            |
| <i>halobetasol propionate</i> CREA .05%;<br>OINT .05%                                                         | 1                          |            |
| <i>hydrocortisone (topical)</i><br>CREA 1%, 2.5%; LOTN 2%,<br>2.5%; OINT 1%, 2.5%                             | 1                          |            |
| <i>hydrocortisone butyrate</i><br>SOLN .1%                                                                    | 1                          |            |
| <i>hydrocortisone valerate</i><br>CREA .2%                                                                    | 1                          |            |
| <i>mometasone furoate</i> CREA .1%;<br>OINT .1%; SOLN .1%                                                     | 1                          |            |
| PANDEL CREA .1%                                                                                               | 3                          | NDS        |
| <i>tovet</i> FOAM .05%                                                                                        | 1                          |            |
| <i>triamcinolone acetonide</i><br>(topical) CREA .025%, .1%,<br>.5%; LOTN .025%, .1%; OINT<br>.025%, .1%, .5% | 1                          |            |
| <i>triderm</i> CREA .5%                                                                                       | 1                          |            |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                                                         |                            |            |
| DYCLOPRO SOLN .5%                                                                                             | 3                          |            |
| <i>glydo</i> PRSY 2%                                                                                          | 1                          | PA         |
| <i>lidocaine</i> OINT 5%                                                                                      | 1                          | PA         |
| <i>lidocaine</i> (generic of<br>LIDODERM) PTCH 5%                                                             | 1                          | PA         |
| <i>lidocaine hcl</i> SOLN 4%                                                                                  | 1                          | PA         |
| <i>lidocaine-prilocaine cream</i><br>2.5-2.5%                                                                 | 1                          | B/D        |
| <i>lidocan</i> (generic of<br>LIDODERM) PTCH 5%                                                               | 1                          | PA         |
| QUTENZA KIT 8% 1-PCH                                                                                          | 3                          | NDS B/D NM |
| QUTENZA KIT 8% 2-PCH                                                                                          | 3                          | NDS B/D NM |
| QUTENZA KIT 8% 4-PCH                                                                                          | 3                          | NDS B/D NM |
| ZTLIDO PTCH 1.8%                                                                                              | 3                          | PA         |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN<br/>AND MUCOUS MEMBRANE</b>                                                |                            |            |
| <i>acyclovir topical</i> (generic of<br>ZOVIRAX) OINT 5%                                                      | 1                          |            |
| <i>azelaic acid</i> (generic of<br>FINACEA) GEL 15%                                                           | 1                          |            |

| Drug Name                                                           | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------|-----------------------------------|
| <i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%           | 3 NDS NM PA                       |
| <i>brimonidine tartrate (topical)</i> (generic of MIRVASO) GEL .33% | 1                                 |
| CORTIFOAM FOAM 10%                                                  | 3                                 |
| <i>diclofenac sodium (actinic keratoses)</i> GEL 3%                 | 1 PA                              |
| <i>diclofenac sodium (topical)</i> SOLN 1.5%                        | 1                                 |
| <i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg          | 1                                 |
| FINACEA FOAM 15%                                                    | 3                                 |
| <i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%           | 1                                 |
| <i>fluorouracil (topical)</i> SOLN 2%, 5%                           | 1                                 |
| <i>hydrocortisone (rectal)</i> CREA 1%                              | 1                                 |
| <i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%     | 1                                 |
| HYFTOR GEL .2%                                                      | 3 NDS NM                          |
| <i>imiquimod</i> CREA 5%                                            | 1                                 |
| KLISYRI OINT 1%                                                     | 3 NDS                             |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%            | 1                                 |
| <i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%    | 1                                 |
| <i>metronidazole (topical)</i> GEL .75%                             | 1                                 |
| <i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%   | 1                                 |
| <i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4%      | 1                                 |
| NORITATE CREA 1%                                                    | 3 NDS                             |
| OPZELURA CREA 1.5%                                                  | 3 NDS PA                          |
| PANRETIN GEL .1%                                                    | 3 NDS PA                          |
| <i>penciclovir</i> (generic of DENAVIR) CREA 1%                     | 1                                 |
| <i>pimecrolimus</i> (generic of ELIDEL) CREA 1%                     | 1                                 |
| <i>podofilox</i> (generic of CONDYLOX) GEL .5%                      | 1                                 |

| Drug Name                                                                    | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------------|-----------------------------------|
| <i>podofilox</i> SOLN .5%                                                    | 1                                 |
| <i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%                        | 1                                 |
| <i>proctocort</i> CREA 1%                                                    | 1                                 |
| PROCTOFOAM AER HC 1%                                                         | 3                                 |
| <i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%                         | 1                                 |
| <i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%                        | 1                                 |
| <i>tacrolimus (topical)</i> OINT .03%, .1%                                   | 1                                 |
| TOLAK CREA 4%                                                                | 3                                 |
| VALCHLOR GEL .016%                                                           | 3 NDS NM PA                       |
| XERESE CRE 5-1%                                                              | 3 NDS                             |
| YCANTH SOLN .7%                                                              | 3 NM                              |
| ZILXI FOAM 1.5%                                                              | 3                                 |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>                               |                                   |
| <i>crotan</i> LOTN 10%                                                       | 3 NDS                             |
| <i>malathion</i> LOTN .5%                                                    | 1                                 |
| <i>permethrin</i> CREA 5%                                                    | 1                                 |
| <i>spinosad</i> SUSP .9%                                                     | 1                                 |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                                        |                                   |
| REGRANEX GEL .01%                                                            | 3 NDS                             |
| SANTYL OINT 250unit/gm                                                       | 3                                 |
| <i>sodium chloride (gu irrigant)</i> SOLN .9%                                | 1                                 |
| <i>water for irrigation, sterile irrigation soln</i>                         | 1                                 |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                                            |                                   |
| <i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg                          | 1                                 |
| <i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12% | 1                                 |
| <i>clotrimazole</i> TROC 10mg                                                | 1                                 |
| <i>kourzeq</i> PSTE .1%                                                      | 1                                 |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2%                                  | 1                                 |
| <i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml      | 1                                 |
| <i>perio-gard</i> (generic of PERIDEX) SOLN .12%                             | 1                                 |

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

| Drug Name                                                          | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------|-----------------------------------|
| <i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg | 1                                 |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1%                    | 1                                 |

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| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> .....24  | <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....19                             | <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....10 |
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| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> .....24 | <i>amlodipine besylate-valsartan tab 10-320 mg</i> .....19                                      | <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .....10           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> .....24   | <i>amlodipine besylate-valsartan tab 5-160 mg</i> 19                                            | <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....10           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> .....24   | <i>amlodipine besylate-valsartan tab 5-320 mg</i> 19                                            | <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....10           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> .....24   | <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> .....19                      | <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> .....10 |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> .....24   | <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> .....19                        | <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> .....33 |
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| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....17        | <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> .....19                       | <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> .....33 |
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Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

The SilverScript pharmacy network includes limited lower-cost, preferred pharmacies in Alaska; suburban and rural areas of Idaho, Puerto Rico, Washington, and Wyoming; and rural areas of Arkansas, Colorado, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, and Wisconsin. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Care at 1-866-249-6167 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at [Caremark.com](https://www.caremark.com).

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call 1-866-249-6167 (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

This formulary was updated on 08/19/2024. For more recent information or other questions, please contact Customer Care at 1-866-249-6167, 24 hours a day, 7 days a week. TTY users should call 711.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

08/19/2024