



**FirstCarolinaCare**

# **2022 Formulary**

## **(List of Covered Drugs)**

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

This formulary was updated on 12/1/2022. For more recent information or other questions, please contact FirstCarolinaCare Member Services at (855) 291-9336 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit [FirstCarolinaCare.com/NHHA](https://www.FirstCarolinaCare.com/NHHA).

**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 **New Hanover Health Advantage**. When it refers to “plan” or “our plan,” it means **FirstCarolinaCare**.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/1/2022. 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, 2023, and from time to time during the year.

**ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call (855) 291-9336 (TTY: 711).

**ATENCIÓN:** Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (855) 291-9336 (TTY: 711).

MDCMFC22-NHVformulary-1222

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New Hanover FirstCarolinaCare HMO-POS Formulary 00022515 Version 20

## **What is the FirstCarolinaCare Formulary?**

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

## **Can the Formulary (drug list) change?**

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

### **Changes that can affect you this year:**

In the below cases, you will be affected by coverage changes during the year:

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

### **Changes that will not affect you if you are currently taking the drug.**

Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/1/2022. To get updated information about the drugs covered by FirstCarolinaCare, please contact us. Our contact information appears on the front and back cover pages. If there are negative changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

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

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the index that begins on page 106. The index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

FirstCarolinaCare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** FirstCarolinaCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FirstCarolinaCare before you fill your prescriptions. If you don’t get approval, FirstCarolinaCare may not cover the drug.
- **Quantity Limits:** For certain drugs, FirstCarolinaCare limits the amount of the drug that FirstCarolinaCare will cover. For example, FirstCarolinaCare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, FirstCarolinaCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, FirstCarolinaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstCarolinaCare will then cover Drug B.

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

You can ask FirstCarolinaCare 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 FirstCarolinaCare?” on page iii for information about how to request an exception.

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

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

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

- You can ask Member Services for a list of similar drugs that are covered by FirstCarolinaCare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by FirstCarolinaCare.
- You can ask FirstCarolinaCare to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the FirstCarolinaCare formulary?

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

FirstCarolinaCare provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website at [FirstCarolinaCare.com/NHHA](http://FirstCarolinaCare.com/NHHA) for further details.

### For more information

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

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

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

### FirstCarolinaCare Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by FirstCarolinaCare. If you have trouble finding your drug in the list, turn to the index that begins on page 106.

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

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

| Drug Name               | Drug Tier | Requirements/Limits       |
|-------------------------|-----------|---------------------------|
| <b>Opthalmic Agents</b> |           |                           |
| <b>Opthalmic Agents</b> |           |                           |
| CYSTARAN SOLN 0.44%     | 5         | PA, QL: 60 ML per 28 days |

**B/D** This prescription drug has a Part B versus D administrative prior authorization requirement. 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.

**CB** This prescription drug has a capped benefit limit.

**EA** Each.

**HI** Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Member Services at (855) 291-9336, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 711.

**LA** Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at (855) 291-9336, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 711.

**MO** Mail-Order Drug. This prescription drug is available through a mail-order service.

- PA** Prior Authorization. FirstCarolinaCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FirstCarolinaCare before you fill your prescriptions. If you don't get approval, FirstCarolinaCare may not cover the drug.
- QL** Quantity Limit. For certain drugs, FirstCarolinaCare limits the amount of the drug that FirstCarolinaCare will cover. For example, FirstCarolinaCare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.
- ST** Step Therapy. In some cases, FirstCarolinaCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, FirstCarolinaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstCarolinaCare will then cover Drug B.

Brand name drugs are listed in parentheses after the generic. This does not mean the brand name is covered. Please refer to the actual listing for that drug to determine coverage.



| Drug Name                                                               | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------|-----------|-------------------------|
| <b>Analgesics</b>                                                       |           |                         |
| <b>Nonsteroidal Anti-inflammatory Drugs</b>                             |           |                         |
| celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg                    | 2         |                         |
| diclofenac potassium oral tablet 50 mg                                  | 2         |                         |
| diclofenac sodium er oral tablet extended release 24 hour 100 mg        | 1         |                         |
| diclofenac sodium external gel 1 %                                      | 2         |                         |
| diclofenac sodium external gel 3 %                                      | 4         |                         |
| diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg       | 1         |                         |
| diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg | 2         |                         |
| diflunisal oral tablet 500 mg                                           | 2         |                         |
| DUEXIS ORAL TABLET 800-26.6 MG                                          | 4         | ST                      |
| ec-naproxen oral tablet delayed release 375 mg, 500 mg                  | 1         |                         |
| etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg | 2         |                         |
| etodolac oral capsule 200 mg, 300 mg                                    | 2         |                         |
| etodolac oral tablet 400 mg, 500 mg                                     | 2         |                         |
| fenoprofen calcium oral capsule 400 mg                                  | 1         |                         |
| fenoprofen calcium oral tablet 600 mg                                   | 1         |                         |
| flurbiprofen oral tablet 100 mg, 50 mg                                  | 1         |                         |
| ibuprofen oral suspension 100 mg/5ml                                    | 1         |                         |

| Drug Name                                                    | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------|-----------|-------------------------|
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg                 | 1         |                         |
| ibuprofen-famotidine oral tablet 800-26.6 mg                 | 2         |                         |
| ketoprofen er oral capsule extended release 24 hour 200 mg   | 2         |                         |
| ketoprofen oral capsule 25 mg, 50 mg, 75 mg                  | 2         |                         |
| ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml | 2         |                         |
| ketorolac tromethamine intramuscular solution 60 mg/2ml      | 2         |                         |
| meclofenamate sodium oral capsule 100 mg, 50 mg              | 1         |                         |
| mefenamic acid oral capsule 250 mg                           | 2         |                         |
| meloxicam oral tablet 15 mg, 7.5 mg                          | 1         |                         |
| nabumetone oral tablet 500 mg, 750 mg                        | 1         |                         |
| naproxen oral suspension 125 mg/5ml                          | 1         |                         |
| naproxen oral tablet 250 mg, 375 mg, 500 mg                  | 1         |                         |
| naproxen oral tablet delayed release 375 mg, 500 mg          | 1         |                         |
| naproxen sodium oral tablet 275 mg, 550 mg                   | 1         |                         |
| oxaprozin oral tablet 600 mg                                 | 2         |                         |
| piroxicam oral capsule 10 mg, 20 mg                          | 2         |                         |
| salsalate oral tablet 500 mg, 750 mg                         | 2         |                         |
| sulindac oral tablet 150 mg, 200 mg                          | 1         |                         |
| tolmetin sodium oral capsule 400 mg                          | 1         |                         |
| tolmetin sodium oral tablet 600 mg                           | 1         |                         |

| Drug Name                                                                                                                   | Drug Tier | Requirements/<br>Limits  |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>Opioid Analgesics,<br/>Long-acting</b>                                                                                   |           |                          |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG                                            | 4         | QL (60 EA per 30 days)   |
| <i>buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg</i>                           | 2         | QL (60 EA per 30 days)   |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>                         | 2         |                          |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>                                                                        | 2         | QL (20 EA per 30 days)   |
| <i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i> | 2         | QL (10 EA per 30 days)   |
| <i>levorphanol tartrate oral tablet 2 mg</i>                                                                                | 5         | QL (180 EA per 30 days)  |
| <i>methadone hcl injection solution 10 mg/ml</i>                                                                            | 2         |                          |
| <i>methadone hcl intensol oral concentrate 10 mg/ml</i>                                                                     | 2         | QL (1800 ML per 30 days) |
| <i>methadone hcl oral concentrate 10 mg/ml</i>                                                                              | 2         | QL (1800 EA per 30 days) |
| <i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>                                                                      | 2         | QL (1800 ML per 30 days) |
| <i>methadone hcl oral tablet 10 mg, 5 mg</i>                                                                                | 2         | QL (360 EA per 30 days)  |
| <i>methadose oral concentrate 10 mg/ml</i>                                                                                  | 2         | QL (1800 ML per 30 days) |
| <i>methadose sugar-free oral concentrate 10 mg/ml</i>                                                                       | 2         | QL (1800 ML per 30 days) |

| Drug Name                                                                                                                | Drug Tier | Requirements/<br>Limits    |
|--------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| <i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i> | 2         | QL (60 EA per 30 days)     |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>                              | 2         | QL (120 EA per 30 days)    |
| NUCYNTE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG                                    | 3         |                            |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>           | 2         | QL (60 EA per 30 days)     |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG                         | 4         | QL (60 EA per 30 days)     |
| <i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>                         | 2         | QL (60 EA per 30 days)     |
| <i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg</i>                                              | 2         | QL (120 EA per 30 days)    |
| <i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>                            | 2         | ST; QL (30 EA per 30 days) |
| <i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>                                      | 2         | ST; QL (60 EA per 30 days) |
| <i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>                                       | 2         | ST; QL (30 EA per 30 days) |
| <b>Opioid Analgesics,<br/>Short-acting</b>                                                                               |           |                            |



| Drug Name                                                                                 | Drug Tier | Requirements/<br>Limits     |
|-------------------------------------------------------------------------------------------|-----------|-----------------------------|
| acetaminophen-codeine #3 oral tablet 300-30 mg                                            | 2         | QL (360 EA per 30 days)     |
| acetaminophen-codeine oral solution 120-12 mg/5ml                                         | 2         | QL (4500 ML per 30 days)    |
| acetaminophen-codeine oral tablet 300-15 mg                                               | 2         | QL (360 EA per 30 days)     |
| acetaminophen-codeine oral tablet 300-60 mg                                               | 2         | QL (180 EA per 30 days)     |
| apap-caff-dihydrocodeine oral tablet 325-30-16 mg                                         | 2         | QL (300 EA per 30 days)     |
| ascomp-codeine oral capsule 50-325-40-30 mg                                               | 2         |                             |
| butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg                    | 2         |                             |
| butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg                                  | 2         |                             |
| butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml                                  | 2         |                             |
| butorphanol tartrate nasal solution 10 mg/ml                                              | 2         | QL (5 ML per 28 days)       |
| CODEINE SULFATE ORAL TABLET 15 MG, 60 MG                                                  | 2         | QL (180 EA per 30 days)     |
| codeine sulfate oral tablet 30 mg                                                         | 2         | QL (180 EA per 30 days)     |
| duramorph injection solution 0.5 mg/ml, 1 mg/ml                                           | 2         | B/D                         |
| endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg                           | 2         | QL (240 EA per 30 days)     |
| fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg | 5         | PA; QL (120 EA per 30 days) |
| fentanyl citrate buccal lozenge on a handle 200 mcg                                       | 4         | PA; QL (120 EA per 30 days) |

| Drug Name                                                                                              | Drug Tier | Requirements/<br>Limits  |
|--------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| hydrocodone-acetaminophen oral solution 10-325 mg/15ml                                                 | 4         | QL (2700 ML per 30 days) |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml                                                | 2         | QL (2700 ML per 30 days) |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 2         | QL (240 EA per 30 days)  |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg                                      | 2         | QL (150 EA per 30 days)  |
| hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml                                         | 2         |                          |
| hydromorphone hcl oral liquid 1 mg/ml                                                                  | 2         | QL (1200 ML per 30 days) |
| hydromorphone hcl oral tablet 2 mg, 4 mg                                                               | 2         | QL (180 EA per 30 days)  |
| hydromorphone hcl oral tablet 8 mg                                                                     | 2         | QL (120 EA per 30 days)  |
| hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml                                            | 2         |                          |
| LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT                                           | 5         | PA                       |
| lorcet hd oral tablet 10-325 mg                                                                        | 2         | QL (240 EA per 30 days)  |
| lorcet oral tablet 5-325 mg                                                                            | 2         | QL (240 EA per 30 days)  |
| lorcet plus oral tablet 7.5-325 mg                                                                     | 2         | QL (240 EA per 30 days)  |
| morphine sulfate (concentrate) oral solution 20 mg/ml                                                  | 2         | QL (200 ML per 30 days)  |

Last Updated: November 2022

| Drug Name                                                                                               | Drug Tier | Requirements/<br>Limits  |
|---------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i> | 2         | B/D                      |
| <i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>                   | 2         |                          |
| <i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>                                             | 2         | B/D                      |
| <i>morphine sulfate intramuscular device 10 mg/0.7ml</i>                                                | 2         |                          |
| <i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>                                 | 2         |                          |
| <i>morphine sulfate oral solution 10 mg/5ml</i>                                                         | 2         | QL (700 ML per 30 days)  |
| <i>morphine sulfate oral solution 20 mg/5ml</i>                                                         | 2         | QL (300 ML per 30 days)  |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i>                                                        | 2         | QL (180 EA per 30 days)  |
| <i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>                                             | 1         |                          |
| <i>oxycodone hcl oral capsule 5 mg</i>                                                                  | 2         | QL (180 EA per 30 days)  |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i>                                                        | 2         | QL (180 ML per 30 days)  |
| <i>oxycodone hcl oral solution 5 mg/5ml</i>                                                             | 2         | QL (1300 ML per 30 days) |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>                                       | 2         | QL (180 EA per 30 days)  |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                  | 2         | QL (240 EA per 30 days)  |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>                                                      | 2         | QL (240 EA per 30 days)  |
| <i>oxycodone-ibuprofen oral tablet 5-400 mg</i>                                                         | 2         | QL (30 EA per 30 days)   |

| Drug Name                                                                | Drug Tier | Requirements/<br>Limits     |
|--------------------------------------------------------------------------|-----------|-----------------------------|
| <i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>                           | 2         | QL (180 EA per 30 days)     |
| <i>tramadol hcl oral tablet 100 mg</i>                                   | 2         | QL (120 EA per 30 days)     |
| <i>tramadol hcl oral tablet 50 mg</i>                                    | 2         | QL (240 EA per 30 days)     |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                    | 2         | QL (240 EA per 30 days)     |
| <b>Anesthetics</b>                                                       |           |                             |
| <b>Local Anesthetics</b>                                                 |           |                             |
| <i>glydo external prefilled syringe 2 %</i>                              | 1         | PA; QL (30 ML per 30 days)  |
| <i>lidocaine external ointment 5 %</i>                                   | 2         | PA; QL (150 GM per 30 days) |
| <i>lidocaine external patch 5 %</i>                                      | 2         | PA                          |
| <i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %</i> | 1         |                             |
| <i>lidocaine hcl external solution 4 %</i>                               | 1         | PA; QL (250 ML per 30 days) |
| <i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>                  | 1         |                             |
| <i>lidocaine hcl urethral/mucosal external gel 2 %</i>                   | 4         | PA; QL (30 ML per 30 days)  |
| <i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>     | 1         | PA; QL (30 ML per 30 days)  |
| <i>lidocaine in dextrose solution 5-7.5 %</i>                            | 2         |                             |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i>                     | 2         | PA; QL (30 GM per 30 days)  |
| <i>PLIAGLIS EXTERNAL CREAM 7-7 %</i>                                     | 4         | PA; QL (30 GM per 30 days)  |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>                   |           |                             |

| Drug Name                                                                        | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------|-----------|-------------------------|
| <b>Alcohol Deterrents/Anti-craving</b>                                           |           |                         |
| acamprosate calcium oral tablet delayed release 333 mg                           | 2         |                         |
| disulfiram oral tablet 250 mg, 500 mg                                            | 2         |                         |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG                           | 5         |                         |
| <b>Opioid Dependence</b>                                                         |           |                         |
| buprenorphine hcl injection solution 0.3 mg/ml                                   | 4         |                         |
| buprenorphine hcl sublingual tablet 2 mg, 8 mg                                   | 2         | QL (90 EA per 30 days)  |
| buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg | 2         | QL (90 EA per 30 days)  |
| buprenorphine hcl-naloxone hcl sublingual tablet 2-0.5 mg, 8-2 mg                | 2         | QL (90 EA per 30 days)  |
| LUCEMYRA ORAL TABLET 0.18 MG                                                     | 4         |                         |
| naltrexone hcl oral tablet 50 mg                                                 | 1         |                         |
| <b>Opioid Reversal Agents</b>                                                    |           |                         |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml                             | 1         |                         |
| naloxone hcl injection solution cartridge 0.4 mg/ml                              | 1         |                         |
| naloxone hcl injection solution prefilled syringe 2 mg/2ml                       | 1         |                         |
| naloxone hcl nasal liquid 4 mg/0.1ml                                             | 2         |                         |
| NARCAN NASAL LIQUID 4 MG/0.1ML                                                   | 3         |                         |

| Drug Name                                                                                                                 | Drug Tier | Requirements/<br>Limits  |
|---------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>Smoking Cessation Agents</b>                                                                                           |           |                          |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg                                                | 2         |                          |
| CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG                                                                             | 3         |                          |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG                                                                                          | 3         |                          |
| CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42                                                            | 3         |                          |
| NICOTROL INHALATION INHALER 10 MG                                                                                         | 4         | QL (480 EA per 30 days)  |
| NICOTROL NS NASAL SOLUTION 10 MG/ML                                                                                       | 4         | QL (720 ML per 365 days) |
| varenicline tartrate oral tablet 0.5 mg, 1 mg                                                                             | 2         |                          |
| varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42                                                     | 2         |                          |
| <b>Antibacterials</b>                                                                                                     |           |                          |
| <b>Aminoglycosides</b>                                                                                                    |           |                          |
| amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml                                                                  | 2         |                          |
| gentak ophthalmic ointment 0.3 %                                                                                          | 1         |                          |
| gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-% | 1         |                          |
| gentamicin sulfate external cream 0.1 %                                                                                   | 2         |                          |
| gentamicin sulfate external ointment 0.1 %                                                                                | 2         |                          |

| Drug Name                                                                         | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------|-----------|-------------------------|
| gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml                          | 1         |                         |
| gentamicin sulfate ophthalmic solution 0.3 %                                      | 1         |                         |
| neomycin sulfate oral tablet 500 mg                                               | 2         |                         |
| neomycin-polymyxin b gu irrigation solution 40-200000                             | 2         |                         |
| paromomycin sulfate oral capsule 250 mg                                           | 1         |                         |
| streptomycin sulfate intramuscular solution reconstituted 1 gm                    | 1         |                         |
| tobramycin ophthalmic solution 0.3 %                                              | 1         |                         |
| tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml | 2         |                         |
| tobramycin sulfate injection solution reconstituted 1.2 gm                        | 2         |                         |
| ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML                                           | 5         |                         |
| <b>Antibacterials, Other</b>                                                      |           |                         |
| AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG                                        | 3         | QL (12 EA per 30 days)  |
| baciim intramuscular solution reconstituted 50000 unit                            | 1         |                         |
| bacitracin intramuscular solution reconstituted 50000 unit                        | 1         |                         |
| bacitracin ophthalmic ointment 500 unit/gm                                        | 2         |                         |
| chloramphenicol sod succinate intravenous solution reconstituted 1 gm             | 1         |                         |

| Drug Name                                                                                 | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------|-----------|-------------------------|
| CLEOCIN VAGINAL SUPPOSITORY 100 MG                                                        | 4         |                         |
| clindacin etz external swab 1 %                                                           | 2         |                         |
| clindacin-p external swab 1 %                                                             | 2         |                         |
| clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg                                        | 1         |                         |
| clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml                           | 1         |                         |
| clindamycin phosphate external foam 1 %                                                   | 2         |                         |
| clindamycin phosphate external gel 1 %                                                    | 2         |                         |
| clindamycin phosphate external lotion 1 %                                                 | 2         |                         |
| clindamycin phosphate external solution 1 %                                               | 2         |                         |
| clindamycin phosphate external swab 1 %                                                   | 2         |                         |
| clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml   | 2         |                         |
| clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml | 1         |                         |
| clindamycin phosphate vaginal cream 2 %                                                   | 2         |                         |
| colistimethate sodium (cba) injection solution reconstituted 150 mg                       | 4         |                         |
| DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG                                        | 5         |                         |
| daptomycin intravenous solution reconstituted 350 mg, 500 mg                              | 5         |                         |

| Drug Name                                                             | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------|-----------|-------------------------|
| <i>fosfomycin tromethamine oral packet 3 gm</i>                       | 2         |                         |
| KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG                    | 5         |                         |
| <i>lincomycin hcl injection solution 300 mg/ml</i>                    | 2         |                         |
| <i>linezolid intravenous solution 600 mg/300ml</i>                    | 2         |                         |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i>             | 5         |                         |
| <i>linezolid oral tablet 600 mg</i>                                   | 4         | QL (56 EA per 28 days)  |
| <i>mafenide acetate external packet 5 %</i>                           | 4         |                         |
| <i>methenamine hippurate oral tablet 1 gm</i>                         | 2         |                         |
| <i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i> | 1         |                         |
| <i>metronidazole intravenous solution 500 mg/100ml</i>                | 1         |                         |
| <i>metronidazole oral capsule 375 mg</i>                              | 1         |                         |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                       | 1         |                         |
| <i>metronidazole vaginal gel 0.75 %</i>                               | 2         |                         |
| <i>mupirocin external ointment 2 %</i>                                | 2         |                         |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>  | 2         |                         |
| <i>nitrofurantoin monohydrate macrocrystals oral capsule 100 mg</i>   | 2         |                         |
| NUVESSA VAGINAL GEL 1.3 %                                             | 4         |                         |

| Drug Name                                                                                                   | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG                                                          | 5         |                         |
| <i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>                                     | 2         |                         |
| <i>silver sulfadiazine external cream 1 %</i>                                                               | 1         |                         |
| SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG                                                          | 5         | QL (6 EA per 30 days)   |
| SIVEXTRO ORAL TABLET 200 MG                                                                                 | 5         | QL (6 EA per 30 days)   |
| SSD EXTERNAL CREAM 1 %                                                                                      | 1         |                         |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM                                                                          | 4         |                         |
| SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG                                                      | 5         |                         |
| <i>tigecycline intravenous solution reconstituted 50 mg</i>                                                 | 2         |                         |
| <i>trimethoprim oral tablet 100 mg</i>                                                                      | 1         |                         |
| <i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>   | 4         |                         |
| <i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i> | 4         |                         |
| <i>vancomycin hcl intravenous solution 1000 mg/200ml</i>                                                    | 4         |                         |

| Drug Name                                                                                               | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| VANCOMYCIN HCL<br>INTRAVENOUS<br>SOLUTION 1250<br>MG/250ML, 1750<br>MG/350ML, 750<br>MG/150ML           | 4         |                         |
| vancomycin hcl<br>intravenous solution<br>reconstituted 1 gm, 10<br>gm, 250 mg, 5 gm, 500<br>mg, 750 mg | 4         |                         |
| vancomycin hcl oral<br>capsule 125 mg, 250<br>mg                                                        | 4         |                         |
| VANDAZOLE VAGINAL<br>GEL 0.75 %                                                                         | 2         |                         |
| XIFAXAN ORAL<br>TABLET 200 MG, 550<br>MG                                                                | 5         | PA                      |
| <b>Beta-lactam,<br/>Cephalosporins</b>                                                                  |           |                         |
| AVYCAZ<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 2.5<br>(2-0.5) GM                                    | 5         |                         |
| cefaclor er oral tablet<br>extended release 12<br>hour 500 mg                                           | 2         |                         |
| cefaclor oral capsule<br>250 mg, 500 mg                                                                 | 2         |                         |
| cefaclor oral suspension<br>reconstituted 125<br>mg/5ml, 250 mg/5ml,<br>375 mg/5ml                      | 2         |                         |
| cefadroxil oral capsule<br>500 mg                                                                       | 2         |                         |
| cefadroxil oral<br>suspension<br>reconstituted 250<br>mg/5ml, 500 mg/5ml                                | 2         |                         |
| cefadroxil oral tablet 1<br>gm                                                                          | 2         |                         |

| Drug Name                                                                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| cefazolin sodium<br>injection solution<br>reconstituted 1 gm, 10<br>gm, 100 gm, 2 gm, 300<br>gm, 500 mg    | 2         |                         |
| cefazolin sodium<br>intravenous solution<br>reconstituted 1 gm                                             | 2         |                         |
| cefazolin sodium-<br>dextrose intravenous<br>solution 1-4 gm/50ml-%                                        | 2         |                         |
| cefazolin sodium-<br>dextrose intravenous<br>solution reconstituted 1-<br>4 gm-%(50ml), 2-3 gm-<br>%(50ml) | 2         |                         |
| cefdinir oral capsule<br>300 mg                                                                            | 2         |                         |
| cefdinir oral suspension<br>reconstituted 125<br>mg/5ml, 250 mg/5ml                                        | 2         |                         |
| cefepime hcl injection<br>solution reconstituted 1<br>gm, 2 gm                                             | 3         |                         |
| CEFEPIME HCL<br>INTRAVENOUS<br>SOLUTION 1<br>GM/50ML, 2 GM/100ML                                           | 3         |                         |
| CEFEPIME HCL<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>GM                                         | 3         |                         |
| CEFEPIME-<br>DEXTROSE<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 1-5<br>GM-%(50ML), 2-5 GM-<br>%(50ML)    | 3         |                         |
| cefixime oral capsule<br>400 mg                                                                            | 2         |                         |
| cefixime oral<br>suspension<br>reconstituted 100<br>mg/5ml, 200 mg/5ml                                     | 2         |                         |



| Drug Name                                                                                           | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------|-----------|-------------------------|
| cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg                               | 1         |                         |
| cefotetan disodium injection solution reconstituted 1 gm, 2 gm                                      | 1         |                         |
| cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%(50ml), 2-2.08 gm-%(50ml) | 1         |                         |
| cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm                               | 1         |                         |
| cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)       | 1         |                         |
| cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml                           | 2         |                         |
| cefepodoxime proxetil oral tablet 100 mg, 200 mg                                                    | 2         |                         |
| cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml                                      | 2         |                         |
| cefprozil oral tablet 250 mg, 500 mg                                                                | 2         |                         |
| ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)          | 1         |                         |
| ceftazidime injection solution reconstituted 1 gm, 6 gm                                             | 1         |                         |
| ceftazidime intravenous solution reconstituted 2 gm                                                 | 1         |                         |

| Drug Name                                                                                           | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------|-----------|-------------------------|
| ceftriaxone sodium in dextrose intravenous solution 20 mg/ml                                        | 4         |                         |
| ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg                      | 4         |                         |
| ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm                             | 4         |                         |
| ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml) | 4         |                         |
| cefuroxime axetil oral tablet 250 mg, 500 mg                                                        | 2         |                         |
| cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg                                   | 2         |                         |
| cefuroxime sodium intravenous solution reconstituted 1.5 gm                                         | 2         |                         |
| cephalexin oral capsule 250 mg, 500 mg, 750 mg                                                      | 1         |                         |
| cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml                                     | 1         |                         |
| cephalexin oral tablet 250 mg, 500 mg                                                               | 1         |                         |
| FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM                                                     | 5         |                         |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML                                                     | 4         |                         |
| suprax oral tablet chewable 100 mg, 200 mg                                                          | 4         |                         |

| Drug Name                                                                                                                               | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>tazicef injection solution reconstituted 1 gm</i>                                                                                    | 1         |                         |
| <i>tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm</i>                                                                      | 1         |                         |
| TEFLARO<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 400<br>MG, 600 MG                                                                   | 5         |                         |
| ZERBAXA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 1.5<br>(1-0.5) GM                                                                   | 5         |                         |
| <b>Beta-lactam,<br/>Penicillins</b>                                                                                                     |           |                         |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>                                                                                          | 1         |                         |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>                                         | 1         |                         |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                                                           | 1         |                         |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>                                                                                  | 1         |                         |
| <i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>                                           | 2         |                         |
| <i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | 2         |                         |
| <i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>                                                 | 2         |                         |

| Drug Name                                                                                               | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>                    | 2         |                         |
| <i>ampicillin oral capsule 500 mg</i>                                                                   | 1         |                         |
| <i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>            | 1         |                         |
| <i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>                           | 1         |                         |
| <i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>          | 1         |                         |
| <i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm</i>      | 1         |                         |
| BICILLIN C-R 900/300<br>INTRAMUSCULAR<br>SUSPENSION 900000-<br>300000 UNIT/2ML                          | 3         |                         |
| BICILLIN C-R<br>INTRAMUSCULAR<br>SUSPENSION 1200000<br>UNIT/2ML                                         | 3         |                         |
| BICILLIN L-A<br>INTRAMUSCULAR<br>SUSPENSION 2400000<br>UNIT/4ML                                         | 3         |                         |
| BICILLIN L-A<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE<br>1200000 UNIT/2ML,<br>600000 UNIT/ML | 3         |                         |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>                                                 | 1         |                         |

| Drug Name                                                                                  | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------|-----------|-------------------------|
| NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/100ML                    | 5         |                         |
| <i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>                        | 2         |                         |
| <i>nafcillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>               | 2         |                         |
| OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML                     | 2         |                         |
| <i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>                        | 2         |                         |
| <i>oxacillin sodium intravenous solution reconstituted 10 gm</i>                           | 2         |                         |
| <i>penicillin g pot in dextrose intravenous solution 20000 unit/ml</i>                     | 1         |                         |
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML             | 1         |                         |
| <i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i> | 1         |                         |
| <i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>                       | 1         |                         |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>           | 1         |                         |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                   | 1         |                         |

| Drug Name                                                                                                                                                         | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i> | 2         |                         |
| <b>Carbapenems</b>                                                                                                                                                |           |                         |
| <i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>                                                                                                      | 2         |                         |
| <i>ertapenem sodium injection solution reconstituted 1 gm</i>                                                                                                     | 4         |                         |
| <i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>                                                                                      | 1         |                         |
| <i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>                                                                                                  | 2         |                         |
| MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML                                                                                            | 5         |                         |
| <i>meropenem-sodium chloride intravenous solution reconstituted 500 mg/50ml</i>                                                                                   | 2         |                         |
| <b>Macrolides</b>                                                                                                                                                 |           |                         |
| <i>azithromycin intravenous solution reconstituted 500 mg</i>                                                                                                     | 2         |                         |
| AZITHROMYCIN ORAL PACKET 1 GM                                                                                                                                     | 2         |                         |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>                                                                                          | 2         |                         |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>                                                                          | 2         |                         |

| Drug Name                                                                               | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>                    | 2         |                         |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>              | 2         |                         |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                        | 2         |                         |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML                                          | 5         |                         |
| DIFICID ORAL TABLET 200 MG                                                              | 5         |                         |
| <i>e.e.s. 400 oral tablet 400 mg</i>                                                    | 2         |                         |
| <i>ery external pad 2 %</i>                                                             | 2         |                         |
| <i>erythrocin lactobionate intravenous solution reconstituted 500 mg</i>                | 3         |                         |
| <i>erythrocin stearate oral tablet 250 mg</i>                                           | 2         |                         |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i>                  | 2         |                         |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i>                                     | 2         |                         |
| <i>erythromycin base oral tablet delayed release 500 mg</i>                             | 2         |                         |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i> | 2         |                         |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                                   | 2         |                         |
| <i>erythromycin external gel 2 %</i>                                                    | 2         |                         |
| <i>erythromycin external solution 2 %</i>                                               | 2         |                         |

| Drug Name                                                                               | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------|-----------|-------------------------|
| ERYTHROMYCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG                     | 3         |                         |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i>                                         | 1         |                         |
| <i>erythromycin oral tablet delayed release 250 mg, 333 mg</i>                          | 2         |                         |
| <b>Quinolones</b>                                                                       |           |                         |
| BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG                                       | 5         |                         |
| BAXDELA ORAL TABLET 450 MG                                                              | 5         |                         |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>                                      | 1         |                         |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>                     | 1         |                         |
| CIPROFLOXACIN HCL OTIC SOLUTION 0.2 %                                                   | 2         |                         |
| <i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>             | 1         |                         |
| <i>gatifloxacin ophthalmic solution 0.5 %</i>                                           | 2         |                         |
| <i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i> | 2         |                         |
| <i>levofloxacin intravenous solution 25 mg/ml</i>                                       | 2         |                         |
| <i>levofloxacin ophthalmic solution 0.5 %</i>                                           | 2         |                         |
| <i>levofloxacin oral solution 25 mg/ml</i>                                              | 2         |                         |

| Drug Name                                                        | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------|-----------|-------------------------|
| levofloxacin oral tablet 250 mg, 500 mg, 750 mg                  | 2         |                         |
| moxifloxacin hcl (2x day) ophthalmic solution 0.5 %              | 2         |                         |
| moxifloxacin hcl in nacl intravenous solution 400 mg/250ml       | 2         |                         |
| moxifloxacin hcl intravenous solution 400 mg/250ml               | 2         |                         |
| moxifloxacin hcl ophthalmic solution 0.5 %                       | 2         |                         |
| ofloxacin ophthalmic solution 0.3 %                              | 1         |                         |
| ofloxacin oral tablet 300 mg, 400 mg                             | 1         |                         |
| ofloxacin otic solution 0.3 %                                    | 1         |                         |
| <b>Sulfonamides</b>                                              |           |                         |
| AVC VAGINAL VAGINAL CREAM 15 %                                   | 4         |                         |
| sulfacetamide sodium (acne) external lotion 10 %                 | 2         |                         |
| sulfacetamide sodium ophthalmic ointment 10 %                    | 2         |                         |
| sulfacetamide sodium ophthalmic solution 10 %                    | 1         |                         |
| sulfadiazine oral tablet 500 mg                                  | 1         |                         |
| sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml | 1         |                         |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml      | 1         |                         |
| sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg  | 1         |                         |

| Drug Name                                                                    | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------|-----------|-------------------------|
| <b>Tetracyclines</b>                                                         |           |                         |
| demeclocycline hcl oral tablet 150 mg, 300 mg                                | 2         |                         |
| doxy 100 intravenous solution reconstituted 100 mg                           | 2         |                         |
| doxycycline hyclate intravenous solution reconstituted 100 mg                | 2         |                         |
| doxycycline hyclate oral capsule 100 mg, 50 mg                               | 2         |                         |
| doxycycline hyclate oral tablet 100 mg, 20 mg                                | 2         |                         |
| doxycycline hyclate oral tablet delayed release 150 mg, 75 mg                | 2         |                         |
| doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg            | 2         |                         |
| doxycycline monohydrate oral suspension reconstituted 25 mg/5ml              | 2         |                         |
| doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg             | 2         |                         |
| MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG                            | 5         |                         |
| minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg | 2         |                         |
| minocycline hcl oral capsule 100 mg, 50 mg, 75 mg                            | 1         |                         |
| minocycline hcl oral tablet 100 mg, 50 mg, 75 mg                             | 1         |                         |
| mondoxylene nl oral capsule 100 mg, 75 mg                                    | 2         |                         |
| morgidox oral capsule 100 mg                                                 | 2         |                         |

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| Drug Name                                                                 | Drug Tier | Requirements/<br>Limits   |
|---------------------------------------------------------------------------|-----------|---------------------------|
| NUZYRA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG              | 5         |                           |
| NUZYRA ORAL<br>TABLET 150 MG                                              | 5         | QL (30 EA per<br>30 days) |
| <i>okebo oral capsule 75<br/>mg</i>                                       | 2         |                           |
| <i>tetracycline hcl oral<br/>capsule 250 mg, 500<br/>mg</i>               | 2         |                           |
| VIBRAMYCIN ORAL<br>SYRUP 50 MG/5ML                                        | 4         |                           |
| XERAVA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG, 50 MG       | 5         |                           |
| <b>Anticonvulsants</b>                                                    |           |                           |
| <b>Anticonvulsants,<br/>Other</b>                                         |           |                           |
| APTIOM ORAL<br>TABLET 200 MG, 400<br>MG, 600 MG, 800 MG                   | 5         | ST                        |
| BRIVIACT<br>INTRAVENOUS<br>SOLUTION 50 MG/5ML                             | 5         | ST                        |
| BRIVIACT ORAL<br>SOLUTION 10 MG/ML                                        | 5         | ST                        |
| BRIVIACT ORAL<br>TABLET 10 MG, 100<br>MG, 25 MG, 50 MG, 75<br>MG          | 5         | ST                        |
| ELEPSIA XR ORAL<br>TABLET EXTENDED<br>RELEASE 24 HOUR<br>1000 MG, 1500 MG | 5         | ST                        |
| EPIDIOLEX ORAL<br>SOLUTION 100 MG/ML                                      | 5         | PA                        |
| EPRONTIA ORAL<br>SOLUTION 25 MG/ML                                        | 4         |                           |
| <i>felbamate oral<br/>suspension 600 mg/5ml</i>                           | 5         |                           |
| <i>felbamate oral tablet<br/>400 mg, 600 mg</i>                           | 2         |                           |

| Drug Name                                                                                                                 | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| FINTEPLA ORAL<br>SOLUTION 2.2 MG/ML                                                                                       | 5         | PA                      |
| FYCOMPA ORAL<br>SUSPENSION 0.5<br>MG/ML                                                                                   | 5         |                         |
| FYCOMPA ORAL<br>TABLET 10 MG, 12<br>MG, 4 MG, 6 MG                                                                        | 5         |                         |
| FYCOMPA ORAL<br>TABLET 2 MG, 8 MG                                                                                         | 4         |                         |
| <i>lamotrigine er oral tablet<br/>extended release 24<br/>hour 100 mg, 200 mg,<br/>25 mg, 250 mg, 300<br/>mg, 50 mg</i>   | 2         |                         |
| <i>lamotrigine oral kit 25 &amp;<br/>50 &amp; 100 mg</i>                                                                  | 2         |                         |
| <i>lamotrigine oral tablet<br/>100 mg, 150 mg, 200<br/>mg, 25 mg</i>                                                      | 1         |                         |
| <i>lamotrigine oral tablet<br/>chewable 25 mg, 5 mg</i>                                                                   | 1         |                         |
| <i>levetiracetam er oral<br/>tablet extended release<br/>24 hour 500 mg, 750<br/>mg</i>                                   | 1         |                         |
| <i>levetiracetam in nacl<br/>intravenous solution<br/>1000 mg/100ml, 1500<br/>mg/100ml, 250<br/>mg/50ml, 500 mg/100ml</i> | 2         |                         |
| <i>levetiracetam<br/>intravenous solution<br/>500 mg/5ml</i>                                                              | 1         |                         |
| <i>levetiracetam oral<br/>solution 100 mg/ml</i>                                                                          | 1         |                         |
| <i>levetiracetam oral tablet<br/>1000 mg, 250 mg, 500<br/>mg, 750 mg</i>                                                  | 1         |                         |
| NAYZILAM NASAL<br>SOLUTION 5<br>MG/0.1ML                                                                                  | 5         |                         |
| <i>roweepra oral tablet<br/>1000 mg, 500 mg, 750<br/>mg</i>                                                               | 1         |                         |



| Drug Name                                                                                                      | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg</i>                                         | 1         |                         |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG                                     | 4         | ST                      |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                                     | 1         |                         |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>                     | 2         |                         |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>                                                           | 2         |                         |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                     | 2         |                         |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG                                         | 4         |                         |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG                                                       | 5         |                         |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG                                                                       | 4         |                         |
| XCOPRI ORAL TABLET 200 MG                                                                                      | 5         |                         |
| XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG                                        | 4         |                         |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG, 150 & 200 MG, 50 & 200 MG | 5         |                         |

| Drug Name                                                                                  | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>Calcium Channel Modifying Agents</b>                                                    |           |                         |
| CELONTIN ORAL CAPSULE 300 MG                                                               | 3         |                         |
| <i>ethosuximide oral capsule 250 mg</i>                                                    | 2         |                         |
| <i>ethosuximide oral solution 250 mg/5ml</i>                                               | 2         |                         |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | 2         |                         |
| <i>pregabalin oral solution 20 mg/ml</i>                                                   | 2         |                         |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                        | 1         |                         |
| <b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>                                    |           |                         |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                                  | 4         |                         |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                                   | 4         |                         |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                           | 2         |                         |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>            | 2         |                         |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG                                                       | 5         | PA                      |
| DIACOMIT ORAL PACKET 250 MG, 500 MG                                                        | 5         | PA                      |
| DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG                                                    | 4         |                         |
| DIASTAT PEDIATRIC RECTAL GEL 2.5 MG                                                        | 4         |                         |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>                                            | 2         |                         |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>            | 2         |                         |

| Drug Name                                                                                        | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>                            | 1         |                         |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>                      | 1         |                         |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>                                            | 1         |                         |
| <i>gabapentin oral solution 250 mg/5ml</i>                                                       | 1         |                         |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                                                     | 1         |                         |
| <i>phenobarbital oral elixir 20 mg/5ml</i>                                                       | 2         |                         |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2         |                         |
| <i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>                               | 2         |                         |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                                       | 1         |                         |
| SYMPAZAN ORAL FILM 10 MG, 20 MG                                                                  | 5         |                         |
| SYMPAZAN ORAL FILM 5 MG                                                                          | 4         |                         |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>                                        | 2         |                         |
| <i>valproate sodium intravenous solution 100 mg/ml</i>                                           | 1         |                         |
| <i>valproic acid oral capsule 250 mg</i>                                                         | 1         |                         |
| <i>valproic acid oral solution 250 mg/5ml</i>                                                    | 1         |                         |
| VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML                                                     | 5         |                         |
| VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML                                      | 5         |                         |

| Drug Name                                                                            | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>vigabatrin oral packet 500 mg</i>                                                 | 5         |                         |
| <i>vigabatrin oral tablet 500 mg</i>                                                 | 5         |                         |
| <i>vigadrone oral packet 500 mg</i>                                                  | 5         |                         |
| <b>Sodium Channel Agents</b>                                                         |           |                         |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> | 2         |                         |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>  | 2         |                         |
| <i>carbamazepine oral suspension 100 mg/5ml</i>                                      | 1         |                         |
| <i>carbamazepine oral tablet 200 mg</i>                                              | 1         |                         |
| <i>carbamazepine oral tablet chewable 100 mg</i>                                     | 1         |                         |
| <i>dilantin infatabs oral tablet chewable 50 mg</i>                                  | 4         |                         |
| <i>dilantin oral capsule 100 mg, 30 mg</i>                                           | 4         |                         |
| DILANTIN ORAL SUSPENSION 125 MG/5ML                                                  | 4         |                         |
| <i>epitol oral tablet 200 mg</i>                                                     | 1         |                         |
| <i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>          | 1         |                         |
| <i>lacosamide intravenous solution 200 mg/20ml</i>                                   | 2         |                         |
| <i>lacosamide oral solution 10 mg/ml</i>                                             | 2         |                         |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                          | 2         |                         |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i>                                      | 2         |                         |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                              | 2         |                         |

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| Drug Name                                                                           | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------|-----------|-------------------------|
| OXTELLAR XR ORAL<br>TABLET EXTENDED<br>RELEASE 24 HOUR<br>150 MG, 300 MG, 600<br>MG | 4         |                         |
| PEGANONE ORAL<br>TABLET 250 MG                                                      | 4         |                         |
| <i>phenytoin infatabs oral<br/>tablet chewable 50 mg</i>                            | 1         |                         |
| <i>phenytoin oral<br/>suspension 125 mg/5ml</i>                                     | 1         |                         |
| <i>phenytoin oral tablet<br/>chewable 50 mg</i>                                     | 1         |                         |
| <i>phenytoin sodium<br/>extended oral capsule<br/>100 mg, 200 mg, 300<br/>mg</i>    | 2         |                         |
| <i>phenytoin sodium<br/>injection solution 50<br/>mg/ml</i>                         | 1         |                         |
| <i>rufinamide oral<br/>suspension 40 mg/ml</i>                                      | 5         |                         |
| <i>rufinamide oral tablet<br/>200 mg</i>                                            | 3         |                         |
| <i>rufinamide oral tablet<br/>400 mg</i>                                            | 5         |                         |
| VIMPAT<br>INTRAVENOUS<br>SOLUTION 200<br>MG/20ML                                    | 3         |                         |
| VIMPAT ORAL<br>SOLUTION 10 MG/ML                                                    | 5         |                         |
| VIMPAT ORAL TABLET<br>100 MG, 150 MG, 200<br>MG                                     | 5         |                         |
| VIMPAT ORAL TABLET<br>50 MG                                                         | 3         |                         |
| ZONISADE ORAL<br>SUSPENSION 100<br>MG/5ML                                           | 4         | ST                      |
| <b>Antidementia Agents</b>                                                          |           |                         |
| <b>Cholinesterase<br/>Inhibitors</b>                                                |           |                         |
| <i>donepezil hcl oral tablet<br/>10 mg, 5 mg</i>                                    | 1         |                         |

| Drug Name                                                                                                   | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>donepezil hcl oral tablet<br/>23 mg</i>                                                                  | 2         |                         |
| <i>donepezil hcl oral tablet<br/>dispersible 10 mg, 5 mg</i>                                                | 1         |                         |
| <i>galantamine<br/>hydrobromide er oral<br/>capsule extended<br/>release 24 hour 16 mg,<br/>24 mg, 8 mg</i> | 2         |                         |
| <i>galantamine<br/>hydrobromide oral<br/>solution 4 mg/ml</i>                                               | 2         |                         |
| <i>galantamine<br/>hydrobromide oral tablet<br/>12 mg, 4 mg, 8 mg</i>                                       | 2         |                         |
| <i>rivastigmine tartrate oral<br/>capsule 1.5 mg, 3 mg,<br/>4.5 mg, 6 mg</i>                                | 2         |                         |
| <i>rivastigmine<br/>transdermal patch 24<br/>hour 13.3 mg/24hr, 4.6<br/>mg/24hr, 9.5 mg/24hr</i>            | 4         |                         |
| <b>N-methyl-D-aspartate<br/>(NMDA) Receptor<br/>Antagonist</b>                                              |           |                         |
| <i>memantine hcl er oral<br/>capsule extended<br/>release 24 hour 14 mg,<br/>21 mg, 28 mg, 7 mg</i>         | 2         |                         |
| <i>memantine hcl oral<br/>solution 2 mg/ml</i>                                                              | 2         |                         |
| <i>memantine hcl oral<br/>tablet 10 mg, 5 mg</i>                                                            | 1         |                         |
| MEMANTINE HCL<br>ORAL TABLET 28 X 5<br>MG & 21 X 10 MG                                                      | 1         |                         |
| NAMENDA XR<br>TITRATION PACK<br>ORAL CAPSULE<br>EXTENDED RELEASE<br>24 HOUR 7 & 14 & 21<br>& 28 MG          | 4         |                         |
| <b>Antidepressants</b>                                                                                      |           |                         |
| <b>Antidepressants,<br/>Other</b>                                                                           |           |                         |

| Drug Name                                                                                               | Drug Tier | Requirements/<br>Limits       |
|---------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| APLENZIN ORAL<br>TABLET EXTENDED<br>RELEASE 24 HOUR<br>174 MG, 348 MG, 522<br>MG                        | 5         |                               |
| AUVELITY ORAL<br>TABLET EXTENDED<br>RELEASE 45-105 MG                                                   | 5         | ST; QL (60 EA<br>per 30 days) |
| <i>bupropion hcl er (sr)<br/>oral tablet extended<br/>release 12 hour 100<br/>mg, 150 mg, 200 mg</i>    | 1         |                               |
| <i>bupropion hcl er (xl) oral<br/>tablet extended release<br/>24 hour 150 mg, 300<br/>mg</i>            | 2         |                               |
| <i>bupropion hcl er (xl) oral<br/>tablet extended release<br/>24 hour 450 mg</i>                        | 4         | ST                            |
| <i>bupropion hcl oral tablet<br/>100 mg, 75 mg</i>                                                      | 1         |                               |
| FORFIVO XL ORAL<br>TABLET EXTENDED<br>RELEASE 24 HOUR<br>450 MG                                         | 4         | ST                            |
| <i>maprotiline hcl oral<br/>tablet 25 mg, 50 mg, 75<br/>mg</i>                                          | 2         |                               |
| <i>mirtazapine oral tablet<br/>15 mg, 30 mg, 45 mg,<br/>7.5 mg</i>                                      | 1         |                               |
| <i>mirtazapine oral tablet<br/>dispersible 15 mg, 30<br/>mg, 45 mg</i>                                  | 1         |                               |
| <i>olanzapine-fluoxetine<br/>hcl oral capsule 12-25<br/>mg, 12-50 mg, 3-25 mg,<br/>6-25 mg, 6-50 mg</i> | 2         |                               |
| SPRAVATO (56 MG<br>DOSE) NASAL<br>SOLUTION THERAPY<br>PACK 28 MG/DEVICE                                 | 5         | PA                            |
| SPRAVATO (84 MG<br>DOSE) NASAL<br>SOLUTION THERAPY<br>PACK 28 MG/DEVICE                                 | 5         | PA                            |

| Drug Name                                                                                                                       | Drug Tier | Requirements/<br>Limits   |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <b>Monoamine Oxidase<br/>Inhibitors</b>                                                                                         |           |                           |
| EMSAM<br>TRANSDERMAL<br>PATCH 24 HOUR 12<br>MG/24HR, 6 MG/24HR,<br>9 MG/24HR                                                    | 5         | QL (30 EA per<br>30 days) |
| MARPLAN ORAL<br>TABLET 10 MG                                                                                                    | 4         |                           |
| <i>phenelzine sulfate oral<br/>tablet 15 mg</i>                                                                                 | 2         |                           |
| <i>tranylcypromine sulfate<br/>oral tablet 10 mg</i>                                                                            | 2         |                           |
| <b>SSRIs/SNRIs<br/>(Selective Serotonin<br/>Reuptake<br/>Inhibitors/Serotonin<br/>and Norepinephrine<br/>Reuptake Inhibitor</b> |           |                           |
| CITALOPRAM<br>HYDROBROMIDE<br>ORAL CAPSULE 30<br>MG                                                                             | 4         | ST                        |
| <i>citalopram<br/>hydrobromide oral<br/>solution 10 mg/5ml</i>                                                                  | 1         |                           |
| <i>citalopram<br/>hydrobromide oral tablet<br/>10 mg, 20 mg, 40 mg</i>                                                          | 1         |                           |
| DESVENLAFAXINE ER<br>ORAL TABLET<br>EXTENDED RELEASE<br>24 HOUR 100 MG, 50<br>MG                                                | 2         |                           |
| <i>desvenlafaxine<br/>succinate er oral tablet<br/>extended release 24<br/>hour 100 mg, 25 mg, 50<br/>mg</i>                    | 2         | QL (30 EA per<br>30 days) |
| DRIZALMA SPRINKLE<br>ORAL CAPSULE<br>DELAYED RELEASE<br>SPRINKLE 20 MG, 30<br>MG, 40 MG, 60 MG                                  | 4         |                           |
| <i>duloxetine hcl oral<br/>capsule delayed release<br/>particles 20 mg, 30 mg,<br/>40 mg, 60 mg</i>                             | 2         |                           |

| Drug Name                                                                             | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>escitalopram oxalate oral solution 5 mg/5ml</i>                                    | 4         |                         |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                            | 1         |                         |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG             | 4         | ST                      |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG                     | 4         | ST                      |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>                                | 1         |                         |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i>                              | 1         |                         |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i>                                         | 1         |                         |
| <i>fluoxetine hcl oral tablet 60 mg</i>                                               | 4         |                         |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>    | 4         |                         |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>                           | 1         |                         |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>               | 2         |                         |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> | 2         |                         |
| <i>paroxetine hcl oral suspension 10 mg/5ml</i>                                       | 1         |                         |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                          | 1         |                         |
| <i>paroxetine mesylate oral capsule 7.5 mg</i>                                        | 2         |                         |

| Drug Name                                                                              | Drug Tier | Requirements/<br>Limits     |
|----------------------------------------------------------------------------------------|-----------|-----------------------------|
| PAXIL ORAL SUSPENSION 10 MG/5ML                                                        | 4         | ST                          |
| PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG                                          | 4         | ST                          |
| SERTRALINE HCL ORAL CAPSULE 150 MG, 200 MG                                             | 4         | ST                          |
| <i>sertraline hcl oral concentrate 20 mg/ml</i>                                        | 1         |                             |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>                                 | 1         |                             |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>                                 | 1         |                             |
| <i>trazodone hcl oral tablet 300 mg</i>                                                | 2         |                             |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG                                              | 4         | ST                          |
| VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG                  | 4         | ST                          |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i> | 1         |                             |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 75 mg</i>           | 1         |                             |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                | 1         |                             |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG                                                | 4         | ST; QL (30 EA per 30 days)  |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG                                               | 4         | ST; QL (60 EA per 365 days) |
| <i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>                                  | 2         | QL (30 EA per 30 days)      |
| <b>Tricyclics</b>                                                                      |           |                             |

| Drug Name                                                                          | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------|-----------|-------------------------|
| amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg           | 4         | PA                      |
| amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg                                 | 2         |                         |
| chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg                     | 4         | PA                      |
| clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg                                  | 4         | PA                      |
| desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg             | 2         |                         |
| doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg                | 4         | PA                      |
| doxepin hcl oral concentrate 10 mg/ml                                              | 4         | PA                      |
| imipramine hcl oral tablet 10 mg, 25 mg, 50 mg                                     | 4         | PA                      |
| imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg                      | 4         | PA                      |
| nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg                          | 2         |                         |
| nortriptyline hcl oral solution 10 mg/5ml                                          | 2         |                         |
| perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg | 4         | PA                      |
| protriptyline hcl oral tablet 10 mg, 5 mg                                          | 2         |                         |
| trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg                             | 2         |                         |
| <b>Antiemetics</b>                                                                 |           |                         |
| <b>Antiemetics, Other</b>                                                          |           |                         |

| Drug Name                                                 | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------|-----------|-------------------------|
| compro rectal suppository 25 mg                           | 2         |                         |
| dimenhydrinate injection solution 50 mg/ml                | 1         |                         |
| droperidol injection solution 2.5 mg/ml                   | 1         |                         |
| meclizine hcl oral tablet 12.5 mg, 25 mg                  | 2         |                         |
| phenadoz rectal suppository 12.5 mg, 25 mg                | 2         |                         |
| prochlorperazine edisylate injection solution 10 mg/2ml   | 2         |                         |
| prochlorperazine maleate oral tablet 10 mg, 5 mg          | 2         |                         |
| prochlorperazine rectal suppository 25 mg                 | 2         |                         |
| promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg        | 4         | PA                      |
| promethazine hcl rectal suppository 12.5 mg, 25 mg        | 2         |                         |
| promethegan rectal suppository 12.5 mg, 25 mg, 50 mg      | 2         |                         |
| scopolamine transdermal patch 72 hour 1 mg/3days          | 2         |                         |
| <b>Emetogenic Therapy Adjuncts</b>                        |           |                         |
| aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg | 4         | PA                      |
| CINVANTI INTRAVENOUS EMULSION 130 MG/18ML                 | 4         | PA                      |
| dronabinol oral capsule 10 mg, 2.5 mg, 5 mg               | 2         | B/D                     |



| Drug Name                                                                              | Drug Tier | Requirements/<br>Limits | Drug Name                                                                             | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------|-----------|-------------------------|---------------------------------------------------------------------------------------|-----------|-------------------------|
| EMEND<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 150<br>MG                            | 4         | PA                      | ABELCET<br>INTRAVENOUS<br>SUSPENSION 5<br>MG/ML                                       | 4         | PA                      |
| EMEND ORAL<br>SUSPENSION<br>RECONSTITUTED 125<br>MG/5ML                                | 4         | PA                      | AMBISOME<br>INTRAVENOUS<br>SUSPENSION<br>RECONSTITUTED 50<br>MG                       | 5         | PA                      |
| <i>fosaprepitant<br/>dimeglumine<br/>intravenous solution<br/>reconstituted 150 mg</i> | 2         | PA                      | <i>amphotericin b<br/>intravenous solution<br/>reconstituted 50 mg</i>                | 2         | B/D                     |
| <i>granisetron hcl<br/>intravenous solution 1<br/>mg/ml, 4 mg/4ml</i>                  | 2         |                         | <i>amphotericin b<br/>liposome intravenous<br/>suspension<br/>reconstituted 50 mg</i> | 5         | PA                      |
| <i>granisetron hcl oral<br/>tablet 1 mg</i>                                            | 2         | B/D                     | <i>caspofungin acetate<br/>intravenous solution<br/>reconstituted 50 mg</i>           | 5         |                         |
| <i>ondansetron hcl<br/>injection solution 4<br/>mg/2ml, 40 mg/20ml</i>                 | 2         |                         | <i>caspofungin acetate<br/>intravenous solution<br/>reconstituted 70 mg</i>           | 4         |                         |
| <i>ondansetron hcl<br/>injection solution<br/>prefilled syringe 4<br/>mg/2ml</i>       | 2         |                         | <i>ciclodan external<br/>solution 8 %</i>                                             | 2         |                         |
| <i>ondansetron hcl oral<br/>solution 4 mg/5ml</i>                                      | 2         | B/D                     | <i>ciclopirox external gel<br/>0.77 %</i>                                             | 2         |                         |
| <i>ondansetron hcl oral<br/>tablet 24 mg, 4 mg, 8<br/>mg</i>                           | 2         | B/D                     | <i>ciclopirox external<br/>shampoo 1 %</i>                                            | 2         |                         |
| <i>ondansetron odt oral<br/>tablet dispersible 4 mg,<br/>8 mg</i>                      | 2         | B/D                     | <i>ciclopirox external<br/>solution 8 %</i>                                           | 2         |                         |
| <i>palonosetron hcl<br/>intravenous solution<br/>0.25 mg/2ml</i>                       | 4         |                         | <i>ciclopirox olamine<br/>external cream 0.77 %</i>                                   | 2         |                         |
| <i>palonosetron hcl<br/>intravenous solution<br/>prefilled syringe 0.25<br/>mg/5ml</i> | 4         |                         | <i>ciclopirox olamine<br/>external suspension<br/>0.77 %</i>                          | 2         |                         |
| SANCUSO<br>TRANSDERMAL<br>PATCH 3.1 MG/24HR                                            | 5         |                         | <i>clotrimazole external<br/>cream 1 %</i>                                            | 2         |                         |
| <b>Antifungals</b>                                                                     |           |                         | <i>clotrimazole external<br/>solution 1 %</i>                                         | 2         |                         |
| <b>Antifungals</b>                                                                     |           |                         | <i>clotrimazole<br/>mouth/throat troche 10<br/>mg</i>                                 | 2         |                         |
|                                                                                        |           |                         | <i>clotrimazole-<br/>betamethasone external<br/>cream 1-0.05 %</i>                    | 2         |                         |

| Drug Name                                                                                                         | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>clotrimazole-<br/>betamethasone external<br/>lotion 1-0.05 %</i>                                               | 2         |                         |
| CRESEMBA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 372<br>MG                                                    | 5         | PA                      |
| CRESEMBA ORAL<br>CAPSULE 186 MG                                                                                   | 5         | PA                      |
| <i>econazole nitrate<br/>external cream 1 %</i>                                                                   | 2         |                         |
| ERAXIS<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG                                                      | 5         |                         |
| ERAXIS<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 50<br>MG                                                       | 4         |                         |
| <i>fluconazole in sodium<br/>chloride intravenous<br/>solution 200-0.9<br/>mg/100ml-%, 400-0.9<br/>mg/200ml-%</i> | 2         |                         |
| <i>fluconazole oral<br/>suspension<br/>reconstituted 10 mg/ml,<br/>40 mg/ml</i>                                   | 2         |                         |
| <i>fluconazole oral tablet<br/>100 mg, 150 mg, 200<br/>mg, 50 mg</i>                                              | 2         |                         |
| <i>flucytosine oral capsule<br/>250 mg, 500 mg</i>                                                                | 5         |                         |
| <i>griseofulvin microsize<br/>oral suspension 125<br/>mg/5ml</i>                                                  | 2         |                         |
| <i>griseofulvin microsize<br/>oral tablet 500 mg</i>                                                              | 2         |                         |
| <i>griseofulvin<br/>ultramicrosize oral<br/>tablet 125 mg, 250 mg</i>                                             | 2         |                         |
| <i>itraconazole oral<br/>capsule 100 mg</i>                                                                       | 2         |                         |

| Drug Name                                                                  | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------|-----------|-------------------------|
| <i>itraconazole oral<br/>solution 10 mg/ml</i>                             | 5         |                         |
| <i>ketoconazole external<br/>cream 2 %</i>                                 | 2         |                         |
| <i>ketoconazole external<br/>shampoo 2 %</i>                               | 2         |                         |
| <i>ketoconazole oral tablet<br/>200 mg</i>                                 | 2         |                         |
| MENTAX EXTERNAL<br>CREAM 1 %                                               | 4         | ST                      |
| <i>miconazole sodium<br/>intravenous solution<br/>reconstituted 100 mg</i> | 2         |                         |
| <i>miconazole sodium<br/>intravenous solution<br/>reconstituted 50 mg</i>  | 5         |                         |
| <i>miconazole 3 vaginal<br/>suppository 200 mg</i>                         | 1         |                         |
| <i>naftifine hcl external<br/>cream 1 %, 2 %</i>                           | 3         | ST                      |
| NAFTIFINE HCL<br>EXTERNAL GEL 1 %                                          | 3         | ST                      |
| NAFTIN EXTERNAL<br>GEL 2 %                                                 | 4         | ST                      |
| NATACYN<br>OPHTHALMIC<br>SUSPENSION 5 %                                    | 3         |                         |
| NOXAFIL<br>INTRAVENOUS<br>SOLUTION 300<br>MG/16.7ML                        | 5         |                         |
| <i>nyamyc external<br/>powder 100000 unit/gm</i>                           | 2         |                         |
| <i>nystatin external cream<br/>100000 unit/gm</i>                          | 2         |                         |
| <i>nystatin external<br/>ointment 100000<br/>unit/gm</i>                   | 2         |                         |
| <i>nystatin external<br/>powder 100000 unit/gm</i>                         | 2         |                         |
| <i>nystatin mouth/throat<br/>suspension 100000<br/>unit/ml</i>             | 2         |                         |
| <i>nystatin oral tablet<br/>500000 unit</i>                                | 2         |                         |

| Drug Name                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------|-----------|-------------------------|
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>    | 2         |                         |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i> | 2         |                         |
| <i>nystop external powder 100000 unit/gm</i>                         | 2         |                         |
| ORAVIG BUCCAL TABLET 50 MG                                           | 4         |                         |
| <i>posaconazole oral tablet delayed release 100 mg</i>               | 5         |                         |
| <i>terbinafine hcl oral tablet 250 mg</i>                            | 2         |                         |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                        | 2         |                         |
| <i>terconazole vaginal suppository 80 mg</i>                         | 2         |                         |
| <i>voriconazole intravenous solution reconstituted 200 mg</i>        | 5         | PA                      |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i>           | 5         |                         |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                        | 4         |                         |
| <b>Antigout Agents</b>                                               |           |                         |
| <b>Antigout Agents</b>                                               |           |                         |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                        | 1         |                         |
| <i>colchicine oral tablet 0.6 mg</i>                                 | 2         |                         |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i>                  | 1         |                         |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                           | 2         |                         |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML                               | 5         | PA                      |
| <i>probenecid oral tablet 500 mg</i>                                 | 1         |                         |
| <b>Antimigraine Agents</b>                                           |           |                         |
| <b>Ergot Alkaloids</b>                                               |           |                         |

| Drug Name                                                       | Drug Tier | Requirements/<br>Limits    |
|-----------------------------------------------------------------|-----------|----------------------------|
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>        | 5         | QL (8 ML per 23 days)      |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG                       | 4         |                            |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                 | 3         |                            |
| <i>migergot rectal suppository 2-100 mg</i>                     | 5         |                            |
| <b>Prophylactic</b>                                             |           |                            |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 4         | PA; QL (2 ML per 30 days)  |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML          | 4         | PA; QL (2 ML per 28 days)  |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML      | 4         | PA; QL (3 ML per 30 days)  |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML      | 4         | PA; QL (2 ML per 28 days)  |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG                            | 5         | PA; QL (18 EA per 30 days) |
| VYEPTI INTRAVENOUS SOLUTION 100 MG/ML                           | 5         | PA                         |
| <b>Serotonin (5-HT) Receptor Agonist</b>                        |           |                            |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>                 | 2         | QL (18 EA per 30 days)     |
| REYVOW ORAL TABLET 100 MG                                       | 4         | PA; QL (8 EA per 30 days)  |
| REYVOW ORAL TABLET 50 MG                                        | 4         | PA; QL (4 EA per 30 days)  |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>             | 2         | QL (18 EA per 30 days)     |

| Drug Name                                                                                                                  | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>                                                            | 2         | QL (18 EA per 30 days)  |
| <i>sumatriptan nasal solution 20 mg/act</i>                                                                                | 2         | QL (12 EA per 30 days)  |
| <i>sumatriptan nasal solution 5 mg/act</i>                                                                                 | 2         | QL (18 EA per 30 days)  |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>                                                              | 2         | QL (9 EA per 30 days)   |
| <i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i> | 2         | QL (4 ML per 30 days)   |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>                                                              | 2         | QL (6 ML per 30 days)   |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>                                    | 2         | QL (4 ML per 30 days)   |
| <i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>                                            | 2         | QL (4 ML per 30 days)   |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                                                                               | 2         | QL (9 EA per 30 days)   |
| <i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>                                                                   | 2         | QL (9 EA per 30 days)   |
| <b>Antimyasthenic Agents</b>                                                                                               |           |                         |
| <b>Parasympathomimetics</b>                                                                                                |           |                         |
| <i>guanidine hcl oral tablet 125 mg</i>                                                                                    | 1         |                         |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i>                                                          | 4         |                         |
| <i>pyridostigmine bromide oral solution 60 mg/5ml</i>                                                                      | 5         |                         |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                                                            | 2         |                         |

| Drug Name                                                 | Drug Tier | Requirements/<br>Limits    |
|-----------------------------------------------------------|-----------|----------------------------|
| REGONOL INTRAVENOUS SOLUTION 10 MG/2ML                    | 3         |                            |
| <b>Antimycobacterials</b>                                 |           |                            |
| <b>Antimycobacterials, Other</b>                          |           |                            |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                  | 2         |                            |
| PRETOMANID ORAL TABLET 200 MG                             | 4         | PA; QL (30 EA per 30 days) |
| <i>rifabutin oral capsule 150 mg</i>                      | 2         |                            |
| <b>Antituberculars</b>                                    |           |                            |
| CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM    | 4         |                            |
| <i>cycloserine oral capsule 250 mg</i>                    | 2         |                            |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i>          | 2         |                            |
| <i>isoniazid injection solution 100 mg/ml</i>             | 1         |                            |
| <i>isoniazid oral syrup 50 mg/5ml</i>                     | 1         |                            |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>               | 1         |                            |
| <i>paser oral packet 4 gm</i>                             | 4         |                            |
| PRIFTIN ORAL TABLET 150 MG                                | 4         |                            |
| <i>pyrazinamide oral tablet 500 mg</i>                    | 1         |                            |
| <i>rifampin intravenous solution reconstituted 600 mg</i> | 2         |                            |
| <i>rifampin oral capsule 150 mg, 300 mg</i>               | 2         |                            |
| RIFATER ORAL TABLET 50-120-300 MG                         | 4         |                            |
| SIRTURO ORAL TABLET 100 MG, 20 MG                         | 5         | PA                         |
| TRECTOR ORAL TABLET 250 MG                                | 4         |                            |

| Drug Name                                                                                            | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>Antineoplastics</b>                                                                               |           |                         |
| <b>Alkylating Agents</b>                                                                             |           |                         |
| BENDEKA<br>INTRAVENOUS<br>SOLUTION 100<br>MG/4ML                                                     | 5         | PA                      |
| BICNU INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG                                             | 5         |                         |
| <i>busulfan intravenous<br/>solution 6 mg/ml</i>                                                     | 5         |                         |
| BUSULFEX<br>INTRAVENOUS<br>SOLUTION 6 MG/ML                                                          | 5         |                         |
| <i>carboplatin intravenous<br/>solution 150 mg/15ml,<br/>450 mg/45ml, 50<br/>mg/5ml, 600 mg/60ml</i> | 1         |                         |
| <i>carmustine intravenous<br/>solution reconstituted<br/>100 mg</i>                                  | 5         |                         |
| CARMUSTINE<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 300<br>MG, 50 MG                              | 5         |                         |
| <i>cisplatin intravenous<br/>solution 100 mg/100ml,<br/>200 mg/200ml, 50<br/>mg/50ml</i>             | 1         |                         |
| <i>cyclophosphamide<br/>injection solution<br/>reconstituted 1 gm, 2<br/>gm</i>                      | 5         |                         |
| <i>cyclophosphamide<br/>injection solution<br/>reconstituted 500 mg</i>                              | 2         |                         |
| <i>cyclophosphamide<br/>intravenous solution 1<br/>gm/5ml</i>                                        | 2         |                         |
| CYCLOPHOSPHAMID<br>E INTRAVENOUS<br>SOLUTION 2<br>GM/10ML, 500<br>MG/2.5ML                           | 5         |                         |

| Drug Name                                                                                                                  | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>cyclophosphamide oral<br/>capsule 25 mg, 50 mg</i>                                                                      | 3         | B/D                     |
| <i>cyclophosphamide oral<br/>tablet 25 mg</i>                                                                              | 3         | B/D                     |
| CYCLOPHOSPHAMID<br>E ORAL TABLET 50<br>MG                                                                                  | 3         | B/D                     |
| <i>dacarbazine<br/>intravenous solution<br/>reconstituted 100 mg,<br/>200 mg</i>                                           | 1         |                         |
| EVOMELA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 50<br>MG                                                               | 5         | PA                      |
| GLEOSTINE ORAL<br>CAPSULE 10 MG, 100<br>MG, 40 MG                                                                          | 4         |                         |
| <i>ifosfamide intravenous<br/>solution 1 gm/20ml, 3<br/>gm/60ml</i>                                                        | 1         |                         |
| KISQALI FEMARA<br>ORAL TABLET<br>THERAPY PACK 200 &<br>2.5 MG                                                              | 5         | PA                      |
| LEUKERAN ORAL<br>TABLET 2 MG                                                                                               | 5         |                         |
| MATULANE ORAL<br>CAPSULE 50 MG                                                                                             | 5         | PA                      |
| <i>melphalan hcl<br/>intravenous solution<br/>reconstituted 50 mg</i>                                                      | 2         | PA                      |
| <i>oxaliplatin intravenous<br/>solution 100 mg/20ml</i>                                                                    | 5         |                         |
| <i>oxaliplatin intravenous<br/>solution 50 mg/10ml</i>                                                                     | 2         |                         |
| <i>oxaliplatin intravenous<br/>solution reconstituted<br/>100 mg, 50 mg</i>                                                | 5         |                         |
| <i>paraplatin intravenous<br/>solution 1000<br/>mg/100ml, 150<br/>mg/15ml, 450 mg/45ml,<br/>50 mg/5ml, 600<br/>mg/60ml</i> | 1         |                         |

| Drug Name                                                              | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------|-----------|-------------------------|
| PEPAXTO<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 20<br>MG           | 5         | PA                      |
| TEMODAR<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG          | 5         | PA                      |
| <i>thiotepa injection<br/>solution reconstituted<br/>100 mg, 15 mg</i> | 5         | PA                      |
| TREANDA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG, 25 MG   | 5         | PA                      |
| VALCHLOR<br>EXTERNAL GEL 0.016<br>%                                    | 5         | PA                      |
| YONDELIS<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 1<br>MG           | 5         | PA                      |
| ZANOSAR<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 1<br>GM            | 5         |                         |
| ZEPZELCA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 4<br>MG           | 5         | PA                      |
| <b>Antiandrogens</b>                                                   |           |                         |
| <i>abiraterone acetate oral<br/>tablet 250 mg, 500 mg</i>              | 5         | PA                      |
| <i>bicalutamide oral tablet<br/>50 mg</i>                              | 1         |                         |
| ERLEADA ORAL<br>TABLET 60 MG                                           | 5         | PA                      |
| <i>flutamide oral capsule<br/>125 mg</i>                               | 2         |                         |
| <i>nilutamide oral tablet<br/>150 mg</i>                               | 5         |                         |

| Drug Name                                                                             | Drug Tier | Requirements/<br>Limits       |
|---------------------------------------------------------------------------------------|-----------|-------------------------------|
| NUBEQA ORAL<br>TABLET 300 MG                                                          | 5         | PA                            |
| XTANDI ORAL<br>CAPSULE 40 MG                                                          | 5         | PA                            |
| XTANDI ORAL TABLET<br>40 MG, 80 MG                                                    | 5         | PA                            |
| YONSA ORAL TABLET<br>125 MG                                                           | 5         | PA                            |
| <b>Antiangiogenic<br/>Agents</b>                                                      |           |                               |
| FOTIVDA ORAL<br>CAPSULE 0.89 MG,<br>1.34 MG                                           | 5         | PA                            |
| <i>lenalidomide oral<br/>capsule 10 mg, 15 mg,<br/>2.5 mg, 20 mg, 25 mg,<br/>5 mg</i> | 5         | PA                            |
| POMALYST ORAL<br>CAPSULE 1 MG, 2 MG,<br>3 MG, 4 MG                                    | 5         | PA; QL (21 EA<br>per 28 days) |
| QINLOCK ORAL<br>TABLET 50 MG                                                          | 5         | PA                            |
| REVLIMID ORAL<br>CAPSULE 10 MG, 15<br>MG, 2.5 MG, 20 MG, 25<br>MG, 5 MG               | 5         | PA                            |
| TABRECTA ORAL<br>TABLET 150 MG, 200<br>MG                                             | 5         | PA                            |
| THALOMID ORAL<br>CAPSULE 100 MG, 150<br>MG, 200 MG, 50 MG                             | 5         | PA                            |
| <b>Antiestrogens/Modifie<br/>rs</b>                                                   |           |                               |
| EMCYT ORAL<br>CAPSULE 140 MG                                                          | 5         |                               |
| FASLODEX<br>INTRAMUSCULAR<br>SOLUTION<br>PREFILLED SYRINGE<br>250 MG/5ML              | 5         |                               |
| <i>fulvestrant<br/>intramuscular solution<br/>prefilled syringe 250<br/>mg/5ml</i>    | 5         |                               |



| Drug Name                                                                                | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------|-----------|-------------------------|
| SOLTAMOX ORAL SOLUTION 10 MG/5ML                                                         | 5         |                         |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>                                        | 1         |                         |
| <i>toremifene citrate oral tablet 60 mg</i>                                              | 5         | PA                      |
| <b>Antimetabolites</b>                                                                   |           |                         |
| <i>adrucil intravenous solution 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>                 | 2         | B/D                     |
| ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG                                 | 5         |                         |
| ARRANON INTRAVENOUS SOLUTION 5 MG/ML                                                     | 5         |                         |
| <i>cladribine intravenous solution 10 mg/10ml</i>                                        | 5         | B/D                     |
| <i>clofarabine intravenous solution 1 mg/ml</i>                                          | 5         |                         |
| <i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>                            | 1         | B/D                     |
| <i>cytarabine injection solution 20 mg/ml</i>                                            | 1         | B/D                     |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG                                               | 4         |                         |
| <i>floxuridine injection solution reconstituted 0.5 gm</i>                               | 2         | B/D                     |
| FLUOROPLEX EXTERNAL CREAM 1 %                                                            | 5         |                         |
| <i>fluorouracil external cream 0.5 %</i>                                                 | 5         |                         |
| <i>fluorouracil external cream 5 %</i>                                                   | 2         |                         |
| <i>fluorouracil external solution 2 %, 5 %</i>                                           | 2         |                         |
| <i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i> | 2         | B/D                     |

| Drug Name                                                                                                                                                                                                                                     | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML                                                                                                                                                                                              | 5         |                         |
| <i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 200 mg/2ml</i>                                                                                                                                                                  | 5         |                         |
| <i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>                                                                                                                                                           | 2         |                         |
| <i>hydroxyurea oral capsule 500 mg</i>                                                                                                                                                                                                        | 1         |                         |
| INFUGEM INTRAVENOUS SOLUTION 1200-0.9 MG/120ML-%, 1300-0.9 MG/130ML-%, 1400-0.9 MG/140ML-%, 1500-0.9 MG/150ML-%, 1600-0.9 MG/160ML-%, 1700-0.9 MG/170ML-%, 1800-0.9 MG/180ML-%, 1900-0.9 MG/190ML-%, 2000-0.9 MG/200ML-%, 2200-0.9 MG/220ML-% | 5         | PA                      |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG                                                                                                                                                                                                    | 5         | PA                      |
| <i>mercaptopurine oral tablet 50 mg</i>                                                                                                                                                                                                       | 2         |                         |
| <i>nelarabine intravenous solution 5 mg/ml</i>                                                                                                                                                                                                | 5         |                         |
| PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 850 MG/34ML                                                                                                                                                                               | 4         | PA                      |
| PEMETREXED DISODIUM INTRAVENOUS SOLUTION 100 MG/4ML, 500 MG/20ML                                                                                                                                                                              | 5         | PA                      |

| Drug Name                                                                                     | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i> | 5         |                         |
| PEMETREXED DITROMETHAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG                   | 5         | PA                      |
| PEMETREXED INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML                            | 5         | PA                      |
| PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML                                                      | 5         | PA                      |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML                                                         | 5         |                         |
| SIKLOS ORAL TABLET 100 MG, 1000 MG                                                            | 4         |                         |
| TABLOID ORAL TABLET 40 MG                                                                     | 4         | PA                      |
| VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG                                         | 5         | PA                      |
| <b>Antineoplastics</b>                                                                        |           |                         |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML                                                  | 5         | PA                      |
| <b>Antineoplastics, Other</b>                                                                 |           |                         |
| ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG                                          | 5         |                         |
| <i>adriamycin intravenous solution 2 mg/ml</i>                                                | 1         | B/D                     |

| Drug Name                                                                  | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------|-----------|-------------------------|
| <i>adriamycin intravenous solution reconstituted 10 mg, 50 mg</i>          | 1         | B/D                     |
| ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 10 MG/10ML                           | 3         |                         |
| <i>arsenic trioxide intravenous solution 12 mg/6ml</i>                     | 5         |                         |
| <i>azacitidine injection suspension reconstituted 100 mg</i>               | 5         |                         |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML                 | 5         | PA                      |
| <i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i> | 1         | B/D                     |
| BORTEZOMIB INJECTION SOLUTION 3.5 MG/1.4ML                                 | 4         | PA                      |
| BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG                   | 4         | PA                      |
| BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 3.5 MG                         | 5         | PA                      |
| BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG                       | 5         | PA                      |
| BRAFTOVI ORAL CAPSULE 75 MG                                                | 5         | PA                      |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG                                         | 5         | PA                      |
| COTELLIC ORAL TABLET 20 MG                                                 | 5         | PA                      |

| Drug Name                                                                             | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>dactinomycin intravenous solution reconstituted 0.5 mg</i>                         | 5         | PA                      |
| <i>daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml</i>                    | 1         |                         |
| DAURISMO ORAL TABLET 100 MG, 25 MG                                                    | 5         | PA                      |
| <i>decitabine intravenous solution reconstituted 50 mg</i>                            | 5         |                         |
| <i>dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg</i>              | 5         |                         |
| <i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 200 mg/10ml, 80 mg/4ml</i> | 2         |                         |
| <i>docetaxel intravenous solution 160 mg/16ml, 80 mg/8ml</i>                          | 2         |                         |
| <i>docetaxel intravenous solution 20 mg/2ml</i>                                       | 5         |                         |
| <i>doxorubicin hcl intravenous solution 2 mg/ml</i>                                   | 1         | B/D                     |
| <i>doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg</i>                | 1         | B/D                     |
| <i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>                       | 5         |                         |
| ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML                                             | 5         | PA                      |
| <i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>                   | 2         |                         |
| ERWINASE INJECTION SOLUTION RECONSTITUTED 10000 UNIT                                  | 5         |                         |

| Drug Name                                                                   | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------|-----------|-------------------------|
| ERWINASE INJECTION SOLUTION RECONSTITUTED 10000 UNIT                        | 5         |                         |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG                                    | 5         | PA                      |
| <i>fludarabine phosphate intravenous solution 50 mg/2ml</i>                 | 1         |                         |
| <i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>       | 1         |                         |
| GAVRETO ORAL CAPSULE 100 MG                                                 | 5         | PA                      |
| HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML                                       | 5         |                         |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                                  | 5         | PA                      |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                                   | 5         | PA                      |
| <i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i> | 2         |                         |
| INREBIC ORAL CAPSULE 100 MG                                                 | 5         | PA                      |
| ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED 10 MG                 | 5         |                         |
| IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG                 | 5         |                         |
| JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML                                    | 5         |                         |

| Drug Name                                                                                                        | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| KIMMTRAK<br>INTRAVENOUS<br>SOLUTION 100<br>MCG/0.5ML                                                             | 5         | PA                      |
| KISQALI ORAL<br>TABLET THERAPY<br>PACK 200 MG                                                                    | 5         | PA                      |
| <i>leucovorin calcium<br/>injection solution 100<br/>mg/10ml</i>                                                 | 1         |                         |
| <i>leucovorin calcium<br/>injection solution<br/>reconstituted 100 mg,<br/>200 mg, 350 mg, 50<br/>mg, 500 mg</i> | 1         |                         |
| <i>leucovorin calcium oral<br/>tablet 10 mg, 15 mg, 25<br/>mg, 5 mg</i>                                          | 1         |                         |
| <i>levoleucovorin calcium<br/>intravenous solution<br/>reconstituted 50 mg</i>                                   | 5         |                         |
| LORBRENA ORAL<br>TABLET 100 MG, 25<br>MG                                                                         | 5         | PA                      |
| LUMAKRAS ORAL<br>TABLET 120 MG                                                                                   | 5         | PA                      |
| LYNPARZA ORAL<br>TABLET 100 MG, 150<br>MG                                                                        | 5         | PA                      |
| MARQIBO<br>INTRAVENOUS<br>SUSPENSION 5<br>MG/31ML                                                                | 5         | PA                      |
| MEKTOVI ORAL<br>TABLET 15 MG                                                                                     | 5         | PA                      |
| <i>mitomycin intravenous<br/>solution reconstituted<br/>20 mg, 40 mg, 5 mg</i>                                   | 5         |                         |
| <i>mitoxantrone hcl<br/>intravenous concentrate<br/>20 mg/10ml, 25<br/>mg/12.5ml, 30 mg/15ml</i>                 | 2         |                         |
| <i>mutamycin intravenous<br/>solution reconstituted<br/>20 mg, 40 mg, 5 mg</i>                                   | 5         |                         |
| NERLYNX ORAL<br>TABLET 40 MG                                                                                     | 5         | PA                      |

| Drug Name                                                                                                    | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| NINLARO ORAL<br>CAPSULE 2.3 MG, 3<br>MG, 4 MG                                                                | 5         | PA                      |
| ONCASPAR<br>INJECTION SOLUTION<br>750 UNIT/ML                                                                | 5         |                         |
| ONUREG ORAL<br>TABLET 200 MG, 300<br>MG                                                                      | 5         |                         |
| <i>paclitaxel intravenous<br/>concentrate 100<br/>mg/16.7ml, 150<br/>mg/25ml, 30 mg/5ml,<br/>300 mg/50ml</i> | 1         |                         |
| PACLITAXEL<br>PROTEIN-BOUND<br>PART INTRAVENOUS<br>SUSPENSION<br>RECONSTITUTED 100<br>MG                     | 5         |                         |
| PEMAZYRE ORAL<br>TABLET 13.5 MG, 4.5<br>MG, 9 MG                                                             | 5         | PA                      |
| PHESGO<br>SUBCUTANEOUS<br>SOLUTION 60-60-2000<br>MG-MG-U/ML, 80-40-<br>2000 MG-MG-U/ML                       | 5         | PA                      |
| PIQRAY ORAL<br>TABLET THERAPY<br>PACK 2 X 150 MG, 200<br>& 50 MG, 200 MG                                     | 5         | PA                      |
| PROLEUKIN<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED<br>22000000 UNIT                                       | 5         |                         |
| RETEVMO ORAL<br>CAPSULE 40 MG, 80<br>MG                                                                      | 5         | PA                      |
| ROMIDEPSIN<br>INTRAVENOUS<br>SOLUTION 27.5<br>MG/5.5ML                                                       | 5         |                         |

| Drug Name                                                                   | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------|-----------|-------------------------|
| ROMIDEPSIN<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 10<br>MG             | 5         |                         |
| ROZLYTREK ORAL<br>CAPSULE 100 MG, 200<br>MG                                 | 5         | PA                      |
| RYDAPT ORAL<br>CAPSULE 25 MG                                                | 5         | PA                      |
| RYLAZE<br>INTRAMUSCULAR<br>SOLUTION 10<br>MG/0.5ML                          | 5         |                         |
| SCEMBLIX ORAL<br>TABLET 20 MG, 40 MG                                        | 5         | PA                      |
| SYNRIBO<br>SUBCUTANEOUS<br>SOLUTION<br>RECONSTITUTED 3.5<br>MG              | 5         |                         |
| TALZENNA ORAL<br>CAPSULE 0.25 MG, 1<br>MG                                   | 5         | PA                      |
| TAZVERIK ORAL<br>TABLET 200 MG                                              | 5         | PA                      |
| TICE BCG<br>INTRAVESICAL<br>SUSPENSION<br>RECONSTITUTED 50<br>MG            | 4         |                         |
| TRISENOX<br>INTRAVENOUS<br>SOLUTION 12 MG/6ML                               | 5         |                         |
| TRUSELTIQ (100MG<br>DAILY DOSE) ORAL<br>CAPSULE THERAPY<br>PACK 100 MG      | 5         | PA                      |
| TRUSELTIQ (125MG<br>DAILY DOSE) ORAL<br>CAPSULE THERAPY<br>PACK 100 & 25 MG | 5         | PA                      |
| TRUSELTIQ (50MG<br>DAILY DOSE) ORAL<br>CAPSULE THERAPY<br>PACK 25 MG        | 5         | PA                      |

| Drug Name                                                                    | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------|-----------|-------------------------|
| TRUSELTIQ (75MG<br>DAILY DOSE) ORAL<br>CAPSULE THERAPY<br>PACK 25 MG         | 5         | PA                      |
| TUKYSA ORAL<br>TABLET 150 MG, 50<br>MG                                       | 5         | PA                      |
| <i>valrubicin intravesical<br/>solution 40 mg/ml</i>                         | 5         |                         |
| VALSTAR<br>INTRAVESICAL<br>SOLUTION 40 MG/ML                                 | 5         |                         |
| VELCADE INJECTION<br>SOLUTION<br>RECONSTITUTED 3.5<br>MG                     | 5         | PA                      |
| VERZENIO ORAL<br>TABLET 100 MG, 150<br>MG, 200 MG, 50 MG                     | 5         | PA                      |
| <i>vinblastine sulfate<br/>intravenous solution 1<br/>mg/ml</i>              | 1         | B/D                     |
| <i>vincasar pfs intravenous<br/>solution 1 mg/ml</i>                         | 1         | B/D                     |
| <i>vincristine sulfate<br/>intravenous solution 1<br/>mg/ml</i>              | 1         | B/D                     |
| <i>vinorelbine tartrate<br/>intravenous solution 10<br/>mg/ml, 50 mg/5ml</i> | 1         |                         |
| VITRAKVI ORAL<br>CAPSULE 100 MG, 25<br>MG                                    | 5         | PA                      |
| VITRAKVI ORAL<br>SOLUTION 20 MG/ML                                           | 5         | PA                      |
| VONJO ORAL<br>CAPSULE 100 MG                                                 | 5         | PA                      |
| XPOVIO (100 MG<br>ONCE WEEKLY) ORAL<br>TABLET THERAPY<br>PACK 20 MG, 50 MG   | 5         | PA                      |
| XPOVIO (40 MG ONCE<br>WEEKLY) ORAL<br>TABLET THERAPY<br>PACK 20 MG, 40 MG    | 5         | PA                      |

| Drug Name                                                         | Drug Tier | Requirements/<br>Limits | Drug Name                                                                | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------|-----------|-------------------------|--------------------------------------------------------------------------|-----------|-------------------------|
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG | 5         | PA                      | <i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i> | 1         |                         |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG  | 5         | PA                      | <i>irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml</i>         | 1         |                         |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG        | 5         | PA                      | KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG          | 5         |                         |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG  | 5         | PA                      | <i>toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>   | 1         |                         |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG        | 5         | PA                      | <i>topotecan hcl intravenous solution 4 mg/4ml</i>                       | 2         |                         |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML               | 5         |                         | ZYDELIG ORAL TABLET 100 MG, 150 MG                                       | 5         | PA                      |
| ZOLINZA ORAL CAPSULE 100 MG                                       | 5         | PA                      | <b>Molecular Target Inhibitors</b>                                       |           |                         |
| <b>Aromatase Inhibitors, 3rd Generation</b>                       |           |                         | AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG                    | 5         | PA                      |
| <i>anastrozole oral tablet 1 mg</i>                               | 1         |                         | AFINITOR ORAL TABLET 10 MG                                               | 5         | PA                      |
| <i>exemestane oral tablet 25 mg</i>                               | 2         |                         | ALECENSA ORAL CAPSULE 150 MG                                             | 5         | PA                      |
| <i>letrozole oral tablet 2.5 mg</i>                               | 2         |                         | ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG                         | 5         | PA                      |
| <b>Enzyme Inhibitors</b>                                          |           |                         | ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG                                | 5         | PA                      |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG                             | 5         | PA                      | ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG                            | 5         | PA                      |
| ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG               | 5         |                         | AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG                 | 5         | PA                      |



| Drug Name                                                         | Drug Tier | Requirements/<br>Limits | Drug Name                                                                                                                                     | Drug Tier | Requirements/<br>Limits       |
|-------------------------------------------------------------------|-----------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| BELEODAQ<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 500<br>MG    | 5         | PA                      | IDHIFA ORAL TABLET<br>100 MG, 50 MG                                                                                                           | 5         | PA                            |
| BOSULIF ORAL<br>TABLET 100 MG, 400<br>MG, 500 MG                  | 5         | PA                      | <i>imatinib mesylate oral<br/>tablet 100 mg, 400 mg</i>                                                                                       | 5         | PA                            |
| BRUKINSA ORAL<br>CAPSULE 80 MG                                    | 5         | PA                      | IMBRUVICA ORAL<br>CAPSULE 140 MG, 70<br>MG                                                                                                    | 5         | PA                            |
| CABOMETYX ORAL<br>TABLET 20 MG, 40<br>MG, 60 MG                   | 5         | PA                      | IMBRUVICA ORAL<br>SUSPENSION 70<br>MG/ML                                                                                                      | 5         | PA                            |
| CALQUENCE ORAL<br>CAPSULE 100 MG                                  | 5         | PA                      | IMBRUVICA ORAL<br>TABLET 140 MG, 280<br>MG, 420 MG, 560 MG                                                                                    | 5         | PA                            |
| CALQUENCE ORAL<br>TABLET 100 MG                                   | 5         | PA                      | INLYTA ORAL TABLET<br>1 MG, 5 MG                                                                                                              | 5         | PA                            |
| CAPRELSA ORAL<br>TABLET 100 MG, 300<br>MG                         | 5         | PA                      | INQOVI ORAL TABLET<br>35-100 MG                                                                                                               | 5         | PA                            |
| COMETRIQ ORAL KIT<br>20 MG, 3 X 20 MG & 80<br>MG, 80 & 20 MG      | 5         | PA                      | IRESSA ORAL TABLET<br>250 MG                                                                                                                  | 5         | PA                            |
| ERIVEDGE ORAL<br>CAPSULE 150 MG                                   | 5         | PA                      | JAKAFI ORAL TABLET<br>10 MG, 15 MG, 20 MG,<br>25 MG, 5 MG                                                                                     | 5         | PA; QL (60 EA<br>per 30 days) |
| <i>erlotinib hcl oral tablet<br/>100 mg, 150 mg, 25 mg</i>        | 5         | PA                      | KOSELUGO ORAL<br>CAPSULE 10 MG, 25<br>MG                                                                                                      | 5         | PA                            |
| <i>everolimus oral tablet<br/>10 mg, 2.5 mg, 5 mg,<br/>7.5 mg</i> | 5         | PA                      | <i>lapatinib ditosylate oral<br/>tablet 250 mg</i>                                                                                            | 5         | PA                            |
| <i>everolimus oral tablet<br/>soluble 2 mg, 3 mg, 5<br/>mg</i>    | 5         | PA                      | LENVIMA ORAL<br>CAPSULE THERAPY<br>PACK 10 & 4 MG, 10<br>MG, 10 MG & 2 X 4<br>MG, 2 X 10 MG, 2 X 10<br>MG & 4 MG, 2 X 4 MG,<br>3 X 4 MG, 4 MG | 5         | PA                            |
| EXKIVITY ORAL<br>CAPSULE 40 MG                                    | 5         | PA                      | MEKINIST ORAL<br>TABLET 0.5 MG, 2 MG                                                                                                          | 5         | PA                            |
| FYARRO<br>INTRAVENOUS<br>SUSPENSION<br>RECONSTITUTED 100<br>MG    | 5         | PA                      | NEXAVAR ORAL<br>TABLET 200 MG                                                                                                                 | 5         | PA                            |
| GILOTRIF ORAL<br>TABLET 20 MG, 30<br>MG, 40 MG                    | 5         | PA                      | ODOMZO ORAL<br>CAPSULE 200 MG                                                                                                                 | 5         | PA                            |
| ICLUSIG ORAL<br>TABLET 10 MG, 15<br>MG, 30 MG, 45 MG              | 5         | PA                      | RUBRACA ORAL<br>TABLET 200 MG, 250<br>MG, 300 MG                                                                                              | 5         | PA                            |
|                                                                   |           |                         | <i>sorafenib tosylate oral<br/>tablet 200 mg</i>                                                                                              | 5         | PA                            |

| Drug Name                                                                   | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------|-----------|-------------------------|
| SPRYCEL ORAL<br>TABLET 100 MG, 140<br>MG, 20 MG, 50 MG, 70<br>MG, 80 MG     | 5         | PA                      |
| STIVARGA ORAL<br>TABLET 40 MG                                               | 5         | PA                      |
| <i>sunitinib malate oral<br/>capsule 12.5 mg, 25<br/>mg, 37.5 mg, 50 mg</i> | 5         | PA                      |
| SUTENT ORAL<br>CAPSULE 12.5 MG, 25<br>MG, 37.5 MG, 50 MG                    | 5         | PA                      |
| TAFINLAR ORAL<br>CAPSULE 50 MG, 75<br>MG                                    | 5         | PA                      |
| TAGRISSO ORAL<br>TABLET 40 MG, 80 MG                                        | 5         | PA                      |
| TALZENNA ORAL<br>CAPSULE 0.5 MG, 0.75<br>MG                                 | 5         | PA                      |
| TASIGNA ORAL<br>CAPSULE 150 MG, 200<br>MG, 50 MG                            | 5         | PA                      |
| <i>temsirolimus<br/>intravenous solution 25<br/>mg/ml</i>                   | 5         |                         |
| TEPMETKO ORAL<br>TABLET 225 MG                                              | 5         | PA                      |
| TIBSOVO ORAL<br>TABLET 250 MG                                               | 5         | PA                      |
| TORISEL<br>INTRAVENOUS<br>SOLUTION 25 MG/ML                                 | 5         |                         |
| TURALIO ORAL<br>CAPSULE 200 MG                                              | 5         | PA                      |
| UKONIQ ORAL<br>TABLET 200 MG                                                | 5         | PA                      |
| VENCLEXTA ORAL<br>TABLET 10 MG                                              | 3         | PA                      |
| VENCLEXTA ORAL<br>TABLET 100 MG, 50<br>MG                                   | 5         | PA                      |

| Drug Name                                                                     | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------|-----------|-------------------------|
| VENCLEXTA<br>STARTING PACK<br>ORAL TABLET<br>THERAPY PACK 10 &<br>50 & 100 MG | 5         | PA                      |
| VIZIMPRO ORAL<br>TABLET 15 MG, 30<br>MG, 45 MG                                | 5         | PA                      |
| VOTRIENT ORAL<br>TABLET 200 MG                                                | 5         | PA                      |
| WELIREG ORAL<br>TABLET 40 MG                                                  | 5         | PA                      |
| XALKORI ORAL<br>CAPSULE 200 MG, 250<br>MG                                     | 5         | PA                      |
| XOSPATA ORAL<br>TABLET 40 MG                                                  | 5         | PA                      |
| ZEJULA ORAL<br>CAPSULE 100 MG                                                 | 5         | PA                      |
| ZELBORAF ORAL<br>TABLET 240 MG                                                | 5         | PA                      |
| ZYKADIA ORAL<br>TABLET 150 MG                                                 | 5         | PA                      |
| <b>Monoclonal<br/>Antibody/Antibody-<br/>Drug Conjugate</b>                   |           |                         |
| ADCETRIS<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 50<br>MG                 | 5         |                         |
| ALYMSYS<br>INTRAVENOUS<br>SOLUTION 100<br>MG/4ML, 400 MG/16ML                 | 5         | PA                      |
| ARZERRA<br>INTRAVENOUS<br>CONCENTRATE 100<br>MG/5ML, 1000<br>MG/50ML          | 5         |                         |
| AVASTIN<br>INTRAVENOUS<br>SOLUTION 100<br>MG/4ML, 400 MG/16ML                 | 5         |                         |

| Drug Name                                                               | Drug Tier | Requirements/<br>Limits | Drug Name                                                              | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------|-----------|-------------------------|------------------------------------------------------------------------|-----------|-------------------------|
| BAVENCIO<br>INTRAVENOUS<br>SOLUTION 200<br>MG/10ML                      | 5         | PA                      | GAZYVA<br>INTRAVENOUS<br>SOLUTION 1000<br>MG/40ML                      | 5         | PA                      |
| BESPONSA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 0.9<br>MG          | 5         | PA                      | HERCEPTIN HYLECTA<br>SUBCUTANEOUS<br>SOLUTION 600-10000<br>MG-UNT/5ML  | 5         | PA                      |
| BLINCYTO<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 35<br>MCG          | 5         | PA                      | HERCEPTIN<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 150<br>MG        | 5         | PA                      |
| CYRAMZA<br>INTRAVENOUS<br>SOLUTION 100<br>MG/10ML, 500<br>MG/50ML       | 5         | PA                      | HERZUMA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 150<br>MG, 420 MG  | 5         | PA                      |
| DANYELZA<br>INTRAVENOUS<br>SOLUTION 40<br>MG/10ML                       | 5         | PA                      | IMFINZI<br>INTRAVENOUS<br>SOLUTION 120<br>MG/2.4ML, 500<br>MG/10ML     | 5         | PA                      |
| DARZALEX FASPRO<br>SUBCUTANEOUS<br>SOLUTION 1800-30000<br>MG-UT/15ML    | 5         | PA                      | IMJUDO<br>INTRAVENOUS<br>SOLUTION 25<br>MG/1.25ML, 300<br>MG/15ML      | 5         | PA                      |
| DARZALEX<br>INTRAVENOUS<br>SOLUTION 100<br>MG/5ML, 400 MG/20ML          | 5         | PA                      | JEMPERLI<br>INTRAVENOUS<br>SOLUTION 500<br>MG/10ML                     | 5         | PA                      |
| EMPLICITI<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 300<br>MG, 400 MG | 5         | PA                      | KADCYLA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG, 160 MG  | 5         |                         |
| ENHERTU<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG           | 5         | PA                      | KANJINTI<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 150<br>MG, 420 MG | 5         | PA                      |
| ERBITUX<br>INTRAVENOUS<br>SOLUTION 100<br>MG/50ML, 200<br>MG/100ML      | 5         | PA                      | KEYTRUDA<br>INTRAVENOUS<br>SOLUTION 100<br>MG/4ML                      | 5         | PA                      |

| Drug Name                                                                                   | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------|-----------|-------------------------|
| LARTRUVO<br>INTRAVENOUS<br>SOLUTION 190<br>MG/19ML, 500<br>MG/50ML                          | 5         | PA                      |
| LIBTAYO<br>INTRAVENOUS<br>SOLUTION 350<br>MG/7ML                                            | 5         | PA                      |
| LUMOXITI<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 1<br>MG                                | 5         | PA                      |
| MARGENZA<br>INTRAVENOUS<br>SOLUTION 250<br>MG/10ML                                          | 5         | PA                      |
| MONJUVI<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 200<br>MG                               | 5         | PA                      |
| MVASI INTRAVENOUS<br>SOLUTION 100<br>MG/4ML, 400 MG/16ML                                    | 5         | PA                      |
| MYLOTARG<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 4.5<br>MG                              | 5         | PA                      |
| OGIVRI<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 150<br>MG, 420 MG                        | 5         | PA                      |
| ONTRUZANT<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 150<br>MG, 420 MG                     | 5         | PA                      |
| OPDIVO<br>INTRAVENOUS<br>SOLUTION 100<br>MG/10ML, 120<br>MG/12ML, 240<br>MG/24ML, 40 MG/4ML | 5         | PA                      |

| Drug Name                                                                                            | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| PADCEV<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 20<br>MG, 30 MG                                   | 5         | PA                      |
| PERJETA<br>INTRAVENOUS<br>SOLUTION 420<br>MG/14ML                                                    | 5         | PA                      |
| POLIVY<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 140<br>MG, 30 MG                                  | 5         | PA                      |
| PORTRAZZA<br>INTRAVENOUS<br>SOLUTION 800<br>MG/50ML                                                  | 5         | PA                      |
| RIABNI<br>INTRAVENOUS<br>SOLUTION 100<br>MG/10ML, 500<br>MG/50ML                                     | 5         | PA                      |
| RITUXAN HYCELA<br>SUBCUTANEOUS<br>SOLUTION 1400-23400<br>MG -UT/11.7ML, 1600-<br>26800 MG -UT/13.4ML | 5         | PA                      |
| RITUXAN<br>INTRAVENOUS<br>SOLUTION 100<br>MG/10ML, 500<br>MG/50ML                                    | 5         | PA                      |
| RUXIENCE<br>INTRAVENOUS<br>SOLUTION 100<br>MG/10ML, 500<br>MG/50ML                                   | 5         | PA                      |
| RYBREVA<br>INTRAVENOUS<br>SOLUTION 350<br>MG/7ML                                                     | 5         | PA                      |
| SARCLISA<br>INTRAVENOUS<br>SOLUTION 100<br>MG/5ML, 500 MG/25ML                                       | 5         | PA                      |

| Drug Name                                                               | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------|-----------|-------------------------|
| TECENTRIQ<br>INTRAVENOUS<br>SOLUTION 1200<br>MG/20ML, 840<br>MG/14ML    | 5         | PA                      |
| TIVDAK<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 40<br>MG             | 5         | PA                      |
| TRAZIMERA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 150<br>MG, 420 MG | 5         | PA                      |
| TRODELVY<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 180<br>MG          | 5         | PA                      |
| TRUXIMA<br>INTRAVENOUS<br>SOLUTION 100<br>MG/10ML, 500<br>MG/50ML       | 5         | PA                      |
| VECTIBIX<br>INTRAVENOUS<br>SOLUTION 100<br>MG/5ML, 400 MG/20ML          | 5         | PA                      |
| YERVOY<br>INTRAVENOUS<br>SOLUTION 200<br>MG/40ML, 50 MG/10ML            | 5         | PA                      |
| ZYNLONTA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 10<br>MG           | 5         | PA                      |
| <b>Retinoids</b>                                                        |           |                         |
| <i>bexarotene external gel<br/>1 %</i>                                  | 5         | PA                      |
| <i>bexarotene oral capsule<br/>75 mg</i>                                | 5         | PA                      |
| PANRETIN EXTERNAL<br>GEL 0.1 %                                          | 5         |                         |
| TARGRETIN<br>EXTERNAL GEL 1 %                                           | 5         | PA                      |

| Drug Name                                                                                | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>tretinoin oral capsule 10<br/>mg</i>                                                  | 5         | PA                      |
| <b>Treatment Adjuncts</b>                                                                |           |                         |
| ELITEK<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 1.5<br>MG, 7.5 MG                     | 5         | PA                      |
| <i>mesna intravenous<br/>solution 100 mg/ml</i>                                          | 1         |                         |
| MESNEX ORAL<br>TABLET 400 MG                                                             | 5         |                         |
| <b>Antiparasitics</b>                                                                    |           |                         |
| <b>Anthelmintics</b>                                                                     |           |                         |
| <i>albendazole oral tablet<br/>200 mg</i>                                                | 5         |                         |
| <i>ivermectin oral tablet 3<br/>mg</i>                                                   | 2         | PA                      |
| <i>praziquantel oral tablet<br/>600 mg</i>                                               | 2         |                         |
| <b>Antiprotozoals</b>                                                                    |           |                         |
| <i>atovaquone oral<br/>suspension 750 mg/5ml</i>                                         | 2         |                         |
| <i>atovaquone-proguanil<br/>hcl oral tablet 250-100<br/>mg, 62.5-25 mg</i>               | 2         |                         |
| <i>chloroquine phosphate<br/>oral tablet 250 mg, 500<br/>mg</i>                          | 1         |                         |
| COARTEM ORAL<br>TABLET 20-120 MG                                                         | 4         |                         |
| <i>hydroxychloroquine<br/>sulfate oral tablet 100<br/>mg, 200 mg, 300 mg,<br/>400 mg</i> | 1         |                         |
| KRINTAFEL ORAL<br>TABLET 150 MG                                                          | 3         |                         |
| <i>mefloquine hcl oral<br/>tablet 250 mg</i>                                             | 1         |                         |
| <i>nitazoxanide oral tablet<br/>500 mg</i>                                               | 5         |                         |
| <i>pentamidine isethionate<br/>inhalation solution<br/>reconstituted 300 mg</i>          | 2         | B/D                     |

| Drug Name                                                              | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------|-----------|-------------------------|
| <i>pentamidine isethionate injection solution reconstituted 300 mg</i> | 2         |                         |
| <i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>              | 3         |                         |
| <i>pyrimethamine oral tablet 25 mg</i>                                 | 5         |                         |
| <i>quinine sulfate oral capsule 324 mg</i>                             | 2         | PA                      |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                           | 2         |                         |
| <b>Antiparkinson Agents</b>                                            |           |                         |
| <b>Anticholinergics</b>                                                |           |                         |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>             | 1         |                         |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>                      | 2         |                         |
| <b>Antiparkinson Agents, Other</b>                                     |           |                         |
| <i>entacapone oral tablet 200 mg</i>                                   | 2         |                         |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG                                     | 4         | ST                      |
| <i>tolcapone oral tablet 100 mg</i>                                    | 5         |                         |
| <b>Dopamine Agonists</b>                                               |           |                         |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML                       | 5         | PA                      |
| <i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>       | 5         | PA                      |
| <i>bromocriptine mesylate oral capsule 5 mg</i>                        | 2         |                         |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i>                       | 2         |                         |

| Drug Name                                                                                                                                         | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR                                                 | 3         |                         |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>              | 2         |                         |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                                   | 1         |                         |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                                                                   | 1         |                         |
| <b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>                                                                           |           |                         |
| <i>carbidopa oral tablet 25 mg</i>                                                                                                                | 2         |                         |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>                                                                    | 2         |                         |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>                                                                             | 1         |                         |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>                                                                 | 1         |                         |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 4         |                         |



| Drug Name                                                                                                              | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| RYTARY ORAL<br>CAPSULE EXTENDED<br>RELEASE 23.75-95<br>MG, 36.25-145 MG,<br>48.75-195 MG, 61.25-<br>245 MG             | 4         |                         |
| <b>Monoamine Oxidase B<br/>(MAO-B) Inhibitors</b>                                                                      |           |                         |
| <i>rasagiline mesylate oral<br/>tablet 0.5 mg, 1 mg</i>                                                                | 2         |                         |
| <i>selegiline hcl oral<br/>capsule 5 mg</i>                                                                            | 2         |                         |
| <i>selegiline hcl oral tablet<br/>5 mg</i>                                                                             | 2         |                         |
| ZELAPAR ORAL<br>TABLET DISPERSIBLE<br>1.25 MG                                                                          | 5         |                         |
| <b>Antipsychotics</b>                                                                                                  |           |                         |
| <b>1st Generation/Typical</b>                                                                                          |           |                         |
| <i>chlorpromazine hcl<br/>injection solution 25<br/>mg/ml, 50 mg/2ml</i>                                               | 2         |                         |
| <i>chlorpromazine hcl oral<br/>concentrate 100 mg/ml,<br/>30 mg/ml</i>                                                 | 2         |                         |
| <i>chlorpromazine hcl oral<br/>tablet 10 mg, 100 mg,<br/>200 mg, 25 mg, 50 mg</i>                                      | 2         |                         |
| <i>fluphenazine decanoate<br/>injection solution 25<br/>mg/ml</i>                                                      | 2         |                         |
| <i>fluphenazine hcl<br/>injection solution 2.5<br/>mg/ml</i>                                                           | 2         |                         |
| <i>fluphenazine hcl oral<br/>concentrate 5 mg/ml</i>                                                                   | 2         |                         |
| <i>fluphenazine hcl oral<br/>elixir 2.5 mg/5ml</i>                                                                     | 2         |                         |
| <i>fluphenazine hcl oral<br/>tablet 1 mg, 10 mg, 2.5<br/>mg, 5 mg</i>                                                  | 2         |                         |
| <i>haloperidol decanoate<br/>intramuscular solution<br/>100 mg/ml, 100 mg/ml 1<br/>ml, 50 mg/ml, 50<br/>mg/ml(1ml)</i> | 2         |                         |

| Drug Name                                                                                                     | Drug Tier | Requirements/<br>Limits       |
|---------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>haloperidol lactate<br/>injection solution 5<br/>mg/ml</i>                                                 | 2         |                               |
| <i>haloperidol lactate oral<br/>concentrate 2 mg/ml</i>                                                       | 2         |                               |
| <i>haloperidol oral tablet<br/>0.5 mg, 1 mg, 10 mg, 2<br/>mg, 20 mg, 5 mg</i>                                 | 2         |                               |
| <i>loxapine succinate oral<br/>capsule 10 mg, 25 mg,<br/>5 mg, 50 mg</i>                                      | 1         |                               |
| <i>molindone hcl oral<br/>tablet 10 mg, 25 mg, 5<br/>mg</i>                                                   | 3         |                               |
| <i>perphenazine oral tablet<br/>16 mg, 2 mg, 4 mg, 8<br/>mg</i>                                               | 2         |                               |
| <i>pimozide oral tablet 1<br/>mg, 2 mg</i>                                                                    | 2         |                               |
| <i>thioridazine hcl oral<br/>tablet 10 mg, 100 mg,<br/>25 mg, 50 mg</i>                                       | 2         |                               |
| <i>thiothixene oral capsule<br/>1 mg, 10 mg, 2 mg, 5<br/>mg</i>                                               | 1         |                               |
| <i>trifluoperazine hcl oral<br/>tablet 1 mg, 10 mg, 2<br/>mg, 5 mg</i>                                        | 1         |                               |
| <b>2nd<br/>Generation/Atypical</b>                                                                            |           |                               |
| ABILIFY MAINTENA<br>INTRAMUSCULAR<br>PREFILLED SYRINGE<br>300 MG, 400 MG                                      | 5         | ST                            |
| ABILIFY MAINTENA<br>INTRAMUSCULAR<br>SUSPENSION<br>RECONSTITUTED ER<br>300 MG, 400 MG                         | 5         | ST                            |
| ABILIFY MYCITE<br>MAINTENANCE KIT<br>ORAL TABLET<br>THERAPY PACK 10<br>MG, 15 MG, 2 MG, 20<br>MG, 30 MG, 5 MG | 5         | ST; QL (30 EA<br>per 30 days) |

| Drug Name                                                                                                          | Drug Tier | Requirements/<br>Limits       |
|--------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| ABILIFY MYCITE ORAL<br>TABLET 10 MG, 15<br>MG, 2 MG, 20 MG, 30<br>MG, 5 MG                                         | 5         | ST; QL (30 EA<br>per 30 days) |
| ABILIFY MYCITE<br>STARTER KIT ORAL<br>TABLET THERAPY<br>PACK 10 MG, 15 MG, 2<br>MG, 20 MG, 30 MG, 5<br>MG          | 5         | ST; QL (30 EA<br>per 30 days) |
| <i>aripiprazole oral<br/>solution 1 mg/ml</i>                                                                      | 2         |                               |
| <i>aripiprazole oral tablet<br/>10 mg, 15 mg, 2 mg, 20<br/>mg, 30 mg, 5 mg</i>                                     | 2         |                               |
| <i>aripiprazole oral tablet<br/>dispersible 10 mg, 15<br/>mg</i>                                                   | 5         |                               |
| ARISTADA INITIO<br>INTRAMUSCULAR<br>PREFILLED SYRINGE<br>675 MG/2.4ML                                              | 5         | ST                            |
| ARISTADA<br>INTRAMUSCULAR<br>PREFILLED SYRINGE<br>1064 MG/3.9ML, 441<br>MG/1.6ML, 662<br>MG/2.4ML, 882<br>MG/3.2ML | 5         | ST                            |
| <i>asenapine maleate<br/>sublingual tablet<br/>sublingual 10 mg, 2.5<br/>mg, 5 mg</i>                              | 4         |                               |
| CAPLYTA ORAL<br>CAPSULE 10.5 MG, 21<br>MG, 42 MG                                                                   | 5         | ST; QL (30 EA<br>per 30 days) |
| FANAPT ORAL<br>TABLET 1 MG, 2 MG, 4<br>MG                                                                          | 4         | ST                            |
| FANAPT ORAL<br>TABLET 10 MG, 12<br>MG, 6 MG, 8 MG                                                                  | 5         | ST                            |
| FANAPT TITRATION<br>PACK ORAL TABLET 1<br>& 2 & 4 & 6 MG                                                           | 4         | ST                            |

| Drug Name                                                                                                                                | Drug Tier | Requirements/<br>Limits       |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| INVEGA HAFYERA<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE<br>1092 MG/3.5ML, 1560<br>MG/5ML                                      | 5         | ST                            |
| INVEGA SUSTENNA<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE<br>117 MG/0.75ML, 156<br>MG/ML, 234 MG/1.5ML,<br>78 MG/0.5ML         | 5         | ST                            |
| INVEGA SUSTENNA<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE<br>39 MG/0.25ML                                                      | 4         | ST                            |
| INVEGA TRINZA<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE<br>273 MG/0.88ML, 410<br>MG/1.32ML, 546<br>MG/1.75ML, 819<br>MG/2.63ML | 5         | ST                            |
| LATUDA ORAL<br>TABLET 120 MG, 20<br>MG, 40 MG, 60 MG, 80<br>MG                                                                           | 5         | ST                            |
| LYBALVI ORAL<br>TABLET 10-10 MG, 15-<br>10 MG, 20-10 MG, 5-10<br>MG                                                                      | 5         | ST; QL (30 EA<br>per 30 days) |
| NUPLAZID ORAL<br>CAPSULE 34 MG                                                                                                           | 5         | PA; QL (30 EA<br>per 30 days) |
| NUPLAZID ORAL<br>TABLET 10 MG                                                                                                            | 5         | PA; QL (90 EA<br>per 30 days) |
| <i>olanzapine<br/>intramuscular solution<br/>reconstituted 10 mg</i>                                                                     | 3         |                               |
| <i>olanzapine oral tablet<br/>10 mg, 15 mg, 2.5 mg,<br/>20 mg, 5 mg, 7.5 mg</i>                                                          | 2         |                               |
| <i>olanzapine oral tablet<br/>dispersible 10 mg, 15<br/>mg, 20 mg, 5 mg</i>                                                              | 2         |                               |

| Drug Name                                                                                                | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>                     | 4         | ST                      |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG                                                    | 5         | ST                      |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | 2         |                         |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>                      | 1         |                         |
| <i>quetiapine fumarate oral tablet 150 mg</i>                                                            | 1         | QL (90 EA per 30 days)  |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                                              | 5         | ST                      |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG                                | 4         | ST                      |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG                                | 5         | ST                      |
| <i>risperidone oral solution 1 mg/ml</i>                                                                 | 2         |                         |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                   | 2         |                         |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                       | 2         |                         |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR                                  | 4         | ST                      |

| Drug Name                                                                       | Drug Tier | Requirements/<br>Limits     |
|---------------------------------------------------------------------------------|-----------|-----------------------------|
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG                                 | 5         | ST; QL (30 EA per 30 days)  |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG                                    | 4         | ST; QL (14 EA per 365 days) |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                  | 2         |                             |
| <i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>          | 2         | ST                          |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG                  | 4         | ST                          |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG          | 5         | ST                          |
| <b>Treatment-Resistant</b>                                                      |           |                             |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                       | 2         |                             |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | 4         |                             |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML                                              | 5         |                             |
| <b>Antispasticity Agents</b>                                                    |           |                             |
| <b>Antispasticity Agents</b>                                                    |           |                             |
| <i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml</i>                 | 5         | B/D                         |
| <i>baclofen intrathecal solution 40 mg/20ml</i>                                 | 2         | B/D                         |
| <i>baclofen intrathecal solution prefilled syringe 50 mcg/ml</i>                | 4         | B/D                         |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>                                  | 2         |                             |

| Drug Name                                                                                                 | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT                                                 | 4         | PA                      |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>                                                | 1         |                         |
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT                                           | 4         | PA                      |
| GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML                                              | 4         | B/D                     |
| GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML | 4         | B/D                     |
| LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML                                                      | 3         | B/D                     |
| LIORESAL INTRATHECAL SOLUTION 10 MG/5ML                                                                   | 5         | B/D                     |
| MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML                              | 5         | PA                      |
| <i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>                                                       | 2         |                         |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i>                                                              | 1         |                         |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT                                             | 4         | PA                      |

| Drug Name                                                           | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------|-----------|-------------------------|
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT                | 5         | PA                      |
| <b>Antivirals</b>                                                   |           |                         |
| <b>Anti-cytomegalovirus (CMV) Agents</b>                            |           |                         |
| <i>cidofovir intravenous solution 75 mg/ml</i>                      | 5         |                         |
| <i>ganciclovir sodium intravenous solution 500 mg/10ml</i>          | 1         | B/D                     |
| <i>ganciclovir sodium intravenous solution reconstituted 500 mg</i> | 1         | B/D                     |
| LIVTENCITY ORAL TABLET 200 MG                                       | 5         |                         |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML              | 5         |                         |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                 | 5         |                         |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>      | 5         |                         |
| <i>valganciclovir hcl oral tablet 450 mg</i>                        | 2         |                         |
| ZIRGAN OPHTHALMIC GEL 0.15 %                                        | 4         |                         |
| <b>Anti-hepatitis B (HBV) Agents</b>                                |           |                         |
| <i>adefovir dipivoxil oral tablet 10 mg</i>                         | 2         |                         |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML                                  | 5         |                         |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                           | 4         |                         |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML                                    | 4         |                         |

| Drug Name                                                                             | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------|-----------|-------------------------|
| INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML                         | 5         |                         |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT | 5         |                         |
| <i>lamivudine oral tablet 100 mg</i>                                                  | 2         |                         |
| VEMLIDY ORAL TABLET 25 MG                                                             | 5         |                         |
| <b>Anti-hepatitis C (HCV) Agents</b>                                                  |           |                         |
| EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG                                            | 5         | PA                      |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG                                             | 5         | PA                      |
| HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG                                           | 5         | PA                      |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG                                              | 5         | PA                      |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>                                    | 5         | PA                      |
| MAVYRET ORAL PACKET 50-20 MG                                                          | 5         | PA                      |
| MAVYRET ORAL TABLET 100-40 MG                                                         | 5         | PA                      |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>                                  | 5         | PA                      |
| SOVALDI ORAL PACKET 150 MG, 200 MG                                                    | 5         | PA                      |
| SOVALDI ORAL TABLET 200 MG, 400 MG                                                    | 5         | PA                      |
| ZEPATIER ORAL TABLET 50-100 MG                                                        | 5         | PA                      |
| <b>Antiherpetic Agents</b>                                                            |           |                         |

| Drug Name                                                                             | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>acyclovir external cream 5 %</i>                                                   | 4         |                         |
| <i>acyclovir external ointment 5 %</i>                                                | 4         |                         |
| <i>acyclovir oral capsule 200 mg</i>                                                  | 2         |                         |
| <i>acyclovir oral suspension 200 mg/5ml</i>                                           | 2         |                         |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                           | 2         |                         |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>                                 | 2         | B/D                     |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                                 | 2         |                         |
| <i>trifluridine ophthalmic solution 1 %</i>                                           | 2         |                         |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>                                      | 2         |                         |
| <b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>                                  |           |                         |
| APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML                         | 5         |                         |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                                       | 5         |                         |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML | 5         | B/D                     |
| DELSTRIGO ORAL TABLET 100-300-300 MG                                                  | 5         |                         |
| DOVATO ORAL TABLET 50-300 MG                                                          | 5         |                         |
| GENVOYA ORAL TABLET 150-150-200-10 MG                                                 | 5         |                         |

| Drug Name                                                                                    | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------|-----------|-------------------------|
| ISENTRESS HD ORAL<br>TABLET 600 MG                                                           | 5         |                         |
| ISENTRESS ORAL<br>PACKET 100 MG                                                              | 5         |                         |
| ISENTRESS ORAL<br>TABLET 400 MG                                                              | 5         |                         |
| ISENTRESS ORAL<br>TABLET CHEWABLE<br>100 MG                                                  | 5         |                         |
| ISENTRESS ORAL<br>TABLET CHEWABLE<br>25 MG                                                   | 4         |                         |
| JULUCA ORAL<br>TABLET 50-25 MG                                                               | 5         |                         |
| STRIBILD ORAL<br>TABLET 150-150-200-<br>300 MG                                               | 5         |                         |
| TIVICAY ORAL<br>TABLET 10 MG                                                                 | 4         |                         |
| TIVICAY ORAL<br>TABLET 25 MG, 50 MG                                                          | 5         |                         |
| TIVICAY PD ORAL<br>TABLET SOLUBLE 5<br>MG                                                    | 4         |                         |
| TRIUMEQ ORAL<br>TABLET 600-50-300<br>MG                                                      | 5         |                         |
| VOCABRIA ORAL<br>TABLET 30 MG                                                                | 5         |                         |
| <b>Anti-HIV Agents, Non-<br/>nucleoside Reverse<br/>Transcriptase<br/>Inhibitors (NNRTI)</b> |           |                         |
| COMPLERA ORAL<br>TABLET 200-25-300<br>MG                                                     | 5         |                         |
| EDURANT ORAL<br>TABLET 25 MG                                                                 | 5         |                         |
| <i>efavirenz oral capsule<br/>200 mg, 50 mg</i>                                              | 4         |                         |
| <i>efavirenz oral tablet 600<br/>mg</i>                                                      | 4         |                         |
| <i>efavirenz-emtricitab-<br/>tenofovir oral tablet 600-<br/>200-300 mg</i>                   | 5         |                         |

| Drug Name                                                                                                 | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>efavirenz-lamivudine-<br/>tenofovir oral tablet 400-<br/>300-300 mg, 600-300-<br/>300 mg</i>           | 5         |                         |
| <i>etravirine oral tablet 100<br/>mg</i>                                                                  | 4         |                         |
| <i>etravirine oral tablet 200<br/>mg</i>                                                                  | 5         |                         |
| INTELENCE ORAL<br>TABLET 100 MG, 25<br>MG                                                                 | 4         |                         |
| INTELENCE ORAL<br>TABLET 200 MG                                                                           | 5         |                         |
| <i>nevirapine er oral tablet<br/>extended release 24<br/>hour 100 mg, 400 mg</i>                          | 2         |                         |
| <i>nevirapine oral<br/>suspension 50 mg/5ml</i>                                                           | 2         |                         |
| <i>nevirapine oral tablet<br/>200 mg</i>                                                                  | 2         |                         |
| ODEFSEY ORAL<br>TABLET 200-25-25 MG                                                                       | 5         |                         |
| PIFELTRO ORAL<br>TABLET 100 MG                                                                            | 5         |                         |
| RESCRIPTOR ORAL<br>TABLET 200 MG                                                                          | 4         |                         |
| <b>Anti-HIV Agents,<br/>Nucleoside and<br/>Nucleotide Reverse<br/>Transcriptase<br/>Inhibitors (NRTI)</b> |           |                         |
| <i>abacavir sulfate oral<br/>solution 20 mg/ml</i>                                                        | 2         |                         |
| <i>abacavir sulfate oral<br/>tablet 300 mg</i>                                                            | 2         |                         |
| <i>abacavir sulfate-<br/>lamivudine oral tablet<br/>600-300 mg</i>                                        | 4         |                         |
| <i>abacavir-lamivudine-<br/>zidovudine oral tablet<br/>300-150-300 mg</i>                                 | 5         |                         |
| CIMDUO ORAL<br>TABLET 300-300 MG                                                                          | 5         |                         |
| DESCOVY ORAL<br>TABLET 120-15 MG,<br>200-25 MG                                                            | 5         |                         |



| Drug Name                                                                                    | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>                        | 2         |                         |
| <i>emtricitabine oral capsule 200 mg</i>                                                     | 2         |                         |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> | 5         |                         |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                                               | 4         |                         |
| <i>lamivudine oral solution 10 mg/ml</i>                                                     | 2         |                         |
| <i>lamivudine oral tablet 150 mg, 300 mg</i>                                                 | 2         |                         |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                                          | 4         |                         |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG                         | 4         | QL (20 EA per 5 days)   |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML                                                       | 4         |                         |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>                                     | 1         |                         |
| TEMIXYS ORAL TABLET 300-300 MG                                                               | 5         |                         |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>                                      | 4         |                         |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG                                                    | 5         |                         |
| TRIZIVIR ORAL TABLET 300-150-300 MG                                                          | 5         | QL (60 EA per 30 days)  |
| VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG                                                 | 4         |                         |
| VIDEX ORAL SOLUTION RECONSTITUTED 2 GM                                                       | 4         |                         |

| Drug Name                                           | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------|-----------|-------------------------|
| VIREAD ORAL POWDER 40 MG/GM                         | 5         |                         |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG           | 5         |                         |
| <i>zidovudine oral capsule 100 mg</i>               | 1         |                         |
| <i>zidovudine oral syrup 50 mg/5ml</i>              | 1         |                         |
| <i>zidovudine oral tablet 300 mg</i>                | 1         |                         |
| <b>Anti-HIV Agents, Other</b>                       |           |                         |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG    | 5         |                         |
| <i>maraviroc oral tablet 150 mg, 300 mg</i>         | 5         |                         |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | 5         |                         |
| SELZENTRY ORAL SOLUTION 20 MG/ML                    | 5         |                         |
| SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG         | 5         |                         |
| SELZENTRY ORAL TABLET 25 MG                         | 4         |                         |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML         | 5         |                         |
| TYBOST ORAL TABLET 150 MG                           | 3         |                         |
| <b>Anti-HIV Agents, Protease Inhibitors (PI)</b>    |           |                         |
| APTIVUS ORAL CAPSULE 250 MG                         | 5         |                         |
| APTIVUS ORAL SOLUTION 100 MG/ML                     | 5         |                         |

| Drug Name                                                     | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------|-----------|-------------------------|
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i> | 4         |                         |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG                          | 4         |                         |
| EVOTAZ ORAL TABLET 300-150 MG                                 | 5         |                         |
| <i>fosamprenavir calcium oral tablet 700 mg</i>               | 5         |                         |
| INVIRASE ORAL TABLET 500 MG                                   | 5         |                         |
| KALETRA ORAL TABLET 100-25 MG                                 | 4         |                         |
| KALETRA ORAL TABLET 200-50 MG                                 | 5         |                         |
| LEXIVA ORAL SUSPENSION 50 MG/ML                               | 4         |                         |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>       | 4         |                         |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>   | 4         |                         |
| NORVIR ORAL PACKET 100 MG                                     | 3         |                         |
| NORVIR ORAL SOLUTION 80 MG/ML                                 | 3         |                         |
| PREZCOBIX ORAL TABLET 800-150 MG                              | 5         |                         |
| PREZISTA ORAL SUSPENSION 100 MG/ML                            | 5         |                         |
| PREZISTA ORAL TABLET 150 MG, 75 MG                            | 4         |                         |
| PREZISTA ORAL TABLET 600 MG, 800 MG                           | 5         |                         |
| REYATAZ ORAL PACKET 50 MG                                     | 5         |                         |
| <i>ritonavir oral tablet 100 mg</i>                           | 2         |                         |

| Drug Name                                                             | Drug Tier | Requirements/<br>Limits   |
|-----------------------------------------------------------------------|-----------|---------------------------|
| SYMTUZA ORAL TABLET 800-150-200-10 MG                                 | 5         |                           |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                                   | 5         |                           |
| <b>Anti-influenza Agents</b>                                          |           |                           |
| <i>amantadine hcl oral capsule 100 mg</i>                             | 2         |                           |
| <i>amantadine hcl oral solution 50 mg/5ml</i>                         | 2         |                           |
| <i>amantadine hcl oral tablet 100 mg</i>                              | 2         |                           |
| <i>oseltamivir phosphate oral capsule 30 mg</i>                       | 2         | QL (168 EA per 365 days)  |
| <i>oseltamivir phosphate oral capsule 45 mg</i>                       | 2         | QL (84 EA per 365 days)   |
| <i>oseltamivir phosphate oral capsule 75 mg</i>                       | 2         | QL (110 EA per 365 days)  |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>    | 2         | QL (1080 ML per 365 days) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 3         |                           |
| <i>rimantadine hcl oral tablet 100 mg</i>                             | 1         |                           |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG    | 4         | QL (4 EA per 365 days)    |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG               | 4         | QL (2 EA per 365 days)    |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG               | 4         | QL (4 EA per 365 days)    |
| <b>Anxiolytics</b>                                                    |           |                           |
| <b>Anxiolytics, Other</b>                                             |           |                           |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>    | 2         |                           |

| Drug Name                                                       | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------|-----------|-------------------------|
| meprobamate oral tablet 200 mg, 400 mg                          | 4         | PA                      |
| <b>Benzodiazepines</b>                                          |           |                         |
| alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg | 2         | QL (120 EA per 30 days) |
| alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg   | 2         | QL (90 EA per 30 days)  |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg                    | 2         | QL (120 EA per 30 days) |
| alprazolam oral tablet 2 mg                                     | 2         | QL (150 EA per 30 days) |
| alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg        | 2         | QL (120 EA per 30 days) |
| alprazolam oral tablet dispersible 2 mg                         | 2         | QL (150 EA per 30 days) |
| alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg | 2         | QL (120 EA per 30 days) |
| alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg   | 2         | QL (90 EA per 30 days)  |
| chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg            | 2         | QL (120 EA per 30 days) |
| clorazepate dipotassium oral tablet 15 mg                       | 2         | QL (180 EA per 30 days) |
| clorazepate dipotassium oral tablet 3.75 mg                     | 2         | QL (720 EA per 30 days) |
| clorazepate dipotassium oral tablet 7.5 mg                      | 2         | QL (360 EA per 30 days) |
| diazepam injection solution 5 mg/ml                             | 2         |                         |
| diazepam intensol oral concentrate 5 mg/ml                      | 2         |                         |
| diazepam oral concentrate 5 mg/ml                               | 2         |                         |
| diazepam oral solution 5 mg/5ml                                 | 2         |                         |
| diazepam oral tablet 10 mg, 2 mg, 5 mg                          | 2         | QL (120 EA per 30 days) |
| estazolam oral tablet 1 mg, 2 mg                                | 2         | QL (30 EA per 30 days)  |

| Drug Name                                                                                                  | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| lorazepam injection solution 2 mg/ml, 4 mg/ml                                                              | 2         |                         |
| lorazepam oral tablet 0.5 mg                                                                               | 2         | QL (120 EA per 30 days) |
| lorazepam oral tablet 1 mg                                                                                 | 2         | QL (90 EA per 30 days)  |
| lorazepam oral tablet 2 mg                                                                                 | 2         | QL (150 EA per 30 days) |
| midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml                               | 2         |                         |
| midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml | 2         |                         |
| midazolam hcl oral syrup 2 mg/ml                                                                           | 2         |                         |
| oxazepam oral capsule 10 mg, 15 mg, 30 mg                                                                  | 2         | QL (120 EA per 30 days) |
| temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg                                                       | 2         | QL (30 EA per 30 days)  |
| triazolam oral tablet 0.125 mg, 0.25 mg                                                                    | 2         | QL (30 EA per 30 days)  |
| <b>Bipolar Agents</b>                                                                                      |           |                         |
| <b>Mood Stabilizers</b>                                                                                    |           |                         |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG                                       | 4         |                         |
| lithium carbonate er oral tablet extended release 300 mg, 450 mg                                           | 1         |                         |
| lithium carbonate oral capsule 150 mg, 300 mg, 600 mg                                                      | 1         |                         |
| lithium carbonate oral tablet 300 mg                                                                       | 1         |                         |
| lithium oral solution 8 meq/5ml                                                                            | 1         |                         |
| <b>Blood Glucose Regulators</b>                                                                            |           |                         |

| Drug Name                                                                                       | Drug Tier | Requirements/<br>Limits    |
|-------------------------------------------------------------------------------------------------|-----------|----------------------------|
| <b>Antidiabetic Agents</b>                                                                      |           |                            |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                                                | 1         |                            |
| <i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>                                  | 4         | ST; QL (30 EA per 30 days) |
| ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG                                  | 4         | ST; QL (60 EA per 30 days) |
| ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG                                                  | 4         | ST; QL (30 EA per 30 days) |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> | 4         | ST; QL (30 EA per 30 days) |
| AVANDIA ORAL TABLET 2 MG, 4 MG                                                                  | 4         |                            |
| BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML                              | 4         |                            |
| BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG                                                         | 4         |                            |
| CYCLOSET ORAL TABLET 0.8 MG                                                                     | 3         |                            |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                                                 | 1         |                            |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                    | 1         |                            |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                                        | 1         |                            |
| <i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                    | 1         |                            |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>                     | 2         |                            |

| Drug Name                                                                                        | Drug Tier | Requirements/<br>Limits    |
|--------------------------------------------------------------------------------------------------|-----------|----------------------------|
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG                             | 3         | QL (60 EA per 30 days)     |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG | 3         | QL (60 EA per 30 days)     |
| INVOKANA ORAL TABLET 100 MG, 300 MG                                                              | 3         | QL (30 EA per 30 days)     |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG                                                        | 3         | ST                         |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG               | 3         | ST                         |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG                                                         | 3         | ST                         |
| JARDIANCE ORAL TABLET 10 MG, 25 MG                                                               | 3         |                            |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG                                       | 3         | ST; QL (60 EA per 30 days) |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG                                   | 3         | ST; QL (60 EA per 30 days) |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG                                     | 3         | ST; QL (30 EA per 30 days) |
| KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG                                                     | 4         | ST; QL (60 EA per 30 days) |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>                      | 1         |                            |
| <i>metformin hcl oral solution 500 mg/5ml</i>                                                    | 1         |                            |

| Drug Name                                                                          | Drug Tier | Requirements/<br>Limits    |
|------------------------------------------------------------------------------------|-----------|----------------------------|
| <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>                           | 1         |                            |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                   | 2         |                            |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                       | 2         |                            |
| NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG                                         | 4         | ST; QL (30 EA per 30 days) |
| OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG | 4         | ST; QL (30 EA per 30 days) |
| OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML                    | 3         |                            |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>                            | 2         |                            |
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>                   | 2         |                            |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>             | 2         |                            |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                  | 2         |                            |
| RIOMET ER ORAL SUSPENSION RECONSTITUTED ER 500 MG/5ML                              | 3         |                            |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG                                             | 3         |                            |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML                    | 4         | PA                         |

| Drug Name                                                                                          | Drug Tier | Requirements/<br>Limits                |
|----------------------------------------------------------------------------------------------------|-----------|----------------------------------------|
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML                                     | 4         | PA                                     |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG                                | 3         |                                        |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG   | 3         |                                        |
| <i>tolbutamide oral tablet 500 mg</i>                                                              | 1         |                                        |
| TRADJENTA ORAL TABLET 5 MG                                                                         | 3         | ST; QL (30 EA per 30 days)             |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | 3         |                                        |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML                                               | 3         |                                        |
| <b>Glycemic Agents</b>                                                                             |           |                                        |
| <i>diazoxide oral suspension 50 mg/ml</i>                                                          | 2         |                                        |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG                                             | 3         |                                        |
| <i>glucagon emergency kit</i>                                                                      | 3         |                                        |
| GLUCAGON EMERGENCY KIT                                                                             | 3         |                                        |
| <b>Insulins</b>                                                                                    |           |                                        |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML                                                             | 3         | Select Insulin; QL (60 ML per 30 days) |

| Drug Name                                                                                       | Drug Tier | Requirements/<br>Limits                   |
|-------------------------------------------------------------------------------------------------|-----------|-------------------------------------------|
| HUMALOG U-100 AND U-200 KWIKPEN                                                                 | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| HUMALOG MIX 50/50 KWIKPEN<br>SUBCUTANEOUS<br>SUSPENSION PEN-<br>INJECTOR (50-50) 100<br>UNIT/ML | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| HUMALOG MIX 50/50 VIAL SUBCUTANEOUS<br>SUSPENSION (50-50)<br>100 UNIT/ML                        | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| HUMALOG MIX 75/25 KWIKPEN<br>SUBCUTANEOUS<br>SUSPENSION PEN-<br>INJECTOR (75-25) 100<br>UNIT/ML | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| HUMALOG MIX 75/25 VIAL SUBCUTANEOUS<br>SUSPENSION (75-25)<br>100 UNIT/ML                        | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| HUMALOG<br>SUBCUTANEOUS<br>SOLUTION<br>CARTRIDGE 100<br>UNIT/ML                                 | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| HUMALOG U-100 JUNIOR KWIKPEN<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 100<br>UNIT/ML        | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| HUMULIN 70/30 KWIKPEN<br>SUBCUTANEOUS<br>SUSPENSION PEN-<br>INJECTOR (70-30) 100<br>UNIT/ML     | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| HUMULIN 70/30 VIAL<br>SUBCUTANEOUS<br>SUSPENSION (70-30)<br>100 UNIT/ML                         | 2         | Select Insulin;<br>QL (60 ML per 30 days) |
| HUMULIN N KWIKPEN<br>SUBCUTANEOUS<br>SUSPENSION PEN-<br>INJECTOR 100<br>UNIT/ML                 | 3         | Select Insulin;<br>QL (60 ML per 30 days) |

| Drug Name                                                                                          | Drug Tier | Requirements/<br>Limits                   |
|----------------------------------------------------------------------------------------------------|-----------|-------------------------------------------|
| HUMULIN N VIAL<br>SUBCUTANEOUS<br>SUSPENSION 100<br>UNIT/ML                                        | 2         | Select Insulin;<br>QL (60 ML per 30 days) |
| HUMULIN R U-500 KWIKPEN<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 500<br>UNIT/ML                | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| HUMULIN R U-500 VIAL SUBCUTANEOUS<br>SOLUTION 500<br>UNIT/ML                                       | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| HUMULIN R VIAL<br>INJECTION SOLUTION<br>100 UNIT/ML                                                | 2         | Select Insulin;<br>QL (60 ML per 30 days) |
| LANTUS SOLOSTAR<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 100<br>UNIT/ML                        | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| LANTUS U-100 VIAL<br>SUBCUTANEOUS<br>SOLUTION 100<br>UNIT/ML                                       | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| LEVEMIR U-100 FLEXTOUCH<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 100<br>UNIT/ML                | 3         | Select Insulin;<br>QL (90 ML per 30 days) |
| LEVEMIR U-100 VIAL<br>SUBCUTANEOUS<br>SOLUTION 100<br>UNIT/ML                                      | 3         | Select Insulin;<br>QL (60 ML per 30 days) |
| NOVOLOG 70/30 FLEXPEN RELION<br>SUBCUTANEOUS<br>SUSPENSION PEN-<br>INJECTOR (70-30) 100<br>UNIT/ML | 4         | ST; QL (60 ML per 30 days)                |
| NOVOLOG FLEXPEN RELION<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 100<br>UNIT/ML                 | 4         | ST; QL (60 ML per 30 days)                |



| Drug Name                                                                                          | Drug Tier | Requirements/<br>Limits                      |
|----------------------------------------------------------------------------------------------------|-----------|----------------------------------------------|
| NOVOLOG FLEXPEN<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 100<br>UNIT/ML                        | 4         | ST; QL (60 ML<br>per 30 days)                |
| NOVOLOG MIX 70/30<br>FLEXPEN<br>SUBCUTANEOUS<br>SUSPENSION PEN-<br>INJECTOR (70-30) 100<br>UNIT/ML | 4         | ST; QL (60 ML<br>per 30 days)                |
| NOVOLOG MIX 70/30<br>RELION<br>SUBCUTANEOUS<br>SUSPENSION (70-30)<br>100 UNIT/ML                   | 4         | ST; QL (60 ML<br>per 30 days)                |
| NOVOLOG MIX 70/30<br>VIAL SUBCUTANEOUS<br>SUSPENSION (70-30)<br>100 UNIT/ML                        | 4         | ST; QL (60 ML<br>per 30 days)                |
| NOVOLOG PENFILL<br>SUBCUTANEOUS<br>SOLUTION<br>CARTRIDGE 100<br>UNIT/ML                            | 4         | ST; QL (60 ML<br>per 30 days)                |
| NOVOLOG RELION<br>INJECTION SOLUTION<br>100 UNIT/ML                                                | 4         | ST; QL (60 ML<br>per 30 days)                |
| NOVOLOG U-100 VIAL<br>INJECTION SOLUTION<br>100 UNIT/ML                                            | 4         | ST; QL (60 ML<br>per 30 days)                |
| TOUJEO MAX<br>SOLOSTAR<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 300<br>UNIT/ML                 | 3         | Select Insulin;<br>QL (27 ML per<br>30 days) |
| TOUJEO SOLOSTAR<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 300<br>UNIT/ML                        | 3         | Select Insulin;<br>QL (27 ML per<br>30 days) |
| TRESIBA FLEXTOUCH<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 100<br>UNIT/ML, 200 UNIT/ML         | 3         | Select Insulin;<br>QL (54 ML per<br>30 days) |

| Drug Name                                                                                                                                     | Drug Tier | Requirements/<br>Limits                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------|
| TRESIBA<br>SUBCUTANEOUS<br>SOLUTION 100<br>UNIT/ML                                                                                            | 3         | Select Insulin;<br>QL (54 ML per<br>30 days) |
| XULTOPHY<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 100-3.6<br>UNIT-MG/ML                                                                   | 4         | ST                                           |
| <b>Blood Products and<br/>Modifiers</b>                                                                                                       |           |                                              |
| <b>Anticoagulants</b>                                                                                                                         |           |                                              |
| BEVYXXA ORAL<br>CAPSULE 40 MG, 80<br>MG                                                                                                       | 4         |                                              |
| COUMADIN ORAL<br>TABLET 1 MG, 10 MG,<br>2 MG, 2.5 MG, 3 MG, 4<br>MG, 5 MG, 6 MG, 7.5<br>MG                                                    | 3         |                                              |
| <i>dabigatran etexilate<br/>mesylate oral capsule<br/>150 mg, 75 mg</i>                                                                       | 2         |                                              |
| ELIQUIS DVT/PE<br>STARTER PACK ORAL<br>TABLET THERAPY<br>PACK 5 MG                                                                            | 3         | QL (148 EA per<br>365 days)                  |
| ELIQUIS ORAL<br>TABLET 2.5 MG                                                                                                                 | 3         | QL (60 EA per<br>30 days)                    |
| ELIQUIS ORAL<br>TABLET 5 MG                                                                                                                   | 3         | QL (90 EA per<br>30 days)                    |
| <i>enoxaparin sodium<br/>injection solution 300<br/>mg/3ml</i>                                                                                | 4         | QL (30 ML per<br>90 days)                    |
| <i>enoxaparin sodium<br/>injection solution<br/>prefilled syringe 100<br/>mg/ml, 150 mg/ml, 30<br/>mg/0.3ml, 40 mg/0.4ml,<br/>80 mg/0.8ml</i> | 4         | QL (30 ML per<br>90 days)                    |
| <i>enoxaparin sodium<br/>injection solution<br/>prefilled syringe 120<br/>mg/0.8ml, 60 mg/0.6ml</i>                                           | 4         | QL (35 ML per<br>90 days)                    |

| Drug Name                                                                                                                             | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>                                                | 5         |                         |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>                                                                         | 4         |                         |
| FRAGMIN INJECTION INJECTABLE 2500 UNIT/ML                                                                                             | 4         |                         |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML                                                                                        | 5         |                         |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 7500 UNIT/0.3ML | 5         |                         |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML                                                      | 4         |                         |
| <i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>               | 2         |                         |
| <i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>                              | 2         |                         |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>                           | 2         |                         |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>                                                 | 1         |                         |

| Drug Name                                                                                                                          | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG                                                                                         | 4         |                         |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>                                       | 1         |                         |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML                                                                                      | 3         |                         |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG                                                                                    | 3         |                         |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG                                                                           | 3         |                         |
| <b>Blood Products and Modifiers, Other</b>                                                                                         |           |                         |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>                                                                                    | 2         |                         |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML                                            | 5         | PA                      |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML                                                                     | 4         | PA                      |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML                | 4         | PA                      |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | 5         | PA                      |

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| Drug Name                                                                                        | Drug Tier | Requirements/<br>Limits | Drug Name                                                                                         | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------------|-----------|-------------------------|---------------------------------------------------------------------------------------------------|-----------|-------------------------|
| DOPTelet ORAL<br>TABLET 20 MG, 20 MG<br>(10 PACK), 20 MG(15<br>PACK)                             | 5         | PA                      | NEUPOGEN<br>INJECTION SOLUTION<br>300 MCG/ML, 480<br>MCG/1.6ML                                    | 5         |                         |
| EPOGEN INJECTION<br>SOLUTION 10000<br>UNIT/ML, 2000<br>UNIT/ML, 3000<br>UNIT/ML, 4000<br>UNIT/ML | 4         | PA                      | NEUPOGEN<br>INJECTION SOLUTION<br>PREFILLED SYRINGE<br>300 MCG/0.5ML, 480<br>MCG/0.8ML            | 5         |                         |
| EPOGEN INJECTION<br>SOLUTION 20000<br>UNIT/ML                                                    | 5         | PA                      | NIVESTYM INJECTION<br>SOLUTION 300<br>MCG/ML, 480<br>MCG/1.6ML                                    | 5         |                         |
| FYLNETRA<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>6 MG/0.6ML                          | 5         |                         | NIVESTYM INJECTION<br>SOLUTION<br>PREFILLED SYRINGE<br>300 MCG/0.5ML, 480<br>MCG/0.8ML            | 5         |                         |
| GRANIX<br>SUBCUTANEOUS<br>SOLUTION 300<br>MCG/ML, 480<br>MCG/1.6ML                               | 5         |                         | NPLATE<br>SUBCUTANEOUS<br>SOLUTION<br>RECONSTITUTED 125<br>MCG, 250 MCG, 500<br>MCG               | 5         | PA                      |
| GRANIX<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>300 MCG/0.5ML, 480<br>MCG/0.8ML       | 5         |                         | NYVEPRIA<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>6 MG/0.6ML                           | 5         |                         |
| LEUKINE INJECTION<br>SOLUTION<br>RECONSTITUTED 250<br>MCG                                        | 5         | PA                      | PROCRIT INJECTION<br>SOLUTION 10000<br>UNIT/ML, 2000<br>UNIT/ML, 3000<br>UNIT/ML, 4000<br>UNIT/ML | 4         | PA                      |
| MOZOBIL<br>SUBCUTANEOUS<br>SOLUTION 24<br>MG/1.2ML                                               | 5         | PA                      | PROCRIT INJECTION<br>SOLUTION 20000<br>UNIT/ML, 40000<br>UNIT/ML                                  | 5         | PA                      |
| MULPLETA ORAL<br>TABLET 3 MG                                                                     | 5         | PA                      | PROMACTA ORAL<br>PACKET 12.5 MG, 25<br>MG                                                         | 5         | PA                      |
| NEULASTA ONPRO<br>SUBCUTANEOUS<br>PREFILLED SYRINGE<br>KIT 6 MG/0.6ML                            | 5         |                         | PROMACTA ORAL<br>TABLET 12.5 MG, 25<br>MG, 50 MG, 75 MG                                           | 5         | PA                      |
| NEULASTA<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>6 MG/0.6ML                          | 5         |                         |                                                                                                   |           |                         |

| Drug Name                                                                                                                 | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| REBLOZYL<br>SUBCUTANEOUS<br>SOLUTION<br>RECONSTITUTED 25<br>MG, 75 MG                                                     | 5         | PA                      |
| RETACRIT INJECTION<br>SOLUTION 10000<br>UNIT/ML, 10000<br>UNIT/ML(1ML), 2000<br>UNIT/ML, 3000<br>UNIT/ML, 4000<br>UNIT/ML | 4         | PA                      |
| RETACRIT INJECTION<br>SOLUTION 20000<br>UNIT/ML, 40000<br>UNIT/ML                                                         | 5         | PA                      |
| UDENYCA<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>6 MG/0.6ML                                                    | 5         |                         |
| ZIEXTENZO<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>6 MG/0.6ML                                                  | 5         |                         |
| <b>Hemostasis Agents</b>                                                                                                  |           |                         |
| <i>aminocaproic acid<br/>intravenous solution<br/>250 mg/ml</i>                                                           | 1         |                         |
| <i>aminocaproic acid oral<br/>tablet 1000 mg, 500 mg</i>                                                                  | 2         |                         |
| <i>tranexamic acid<br/>intravenous solution<br/>1000 mg/10ml</i>                                                          | 2         |                         |
| <i>tranexamic acid oral<br/>tablet 650 mg</i>                                                                             | 2         |                         |
| <b>Platelet Modifying<br/>Agents</b>                                                                                      |           |                         |
| <i>aspirin-dipyridamole er<br/>oral capsule extended<br/>release 12 hour 25-200<br/>mg</i>                                | 2         |                         |
| BRILINTA ORAL<br>TABLET 60 MG, 90 MG                                                                                      | 3         |                         |
| CABLIVI INJECTION<br>KIT 11 MG                                                                                            | 5         | PA                      |

| Drug Name                                                                                   | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>cilostazol oral tablet 100<br/>mg, 50 mg</i>                                             | 1         |                         |
| <i>clopidogrel bisulfate oral<br/>tablet 300 mg, 75 mg</i>                                  | 1         |                         |
| <i>prasugrel hcl oral tablet<br/>10 mg, 5 mg</i>                                            | 2         |                         |
| <b>Cardiovascular<br/>Agents</b>                                                            |           |                         |
| <b>Alpha-adrenergic<br/>Agonists</b>                                                        |           |                         |
| <i>clonidine hcl oral tablet<br/>0.1 mg, 0.2 mg, 0.3 mg</i>                                 | 1         |                         |
| <i>clonidine transdermal<br/>patch weekly 0.1<br/>mg/24hr, 0.2 mg/24hr,<br/>0.3 mg/24hr</i> | 2         |                         |
| <i>droxidopa oral capsule<br/>100 mg, 200 mg, 300<br/>mg</i>                                | 5         |                         |
| <i>midodrine hcl oral tablet<br/>10 mg, 2.5 mg, 5 mg</i>                                    | 2         |                         |
| NORTHERA ORAL<br>CAPSULE 100 MG, 200<br>MG, 300 MG                                          | 5         | ST                      |
| <b>Alpha-adrenergic<br/>Blocking Agents</b>                                                 |           |                         |
| <i>phenoxybenzamine hcl<br/>oral capsule 10 mg</i>                                          | 5         |                         |
| <i>phentolamine mesylate<br/>injection solution<br/>reconstituted 5 mg</i>                  | 1         |                         |
| <i>prazosin hcl oral<br/>capsule 1 mg, 2 mg, 5<br/>mg</i>                                   | 2         |                         |
| <b>Angiotensin II<br/>Receptor Antagonists</b>                                              |           |                         |
| <i>candesartan cilexetil<br/>oral tablet 16 mg, 32<br/>mg, 4 mg, 8 mg</i>                   | 2         |                         |
| <i>candesartan cilexetil-<br/>hctz oral tablet 16-12.5<br/>mg, 32-12.5 mg, 32-25<br/>mg</i> | 2         |                         |
| <i>eprosartan mesylate<br/>oral tablet 600 mg</i>                                           | 2         |                         |

| Drug Name                                                                                                   | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                                                         | 1         |                         |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>                                  | 1         |                         |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>                                                  | 1         |                         |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                               | 1         |                         |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>                                                  | 2         |                         |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                               | 2         |                         |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>                                                          | 2         |                         |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>                                        | 2         |                         |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>                                                   | 2         |                         |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | 1         |                         |
| <b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>                                                       |           |                         |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                                 | 1         |                         |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>               | 1         |                         |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                                                  | 2         |                         |

| Drug Name                                                                               | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> | 1         |                         |
| <i>enalapril maleate oral solution 1 mg/ml</i>                                          | 4         |                         |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                         | 1         |                         |
| <i>enalaprilat intravenous injectable 1.25 mg/ml</i>                                    | 1         |                         |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>                    | 1         |                         |
| EPANED ORAL SOLUTION 1 MG/ML                                                            | 4         |                         |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>                                | 1         |                         |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>                        | 2         |                         |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                  | 1         |                         |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>      | 1         |                         |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>                                          | 1         |                         |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                                | 1         |                         |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                              | 1         |                         |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>       | 1         |                         |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                               | 1         |                         |

| Drug Name                                                                                         | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------------|-----------|-------------------------|
| trandolapril oral tablet 1 mg, 2 mg, 4 mg                                                         | 1         |                         |
| trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg | 2         |                         |
| <b>Antiarrhythmics</b>                                                                            |           |                         |
| amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml                           | 1         |                         |
| amiodarone hcl oral tablet 100 mg, 400 mg                                                         | 2         |                         |
| amiodarone hcl oral tablet 200 mg                                                                 | 1         |                         |
| digitek oral tablet 125 mcg                                                                       | 1         |                         |
| digitek oral tablet 250 mcg                                                                       | 2         |                         |
| digox oral tablet 125 mcg                                                                         | 1         |                         |
| digox oral tablet 250 mcg                                                                         | 2         |                         |
| digoxin oral solution 0.05 mg/ml                                                                  | 3         |                         |
| digoxin oral tablet 125 mcg                                                                       | 1         |                         |
| digoxin oral tablet 250 mcg                                                                       | 2         |                         |
| dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg                                                 | 2         |                         |
| flecainide acetate oral tablet 100 mg, 150 mg, 50 mg                                              | 2         |                         |
| LANOXIN ORAL TABLET 125 MCG, 250 MCG                                                              | 4         |                         |
| LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML                                                    | 4         |                         |
| lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml                          | 1         |                         |

| Drug Name                                                                       | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------|-----------|-------------------------|
| lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml                      | 1         |                         |
| lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%                  | 2         |                         |
| mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg                              | 2         |                         |
| MULTAQ ORAL TABLET 400 MG                                                       | 4         |                         |
| NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%                              | 3         |                         |
| NEXTERONE INTRAVENOUS SOLUTION 360-4.14 MG/200ML-%                              | 5         |                         |
| pacerone oral tablet 200 mg                                                     | 2         |                         |
| procainamide hcl injection solution 100 mg/ml, 500 mg/ml                        | 1         |                         |
| propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg | 2         |                         |
| propafenone hcl oral tablet 150 mg, 225 mg, 300 mg                              | 2         |                         |
| quinidine gluconate er oral tablet extended release 324 mg                      | 2         |                         |
| quinidine sulfate oral tablet 200 mg, 300 mg                                    | 1         |                         |
| sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg                                | 1         |                         |
| sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg                              | 1         |                         |
| sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg                           | 1         |                         |
| SOTYLIZE ORAL SOLUTION 5 MG/ML                                                  | 4         |                         |



| Drug Name                                                                                | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>Beta-adrenergic Blocking Agents</b>                                                   |           |                         |
| acebutolol hcl oral capsule 200 mg, 400 mg                                               | 1         |                         |
| atenolol oral tablet 100 mg, 25 mg, 50 mg                                                | 1         |                         |
| atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg                                  | 1         |                         |
| betaxolol hcl oral tablet 10 mg, 20 mg                                                   | 1         |                         |
| bisoprolol fumarate oral tablet 10 mg, 5 mg                                              | 1         |                         |
| bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg            | 1         |                         |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG                                          | 3         |                         |
| carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg                                 | 1         |                         |
| carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg | 2         |                         |
| esmolol hcl intravenous solution 100 mg/10ml                                             | 1         |                         |
| esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml            | 2         |                         |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML                                                       | 4         |                         |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG         | 4         |                         |
| labetalol hcl intravenous solution 5 mg/ml                                               | 1         |                         |

| Drug Name                                                                                 | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------|-----------|-------------------------|
| labetalol hcl oral tablet 100 mg, 200 mg, 300 mg                                          | 1         |                         |
| metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg | 1         |                         |
| metoprolol tartrate intravenous solution 5 mg/5ml                                         | 1         |                         |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg                      | 1         |                         |
| metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg                 | 1         |                         |
| nadolol oral tablet 20 mg, 40 mg, 80 mg                                                   | 2         |                         |
| nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg                                      | 2         |                         |
| pindolol oral tablet 10 mg, 5 mg                                                          | 2         |                         |
| propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg     | 2         |                         |
| propranolol hcl intravenous solution 1 mg/ml                                              | 1         |                         |
| propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml                                        | 1         |                         |
| propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg                             | 1         |                         |
| propranolol-hctz oral tablet 40-25 mg, 80-25 mg                                           | 1         |                         |
| timolol maleate oral tablet 10 mg, 20 mg, 5 mg                                            | 1         |                         |

| Drug Name                                                                                     | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>Calcium Channel Blocking Agents, Dihydropyridines</b>                                      |           |                         |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                    | 1         |                         |
| CARDENE IV INTRAVENOUS SOLUTION 20-4.8 MG/200ML-%                                             | 3         |                         |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                 | 2         |                         |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                                   | 2         |                         |
| NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%             | 3         |                         |
| <i>nicardipine hcl intravenous solution 2.5 mg/ml</i>                                         | 2         |                         |
| <i>nicardipine hcl oral capsule 20 mg, 30 mg</i>                                              | 2         |                         |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                 | 1         |                         |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | 1         |                         |
| <i>nimodipine oral capsule 30 mg</i>                                                          | 4         |                         |
| NYMALIZE ORAL SOLUTION 6 MG/ML, 60 MG/20ML                                                    | 5         |                         |
| <b>Calcium Channel Blocking Agents, Nondihydropyridines</b>                                   |           |                         |
| <i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>         | 2         |                         |

| Drug Name                                                                                                          | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2         |                         |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>  | 2         |                         |
| <i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>   | 2         |                         |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>                                 | 1         |                         |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                               | 1         |                         |
| <i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>                                       | 1         |                         |
| <i>diltiazem hcl intravenous solution reconstituted 100 mg</i>                                                     | 1         |                         |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>                                                       | 1         |                         |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                                        | 1         |                         |
| <i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>                       | 2         |                         |

| Drug Name                                                                                                                         | Drug Tier | Requirements/<br>Limits | Drug Name                                                                                               | Drug Tier | Requirements/<br>Limits       |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|---------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>taztia xt oral capsule<br/>extended release 24<br/>hour 120 mg, 180 mg,<br/>240 mg, 300 mg, 360<br/>mg</i>                     | 2         |                         | CAMZYOS ORAL<br>CAPSULE 10 MG, 15<br>MG, 2.5 MG, 5 MG                                                   | 5         | PA; QL (30 EA<br>per 30 days) |
| <i>tiadylt er oral capsule<br/>extended release 24<br/>hour 120 mg, 180 mg,<br/>240 mg, 300 mg, 360<br/>mg, 420 mg</i>            | 2         |                         | CORLANOR ORAL<br>SOLUTION 5 MG/5ML                                                                      | 4         |                               |
| VERAPAMIL HCL ER<br>ORAL CAPSULE<br>EXTENDED RELEASE<br>24 HOUR 100 MG, 200<br>MG, 300 MG, 360 MG                                 | 1         |                         | CORLANOR ORAL<br>TABLET 5 MG, 7.5 MG                                                                    | 4         |                               |
| <i>verapamil hcl er oral<br/>capsule extended<br/>release 24 hour 120<br/>mg, 180 mg, 240 mg</i>                                  | 1         |                         | <i>dobutamine hcl<br/>intravenous solution<br/>250 mg/20ml</i>                                          | 1         | B/D                           |
| <i>verapamil hcl er oral<br/>tablet extended release<br/>120 mg, 180 mg, 240<br/>mg</i>                                           | 1         |                         | <i>dobutamine in d5w<br/>intravenous solution 1-5<br/>mg/ml-%, 2 mg/ml, 4-5<br/>mg/ml-%</i>             | 1         | B/D                           |
| <i>verapamil hcl<br/>intravenous solution 2.5<br/>mg/ml</i>                                                                       | 1         |                         | <i>dopamine hcl<br/>intravenous solution 40<br/>mg/ml</i>                                               | 1         | B/D                           |
| <i>verapamil hcl oral tablet<br/>120 mg, 40 mg, 80 mg</i>                                                                         | 1         |                         | <i>dopamine in d5w<br/>intravenous solution<br/>0.8-5 mg/ml-%, 1.6-5<br/>mg/ml-%, 3.2-5 mg/ml-%</i>     | 1         | B/D                           |
| <b>Cardiovascular<br/>Agents, Other</b>                                                                                           |           |                         | ENTRESTO ORAL<br>TABLET 24-26 MG, 49-<br>51 MG, 97-103 MG                                               | 3         |                               |
| <i>acetazolamide sodium<br/>injection solution<br/>reconstituted 500 mg</i>                                                       | 5         |                         | KERENDIA ORAL<br>TABLET 10 MG, 20 MG                                                                    | 4         | PA; QL (30 EA<br>per 30 days) |
| <i>aliskiren fumarate oral<br/>tablet 150 mg, 300 mg</i>                                                                          | 4         |                         | <i>metirosine oral capsule<br/>250 mg</i>                                                               | 5         |                               |
| <i>amlodipine besylate-<br/>benazepril hcl oral<br/>capsule 10-20 mg, 10-<br/>40 mg, 2.5-10 mg, 5-10<br/>mg, 5-20 mg, 5-40 mg</i> | 1         |                         | <i>milrinone lactate in<br/>dextrose intravenous<br/>solution 20-5 mg/100ml-<br/>%, 40-5 mg/200ml-%</i> | 1         | B/D                           |
| <i>amlodipine besylate-<br/>valsartan oral tablet 10-<br/>160 mg, 10-320 mg, 5-<br/>160 mg, 5-320 mg</i>                          | 2         |                         | <i>norepinephrine<br/>bitartrate intravenous<br/>solution 1 mg/ml</i>                                   | 2         |                               |
| <i>atropine sulfate injection<br/>solution prefilled syringe<br/>0.25 mg/5ml</i>                                                  | 1         |                         | <i>pentoxifylline er oral<br/>tablet extended release<br/>400 mg</i>                                    | 1         |                               |
|                                                                                                                                   |           |                         | PRALUENT<br>SUBCUTANEOUS<br>SOLUTION AUTO-<br>INJECTOR 150 MG/ML,<br>75 MG/ML                           | 3         | PA; QL (2 ML<br>per 28 days)  |
|                                                                                                                                   |           |                         | <i>ranolazine er oral tablet<br/>extended release 12<br/>hour 1000 mg, 500 mg</i>                       | 2         |                               |

| Drug Name                                                                                | Drug Tier | Requirements/<br>Limits        | Drug Name                                                                       | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------|-----------|--------------------------------|---------------------------------------------------------------------------------|-----------|-------------------------|
| REPATHA<br>PUSHTRONEX<br>SYSTEM<br>SUBCUTANEOUS<br>SOLUTION<br>CARTRIDGE 420<br>MG/3.5ML | 3         | PA; QL (3.5 ML<br>per 28 days) | <i>amiloride hcl oral tablet<br/>5 mg</i>                                       | 1         |                         |
| REPATHA<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>140 MG/ML                    | 3         | PA; QL (3 ML<br>per 28 days)   | <i>amiloride-<br/>hydrochlorothiazide oral<br/>tablet 5-50 mg</i>               | 1         |                         |
| REPATHA SURECLICK<br>SUBCUTANEOUS<br>SOLUTION AUTO-<br>INJECTOR 140 MG/ML                | 3         | PA; QL (3 ML<br>per 28 days)   | <i>eplerenone oral tablet<br/>25 mg, 50 mg</i>                                  | 2         |                         |
| TAKHZYRO<br>SUBCUTANEOUS<br>SOLUTION 300<br>MG/2ML                                       | 5         | PA                             | <i>spironolactone oral<br/>tablet 100 mg, 25 mg,<br/>50 mg</i>                  | 1         |                         |
| VYNDAMAX ORAL<br>CAPSULE 61 MG                                                           | 5         | PA                             | <i>spironolactone-hctz oral<br/>tablet 25-25 mg</i>                             | 1         |                         |
| VYNDAQEL ORAL<br>CAPSULE 20 MG                                                           | 5         | PA                             | <i>triamterene oral capsule<br/>100 mg, 50 mg</i>                               | 2         |                         |
| <b>Diuretics, Loop</b>                                                                   |           |                                | <i>triamterene-hctz oral<br/>capsule 37.5-25 mg</i>                             | 1         |                         |
| <i>bumetanide injection<br/>solution 0.25 mg/ml</i>                                      | 2         |                                | <i>triamterene-hctz oral<br/>tablet 37.5-25 mg, 75-<br/>50 mg</i>               | 1         |                         |
| <i>bumetanide oral tablet<br/>0.5 mg, 1 mg, 2 mg</i>                                     | 2         |                                | <b>Diuretics, Thiazide</b>                                                      |           |                         |
| <i>ethacrynate sodium<br/>intravenous solution<br/>reconstituted 50 mg</i>               | 5         |                                | <i>chlorothiazide sodium<br/>intravenous solution<br/>reconstituted 500 mg</i>  | 1         |                         |
| <i>ethacrynic acid oral<br/>tablet 25 mg</i>                                             | 4         |                                | <i>chlorthalidone oral<br/>tablet 25 mg, 50 mg</i>                              | 1         |                         |
| <i>furosemide injection<br/>solution 10 mg/ml, 10<br/>mg/ml (4ml syringe)</i>            | 1         |                                | DIURIL ORAL<br>SUSPENSION 250<br>MG/5ML                                         | 4         |                         |
| <i>furosemide oral solution<br/>10 mg/ml, 8 mg/ml</i>                                    | 1         |                                | <i>hydrochlorothiazide oral<br/>capsule 12.5 mg</i>                             | 1         |                         |
| <i>furosemide oral tablet<br/>20 mg, 40 mg, 80 mg</i>                                    | 1         |                                | <i>hydrochlorothiazide oral<br/>tablet 12.5 mg, 25 mg,<br/>50 mg</i>            | 1         |                         |
| <i>torseamide oral tablet 10<br/>mg, 100 mg, 20 mg, 5<br/>mg</i>                         | 1         |                                | <i>indapamide oral tablet<br/>1.25 mg, 2.5 mg</i>                               | 1         |                         |
| <b>Diuretics, Potassium-<br/>sparing</b>                                                 |           |                                | <i>metolazone oral tablet<br/>10 mg, 2.5 mg, 5 mg</i>                           | 2         |                         |
|                                                                                          |           |                                | <b>Dyslipidemics, Fibric<br/>Acid Derivatives</b>                               |           |                         |
|                                                                                          |           |                                | <i>fenofibrate micronized<br/>oral capsule 134 mg,<br/>200 mg, 43 mg, 67 mg</i> | 2         |                         |
|                                                                                          |           |                                | <i>fenofibrate oral capsule<br/>150 mg, 200 mg, 50<br/>mg, 67 mg</i>            | 2         |                         |

| Drug Name                                                                    | Drug Tier | Requirements/<br>Limits | Drug Name                                                                                       | Drug Tier | Requirements/<br>Limits       |
|------------------------------------------------------------------------------|-----------|-------------------------|-------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| fenofibrate oral tablet<br>120 mg, 145 mg, 160<br>mg, 40 mg, 48 mg, 54<br>mg | 2         |                         | colestipol hcl oral tablet<br>1 gm                                                              | 2         |                               |
| fenofibric acid oral<br>capsule delayed release<br>135 mg, 45 mg             | 2         |                         | ezetimibe oral tablet 10<br>mg                                                                  | 2         |                               |
| fenofibric acid oral<br>tablet 105 mg, 35 mg                                 | 2         |                         | icosapent ethyl oral<br>capsule 0.5 gm, 1 gm                                                    | 2         | PA                            |
| gemfibrozil oral tablet<br>600 mg                                            | 2         |                         | JUXTAPID ORAL<br>CAPSULE 10 MG, 20<br>MG, 30 MG, 40 MG, 5<br>MG, 60 MG                          | 5         | PA                            |
| <b>Dyslipidemics, HMG<br/>CoA Reductase<br/>Inhibitors</b>                   |           |                         | NEXLETOL ORAL<br>TABLET 180 MG                                                                  | 3         | PA; QL (30 EA<br>per 30 days) |
| atorvastatin calcium oral<br>tablet 10 mg, 20 mg, 40<br>mg, 80 mg            | 1         |                         | NEXLIZET ORAL<br>TABLET 180-10 MG                                                               | 3         | PA; QL (30 EA<br>per 30 days) |
| fluvastatin sodium er<br>oral tablet extended<br>release 24 hour 80 mg       | 2         |                         | niacin<br>(antihyperlipidemic) oral<br>tablet 500 mg                                            | 2         |                               |
| lovastatin oral tablet 10<br>mg, 20 mg, 40 mg                                | 1         |                         | niacin er<br>(antihyperlipidemic) oral<br>tablet extended release<br>1000 mg, 500 mg, 750<br>mg | 2         |                               |
| pravastatin sodium oral<br>tablet 10 mg, 20 mg, 40<br>mg, 80 mg              | 1         |                         | niacor oral tablet 500<br>mg                                                                    | 2         |                               |
| rosuvastatin calcium<br>oral tablet 10 mg, 20<br>mg, 40 mg, 5 mg             | 2         |                         | omega-3-acid ethyl<br>esters oral capsule 1<br>gm                                               | 2         |                               |
| simvastatin oral tablet<br>10 mg, 20 mg, 40 mg, 5<br>mg, 80 mg               | 1         |                         | prevalite oral packet 4<br>gm                                                                   | 2         |                               |
| <b>Dyslipidemics, Other</b>                                                  |           |                         | prevalite oral powder 4<br>gm/dose                                                              | 2         |                               |
| cholestyramine light oral<br>packet 4 gm                                     | 2         |                         | VASCEPA ORAL<br>CAPSULE 0.5 GM                                                                  | 4         | PA                            |
| cholestyramine light oral<br>powder 4 gm/dose                                | 2         |                         | <b>Vasodilators, Direct-<br/>acting Arterial</b>                                                |           |                               |
| cholestyramine oral<br>packet 4 gm                                           | 2         |                         | hydralazine hcl injection<br>solution 20 mg/ml                                                  | 1         |                               |
| cholestyramine oral<br>powder 4 gm/dose                                      | 2         |                         | hydralazine hcl oral<br>tablet 10 mg, 100 mg,<br>25 mg, 50 mg                                   | 1         |                               |
| colesevelam hcl oral<br>packet 3.75 gm                                       | 2         |                         | minoxidil oral tablet 10<br>mg, 2.5 mg                                                          | 1         |                               |
| colestipol hcl oral<br>granules 5 gm                                         | 2         |                         | <b>Vasodilators, Direct-<br/>acting Arterial/Venous</b>                                         |           |                               |
| colestipol hcl oral<br>packet 5 gm                                           | 2         |                         | BIDIL ORAL TABLET<br>20-37.5 MG                                                                 | 4         |                               |

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| Drug Name                                                                                       | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>                                     | 2         |                         |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                               | 1         |                         |
| <i>isosorbide dinitrate oral tablet 40 mg</i>                                                   | 5         |                         |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>      | 1         |                         |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                          | 1         |                         |
| <i>nitro-bid transdermal ointment 2 %</i>                                                       | 3         |                         |
| NITRO-DUR<br>TRANSDERMAL<br>PATCH 24 HOUR 0.3<br>MG/HR, 0.8 MG/HR                               | 4         |                         |
| <i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i> | 2         |                         |
| <i>nitroglycerin intravenous solution 5 mg/ml</i>                                               | 2         |                         |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>                        | 2         |                         |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>       | 1         |                         |
| <i>nitroglycerin translingual solution 0.4 mg/spray</i>                                         | 2         |                         |
| NITROSTAT<br>SUBLINGUAL TABLET<br>SUBLINGUAL 0.3 MG,<br>0.4 MG, 0.6 MG                          | 3         |                         |
| <b>Central Nervous System Agents</b>                                                            |           |                         |

| Drug Name                                                                                                                    | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>                                                         |           |                         |
| <i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>        | 2         | QL (120 EA per 30 days) |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                           | 2         | QL (60 EA per 30 days)  |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>                                 | 2         | QL (180 EA per 30 days) |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>                                                                      | 3         |                         |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                     | 2         | QL (180 EA per 30 days) |
| <b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>                                                     |           |                         |
| <i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>                                         | 2         |                         |
| <i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>                                                          | 2         |                         |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | 2         | QL (30 EA per 30 days)  |
| <i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                | 2         | QL (60 EA per 30 days)  |



| Drug Name                                                                                                 | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 2         | QL (30 EA per 30 days)  |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>       | 2         | QL (30 EA per 30 days)  |
| <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>                                    | 2         | QL (90 EA per 30 days)  |
| <i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg, 54 mg, 72 mg</i>               | 2         | QL (30 EA per 30 days)  |
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>                                   | 2         | QL (90 EA per 30 days)  |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>             | 2         | QL (30 EA per 30 days)  |
| <i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>                                              | 2         | QL (900 ML per 30 days) |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                                                 | 2         | QL (90 EA per 30 days)  |
| <i>methylphenidate hcl oral tablet chewable 10 mg</i>                                                     | 2         | QL (180 EA per 30 days) |
| <i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>                                              | 2         | QL (90 EA per 30 days)  |
| <i>relexxii oral tablet extended release 72 mg</i>                                                        | 2         | QL (30 EA per 30 days)  |
| <b>Central Nervous System, Other</b>                                                                      |           |                         |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>                                   | 2         |                         |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>                                                  | 2         |                         |

| Drug Name                                                    | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------|-----------|-------------------------|
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | 2         |                         |
| <i>caffeine citrate intravenous solution 60 mg/3ml</i>       | 2         |                         |
| <i>caffeine citrate oral solution 20 mg/ml</i>               | 2         |                         |
| EXSERVAN ORAL FILM 50 MG                                     | 5         |                         |
| GRALISE ORAL 300 (9) & 600(24) MG                            | 4         | ST                      |
| GRALISE ORAL TABLET 300 MG, 600 MG                           | 4         | ST                      |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG         | 4         |                         |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG                    | 5         | PA                      |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG                | 5         | PA                      |
| NUDEXTA ORAL CAPSULE 20-10 MG                                | 3         | PA                      |
| <i>riluzole oral tablet 50 mg</i>                            | 4         |                         |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>              | 5         | PA                      |
| <b>Fibromyalgia Agents</b>                                   |           |                         |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG            | 3         |                         |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG                | 3         |                         |
| <b>Multiple Sclerosis Agents</b>                             |           |                         |
| AUBAGIO ORAL TABLET 14 MG, 7 MG                              | 5         |                         |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML      | 5         |                         |

| Drug Name                                                                            | Drug Tier | Requirements/<br>Limits  |
|--------------------------------------------------------------------------------------|-----------|--------------------------|
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML                    | 5         |                          |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG                                         | 5         | QL (120 EA per 30 days)  |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                                    | 5         |                          |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>                   | 5         | PA                       |
| <i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>                 | 5         | QL (60 EA per 30 days)   |
| <i>dimethyl fumarate starter pack oral 120 &amp; 240 mg</i>                          | 5         | QL (120 EA per 365 days) |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG                                                      | 5         |                          |
| <i>fingolimod hcl oral capsule 0.5 mg</i>                                            | 5         |                          |
| GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG                                                 | 5         |                          |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i> | 5         |                          |
| <i>glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>            | 5         |                          |
| MAVENCLAD ORAL TABLET THERAPY PACK 10 MG                                             | 5         | PA                       |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG                                              | 5         |                          |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG                                | 4         |                          |

| Drug Name                                                                          | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------|-----------|-------------------------|
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG                         | 5         |                         |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML                    | 5         |                         |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML         | 5         |                         |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML    | 5         |                         |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML                          | 5         |                         |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML                     | 5         |                         |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML      | 5         |                         |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG | 5         |                         |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML           | 5         |                         |

| Drug Name                                                                                | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------|-----------|-------------------------|
| REBIF TITRATION PACK<br>SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE<br>6X8.8 & 6X22 MCG   | 5         |                         |
| TYSABRI<br>INTRAVENOUS<br>CONCENTRATE 300<br>MG/15ML                                     | 5         | PA                      |
| VUMERITY (STARTER)<br>ORAL CAPSULE<br>DELAYED RELEASE<br>231 MG                          | 5         |                         |
| VUMERITY ORAL<br>CAPSULE DELAYED<br>RELEASE 231 MG                                       | 5         |                         |
| ZEPOSIA 7-DAY<br>STARTER PACK ORAL<br>CAPSULE THERAPY<br>PACK 4 X 0.23MG & 3<br>X 0.46MG | 5         |                         |
| ZEPOSIA ORAL<br>CAPSULE 0.92 MG                                                          | 5         |                         |
| ZEPOSIA STARTER<br>KIT ORAL CAPSULE<br>THERAPY PACK<br>0.23MG & 0.46MG &<br>0.92MG       | 5         |                         |
| <b>Dental and Oral<br/>Agents</b>                                                        |           |                         |
| <b>Dental and Oral<br/>Agents</b>                                                        |           |                         |
| cevimeline hcl oral<br>capsule 30 mg                                                     | 2         |                         |
| chlorhexidine gluconate<br>mouth/throat solution<br>0.12 %                               | 1         |                         |
| KEPIVANCE<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 6.25<br>MG                         | 5         | PA                      |
| lidocaine hcl<br>mouth/throat solution 4<br>%                                            | 1         |                         |

| Drug Name                                              | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------|-----------|-------------------------|
| lidocaine viscous hcl<br>mouth/throat solution 2<br>%  | 1         |                         |
| oralone mouth/throat<br>paste 0.1 %                    | 2         |                         |
| paroex mouth/throat<br>solution 0.12 %                 | 1         |                         |
| periogard mouth/throat<br>solution 0.12 %              | 1         |                         |
| pilocarpine hcl oral<br>tablet 5 mg, 7.5 mg            | 2         |                         |
| triamcinolone acetonide<br>mouth/throat paste 0.1<br>% | 2         |                         |
| <b>Dermatological<br/>Agents</b>                       |           |                         |
| <b>Acne and Rosacea<br/>Agents</b>                     |           |                         |
| accutane oral capsule<br>10 mg, 20 mg, 30 mg,<br>40 mg | 4         | PA                      |
| acitretin oral capsule 10<br>mg, 17.5 mg, 25 mg        | 4         |                         |
| adapalene external<br>cream 0.1 %                      | 2         |                         |
| adapalene external gel<br>0.1 %, 0.3 %                 | 2         |                         |
| amnestem oral<br>capsule 10 mg, 20 mg,<br>40 mg        | 4         | PA                      |
| AVITA EXTERNAL<br>CREAM 0.025 %                        | 2         | PA                      |
| AVITA EXTERNAL GEL<br>0.025 %                          | 2         | PA                      |
| azelaic acid external gel<br>15 %                      | 2         |                         |
| AZELEX EXTERNAL<br>CREAM 20 %                          | 4         | PA                      |
| claravis oral capsule 10<br>mg, 20 mg, 30 mg, 40<br>mg | 4         | PA                      |
| FINACEA EXTERNAL<br>FOAM 15 %                          | 4         |                         |

| Drug Name                                                                | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------|-----------|-------------------------|
| isotretinoin oral capsule<br>10 mg, 20 mg, 25 mg,<br>30 mg, 35 mg, 40 mg | 4         | PA                      |
| metronidazole external<br>cream 0.75 %                                   | 2         |                         |
| metronidazole external<br>gel 0.75 %, 1 %                                | 2         |                         |
| metronidazole external<br>lotion 0.75 %                                  | 2         |                         |
| myorisan oral capsule<br>10 mg, 20 mg, 30 mg,<br>40 mg                   | 4         | PA                      |
| rosadan external cream<br>0.75 %                                         | 2         |                         |
| rosadan external gel<br>0.75 %                                           | 2         |                         |
| tazarotene external<br>cream 0.1 %                                       | 4         | PA                      |
| tazarotene external gel<br>0.05 %, 0.1 %                                 | 4         | PA                      |
| TAZORAC EXTERNAL<br>CREAM 0.05 %                                         | 4         | PA                      |
| TAZORAC EXTERNAL<br>GEL 0.05 %, 0.1 %                                    | 4         | PA                      |
| tretinoin external cream<br>0.025 %, 0.05 %, 0.1 %                       | 2         | PA                      |
| tretinoin external gel<br>0.01 %, 0.025 %, 0.05<br>%                     | 2         | PA                      |
| tretinoin microsphere<br>external gel 0.04 %, 0.1<br>%                   | 4         | PA                      |
| tretinoin microsphere<br>pump external gel 0.04<br>%, 0.1 %              | 4         | PA                      |
| zenatane oral capsule<br>10 mg, 20 mg, 30 mg,<br>40 mg                   | 4         | PA                      |
| <b>Dermatitis and Pruitus<br/>Agents</b>                                 |           |                         |
| ammonium lactate<br>external lotion 12 %                                 | 1         |                         |
| clobetasol prop<br>emollient base external<br>cream 0.05 %               | 2         |                         |

| Drug Name                                        | Drug Tier | Requirements/<br>Limits   |
|--------------------------------------------------|-----------|---------------------------|
| clobetasol propionate e<br>external cream 0.05 % | 2         |                           |
| desoximetasone<br>external cream 0.05 %          | 4         |                           |
| desoximetasone<br>external cream 0.25 %          | 2         |                           |
| doxepin hcl external<br>cream 5 %                | 3         | QL (90 GM per<br>30 days) |
| fluocinonide external<br>cream 0.05 %, 0.1 %     | 4         |                           |
| fluocinonide external gel<br>0.05 %              | 4         |                           |
| fluocinonide external<br>ointment 0.05 %         | 4         |                           |
| fluocinonide external<br>solution 0.05 %         | 2         |                           |
| hydrocortisone external<br>cream 2.5 %           | 1         |                           |
| pimecrolimus external<br>cream 1 %               | 2         |                           |
| selenium sulfide<br>external lotion 2.5 %        | 1         |                           |
| tacrolimus external<br>ointment 0.03 %, 0.1 %    | 2         |                           |
| <b>Dermatological<br/>Agents, Other</b>          |           |                           |
| calcipotriene external<br>cream 0.005 %          | 4         |                           |
| calcipotriene external<br>ointment 0.005 %       | 4         |                           |
| calcipotriene external<br>solution 0.005 %       | 2         |                           |
| CALCITRIOL<br>EXTERNAL OINTMENT<br>3 MCG/GM      | 2         |                           |
| imiquimod external<br>cream 3.75 %               | 5         |                           |
| imiquimod external<br>cream 5 %                  | 2         |                           |
| IMIQUIMOD PUMP<br>EXTERNAL CREAM<br>3.75 %       | 5         |                           |
| methoxsalen rapid oral<br>capsule 10 mg          | 5         |                           |

| Drug Name                                                         | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------|-----------|-------------------------|
| <i>podofilox external solution 0.5 %</i>                          | 1         |                         |
| REGRANEX<br>EXTERNAL GEL 0.01 %                                   | 5         | PA                      |
| SANTYL EXTERNAL<br>OINTMENT 250<br>UNIT/GM                        | 4         |                         |
| VEREGEN EXTERNAL<br>OINTMENT 15 %                                 | 5         |                         |
| <b>Pediculicides/Scabicides</b>                                   |           |                         |
| <i>crotan external lotion 10 %</i>                                | 2         |                         |
| <i>ivermectin external cream 1 %</i>                              | 4         |                         |
| <i>ivermectin external lotion 0.5 %</i>                           | 2         |                         |
| <i>lindane external shampoo 1 %</i>                               | 2         |                         |
| <i>malathion external lotion 0.5 %</i>                            | 1         |                         |
| <i>permethrin external cream 5 %</i>                              | 2         |                         |
| <b>Electrolytes/Minerals/<br/>Metals/Vitamins</b>                 |           |                         |
| <b>Electrolyte/Mineral<br/>Replacement</b>                        |           |                         |
| AMINOSYN II<br>INTRAVENOUS<br>SOLUTION 10 %                       | 3         | B/D                     |
| AMINOSYN-PF<br>INTRAVENOUS<br>SOLUTION 10 %                       | 3         | B/D                     |
| CARBAGLU ORAL<br>TABLET SOLUBLE 200<br>MG                         | 5         | PA                      |
| <i>carglumic acid oral<br/>tablet soluble 200 mg</i>              | 5         | PA                      |
| CLINIMIX<br>E/DEXTROSE (2.75/5)<br>INTRAVENOUS<br>SOLUTION 2.75 % | 3         | B/D                     |

| Drug Name                                                          | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------|-----------|-------------------------|
| CLINIMIX<br>E/DEXTROSE (4.25/10)<br>INTRAVENOUS<br>SOLUTION 4.25 % | 3         | B/D                     |
| CLINIMIX<br>E/DEXTROSE (4.25/5)<br>INTRAVENOUS<br>SOLUTION 4.25 %  | 3         | B/D                     |
| CLINIMIX<br>E/DEXTROSE (5/15)<br>INTRAVENOUS<br>SOLUTION 5 %       | 3         | B/D                     |
| CLINIMIX<br>E/DEXTROSE (5/20)<br>INTRAVENOUS<br>SOLUTION 5 %       | 3         | B/D                     |
| CLINIMIX<br>E/DEXTROSE (8/10)<br>INTRAVENOUS<br>SOLUTION 8 %       | 3         | B/D                     |
| CLINIMIX<br>E/DEXTROSE (8/14)<br>INTRAVENOUS<br>SOLUTION 8 %       | 3         | B/D                     |
| CLINIMIX/DEXTROSE<br>(4.25/10)<br>INTRAVENOUS<br>SOLUTION 4.25 %   | 3         | B/D                     |
| CLINIMIX/DEXTROSE<br>(4.25/5)<br>INTRAVENOUS<br>SOLUTION 4.25 %    | 3         | B/D                     |
| CLINIMIX/DEXTROSE<br>(5/15) INTRAVENOUS<br>SOLUTION 5 %            | 3         | B/D                     |
| CLINIMIX/DEXTROSE<br>(5/20) INTRAVENOUS<br>SOLUTION 5 %            | 3         | B/D                     |
| CLINIMIX/DEXTROSE<br>(6/5) INTRAVENOUS<br>SOLUTION 6 %             | 3         | B/D                     |
| CLINIMIX/DEXTROSE<br>(8/10) INTRAVENOUS<br>SOLUTION 8 %            | 3         | B/D                     |
| CLINIMIX/DEXTROSE<br>(8/14) INTRAVENOUS<br>SOLUTION 8 %            | 3         | B/D                     |

| Drug Name                                                                                        | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------------|-----------|-------------------------|
| CRYSVITA<br>SUBCUTANEOUS<br>SOLUTION 10 MG/ML,<br>20 MG/ML, 30 MG/ML                             | 5         | PA                      |
| <i>dextrose 5%/electrolyte<br/>#48 intravenous<br/>solution</i>                                  | 1         |                         |
| <i>dextrose in lactated<br/>ringers intravenous<br/>solution 5 %</i>                             | 1         |                         |
| <i>dextrose intravenous<br/>solution 10 %, 20 %, 250 mg/ml, 5 %, 50 %</i>                        | 1         |                         |
| DEXTROSE-NACL<br>INTRAVENOUS<br>SOLUTION 10-0.2 %, 10-0.45 %, 5-0.2 %                            | 1         |                         |
| <i>dextrose-nacl<br/>intravenous solution 2.5-0.45 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i> | 1         |                         |
| <i>dextrose-sodium<br/>chloride intravenous<br/>solution 5-0.225 %, 5-0.3 %</i>                  | 1         |                         |
| FREAMINE III<br>INTRAVENOUS<br>SOLUTION 10 %                                                     | 3         | B/D                     |
| IONOSOL-MB IN D5W<br>INTRAVENOUS<br>SOLUTION                                                     | 3         |                         |
| ISOLYTE-P IN D5W<br>INTRAVENOUS<br>SOLUTION                                                      | 3         |                         |
| ISOLYTE-S<br>INTRAVENOUS<br>SOLUTION                                                             | 3         |                         |
| ISOLYTE-S PH 7.4<br>INTRAVENOUS<br>SOLUTION                                                      | 3         |                         |

| Drug Name                                                                                                                                                                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| KCL IN DEXTROSE-<br>NACL INTRAVENOUS<br>SOLUTION 10-5-0.45<br>MEQ/L-%-%, 20-5-0.2<br>MEQ/L-%-%, 20-5-0.45<br>MEQ/L-%-%, 20-5-0.9<br>MEQ/L-%-%, 30-5-0.45<br>MEQ/L-%-%, 40-5-0.45<br>MEQ/L-%-%, 40-5-0.9<br>MEQ/L-%-% | 1         |                         |
| <i>kcl in dextrose-nacl<br/>intravenous solution 20-5-0.225 meq/l-%-%</i>                                                                                                                                            | 1         |                         |
| KCL-LACTATED<br>RINGERS-D5W<br>INTRAVENOUS<br>SOLUTION 20 MEQ/L                                                                                                                                                      | 1         |                         |
| KLOR-CON 10 ORAL<br>TABLET EXTENDED<br>RELEASE 10 MEQ                                                                                                                                                                | 1         |                         |
| <i>klor-con m10 oral tablet<br/>extended release 10<br/>meq</i>                                                                                                                                                      | 1         |                         |
| <i>klor-con m15 oral tablet<br/>extended release 15<br/>meq</i>                                                                                                                                                      | 2         |                         |
| <i>klor-con m20 oral tablet<br/>extended release 20<br/>meq</i>                                                                                                                                                      | 1         |                         |
| <i>klor-con oral packet 20<br/>meq</i>                                                                                                                                                                               | 2         |                         |
| KLOR-CON ORAL<br>TABLET EXTENDED<br>RELEASE 8 MEQ                                                                                                                                                                    | 1         |                         |
| <i>klor-con sprinkle oral<br/>capsule extended<br/>release 10 meq, 8 meq</i>                                                                                                                                         | 1         |                         |
| <i>magnesium sulfate in<br/>d5w intravenous<br/>solution 1-5 gm/100ml-%</i>                                                                                                                                          | 1         |                         |
| <i>magnesium sulfate<br/>intravenous solution 2<br/>gm/50ml, 20 gm/500ml,<br/>4 gm/100ml, 4 gm/50ml,<br/>40 gm/1000ml</i>                                                                                            | 1         |                         |



| Drug Name                                                                       | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------|-----------|-------------------------|
| NORMOSOL-M IN D5W INTRAVENOUS SOLUTION                                          | 3         |                         |
| <i>normosol-r in d5w intravenous solution</i>                                   | 1         |                         |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION                                          | 3         |                         |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION                                            | 3         |                         |
| PLASMA-LYTE A INTRAVENOUS SOLUTION                                              | 3         |                         |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>   | 1         |                         |
| <i>potassium chloride crys er oral tablet extended release 15 meq</i>           | 2         |                         |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>        | 1         |                         |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i> | 1         |                         |
| POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION 20-5 MEQ/L-%                | 1         |                         |
| <i>potassium chloride in dextrose intravenous solution 40-5 meq/l-%</i>         | 1         |                         |
| <i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%</i>          | 1         |                         |
| POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%  | 1         |                         |

| Drug Name                                                                                                   | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 20 MEQ/100ML, 40 MEQ/100ML                            | 1         |                         |
| <i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>         | 1         |                         |
| <i>potassium chloride oral packet 20 meq</i>                                                                | 2         |                         |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>                                | 2         |                         |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i> | 1         |                         |
| PROCALAMINE INTRAVENOUS SOLUTION 3 %                                                                        | 3         | B/D                     |
| <i>ringers intravenous solution</i>                                                                         | 1         |                         |
| <i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>                                              | 2         |                         |
| SODIUM CHLORIDE INTRAVENOUS SOLUTION 5 %                                                                    | 2         |                         |
| <i>sodium fluoride oral tablet 2.2 (1 f) mg</i>                                                             | 2         |                         |
| <b>Electrolyte/Mineral/Me tal Modifiers</b>                                                                 |           |                         |
| CHEMET ORAL CAPSULE 100 MG                                                                                  | 5         |                         |
| <i>clovique oral capsule 250 mg</i>                                                                         | 5         |                         |
| <i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>                                               | 5         | PA                      |
| <i>deferiprone oral tablet 1000 mg, 500 mg</i>                                                              | 5         |                         |

| Drug Name                                                                               | Drug Tier | Requirements/<br>Limits     |
|-----------------------------------------------------------------------------------------|-----------|-----------------------------|
| FERRIPROX ORAL SOLUTION 100 MG/ML                                                       | 5         |                             |
| FERRIPROX ORAL TABLET 1000 MG, 500 MG                                                   | 5         |                             |
| FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG                                               | 5         |                             |
| JYNARQUE ORAL TABLET 15 MG, 30 MG                                                       | 5         | PA; QL (120 EA per 30 days) |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG | 5         | PA; QL (56 EA per 28 days)  |
| <i>kionex oral suspension 15 gm/60ml</i>                                                | 1         |                             |
| <i>penicillamine oral capsule 250 mg</i>                                                | 5         |                             |
| <i>penicillamine oral tablet 250 mg</i>                                                 | 5         |                             |
| SAMSCA ORAL TABLET 15 MG                                                                | 5         | PA                          |
| <i>sodium polystyrene sulfonate oral powder</i>                                         | 1         |                             |
| <i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>                          | 1         |                             |
| <i>sps oral suspension 15 gm/60ml</i>                                                   | 1         |                             |
| TOLVAPTAN ORAL TABLET 15 MG                                                             | 5         | PA                          |
| <i>tolvaptan oral tablet 30 mg</i>                                                      | 5         | PA                          |
| <i>trientine hcl oral capsule 250 mg</i>                                                | 5         |                             |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM                                           | 4         |                             |
| <b>Phosphate Binders</b>                                                                |           |                             |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i>                                | 2         |                             |
| <i>calcium acetate oral tablet 667 mg</i>                                               | 2         |                             |

| Drug Name                                                               | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------|-----------|-------------------------|
| FOSRENOL ORAL PACKET 1000 MG, 750 MG                                    | 5         |                         |
| <i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i> | 5         |                         |
| PHOSLYRA ORAL SOLUTION 667 MG/5ML                                       | 4         |                         |
| <i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>                   | 5         |                         |
| <i>sevelamer carbonate oral tablet 800 mg</i>                           | 4         |                         |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                         | 4         |                         |
| <b>Vitamins</b>                                                         |           |                         |
| <i>prenatal 19 oral tablet 29-1 mg</i>                                  | 2         |                         |
| <i>prenatal oral tablet 27-1 mg</i>                                     | 2         |                         |
| <i>virt-c dha oral capsule 53.5-38-1 mg</i>                             | 2         |                         |
| <i>vp-pnv-dha oral capsule 28-1-215.8 mg</i>                            | 2         |                         |
| <b>Gastrointestinal Agents</b>                                          |           |                         |
| <b>Anti-Constipation Agents</b>                                         |           |                         |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG                                      | 3         | QL (60 EA per 30 days)  |
| <i>constulose oral solution 10 gm/15ml</i>                              | 2         |                         |
| <i>enulose oral solution 10 gm/15ml</i>                                 | 2         |                         |
| <i>gavilyte-c oral solution reconstituted 240 gm</i>                    | 2         |                         |
| <i>gavilyte-g oral solution reconstituted 236 gm</i>                    | 2         |                         |
| <i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>   | 2         |                         |

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| Drug Name                                                             | Drug Tier | Requirements/<br>Limits    |
|-----------------------------------------------------------------------|-----------|----------------------------|
| <i>generlac oral solution 10 gm/15ml</i>                              | 2         |                            |
| <i>kristalose oral packet 10 gm, 20 gm</i>                            | 3         |                            |
| <i>lactulose encephalopathy oral solution 10 gm/15ml</i>              | 2         |                            |
| <i>lactulose oral solution 10 gm/15ml</i>                             | 2         |                            |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                         | 3         |                            |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                        | 3         | QL (60 EA per 30 days)     |
| OSMOPREP ORAL TABLET 1.102-0.398 GM                                   | 4         |                            |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i> | 2         |                            |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>       | 2         |                            |
| PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM                               | 4         |                            |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML            | 4         |                            |
| <i>trilyte oral solution reconstituted 420 gm</i>                     | 2         |                            |
| <b>Anti-Diarrheal Agents</b>                                          |           |                            |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>                         | 5         |                            |
| VIBERZI ORAL TABLET 100 MG, 75 MG                                     | 5         | PA                         |
| XERMELO ORAL TABLET 250 MG                                            | 5         | PA; QL (90 EA per 30 days) |
| <b>Antispasmodics, Gastrointestinal</b>                               |           |                            |
| CUVPOSA ORAL SOLUTION 1 MG/5ML                                        | 4         |                            |
| <i>dicyclomine hcl oral capsule 10 mg</i>                             | 2         |                            |

| Drug Name                                                                           | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>dicyclomine hcl oral solution 10 mg/5ml</i>                                      | 2         |                         |
| <i>dicyclomine hcl oral tablet 20 mg</i>                                            | 2         |                         |
| <i>glycate oral tablet 1.5 mg</i>                                                   | 4         |                         |
| <i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i> | 2         |                         |
| <i>glycopyrrolate oral solution 1 mg/5ml</i>                                        | 2         |                         |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                                        | 2         |                         |
| <i>glycopyrrolate oral tablet 1.5 mg</i>                                            | 4         |                         |
| <i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i> | 2         |                         |
| <i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>                             | 2         |                         |
| <i>propantheline bromide oral tablet 15 mg</i>                                      | 2         |                         |
| <b>Gastrointestinal Agents, Other</b>                                               |           |                         |
| <i>chenodal oral tablet 250 mg</i>                                                  | 5         | PA                      |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG                                                  | 5         | PA                      |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i>                                  | 4         |                         |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>                          | 4         |                         |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                              | 4         |                         |
| GATTEX SUBCUTANEOUS KIT 5 MG                                                        | 5         | PA                      |
| <i>loperamide hcl oral capsule 2 mg</i>                                             | 2         |                         |

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| Drug Name                                                                           | Drug Tier | Requirements/<br>Limits    |
|-------------------------------------------------------------------------------------|-----------|----------------------------|
| <i>metoclopramide hcl injection solution 5 mg/ml</i>                                | 2         |                            |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i>                                    | 2         |                            |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                                   | 2         |                            |
| <i>metoclopramide hcl oral tablet dispersible 10 mg, 5 mg</i>                       | 2         |                            |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                                                 | 4         | QL (30 EA per 30 days)     |
| NA SULFATE-K SULFATE-MG SULF ORAL SOLUTION 17.5-3.13-1.6 GM/177ML                   | 4         |                            |
| OICALIVA ORAL TABLET 10 MG, 5 MG                                                    | 5         | PA; QL (30 EA per 30 days) |
| <i>paregoric oral tincture 2 mg/5ml</i>                                             | 2         |                            |
| <i>peg-3350/electrolytes/ascorbic acid oral solution reconstituted 100 gm</i>       | 2         |                            |
| RECTIV RECTAL OINTMENT 0.4 %                                                        | 4         |                            |
| RELISTOR ORAL TABLET 150 MG                                                         | 5         | PA; QL (90 EA per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML | 5         | PA                         |
| SYMPROIC ORAL TABLET 0.2 MG                                                         | 4         | QL (30 EA per 30 days)     |
| <i>ursodiol oral capsule 300 mg</i>                                                 | 2         |                            |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                          | 2         |                            |
| <b>Histamine2 (H2) Receptor Antagonists</b>                                         |           |                            |
| <i>cimetidine hcl oral solution 300 mg/5ml</i>                                      | 2         |                            |

| Drug Name                                                                    | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------|-----------|-------------------------|
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>                 | 2         |                         |
| <i>famotidine (pf) intravenous solution 20 mg/2ml</i>                        | 2         |                         |
| <i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>                | 2         |                         |
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i>                    | 2         |                         |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                   | 2         |                         |
| <i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>             | 2         |                         |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                | 2         |                         |
| <i>nizatidine oral solution 15 mg/ml</i>                                     | 2         |                         |
| <i>ranitidine hcl injection solution 1000 mg/40ml, 150 mg/6ml, 50 mg/2ml</i> | 2         |                         |
| <i>ranitidine hcl oral capsule 150 mg, 300 mg</i>                            | 2         |                         |
| <i>ranitidine hcl oral syrup 75 mg/5ml</i>                                   | 2         |                         |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i>                             | 2         |                         |
| <b>Protectants</b>                                                           |           |                         |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                              | 1         |                         |
| <i>sucralfate oral suspension 1 gm/10ml</i>                                  | 2         |                         |
| <i>sucralfate oral tablet 1 gm</i>                                           | 2         |                         |
| <b>Proton Pump Inhibitors</b>                                                |           |                         |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG                           | 4         | ST                      |

| Drug Name                                                                               | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>                        | 4         | ST                      |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>                 | 2         |                         |
| <i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>                           | 2         |                         |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>                      | 2         |                         |
| <i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>                     | 2         |                         |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>                     | 2         |                         |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i>                             | 2         |                         |
| <b>Genetic or Enzyme or Protein Disorder:<br/>Replacement,<br/>Modifiers, Treatment</b> |           |                         |
| <b>Genetic or Enzyme or Protein Disorder:<br/>Replacement,<br/>Modifiers, Treatment</b> |           |                         |
| ALDURAZyme INTRAVENOUS SOLUTION 2.9 MG/5ML                                              | 5         | PA                      |
| <i>betaine oral powder</i>                                                              | 5         |                         |
| CERDELGA ORAL CAPSULE 84 MG                                                             | 5         | PA                      |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT                                    | 5         | PA                      |

| Drug Name                                                                                                                           | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | 3         |                         |
| CYSTADANE ORAL POWDER                                                                                                               | 5         |                         |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG                                                                                                 | 4         | PA                      |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML                                                                                              | 5         | PA                      |
| ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT                                                                                 | 5         | PA                      |
| EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML                                                                             | 5         | PA                      |
| FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG                                                                            | 5         | PA                      |
| GALAFOLD ORAL CAPSULE 123 MG                                                                                                        | 5         | PA                      |
| KANUMA INTRAVENOUS SOLUTION 20 MG/10ML                                                                                              | 5         | PA                      |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG                                                                                   | 5         | PA                      |
| <i>miglustat oral capsule 100 mg</i>                                                                                                | 5         | PA                      |
| NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML                                                                                              | 5         | PA                      |
| <i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>                                                                                    | 5         | PA                      |

| Drug Name                                                                                                                                                | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| ORFADIN ORAL CAPSULE 20 MG                                                                                                                               | 5         | PA                      |
| ORFADIN ORAL SUSPENSION 4 MG/ML                                                                                                                          | 5         | PA                      |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT | 3         |                         |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG                                                                                                       | 5         | PA                      |
| PROCYSBI ORAL PACKET 300 MG, 75 MG                                                                                                                       | 5         | PA                      |
| RAVICTI ORAL LIQUID 1.1 GM/ML                                                                                                                            | 5         | PA                      |
| <i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>                                                                                            | 5         | PA                      |
| <i>sapropterin dihydrochloride oral tablet 100 mg</i>                                                                                                    | 5         | PA                      |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                                                                                                          | 5         |                         |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML                                                                          | 5         | PA                      |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML                                                                                                                       | 5         | PA                      |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML                                                                                                                    | 5         | PA                      |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT                                                                                                        | 5         | PA                      |

| Drug Name                                                                                                                                                                 | Drug Tier | Requirements/<br>Limits     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG                                                                                                                           | 5         | PA                          |
| XURIDEN ORAL PACKET 2 GM                                                                                                                                                  | 5         | PA; QL (120 EA per 30 days) |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | 3         |                             |
| <b>Genitourinary Agents</b>                                                                                                                                               |           |                             |
| <b>Antispasmodics, Urinary</b>                                                                                                                                            |           |                             |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>                                                                                     | 3         |                             |
| <i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>                                                                                           | 2         |                             |
| <i>flavoxate hcl oral tablet 100 mg</i>                                                                                                                                   | 1         |                             |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML                                                                                                                        | 3         |                             |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG                                                                                                               | 3         |                             |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>                                                                                     | 2         |                             |
| <i>oxybutynin chloride oral syrup 5 mg/5ml</i>                                                                                                                            | 2         |                             |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                                                                                                               | 2         |                             |



| Drug Name                                                                       | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------|-----------|-------------------------|
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i>                            | 2         |                         |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i> | 2         |                         |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>                              | 2         |                         |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG                          | 3         |                         |
| <i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>          | 2         |                         |
| <i>tropium chloride oral tablet 20 mg</i>                                       | 2         |                         |
| <b>Benign Prostatic Hypertrophy Agents</b>                                      |           |                         |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>              | 2         |                         |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                    | 1         |                         |
| <i>dutasteride oral capsule 0.5 mg</i>                                          | 2         |                         |
| <i>finasteride oral tablet 5 mg</i>                                             | 1         |                         |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                                        | 2         |                         |
| <i>tadalafil oral tablet 5 mg</i>                                               | 2         | PA                      |
| <i>tamsulosin hcl oral capsule 0.4 mg</i>                                       | 1         |                         |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                       | 1         |                         |
| <b>Genitourinary Agents, Other</b>                                              |           |                         |
| <i>acetic acid irrigation solution 0.25 %</i>                                   | 2         |                         |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>               | 2         |                         |
| ELMIRON ORAL CAPSULE 100 MG                                                     | 4         |                         |

| Drug Name                                                         | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------|-----------|-------------------------|
| LITHOSTAT ORAL TABLET 250 MG                                      | 4         |                         |
| RENACIDIN IRRIGATION SOLUTION                                     | 4         |                         |
| RIMSO-50 INTRAVESICAL SOLUTION 50 %                               | 4         |                         |
| THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG              | 5         |                         |
| <i>tiopronin oral tablet 100 mg</i>                               | 5         |                         |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b> |           |                         |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b> |           |                         |
| <i>ala-cort external cream 1 %, 2.5 %</i>                         | 1         |                         |
| <i>alclometasone dipropionate external cream 0.05 %</i>           | 1         |                         |
| <i>alclometasone dipropionate external ointment 0.05 %</i>        | 1         |                         |
| <i>amcinonide external ointment 0.1 %</i>                         | 1         |                         |
| <i>betamethasone dipropionate aug external cream 0.05 %</i>       | 2         |                         |
| <i>betamethasone dipropionate aug external gel 0.05 %</i>         | 2         |                         |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i>      | 2         |                         |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i>    | 2         |                         |
| <i>betamethasone dipropionate external cream 0.05 %</i>           | 2         |                         |

| Drug Name                                                        | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------|-----------|-------------------------|
| betamethasone dipropionate external lotion 0.05 %                | 2         |                         |
| betamethasone dipropionate external ointment 0.05 %              | 2         |                         |
| betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml | 1         |                         |
| betamethasone valerate external cream 0.1 %                      | 2         |                         |
| betamethasone valerate external lotion 0.1 %                     | 2         |                         |
| betamethasone valerate external ointment 0.1 %                   | 2         |                         |
| clobetasol propionate emulsion external foam 0.05 %              | 4         |                         |
| clobetasol propionate external cream 0.05 %                      | 2         |                         |
| clobetasol propionate external foam 0.05 %                       | 2         |                         |
| clobetasol propionate external gel 0.05 %                        | 2         |                         |
| clobetasol propionate external ointment 0.05 %                   | 2         |                         |
| clobetasol propionate external solution 0.05 %                   | 2         |                         |
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM                                 | 4         |                         |
| cortisone acetate oral tablet 25 mg                              | 1         |                         |
| desonide external cream 0.05 %                                   | 2         |                         |
| desonide external lotion 0.05 %                                  | 2         |                         |
| desonide external ointment 0.05 %                                | 2         |                         |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML                  | 3         |                         |
| dexamethasone oral elixir 0.5 mg/5ml                             | 2         |                         |

| Drug Name                                                                                                | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| dexamethasone oral solution 0.5 mg/5ml                                                                   | 2         |                         |
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg                                | 2         |                         |
| dexamethasone sod phosphate pf injection solution 10 mg/ml                                               | 2         |                         |
| dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml | 2         |                         |
| fludrocortisone acetate oral tablet 0.1 mg                                                               | 1         |                         |
| fluocinolone acetonide body external oil 0.01 %                                                          | 2         |                         |
| fluocinolone acetonide external cream 0.01 %, 0.025 %                                                    | 2         |                         |
| fluocinolone acetonide external ointment 0.025 %                                                         | 2         |                         |
| fluocinolone acetonide external solution 0.01 %                                                          | 2         |                         |
| fluocinolone acetonide scalp external oil 0.01 %                                                         | 2         |                         |
| flurandrenolide external cream 0.05 %                                                                    | 4         |                         |
| flurandrenolide external lotion 0.05 %                                                                   | 4         |                         |
| flurandrenolide external ointment 0.05 %                                                                 | 4         |                         |
| fluticasone propionate external cream 0.05 %                                                             | 1         |                         |
| fluticasone propionate external ointment 0.005 %                                                         | 1         |                         |
| halobetasol propionate external cream 0.05 %                                                             | 2         |                         |
| halobetasol propionate external ointment 0.05 %                                                          | 2         |                         |

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| Drug Name                                                                                      | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------|-----------|-------------------------|
| hydrocortisone (perianal) external cream 2.5 %                                                 | 1         |                         |
| hydrocortisone butyr lipo base external cream 0.1 %                                            | 1         |                         |
| hydrocortisone butyrate external cream 0.1 %                                                   | 1         |                         |
| hydrocortisone butyrate external lotion 0.1 %                                                  | 2         |                         |
| hydrocortisone butyrate external ointment 0.1 %                                                | 1         |                         |
| hydrocortisone butyrate external solution 0.1 %                                                | 1         |                         |
| hydrocortisone external cream 1 %                                                              | 1         |                         |
| hydrocortisone external lotion 2.5 %                                                           | 1         |                         |
| hydrocortisone external ointment 1 %, 2.5 %                                                    | 1         |                         |
| hydrocortisone oral tablet 10 mg, 20 mg, 5 mg                                                  | 2         |                         |
| methylprednisolone acetate injection suspension 40 mg/ml, 50 mg/ml, 80 mg/ml                   | 2         |                         |
| methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg                                        | 2         |                         |
| methylprednisolone oral tablet therapy pack 4 mg                                               | 2         |                         |
| methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg | 2         |                         |
| mometasone furoate external cream 0.1 %                                                        | 1         |                         |
| mometasone furoate external ointment 0.1 %                                                     | 1         |                         |
| mometasone furoate external solution 0.1 %                                                     | 1         |                         |
| nolix external cream 0.05 %                                                                    | 4         |                         |

| Drug Name                                                                                                   | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| nolix external lotion 0.05 %                                                                                | 4         |                         |
| prednicarbate external cream 0.1 %                                                                          | 2         |                         |
| prednicarbate external ointment 0.1 %                                                                       | 2         |                         |
| prednisolone oral solution 15 mg/5ml                                                                        | 2         |                         |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 2         |                         |
| prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg                                   | 2         |                         |
| prednisone intensol oral concentrate 5 mg/ml                                                                | 3         |                         |
| prednisone oral solution 5 mg/5ml                                                                           | 1         |                         |
| prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg                                              | 1         |                         |
| prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)                            | 1         |                         |
| procto-med hc external cream 2.5 %                                                                          | 1         |                         |
| procto-pak external cream 1 %                                                                               | 1         |                         |
| proctosol hc external cream 2.5 %                                                                           | 1         |                         |
| proctozone-hc external cream 2.5 %                                                                          | 1         |                         |
| tovet external foam 0.05 %                                                                                  | 4         |                         |
| triamcinolone acetate external aerosol solution 0.147 mg/gm                                                 | 1         |                         |
| triamcinolone acetate external cream 0.025 %, 0.1 %, 0.5 %                                                  | 1         |                         |

| Drug Name                                                                     | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------|-----------|-------------------------|
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>                 | 1         |                         |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>        | 1         |                         |
| <i>triderm external cream 0.1 %, 0.5 %</i>                                    | 1         |                         |
| UCERIS RECTAL FOAM 2 MG/ACT                                                   | 3         |                         |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>           |           |                         |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>           |           |                         |
| <i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i> | 4         | PA                      |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i>                    | 2         |                         |
| <i>desmopressin acetate injection solution 4 mcg/ml</i>                       | 2         |                         |
| DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML                                 | 5         |                         |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>                        | 2         |                         |
| <i>desmopressin acetate pf injection solution 4 mcg/ml</i>                    | 2         |                         |
| <i>desmopressin acetate spray nasal solution 0.01 %</i>                       | 2         |                         |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML                                      | 5         | PA                      |

| Drug Name                                                                                              | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML | 5         | PA                      |
| <i>novarel intramuscular solution reconstituted 10000 unit</i>                                         | 4         | PA                      |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT                                                 | 4         | PA                      |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML                                      | 5         | PA                      |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG                                                   | 5         | PA                      |
| <i>pregnyl intramuscular solution reconstituted 10000 unit</i>                                         | 4         | PA                      |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG                                          | 5         | PA                      |
| STIMATE NASAL SOLUTION 1.5 MG/ML                                                                       | 5         |                         |
| <i>vasopressin intravenous solution 20 unit/ml</i>                                                     | 2         |                         |
| <i>vasostrict intravenous solution 0.2 unit/ml, 0.4 unit/ml, 20 unit/ml</i>                            | 2         |                         |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>                               |           |                         |

| Drug Name                                                                                                                                                                                     | Drug Tier | Requirements/<br>Limits           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|
| <b>Hormonal Agents,<br/>Stimulant/Replacement/Modifying<br/>(Prostaglandins)</b>                                                                                                              |           |                                   |
| KORLYM ORAL<br>TABLET 300 MG                                                                                                                                                                  | 5         | PA                                |
| <b>Hormonal Agents,<br/>Stimulant/Replacement/Modifying (Sex<br/>Hormones/Modifiers)</b>                                                                                                      |           |                                   |
| <b>Anabolic Steroids</b>                                                                                                                                                                      |           |                                   |
| ANADROL-50 ORAL<br>TABLET 50 MG                                                                                                                                                               | 4         | PA                                |
| oxandrolone oral tablet<br>10 mg                                                                                                                                                              | 2         | PA; QL (60 EA<br>per 30 days)     |
| oxandrolone oral tablet<br>2.5 mg                                                                                                                                                             | 3         | PA; QL (240<br>EA per 30<br>days) |
| <b>Androgens</b>                                                                                                                                                                              |           |                                   |
| danazol oral capsule<br>100 mg, 200 mg, 50 mg                                                                                                                                                 | 2         | PA                                |
| testosterone cypionate<br>intramuscular solution<br>100 mg/ml, 200 mg/ml,<br>200 mg/ml (1 ml)                                                                                                 | 2         |                                   |
| testosterone enanthate<br>intramuscular solution<br>200 mg/ml                                                                                                                                 | 2         |                                   |
| testosterone<br>transdermal gel 10<br>mg/act (2%), 12.5<br>mg/act (1%), 20.25<br>mg/1.25gm (1.62%),<br>20.25 mg/act (1.62%),<br>25 mg/2.5gm (1%), 40.5<br>mg/2.5gm (1.62%), 50<br>mg/5gm (1%) | 2         | PA                                |
| <b>Estrogens</b>                                                                                                                                                                              |           |                                   |
| amabelz oral tablet 1-<br>0.5 mg                                                                                                                                                              | 2         |                                   |
| aurovela 24 fe oral<br>tablet 1-20 mg-mcg(24)                                                                                                                                                 | 2         |                                   |
| blisovi 24 fe oral tablet<br>1-20 mg-mcg(24)                                                                                                                                                  | 2         |                                   |

| Drug Name                                                                                                                               | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| depo-estradiol<br>intramuscular oil 5<br>mg/ml                                                                                          | 4         |                         |
| dotti transdermal patch<br>twice weekly 0.025<br>mg/24hr, 0.0375<br>mg/24hr, 0.05 mg/24hr,<br>0.075 mg/24hr, 0.1<br>mg/24hr             | 2         |                         |
| estarylla oral tablet<br>0.25-35 mg-mcg                                                                                                 | 2         |                         |
| estradiol oral tablet 0.5<br>mg, 1 mg, 2 mg                                                                                             | 2         |                         |
| estradiol transdermal<br>patch twice weekly<br>0.025 mg/24hr, 0.0375<br>mg/24hr, 0.05 mg/24hr,<br>0.075 mg/24hr, 0.1<br>mg/24hr         | 2         |                         |
| estradiol transdermal<br>patch weekly 0.025<br>mg/24hr, 0.0375<br>mg/24hr, 0.05 mg/24hr,<br>0.06 mg/24hr, 0.075<br>mg/24hr, 0.1 mg/24hr | 2         |                         |
| estradiol vaginal cream<br>0.1 mg/gm                                                                                                    | 2         |                         |
| estradiol vaginal tablet<br>10 mcg                                                                                                      | 3         |                         |
| estradiol valerate<br>intramuscular oil 20<br>mg/ml, 40 mg/ml                                                                           | 1         |                         |
| estradiol-norethindrone<br>acet oral tablet 1-0.5 mg                                                                                    | 2         |                         |
| ESTRING VAGINAL<br>RING 2 MG                                                                                                            | 3         |                         |
| FEMRING VAGINAL<br>RING 0.05 MG/24HR,<br>0.1 MG/24HR                                                                                    | 4         |                         |
| femynor oral tablet<br>0.25-35 mg-mcg                                                                                                   | 2         |                         |
| fyavolv oral tablet 0.5-<br>2.5 mg-mcg, 1-5 mg-<br>mcg                                                                                  | 2         |                         |
| hailey 24 fe oral tablet<br>1-20 mg-mcg(24)                                                                                             | 2         |                         |

| Drug Name                                                                                                                     | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| IMVEXXY<br>MAINTENANCE PACK<br>VAGINAL INSERT 10<br>MCG, 4 MCG                                                                | 4         | PA                      |
| IMVEXXY STARTER<br>PACK VAGINAL<br>INSERT 10 MCG, 4<br>MCG                                                                    | 4         | PA                      |
| jinteli oral tablet 1-5 mg-<br>mcg                                                                                            | 2         |                         |
| junel fe 24 oral tablet 1-<br>20 mg-mcg(24)                                                                                   | 2         |                         |
| larin 24 fe oral tablet 1-<br>20 mg-mcg(24)                                                                                   | 2         |                         |
| lopreeza oral tablet 1-<br>0.5 mg                                                                                             | 2         |                         |
| lyllana transdermal<br>patch twice weekly<br>0.025 mg/24hr, 0.0375<br>mg/24hr, 0.05 mg/24hr,<br>0.075 mg/24hr, 0.1<br>mg/24hr | 2         |                         |
| microgestin 24 fe oral<br>tablet 1-20 mg-mcg                                                                                  | 2         |                         |
| mili oral tablet 0.25-35<br>mg-mcg                                                                                            | 2         |                         |
| mimvey oral tablet 1-0.5<br>mg                                                                                                | 2         |                         |
| mono-linyah oral tablet<br>0.25-35 mg-mcg                                                                                     | 2         |                         |
| norethin ace-eth estrad-<br>fe oral tablet 1-20 mg-<br>mcg(24)                                                                | 2         |                         |
| norethindrone-eth<br>estradiol oral tablet 0.5-<br>2.5 mg-mcg, 1-5 mg-<br>mcg                                                 | 2         |                         |
| norgestimate-eth<br>estradiol oral tablet<br>0.25-35 mg-mcg                                                                   | 2         |                         |
| nymyo oral tablet 0.25-<br>35 mg-mcg                                                                                          | 2         |                         |
| PREMARIN<br>INJECTION SOLUTION<br>RECONSTITUTED 25<br>MG                                                                      | 4         |                         |

| Drug Name                                                                                    | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------|-----------|-------------------------|
| PREMARIN VAGINAL<br>CREAM 0.625 MG/GM                                                        | 3         |                         |
| PREMPRO ORAL<br>TABLET 0.3-1.5 MG,<br>0.45-1.5 MG, 0.625-2.5<br>MG, 0.625-5 MG               | 4         |                         |
| previfem oral tablet<br>0.25-35 mg-mcg                                                       | 2         |                         |
| sprintec 28 oral tablet<br>0.25-35 mg-mcg                                                    | 2         |                         |
| tarina 24 fe oral tablet<br>1-20 mg-mcg(24)                                                  | 2         |                         |
| vylibra oral tablet 0.25-<br>35 mg-mcg                                                       | 2         |                         |
| xulane transdermal<br>patch weekly 150-35<br>mcg/24hr                                        | 2         |                         |
| yuvaferm vaginal tablet<br>10 mcg                                                            | 3         |                         |
| zafemy transdermal<br>patch weekly 150-35<br>mcg/24hr                                        | 2         |                         |
| <b>Progestins</b>                                                                            |           |                         |
| camila oral tablet 0.35<br>mg                                                                | 2         |                         |
| CRINONE VAGINAL<br>GEL 4 %, 8 %                                                              | 4         | PA                      |
| deblitane oral tablet<br>0.35 mg                                                             | 2         |                         |
| DEPO-PROVERA<br>INTRAMUSCULAR<br>SUSPENSION 400<br>MG/ML                                     | 4         |                         |
| DEPO-SUBQ<br>PROVERA 104<br>SUBCUTANEOUS<br>SUSPENSION<br>PREFILLED SYRINGE<br>104 MG/0.65ML | 3         |                         |
| errin oral tablet 0.35 mg                                                                    | 2         |                         |
| heather oral tablet 0.35<br>mg                                                               | 2         |                         |
| hydroxyprogesterone<br>caproate intramuscular<br>solution 1.25 gm/5ml                        | 5         |                         |



| Drug Name                                                                               | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>incassia oral tablet 0.35 mg</i>                                                     | 2         |                         |
| <i>jencycla oral tablet 0.35 mg</i>                                                     | 2         |                         |
| <i>lyleq oral tablet 0.35 mg</i>                                                        | 2         |                         |
| <i>lyza oral tablet 0.35 mg</i>                                                         | 2         |                         |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>                   | 1         |                         |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i> | 1         |                         |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>                      | 1         |                         |
| <i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>                           | 2         | PA                      |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i>                                       | 2         | PA                      |
| <i>nora-be oral tablet 0.35 mg</i>                                                      | 2         |                         |
| <i>norethindrone acetate oral tablet 5 mg</i>                                           | 1         |                         |
| <i>norethindrone oral tablet 0.35 mg</i>                                                | 2         |                         |
| <i>norlyda oral tablet 0.35 mg</i>                                                      | 2         |                         |
| <i>norlyroc oral tablet 0.35 mg</i>                                                     | 2         |                         |
| <i>progesterone intramuscular oil 50 mg/ml</i>                                          | 1         |                         |
| <i>progesterone oral capsule 100 mg, 200 mg</i>                                         | 1         |                         |
| <i>sharobel oral tablet 0.35 mg</i>                                                     | 2         |                         |
| <i>tulana oral tablet 0.35 mg</i>                                                       | 2         |                         |
| <b>Selective Estrogen Receptor Modifying Agents</b>                                     |           |                         |

| Drug Name                                                                                                                              | Drug Tier | Requirements/<br>Limits    |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| OSPHEA ORAL TABLET 60 MG                                                                                                               | 4         | PA; QL (30 EA per 30 days) |
| <i>raloxifene hcl oral tablet 60 mg</i>                                                                                                | 2         |                            |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>                                                                      |           |                            |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>                                                                      |           |                            |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG                                                  | 4         |                            |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                     | 1         |                            |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG              | 1         |                            |
| <i>levothyroxine sodium intravenous solution 100 mcg/5ml, 200 mcg/5ml, 500 mcg/5ml</i>                                                 | 5         |                            |
| <i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg</i>                                               | 5         |                            |
| <i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 4         |                            |

| Drug Name                                                                                                                                      | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1         |                         |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                              | 2         |                         |
| <i>liothyronine sodium intravenous solution 10 mcg/ml</i>                                                                                      | 2         |                         |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>                                                                                   | 2         |                         |
| <i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                                               | 2         |                         |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG                   | 3         |                         |
| <i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                                                  | 2         |                         |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                            | 4         |                         |

| Drug Name                                                                                                                    | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 2         |                         |
| <b>Hormonal Agents, Suppressant (Adrenal)</b>                                                                                |           |                         |
| <b>Hormonal Agents, Suppressant (Adrenal)</b>                                                                                |           |                         |
| ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG                                                                                       | 5         | PA                      |
| LYSODREN ORAL TABLET 500 MG                                                                                                  | 5         |                         |
| <b>Hormonal Agents, Suppressant (Pituitary)</b>                                                                              |           |                         |
| <b>Hormonal Agents, Suppressant (Pituitary)</b>                                                                              |           |                         |
| BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML)                                                         | 4         | PA                      |
| <i>cabergoline oral tablet 0.5 mg</i>                                                                                        | 2         |                         |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG                                                                       | 4         | PA                      |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL                                                       | 5         |                         |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG                                                                           | 4         |                         |

| Drug Name                                                                                               | Drug Tier | Requirements/<br>Limits | Drug Name                                                                                               | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------------------|-----------|-------------------------|---------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| LANREOTIDE<br>ACETATE<br>SUBCUTANEOUS<br>SOLUTION 120<br>MG/0.5ML                                       | 5         | PA                      | SANDOSTATIN LAR<br>DEPOT<br>INTRAMUSCULAR KIT<br>10 MG, 20 MG, 30 MG                                    | 5         | PA                      |
| <i>leuprolide acetate<br/>injection kit 1 mg/0.2ml</i>                                                  | 5         | PA                      | SIGNIFOR LAR<br>INTRAMUSCULAR<br>SUSPENSION<br>RECONSTITUTED ER<br>10 MG, 20 MG, 30 MG,<br>40 MG, 60 MG | 5         | PA                      |
| LUPRON DEPOT (1-<br>MONTH)<br>INTRAMUSCULAR KIT<br>3.75 MG, 7.5 MG                                      | 5         | PA                      | SIGNIFOR<br>SUBCUTANEOUS<br>SOLUTION 0.3 MG/ML,<br>0.6 MG/ML, 0.9 MG/ML                                 | 5         | PA                      |
| LUPRON DEPOT (3-<br>MONTH)<br>INTRAMUSCULAR KIT<br>11.25 MG, 22.5 MG                                    | 5         | PA                      | SOMATULINE DEPOT<br>SUBCUTANEOUS<br>SOLUTION 120<br>MG/0.5ML, 60<br>MG/0.2ML, 90<br>MG/0.3ML            | 5         | PA                      |
| LUPRON DEPOT (4-<br>MONTH)<br>INTRAMUSCULAR KIT<br>30MG<br>INTRAMUSCULAR KIT<br>30 MG                   | 5         | PA                      | SOMAVERT<br>SUBCUTANEOUS<br>SOLUTION<br>RECONSTITUTED 10<br>MG, 15 MG, 20 MG, 25<br>MG, 30 MG           | 5         | PA                      |
| LUPRON DEPOT (6-<br>MONTH)<br>INTRAMUSCULAR KIT<br>45MG<br>INTRAMUSCULAR KIT<br>45 MG                   | 5         | PA                      | SYNAREL NASAL<br>SOLUTION 2 MG/ML                                                                       | 5         |                         |
| LUPRON DEPOT-PED<br>(1-MONTH)<br>INTRAMUSCULAR KIT<br>11.25 MG, 15 MG, 7.5<br>MG                        | 5         | PA                      | TRELSTAR MIXJECT<br>INTRAMUSCULAR<br>SUSPENSION<br>RECONSTITUTED<br>11.25 MG                            | 4         | PA                      |
| LUPRON DEPOT-PED<br>(3-MONTH)<br>INTRAMUSCULAR KIT<br>11.25 MG (PED), 30<br>MG (PED)                    | 5         | PA                      | TRELSTAR MIXJECT<br>INTRAMUSCULAR<br>SUSPENSION<br>RECONSTITUTED 22.5<br>MG, 3.75 MG                    | 5         | PA                      |
| <i>octreotide acetate<br/>injection solution 100<br/>mcg/ml, 1000 mcg/ml,<br/>200 mcg/ml, 50 mcg/ml</i> | 4         | PA                      | ZOLADEX<br>SUBCUTANEOUS<br>IMPLANT 10.8 MG                                                              | 5         | PA                      |
| <i>octreotide acetate<br/>injection solution 500<br/>mcg/ml</i>                                         | 5         | PA                      | ZOLADEX<br>SUBCUTANEOUS<br>IMPLANT 3.6 MG                                                               | 4         | PA                      |
| ORGOVYX ORAL<br>TABLET 120 MG                                                                           | 5         | PA                      | <b>Hormonal Agents,<br/>Suppressant (Thyroid)</b>                                                       |           |                         |
|                                                                                                         |           |                         | <b>Antithyroid Agents</b>                                                                               |           |                         |

| Drug Name                                                                     | Drug Tier | Requirements/<br>Limits | Drug Name                                                                                                                                                          | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------|-----------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>methimazole oral tablet<br/>10 mg, 5 mg</i>                                | 1         |                         | CUVITRU<br>SUBCUTANEOUS<br>SOLUTION 1 GM/5ML,<br>10 GM/50ML, 2<br>GM/10ML, 4 GM/20ML,<br>8 GM/40ML                                                                 | 5         | PA                      |
| <i>propylthiouracil oral<br/>tablet 50 mg</i>                                 | 1         |                         | CYTOGAM<br>INTRAVENOUS<br>INJECTABLE 50<br>MG/ML                                                                                                                   | 5         |                         |
| <b>Immunological Agents</b>                                                   |           |                         | FLEBOGAMMA DIF<br>INTRAVENOUS<br>SOLUTION 0.5<br>GM/10ML, 10<br>GM/100ML, 10<br>GM/200ML, 2.5<br>GM/50ML, 20<br>GM/200ML, 20<br>GM/400ML, 5<br>GM/100ML, 5 GM/50ML | 5         | B/D                     |
| <b>Angioedema Agents</b>                                                      |           |                         | GAMASTAN<br>INTRAMUSCULAR<br>INJECTABLE                                                                                                                            | 4         |                         |
| BERINERT<br>INTRAVENOUS KIT<br>500 UNIT                                       | 5         | PA                      | GAMMAGARD<br>INJECTION SOLUTION<br>1 GM/10ML, 10<br>GM/100ML, 2.5<br>GM/25ML, 20<br>GM/200ML, 30<br>GM/300ML, 5 GM/50ML                                            | 5         | B/D                     |
| CINRYZE<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 500<br>UNIT               | 5         | PA                      | GAMMAGARD S/D<br>LESS IGA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 10<br>GM, 5 GM                                                                               | 5         | B/D                     |
| HAEGARDA<br>SUBCUTANEOUS<br>SOLUTION<br>RECONSTITUTED<br>2000 UNIT, 3000 UNIT | 5         | PA                      | GAMMAKED<br>INJECTION SOLUTION<br>1 GM/10ML, 10<br>GM/100ML, 20<br>GM/200ML, 5 GM/50ML                                                                             | 5         | B/D                     |
| <i>icatibant acetate<br/>subcutaneous solution<br/>30 mg/3ml</i>              | 5         | PA                      | GAMMAPLEX<br>INTRAVENOUS<br>SOLUTION 10<br>GM/100ML, 10<br>GM/200ML, 20<br>GM/200ML, 20<br>GM/400ML, 5<br>GM/100ML, 5 GM/50ML                                      | 5         | B/D                     |
| RUCONEST<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED<br>2100 UNIT             | 5         | PA                      |                                                                                                                                                                    |           |                         |
| <i>sajazir subcutaneous<br/>solution 30 mg/3ml</i>                            | 5         | PA                      |                                                                                                                                                                    |           |                         |
| TAKHZYRO<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>300 MG/2ML       | 5         | PA                      |                                                                                                                                                                    |           |                         |
| <b>Immunoglobulins</b>                                                        |           |                         |                                                                                                                                                                    |           |                         |
| ASCENIV<br>INTRAVENOUS<br>SOLUTION 5 GM/50ML                                  | 5         | B/D                     |                                                                                                                                                                    |           |                         |
| ATGAM<br>INTRAVENOUS<br>INJECTABLE 50<br>MG/ML                                | 5         |                         |                                                                                                                                                                    |           |                         |
| BIVIGAM<br>INTRAVENOUS<br>SOLUTION 10<br>GM/100ML, 5 GM/50ML                  | 5         | B/D                     |                                                                                                                                                                    |           |                         |

| Drug Name                                                                                                               | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| GAMUNEX-C<br>INJECTION SOLUTION<br>1 GM/10ML, 10<br>GM/100ML, 2.5<br>GM/25ML, 20<br>GM/200ML, 40<br>GM/400ML, 5 GM/50ML | 5         | B/D                     |
| HEPAGAM B<br>INJECTION SOLUTION<br>312 UNIT/ML                                                                          | 5         | B/D                     |
| HIZENTRA<br>SUBCUTANEOUS<br>SOLUTION 1 GM/5ML,<br>10 GM/50ML, 2<br>GM/10ML, 4 GM/20ML                                   | 5         | PA                      |
| HIZENTRA<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>1 GM/5ML, 2 GM/10ML,<br>4 GM/20ML                          | 5         | PA                      |
| HYPERHEP B<br>INTRAMUSCULAR<br>SOLUTION 220<br>UNIT/ML                                                                  | 4         | B/D                     |
| HYPERHEP B<br>INTRAMUSCULAR<br>SOLUTION<br>PREFILLED SYRINGE<br>110 UNIT/0.5ML, 220<br>UNIT/ML                          | 4         | B/D                     |
| HYPERRAB<br>INJECTION SOLUTION<br>1500 UNIT/5ML, 300<br>UNIT/ML, 900<br>UNIT/3ML                                        | 3         | B/D                     |
| HYPERRAB S/D<br>INJECTION SOLUTION<br>1500 UNIT/10ML, 300<br>UNIT/2ML                                                   | 3         | B/D                     |
| HYPERRHO S/D<br>INTRAMUSCULAR<br>SOLUTION<br>PREFILLED SYRINGE<br>1500 UNIT, 250 UNIT                                   | 4         |                         |

| Drug Name                                                                                                                                                                               | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| HYQVIA<br>SUBCUTANEOUS KIT<br>10 GM/100ML, 2.5<br>GM/25ML, 20<br>GM/200ML, 30<br>GM/300ML, 5 GM/50ML                                                                                    | 5         | B/D                     |
| IMOGAM RABIES-HT<br>INJECTION SOLUTION<br>300 UNIT/2ML                                                                                                                                  | 3         | B/D                     |
| KEDRAB INJECTION<br>SOLUTION 1500<br>UNIT/10ML, 300<br>UNIT/2ML                                                                                                                         | 3         | B/D                     |
| MICRHOGAM ULTRA-<br>FILTERED PLUS<br>INTRAMUSCULAR<br>SOLUTION<br>PREFILLED SYRINGE<br>250 UNIT                                                                                         | 4         |                         |
| NABI-HB<br>INTRAMUSCULAR<br>SOLUTION 312<br>UNIT/ML                                                                                                                                     | 5         | B/D                     |
| OCTAGAM<br>INTRAVENOUS<br>SOLUTION 1<br>GM/20ML, 10<br>GM/100ML, 10<br>GM/200ML, 2<br>GM/20ML, 2.5<br>GM/50ML, 20<br>GM/200ML, 25<br>GM/500ML, 30<br>GM/300ML, 5<br>GM/100ML, 5 GM/50ML | 5         | B/D                     |
| PANZYGA<br>INTRAVENOUS<br>SOLUTION 1<br>GM/10ML, 10<br>GM/100ML, 2.5<br>GM/25ML, 20<br>GM/200ML, 30<br>GM/300ML, 5 GM/50ML                                                              | 5         | B/D                     |
| PRIVIGEN<br>INTRAVENOUS<br>SOLUTION 10<br>GM/100ML, 20<br>GM/200ML, 40<br>GM/400ML, 5 GM/50ML                                                                                           | 5         | B/D                     |

| Drug Name                                                                     | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------|-----------|-------------------------|
| RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT | 4         |                         |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML                  | 4         |                         |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML                         | 5         | PA                      |
| THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG                        | 5         |                         |
| WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML                | 4         |                         |
| WINRHO SDF INJECTION SOLUTION 2500 UNIT/2.2ML, 5000 UNIT/4.4ML                | 5         |                         |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML      | 5         | B/D                     |
| <b>Immunological Agents, Other</b>                                            |           |                         |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML               | 5         | PA                      |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML              | 5         | PA                      |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML                  | 5         | PA                      |

| Drug Name                                                                         | Drug Tier | Requirements/<br>Limits      |
|-----------------------------------------------------------------------------------|-----------|------------------------------|
| ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML                                | 5         |                              |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG                               | 5         | PA                           |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML          | 5         | PA                           |
| COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | 5         | PA                           |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML        | 5         | PA                           |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML             | 5         | PA                           |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML                         | 5         | PA; QL (4.56 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML                            | 5         | PA; QL (8 ML per 28 days)    |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML                    | 5         | PA; QL (1.34 ML per 28 days) |

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| Drug Name                                                                         | Drug Tier | Requirements/<br>Limits            | Drug Name                                                                            | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------|-----------|------------------------------------|--------------------------------------------------------------------------------------|-----------|-------------------------|
| DUPIXENT<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>200 MG/1.14ML        | 5         | PA; QL (4.56<br>ML per 28<br>days) | SKYRIZI<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>150 MG/ML                | 5         | PA                      |
| DUPIXENT<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>300 MG/2ML           | 5         | PA; QL (8 ML<br>per 28 days)       | SOLIRIS<br>INTRAVENOUS<br>SOLUTION 300<br>MG/30ML                                    | 5         | PA                      |
| EMPAVELI<br>SUBCUTANEOUS<br>SOLUTION 1080<br>MG/20ML                              | 5         | PA                                 | STELARA<br>SUBCUTANEOUS<br>SOLUTION 45<br>MG/0.5ML                                   | 5         | PA                      |
| ILARIS<br>SUBCUTANEOUS<br>SOLUTION 150 MG/ML                                      | 5         | PA                                 | STELARA<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>45 MG/0.5ML, 90<br>MG/ML | 5         | PA                      |
| <i>leflunomide oral tablet<br/>10 mg, 20 mg</i>                                   | 2         |                                    | SYLVANT<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG, 400 MG                | 5         | PA                      |
| LEMTRADA<br>INTRAVENOUS<br>SOLUTION 12<br>MG/1.2ML                                | 5         | PA                                 | TALTZ<br>SUBCUTANEOUS<br>SOLUTION AUTO-<br>INJECTOR 80 MG/ML                         | 5         | PA                      |
| OTEZLA ORAL<br>TABLET 30 MG                                                       | 5         | PA                                 | TALTZ<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>80 MG/ML                   | 5         | PA                      |
| OTEZLA ORAL<br>TABLET THERAPY<br>PACK 10 & 20 & 30 MG                             | 5         | PA                                 | TREMFYA<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 100 MG/ML                       | 5         | PA                      |
| RIDAURA ORAL<br>CAPSULE 3 MG                                                      | 5         |                                    | TREMFYA<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>100 MG/ML                | 5         | PA                      |
| RINVOQ ORAL<br>TABLET EXTENDED<br>RELEASE 24 HOUR 15<br>MG, 30 MG, 45 MG          | 5         | PA                                 | ULTOMIRIS<br>INTRAVENOUS<br>SOLUTION 1100<br>MG/11ML, 300<br>MG/30ML, 300 MG/3ML     | 5         | PA                      |
| SIMULECT<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 10<br>MG, 20 MG              | 5         |                                    | XELJANZ ORAL<br>SOLUTION 1 MG/ML                                                     | 5         | PA                      |
| SKYRIZI (150 MG<br>DOSE)<br>SUBCUTANEOUS<br>PREFILLED SYRINGE<br>KIT 75 MG/0.83ML | 5         | PA                                 |                                                                                      |           |                         |
| SKYRIZI PEN<br>SUBCUTANEOUS<br>SOLUTION AUTO-<br>INJECTOR 150 MG/ML               | 5         | PA                                 |                                                                                      |           |                         |

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| Drug Name                                                                       | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------|-----------|-------------------------|
| XELJANZ ORAL<br>TABLET 10 MG, 5 MG                                              | 5         | PA                      |
| XELJANZ XR ORAL<br>TABLET EXTENDED<br>RELEASE 24 HOUR 11<br>MG, 22 MG           | 5         | PA                      |
| <b>Immunostimulants</b>                                                         |           |                         |
| PEGASYS PROCLICK<br>SUBCUTANEOUS<br>SOLUTION AUTO-<br>INJECTOR 180<br>MCG/0.5ML | 5         |                         |
| PEGASYS<br>SUBCUTANEOUS<br>SOLUTION 180<br>MCG/ML                               | 5         |                         |
| PEGASYS<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>180 MCG/0.5ML       | 5         |                         |
| PEGINTRON<br>SUBCUTANEOUS KIT<br>50 MCG/0.5ML                                   | 5         |                         |
| <i>ribavirin oral tablet 200<br/>mg</i>                                         | 2         |                         |
| <b>Immunosuppressants</b>                                                       |           |                         |
| ASTAGRAF XL ORAL<br>CAPSULE EXTENDED<br>RELEASE 24 HOUR<br>0.5 MG, 1 MG         | 4         | B/D                     |
| ASTAGRAF XL ORAL<br>CAPSULE EXTENDED<br>RELEASE 24 HOUR 5<br>MG                 | 5         | B/D                     |
| AVSOLA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG                    | 5         | PA                      |
| <i>azasan oral tablet 100<br/>mg, 75 mg</i>                                     | 3         | B/D                     |
| <i>azathioprine oral tablet<br/>100 mg, 75 mg</i>                               | 2         | B/D                     |
| <i>azathioprine oral tablet<br/>50 mg</i>                                       | 1         | B/D                     |

| Drug Name                                                                      | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------|-----------|-------------------------|
| <i>azathioprine sodium<br/>injection solution<br/>reconstituted 100 mg</i>     | 4         | B/D                     |
| BENLYSTA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 120<br>MG, 400 MG         | 5         |                         |
| BENLYSTA<br>SUBCUTANEOUS<br>SOLUTION AUTO-<br>INJECTOR 200 MG/ML               | 5         |                         |
| BENLYSTA<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>200 MG/ML         | 5         |                         |
| CIMZIA PREFILLED<br>KIT SUBCUTANEOUS<br>PREFILLED SYRINGE<br>KIT 2 X 200 MG/ML | 5         | PA                      |
| CIMZIA STARTER KIT<br>SUBCUTANEOUS<br>PREFILLED SYRINGE<br>KIT 6 X 200 MG/ML   | 5         | PA                      |
| CIMZIA VIAL KIT                                                                | 5         | PA                      |
| <i>cyclosporine<br/>intravenous solution 50<br/>mg/ml</i>                      | 2         |                         |
| <i>cyclosporine modified<br/>oral capsule 100 mg, 25<br/>mg, 50 mg</i>         | 2         | B/D                     |
| <i>cyclosporine modified<br/>oral solution 100 mg/ml</i>                       | 2         | B/D                     |
| <i>cyclosporine oral<br/>capsule 100 mg, 25 mg</i>                             | 2         | B/D                     |
| ENBREL MINI<br>SUBCUTANEOUS<br>SOLUTION<br>CARTRIDGE 50<br>MG/ML               | 5         | PA                      |
| ENBREL<br>SUBCUTANEOUS<br>SOLUTION 25<br>MG/0.5ML                              | 5         | PA                      |

| Drug Name                                                                                                                | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| ENBREL<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE                                                                  | 5         | PA                      |
| ENBREL<br>SUBCUTANEOUS<br>SOLUTION<br>RECONSTITUTED                                                                      | 5         | PA                      |
| ENBREL SURECLICK<br>SUBCUTANEOUS<br>SOLUTION AUTO-<br>INJECTOR 50 MG/ML                                                  | 5         | PA                      |
| <i>everolimus oral tablet<br/>0.25 mg</i>                                                                                | 2         | B/D                     |
| <i>everolimus oral tablet<br/>0.5 mg, 0.75 mg, 1 mg</i>                                                                  | 5         | B/D                     |
| <i>gengraf oral capsule<br/>100 mg, 25 mg</i>                                                                            | 2         | B/D                     |
| <i>gengraf oral solution<br/>100 mg/ml</i>                                                                               | 2         | B/D                     |
| HUMIRA PEDIATRIC<br>CROHNS START<br>SUBCUTANEOUS<br>PREFILLED SYRINGE<br>KIT 80 MG/0.8ML, 80<br>MG/0.8ML &<br>40MG/0.4ML | 5         | PA                      |
| HUMIRA PEN<br>SUBCUTANEOUS<br>PEN-INJECTOR KIT 40<br>MG/0.4ML, 40<br>MG/0.8ML, 80<br>MG/0.8ML                            | 5         | PA                      |
| HUMIRA PEN-<br>CD/UC/HS STARTER<br>SUBCUTANEOUS<br>PEN-INJECTOR KIT 40<br>MG/0.8ML, 80<br>MG/0.8ML                       | 5         | PA                      |
| HUMIRA PEN-<br>PEDIATRIC UC START<br>SUBCUTANEOUS<br>PEN-INJECTOR KIT 80<br>MG/0.8ML                                     | 5         | PA                      |

| Drug Name                                                                                                                      | Drug Tier | Requirements/<br>Limits           |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|
| HUMIRA PEN-<br>PS/UV/ADOL HS<br>START<br>SUBCUTANEOUS<br>PEN-INJECTOR KIT 40<br>MG/0.8ML                                       | 5         | PA                                |
| HUMIRA PEN-<br>PSOR/UEIT<br>STARTER<br>SUBCUTANEOUS<br>PEN-INJECTOR KIT 80<br>MG/0.8ML &<br>40MG/0.4ML                         | 5         | PA                                |
| HUMIRA<br>SUBCUTANEOUS<br>PREFILLED SYRINGE<br>KIT 10 MG/0.1ML, 20<br>MG/0.2ML, 20<br>MG/0.4ML, 40<br>MG/0.4ML, 40<br>MG/0.8ML | 5         | PA                                |
| INFLECTRA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG                                                                | 5         | PA                                |
| <i>infliximab intravenous<br/>solution reconstituted<br/>100 mg</i>                                                            | 5         | PA                                |
| KINERET<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>100 MG/0.67ML                                                      | 5         | PA                                |
| LUPKYNIS ORAL<br>CAPSULE 7.9 MG                                                                                                | 5         | PA; QL (180<br>EA per 30<br>days) |
| <i>methotrexate oral tablet<br/>2.5 mg</i>                                                                                     | 1         |                                   |
| <i>methotrexate sodium<br/>(pf) injection solution 1<br/>gm/40ml, 250 mg/10ml,<br/>50 mg/2ml</i>                               | 1         |                                   |
| <i>methotrexate sodium<br/>injection solution 250<br/>mg/10ml, 50 mg/2ml</i>                                                   | 1         |                                   |
| <i>methotrexate sodium<br/>injection solution<br/>reconstituted 1 gm</i>                                                       | 1         |                                   |

| Drug Name                                                                             | Drug Tier | Requirements/<br>Limits | Drug Name                                                                         | Drug Tier | Requirements/<br>Limits    |
|---------------------------------------------------------------------------------------|-----------|-------------------------|-----------------------------------------------------------------------------------|-----------|----------------------------|
| MYCOPHENOLATE MOFETIL HCL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG                   | 3         | B/D                     | RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG                               | 5         | PA                         |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                                      | 2         | B/D                     | REZUROCK ORAL TABLET 200 MG                                                       | 5         | PA; QL (60 EA per 30 days) |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>                  | 2         | B/D                     | <i>sirolimus oral solution 1 mg/ml</i>                                            | 5         | B/D                        |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                       | 2         | B/D                     | <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                                   | 2         | B/D                        |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>                | 2         | B/D                     | <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                                 | 2         | B/D                        |
| NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG                                     | 5         |                         | XATMEP ORAL SOLUTION 2.5 MG/ML                                                    | 4         |                            |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML                       | 5         | PA                      | ZORTRESS ORAL TABLET 1 MG                                                         | 5         | B/D                        |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG                                     | 5         | PA                      | <b>Vaccines</b>                                                                   |           |                            |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML | 5         | PA                      | ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED                                       | 3         |                            |
| PROGRAF ORAL PACKET 0.2 MG                                                            | 4         | B/D                     | ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5 | 3         |                            |
| PROGRAF ORAL PACKET 1 MG                                                              | 5         | B/D                     | BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG                                | 4         |                            |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG                                    | 5         | PA                      | BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                                | 3         |                            |
|                                                                                       |           |                         | BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5                           | 3         |                            |
|                                                                                       |           |                         | BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5         | 3         |                            |

| Drug Name                                                                              | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------|-----------|-------------------------|
| DAPTACEL<br>INTRAMUSCULAR<br>SUSPENSION 23-15-5                                        | 3         |                         |
| DENGVAIXA<br>SUBCUTANEOUS<br>SUSPENSION<br>RECONSTITUTED                               | 4         |                         |
| DIPHTHERIA-<br>TETANUS TOXOIDS<br>DT INTRAMUSCULAR<br>SUSPENSION 25-5<br>LFU/0.5ML     | 4         |                         |
| ENGRIX-B<br>INJECTION<br>SUSPENSION 20<br>MCG/ML                                       | 3         | B/D                     |
| ENGRIX-B<br>INJECTION<br>SUSPENSION<br>PREFILLED SYRINGE<br>10 MCG/0.5ML, 20<br>MCG/ML | 3         | B/D                     |
| GARDASIL 9<br>INTRAMUSCULAR<br>SUSPENSION                                              | 4         |                         |
| GARDASIL 9<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE                         | 4         |                         |
| HAVRIX<br>INTRAMUSCULAR<br>SUSPENSION 1440 EL<br>U/ML, 720 EL U/0.5ML                  | 3         |                         |
| HIBERIX INJECTION<br>SOLUTION<br>RECONSTITUTED 10<br>MCG                               | 3         |                         |
| IMOVAX RABIES<br>INTRAMUSCULAR<br>SUSPENSION<br>RECONSTITUTED 2.5<br>UNIT/ML           | 4         | B/D                     |
| INFANRIX<br>INTRAMUSCULAR<br>SUSPENSION 25-58-<br>10                                   | 3         |                         |
| IPOLE INJECTION<br>INJECTABLE                                                          | 4         |                         |

| Drug Name                                                                                                | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| IXIARO<br>INTRAMUSCULAR<br>SUSPENSION                                                                    | 4         |                         |
| KINRIX<br>INTRAMUSCULAR<br>SUSPENSION                                                                    | 4         |                         |
| KINRIX<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE<br>0.5 ML                                     | 4         |                         |
| MENACTRA<br>INTRAMUSCULAR<br>SOLUTION                                                                    | 3         |                         |
| MENQUADFI<br>INTRAMUSCULAR<br>SOLUTION                                                                   | 3         |                         |
| MENVEO<br>INTRAMUSCULAR<br>SOLUTION<br>RECONSTITUTED                                                     | 3         |                         |
| M-M-R II INJECTION<br>SOLUTION<br>RECONSTITUTED                                                          | 4         |                         |
| PEDIARIX<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE                                             | 4         |                         |
| PEDVAX HIB<br>INTRAMUSCULAR<br>SUSPENSION 7.5<br>MCG/0.5ML                                               | 3         |                         |
| PENTACEL<br>INTRAMUSCULAR<br>SUSPENSION<br>RECONSTITUTED ,<br>(96-30-68-1-80-2-16-3-<br>64-20 VAR UNITS) | 4         |                         |
| PREHEVBRIO<br>INTRAMUSCULAR<br>SUSPENSION 10<br>MCG/ML                                                   | 3         | B/D                     |
| PRIORIX<br>SUBCUTANEOUS<br>SUSPENSION<br>RECONSTITUTED                                                   | 4         |                         |

| Drug Name                                                                                  | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------------|-----------|-------------------------|
| PROQUAD<br>SUBCUTANEOUS<br>SUSPENSION<br>RECONSTITUTED                                     | 3         |                         |
| QUADRACEL<br>INTRAMUSCULAR<br>SUSPENSION , (58<br>UNT/ML)                                  | 4         |                         |
| QUADRACEL<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE<br>0.5 ML                    | 4         |                         |
| RABAVERT<br>INTRAMUSCULAR<br>SUSPENSION<br>RECONSTITUTED                                   | 4         | B/D                     |
| RECOMBIVAX HB<br>INJECTION<br>SUSPENSION 10<br>MCG/ML, 40 MCG/ML,<br>5 MCG/0.5ML           | 3         | B/D                     |
| RECOMBIVAX HB<br>INJECTION<br>SUSPENSION<br>PREFILLED SYRINGE<br>10 MCG/ML, 5<br>MCG/0.5ML | 3         | B/D                     |
| ROTARIX ORAL<br>SUSPENSION<br>RECONSTITUTED                                                | 4         |                         |
| ROTATEQ ORAL<br>SOLUTION                                                                   | 4         |                         |
| SHINGRIX<br>INTRAMUSCULAR<br>SUSPENSION<br>RECONSTITUTED 50<br>MCG/0.5ML                   | 3         |                         |
| STAMARIL INJECTION<br>SUSPENSION<br>RECONSTITUTED                                          | 4         |                         |
| TDVAX<br>INTRAMUSCULAR<br>SUSPENSION 2-2<br>LF/0.5ML                                       | 3         |                         |

| Drug Name                                                                                                         | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| TENIVAC<br>INTRAMUSCULAR<br>INJECTABLE 5-2 LFU,<br>5-2 LFU (INJECTION)                                            | 3         |                         |
| TICOVAC<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE<br>1.2 MCG/0.25ML, 2.4<br>MCG/0.5ML                   | 3         |                         |
| TRUMENBA<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE                                                      | 3         |                         |
| TWINRIX<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE<br>720-20 ELU-MCG/ML                                  | 4         |                         |
| TYPHIM VI<br>INTRAMUSCULAR<br>SOLUTION 25<br>MCG/0.5ML                                                            | 4         |                         |
| TYPHIM VI<br>INTRAMUSCULAR<br>SOLUTION<br>PREFILLED SYRINGE<br>25 MCG/0.5ML                                       | 4         |                         |
| VAQTA<br>INTRAMUSCULAR<br>SUSPENSION 25<br>UNIT/0.5ML, 25<br>UNIT/0.5ML 0.5 ML, 50<br>UNIT/ML, 50 UNIT/ML 1<br>ML | 3         |                         |
| VARIVAX<br>SUBCUTANEOUS<br>INJECTABLE 1350<br>PFU/0.5ML                                                           | 3         |                         |
| VARIZIG<br>INTRAMUSCULAR<br>SOLUTION 125<br>UNIT/1.2ML                                                            | 5         |                         |
| VAXELIS<br>INTRAMUSCULAR<br>SUSPENSION                                                                            | 4         |                         |



| Drug Name                                                                       | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------|-----------|-------------------------|
| VAXELIS<br>INTRAMUSCULAR<br>SUSPENSION<br>PREFILLED SYRINGE                     | 4         |                         |
| YF-VAX<br>SUBCUTANEOUS<br>INJECTABLE , (2.5<br>ML IN 1 VIAL, MULTI-<br>DOSE)    | 4         |                         |
| ZOSTAVAX<br>SUBCUTANEOUS<br>SUSPENSION<br>RECONSTITUTED<br>19400 UNT/0.65ML     | 4         |                         |
| <b>Inflammatory Bowel<br/>Disease Agents</b>                                    |           |                         |
| <b>Aminosalicylates</b>                                                         |           |                         |
| <i>balsalazide disodium<br/>oral capsule 750 mg</i>                             | 2         |                         |
| DIPENTUM ORAL<br>CAPSULE 250 MG                                                 | 5         |                         |
| <i>mesalamine er oral<br/>capsule extended<br/>release 24 hour 0.375<br/>gm</i> | 2         |                         |
| <i>mesalamine oral<br/>capsule delayed release<br/>400 mg</i>                   | 2         |                         |
| <i>mesalamine oral tablet<br/>delayed release 1.2 gm,<br/>800 mg</i>            | 2         |                         |
| <i>mesalamine rectal<br/>enema 4 gm</i>                                         | 4         |                         |
| <i>mesalamine-cleanser<br/>rectal kit 4 gm</i>                                  | 4         |                         |
| <i>sulfasalazine oral tablet<br/>500 mg</i>                                     | 1         |                         |
| <i>sulfasalazine oral tablet<br/>delayed release 500 mg</i>                     | 1         |                         |
| <b>Glucocorticoids</b>                                                          |           |                         |
| <i>budesonide er oral<br/>tablet extended release<br/>24 hour 9 mg</i>          | 5         |                         |
| <i>budesonide oral<br/>capsule delayed release<br/>particles 3 mg</i>           | 4         |                         |

| Drug Name                                                               | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------|-----------|-------------------------|
| <i>colocort rectal enema<br/>100 mg/60ml</i>                            | 1         |                         |
| CORTIFOAM<br>EXTERNAL FOAM 10<br>%                                      | 3         |                         |
| <i>hydrocortisone<br/>(perianal) external<br/>cream 1 %</i>             | 1         |                         |
| <i>hydrocortisone rectal<br/>enema 100 mg/60ml</i>                      | 4         |                         |
| ORTIKOS ORAL<br>CAPSULE EXTENDED<br>RELEASE 24 HOUR 6<br>MG, 9 MG       | 5         |                         |
| <b>Metabolic Bone<br/>Disease Agents</b>                                |           |                         |
| <b>Metabolic Bone<br/>Disease Agents</b>                                |           |                         |
| <i>alendronate sodium oral<br/>solution 70 mg/75ml</i>                  | 1         |                         |
| <i>alendronate sodium oral<br/>tablet 10 mg, 35 mg, 5<br/>mg, 70 mg</i> | 1         |                         |
| <i>calcitonin (salmon)<br/>injection solution 200<br/>unit/ml</i>       | 5         |                         |
| <i>calcitonin (salmon)<br/>nasal solution 200<br/>unit/act</i>          | 2         |                         |
| <i>calcitriol intravenous<br/>solution 1 mcg/ml</i>                     | 1         |                         |
| <i>calcitriol oral capsule<br/>0.25 mcg, 0.5 mcg</i>                    | 1         |                         |
| <i>calcitriol oral solution 1<br/>mcg/ml</i>                            | 1         |                         |
| <i>cinacalcet hcl oral tablet<br/>30 mg, 60 mg</i>                      | 4         |                         |
| <i>cinacalcet hcl oral tablet<br/>90 mg</i>                             | 5         |                         |
| <i>doxercalciferol<br/>intravenous solution 4<br/>mcg/2ml</i>           | 2         | PA                      |
| <i>doxercalciferol oral<br/>capsule 0.5 mcg</i>                         | 2         | PA                      |
| <i>doxercalciferol oral<br/>capsule 1 mcg, 2.5 mcg</i>                  | 4         | PA                      |

| Drug Name                                                                                                         | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| FORTEO<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 600<br>MCG/2.4ML                                              | 5         | PA                      |
| HECTOROL<br>INTRAVENOUS<br>SOLUTION 2 MCG/ML                                                                      | 4         | PA                      |
| <i>ibandronate sodium oral<br/>tablet 150 mg</i>                                                                  | 2         |                         |
| MIACALCIN<br>INJECTION SOLUTION<br>200 UNIT/ML                                                                    | 5         |                         |
| NATPARA<br>SUBCUTANEOUS<br>CARTRIDGE 100 MCG,<br>25 MCG, 50 MCG, 75<br>MCG                                        | 5         | PA                      |
| <i>pamidronate disodium<br/>intravenous solution 30<br/>mg/10ml, 6 mg/ml, 90<br/>mg/10ml</i>                      | 1         |                         |
| <i>paricalcitol intravenous<br/>solution 2 mcg/ml, 5<br/>mcg/ml</i>                                               | 4         |                         |
| <i>paricalcitol oral capsule<br/>1 mcg, 2 mcg, 4 mcg</i>                                                          | 3         |                         |
| PROLIA<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>60 MG/ML                                               | 4         |                         |
| <i>risedronate sodium oral<br/>tablet 150 mg, 30 mg,<br/>35 mg, 35 mg (12<br/>pack), 35 mg (4 pack), 5<br/>mg</i> | 2         |                         |
| <i>risedronate sodium oral<br/>tablet delayed release<br/>35 mg</i>                                               | 2         |                         |
| TERIPARATIDE<br>(RECOMBINANT)<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 620<br>MCG/2.48ML                      | 5         | PA                      |

| Drug Name                                                                    | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------|-----------|-------------------------|
| XGEVA<br>SUBCUTANEOUS<br>SOLUTION 120<br>MG/1.7ML                            | 5         | PA                      |
| <i>zoledronic acid<br/>intravenous concentrate<br/>4 mg/5ml</i>              | 4         |                         |
| <i>zoledronic acid<br/>intravenous solution 4<br/>mg/100ml, 5 mg/100ml</i>   | 4         |                         |
| <b>Miscellaneous<br/>Therapeutic Agents</b>                                  |           |                         |
| <b>Miscellaneous<br/>Therapeutic Agents</b>                                  |           |                         |
| <i>acetylcysteine<br/>intravenous solution<br/>200 mg/ml</i>                 | 2         |                         |
| <i>alcohol prep pads pad<br/>70 %</i>                                        | 3         |                         |
| AMINOSYN II<br>INTRAVENOUS<br>SOLUTION 15 %                                  | 3         | B/D                     |
| AMINOSYN-PF<br>INTRAVENOUS<br>SOLUTION 7 %                                   | 3         | B/D                     |
| <i>clinisol sf intravenous<br/>solution 15 %</i>                             | 3         | B/D                     |
| CLINOLIPID<br>INTRAVENOUS<br>EMULSION 20 %                                   | 3         | B/D                     |
| COSELA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 300<br>MG                 | 5         | PA                      |
| CURITY ALL<br>PURPOSE SPONGES<br>PAD 2"x2"                                   | 3         |                         |
| <i>cvs gauze sterile pad<br/>2"x2"</i>                                       | 3         |                         |
| <i>deferoxamine mesylate<br/>injection solution<br/>reconstituted 2 gm</i>   | 2         | PA                      |
| <i>deferoxamine mesylate<br/>injection solution<br/>reconstituted 500 mg</i> | 5         | PA                      |

| Drug Name                                                                | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------|-----------|-------------------------|
| ELLA ORAL TABLET 30 MG                                                   | 3         |                         |
| fomepizole intravenous solution 1.5 gm/1.5ml                             | 5         |                         |
| FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %                                  | 3         | B/D                     |
| GRASSTK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU                            | 4         |                         |
| HEPATAMINE INTRAVENOUS SOLUTION 8 %                                      | 3         | B/D                     |
| INSULIN PEN NEEDLES 29G X 10MM , 29G X 12MM                              | 3         |                         |
| insulin pen needles 29g x 12mm                                           | 3         |                         |
| insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml          | 3         |                         |
| INSULIN SYRINGES 29G X 1/2" 0.5 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML | 3         |                         |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %                               | 3         | B/D                     |
| KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML                                  | 5         | PA                      |
| KEVEYIS ORAL TABLET 50 MG                                                | 5         | PA                      |
| LACTATED RINGERS IRRIGATION SOLUTION                                     | 3         |                         |
| LAGEVRIO ORAL CAPSULE 200 MG                                             | 4         | QL (40 EA per 5 days)   |
| levocarnitine oral solution 1 gm/10ml                                    | 1         |                         |
| LEVOCARNITINE ORAL TABLET 330 MG                                         | 1         |                         |
| methergine oral tablet 0.2 mg                                            | 5         |                         |

| Drug Name                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------|-----------|-------------------------|
| methylergonovine maleate injection solution 0.2 mg/ml                | 1         |                         |
| methylergonovine maleate oral tablet 0.2 mg                          | 5         |                         |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG                  | 5         | PA                      |
| NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %                                | 3         | B/D                     |
| NUTRILIPID INTRAVENOUS EMULSION 20 %                                 | 3         | B/D                     |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR                          | 4         |                         |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG                                 | 5         | PA                      |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG | 4         | QL (30 EA per 5 days)   |
| plenamine intravenous solution 15 %                                  | 3         | B/D                     |
| premasol intravenous solution 10 %                                   | 3         | B/D                     |
| PROSOL INTRAVENOUS SOLUTION 20 %                                     | 3         | B/D                     |
| PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM            | 4         |                         |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U                   | 4         |                         |

| Drug Name                                                                | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------|-----------|-------------------------|
| REMDESIVIR<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG, 150 MG | 5         |                         |
| <i>ringers irrigation<br/>irrigation solution</i>                        | 1         |                         |
| <i>sod benz-sod<br/>phenylacet intravenous<br/>solution 10-10 %</i>      | 5         |                         |
| SODIUM CHLORIDE<br>IRRIGATION<br>SOLUTION 0.9 %                          | 2         |                         |
| <i>sterile water for<br/>irrigation irrigation<br/>solution</i>          | 1         |                         |
| SYNTHAMIN 17<br>INTRAVENOUS<br>SOLUTION 10 %                             | 3         | B/D                     |
| <i>tis-u-sol irrigation<br/>solution</i>                                 | 1         |                         |
| TRAVASOL<br>INTRAVENOUS<br>SOLUTION 10 %                                 | 3         | B/D                     |
| TROPHAMINE<br>INTRAVENOUS<br>SOLUTION 10 %, 6 %                          | 3         | B/D                     |
| VEKLURY<br>INTRAVENOUS<br>SOLUTION 100<br>MG/20ML                        | 5         |                         |
| VEKLURY<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG            | 5         |                         |
| VISTOGARD ORAL<br>PACKET 10 GM                                           | 5         |                         |
| <b>Ophthalmic Agents</b>                                                 |           |                         |
| <b>Ophthalmic Agents,<br/>Other</b>                                      |           |                         |
| <i>ak-poly-bac ophthalmic<br/>ointment 500-10000<br/>unit/gm</i>         | 2         |                         |
| ATROPINE SULFATE<br>OPHTHALMIC<br>SOLUTION 1 %                           | 1         |                         |

| Drug Name                                                                                          | Drug Tier | Requirements/<br>Limits       |
|----------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>bacitracin-polymyxin b<br/>ophthalmic ointment<br/>500-10000 unit/gm</i>                        | 2         |                               |
| <i>brimonidine tartrate-<br/>timolol ophthalmic<br/>solution 0.2-0.5 %</i>                         | 2         |                               |
| <i>cyclopentolate hcl<br/>ophthalmic solution 1<br/>%, 2 %</i>                                     | 1         |                               |
| <i>cyclosporine ophthalmic<br/>emulsion 0.05 %</i>                                                 | 4         |                               |
| CYSTADROPS<br>OPHTHALMIC<br>SOLUTION 0.37 %                                                        | 5         | PA; QL (20 ML<br>per 28 days) |
| CYSTARAN<br>OPHTHALMIC<br>SOLUTION 0.44 %                                                          | 5         | PA; QL (60 ML<br>per 28 days) |
| <i>dorzolamide hcl-timolol<br/>mal ophthalmic solution<br/>22.3-6.8 mg/ml</i>                      | 1         |                               |
| <i>dorzolamide hcl-timolol<br/>mal pf ophthalmic<br/>solution 2-0.5 %</i>                          | 1         |                               |
| <i>neomycin-bacitracin zn-<br/>polymyx ophthalmic<br/>ointment 3.5-400-10000<br/>, 5-400-10000</i> | 2         |                               |
| <i>neomycin-polymyxin-<br/>gramicidin ophthalmic<br/>solution 1.75-10000-<br/>.025</i>             | 1         |                               |
| <i>neo-polycin hc<br/>ophthalmic ointment 1<br/>%</i>                                              | 2         |                               |
| <i>neo-polycin ophthalmic<br/>ointment 3.5-400-10000</i>                                           | 2         |                               |
| OXERVATE<br>OPHTHALMIC<br>SOLUTION 0.002 %                                                         | 5         | PA                            |
| <i>polycin ophthalmic<br/>ointment 500-10000<br/>unit/gm</i>                                       | 2         |                               |
| <i>polymyxin b-<br/>trimethoprim ophthalmic<br/>solution 10000-0.1<br/>unit/ml-%</i>               | 1         |                               |

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| Drug Name                                                       | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------|-----------|-------------------------|
| <i>proparacaine hcl<br/>ophthalmic solution 0.5<br/>%</i>       | 1         |                         |
| RESTASIS<br>MULTIDOSE<br>OPHTHALMIC<br>EMULSION 0.05 %          | 4         |                         |
| RESTASIS<br>OPHTHALMIC<br>EMULSION 0.05 %                       | 4         |                         |
| RHOPRESSA<br>OPHTHALMIC<br>SOLUTION 0.02 %                      | 4         |                         |
| ROCKLATAN<br>OPHTHALMIC<br>SOLUTION 0.02-0.005<br>%             | 4         |                         |
| SIMBRINZA<br>OPHTHALMIC<br>SUSPENSION 1-0.2 %                   | 3         |                         |
| VABYSMO<br>INTRAVITREAL<br>SOLUTION 6<br>MG/0.05ML              | 5         |                         |
| XIIDRA OPHTHALMIC<br>SOLUTION 5 %                               | 3         |                         |
| <b>Ophthalmic Anti-<br/>allergy Agents</b>                      |           |                         |
| ALOCRIAL<br>OPHTHALMIC<br>SOLUTION 2 %                          | 4         |                         |
| <i>azelastine hcl<br/>ophthalmic solution 0.05<br/>%</i>        | 2         |                         |
| <i>cromolyn sodium<br/>ophthalmic solution 4 %</i>              | 1         |                         |
| <i>epinastine hcl<br/>ophthalmic solution 0.05<br/>%</i>        | 2         |                         |
| <i>olopatadine hcl<br/>ophthalmic solution 0.1<br/>%, 0.2 %</i> | 2         |                         |
| PAZEO OPHTHALMIC<br>SOLUTION 0.7 %                              | 4         |                         |
| <i>phenylephrine hcl<br/>ophthalmic solution 10<br/>%</i>       | 1         |                         |

| Drug Name                                                                            | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>Ophthalmic Anti-<br/>inflammatories</b>                                           |           |                         |
| <i>bacitra-neomycin-<br/>polymyxin-hc<br/>ophthalmic ointment 1<br/>%</i>            | 2         |                         |
| <i>bromfenac sodium<br/>(once-daily) ophthalmic<br/>solution 0.09 %</i>              | 2         |                         |
| BROMSITE<br>OPHTHALMIC<br>SOLUTION 0.075 %                                           | 4         |                         |
| <i>dexamethasone sodium<br/>phosphate ophthalmic<br/>solution 0.1 %</i>              | 1         |                         |
| <i>diclofenac sodium<br/>ophthalmic solution 0.1<br/>%</i>                           | 2         |                         |
| <i>fluorometholone<br/>ophthalmic suspension<br/>0.1 %</i>                           | 2         |                         |
| <i>flurbiprofen sodium<br/>ophthalmic solution 0.03<br/>%</i>                        | 1         |                         |
| ILEVRO OPHTHALMIC<br>SUSPENSION 0.3 %                                                | 4         |                         |
| <i>ketorolac tromethamine<br/>ophthalmic solution 0.4<br/>%, 0.5 %</i>               | 1         |                         |
| <i>loteprednol etabonate<br/>ophthalmic suspension<br/>0.5 %</i>                     | 2         |                         |
| <i>neomycin-polymyxin-<br/>dexameth ophthalmic<br/>ointment 3.5-10000-0.1</i>        | 1         |                         |
| <i>neomycin-polymyxin-<br/>dexameth ophthalmic<br/>suspension 3.5-10000-<br/>0.1</i> | 1         |                         |
| <i>neomycin-polymyxin-hc<br/>ophthalmic suspension<br/>3.5-10000-1</i>               | 2         |                         |
| <i>prednisolone acetate<br/>ophthalmic suspension<br/>1 %</i>                        | 1         |                         |

| Drug Name                                                            | Drug Tier | Requirements/<br>Limits |
|----------------------------------------------------------------------|-----------|-------------------------|
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i>         | 1         |                         |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>      | 1         |                         |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>      | 2         |                         |
| <b>Ophthalmic Beta-Adrenergic Blocking Agents</b>                    |           |                         |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i>                       | 1         |                         |
| <i>carteolol hcl ophthalmic solution 1 %</i>                         | 1         |                         |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                     | 1         |                         |
| <i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>        | 2         | Once Daily              |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> | 2         |                         |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>             | 1         |                         |
| <b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>        |           |                         |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | 2         |                         |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                      | 2         |                         |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i>                   | 1         |                         |
| AZOPT OPHTHALMIC SUSPENSION 1 %                                      | 4         |                         |

| Drug Name                                                    | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------|-----------|-------------------------|
| BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %              | 2         |                         |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i>        | 2         |                         |
| <i>brinzolamide ophthalmic suspension 1 %</i>                | 2         |                         |
| <i>dorzolamide hcl ophthalmic solution 2 %</i>               | 1         |                         |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                | 2         |                         |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % | 4         |                         |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>     | 2         |                         |
| <b>Ophthalmic Prostaglandin and Prostamide Analogs</b>       |           |                         |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %                       | 3         |                         |
| <i>latanoprost ophthalmic solution 0.005 %</i>               | 1         |                         |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 %                           | 3         |                         |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i>     | 2         |                         |
| VYZULTA OPHTHALMIC SOLUTION 0.024 %                          | 4         |                         |
| XELPROS OPHTHALMIC EMULSION 0.005 %                          | 4         |                         |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %                         | 4         |                         |
| <b>Otic Agents</b>                                           |           |                         |
| <b>Otic Agents</b>                                           |           |                         |



| Drug Name                                                    | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------|-----------|-------------------------|
| <i>acetic acid otic solution 2 %</i>                         | 2         |                         |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i> | 2         |                         |
| <i>flac otic oil 0.01 %</i>                                  | 2         |                         |
| <i>fluocinolone acetonide otic oil 0.01 %</i>                | 2         |                         |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i>        | 2         |                         |
| <i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>  | 2         |                         |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>     | 2         |                         |
| <b>Respiratory Tract/Pulmonary Agents</b>                    |           |                         |
| <b>Antihistamines</b>                                        |           |                         |
| <i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>           | 2         |                         |
| <i>cetirizine hcl oral solution 1 mg/ml</i>                  | 2         |                         |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i>                | 2         |                         |
| <i>cyproheptadine hcl oral tablet 4 mg</i>                   | 2         |                         |
| <i>desloratadine oral tablet 5 mg</i>                        | 2         |                         |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>       | 2         |                         |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>           | 2         | PA                      |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>       | 4         | PA                      |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | 4         | PA                      |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i>       | 2         |                         |

| Drug Name                                                                                      | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>Anti-inflammatories, Inhaled Corticosteroids</b>                                            |           |                         |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT             | 3         |                         |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH              | 3         |                         |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | 3         |                         |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT              | 3         |                         |
| ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH               | 3         |                         |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT                            | 3         |                         |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT                                        | 3         |                         |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>                      | 2         | B/D                     |

| Drug Name                                                                                                                                                              | Drug Tier | Requirements/<br>Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>                                                                                                                  | 1         |                         |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i>                                                                                                              | 2         |                         |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i> | 2         |                         |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT                                                                                 | 3         |                         |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT                                                                                               | 3         |                         |
| <i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>                                                          | 2         |                         |
| <b>Antileukotrienes</b>                                                                                                                                                |           |                         |
| <i>montelukast sodium oral packet 4 mg</i>                                                                                                                             | 1         |                         |
| <i>montelukast sodium oral tablet 10 mg</i>                                                                                                                            | 1         |                         |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>                                                                                                              | 1         |                         |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>                                                                                                                            | 2         |                         |
| <b>Bronchodilators, Anticholinergic</b>                                                                                                                                |           |                         |

| Drug Name                                                                                         | Drug Tier | Requirements/<br>Limits |
|---------------------------------------------------------------------------------------------------|-----------|-------------------------|
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT                                               | 3         |                         |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT                                     | 3         |                         |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                             | 1         | B/D                     |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>                                          | 1         |                         |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>                               | 1         | B/D                     |
| LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML                                          | 4         |                         |
| LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML                                         | 4         |                         |
| SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG                                                       | 4         |                         |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG                                                      | 3         |                         |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT                            | 3         |                         |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT, 400 MCG/ACT (30 ACTUATE) | 3         |                         |
| <b>Bronchodilators, Sympathomimetic</b>                                                           |           |                         |

| Drug Name                                                                                                             | Drug Tier | Requirements/<br>Limits | Drug Name                                                                                      | Drug Tier | Requirements/<br>Limits |
|-----------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>                                           | 2         |                         | ISUPREL INJECTION SOLUTION 0.2 MG/ML                                                           | 3         |                         |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>                                        | 1         |                         | <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i> | 4         | B/D                     |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent ventolin)</i>            | 2         |                         | <i>levalbuterol hfa inhalation aerosol 45 mcg/act</i>                                          | 2         |                         |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i> | 2         | B/D                     | PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT              | 3         |                         |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i>                                                                          | 1         |                         | <i>proair hfa inhalation aerosol solution 108 (90 base) mcg/act</i>                            | 2         |                         |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                                                                       | 2         |                         | PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT             | 3         |                         |
| ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG                                                                            | 4         |                         | SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT                          | 3         |                         |
| <i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>                                              | 4         | B/D                     | STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT                                     | 3         |                         |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT                                                                   | 4         |                         | <i>terbutaline sulfate injection solution 1 mg/ml</i>                                          | 5         |                         |
| BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML                                                                   | 4         | B/D                     | <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>                                            | 2         |                         |
| <i>epinephrine injection solution 0.3 mg/0.3ml</i>                                                                    | 2         |                         | UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG                                              | 4         |                         |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>                       | 2         |                         | VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT                                 | 2         |                         |
| <i>isoproterenol hcl injection solution 0.2 mg/ml</i>                                                                 | 2         |                         |                                                                                                |           |                         |

| Drug Name                                                                | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------|-----------|-------------------------|
| <b>Cystic Fibrosis Agents</b>                                            |           |                         |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG                          | 5         | PA                      |
| KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG                                 | 5         | PA                      |
| KALYDECO ORAL TABLET 150 MG                                              | 5         | PA                      |
| KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML                  | 5         | PA                      |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG                     | 5         | PA                      |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                               | 5         | PA                      |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML                               | 5         | PA                      |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG         | 5         | PA                      |
| TOBI PODHALER INHALATION CAPSULE 28 MG                                   | 5         | PA                      |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i>            | 5         | PA                      |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG | 5         | PA                      |
| <b>Mast Cell Stabilizers</b>                                             |           |                         |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>        | 4         | B/D                     |

| Drug Name                                                                           | Drug Tier | Requirements/<br>Limits |
|-------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>Phosphodiesterase Inhibitors, Airways Disease</b>                                |           |                         |
| <i>aminophylline intravenous solution 25 mg/ml</i>                                  | 1         |                         |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG                                               | 4         | ST                      |
| <i>elixophyllin oral elixir 80 mg/15ml</i>                                          | 1         |                         |
| <i>roflumilast oral tablet 250 mcg, 500 mcg</i>                                     | 2         | ST                      |
| <i>theo-24 oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 400 mg</i> | 3         |                         |
| <i>theophylline er oral tablet extended release 12 hour 300 mg</i>                  | 2         |                         |
| <i>theophylline er oral tablet extended release 12 hour 450 mg</i>                  | 1         |                         |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>          | 2         |                         |
| <i>theophylline in d5w intravenous solution 0.8-5 mg/ml-%</i>                       | 1         |                         |
| <i>theophylline oral elixir 80 mg/15ml</i>                                          | 1         |                         |
| <i>theophylline oral solution 80 mg/15ml</i>                                        | 1         |                         |
| <b>Pulmonary Antihypertensives</b>                                                  |           |                         |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                              | 5         | PA                      |
| <i>alyq oral tablet 20 mg</i>                                                       | 5         | PA                      |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                                          | 5         | PA                      |
| <i>epoprostenol sodium intravenous solution reconstituted 0.5 mg</i>                | 2         | PA                      |

| Drug Name                                                                                             | Drug Tier | Requirements/<br>Limits | Drug Name                                                                                      | Drug Tier | Requirements/<br>Limits      |
|-------------------------------------------------------------------------------------------------------|-----------|-------------------------|------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>epoprostenol sodium intravenous solution reconstituted 1.5 mg</i>                                  | 5         | PA                      | TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML                                                    | 5         | PA                           |
| OPSUMIT ORAL TABLET 10 MG                                                                             | 5         | PA                      | TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML                                                   | 5         | PA                           |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG                                                       | 3         | PA                      | UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG                                            | 5         | PA; QL (60 EA per 30 days)   |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG                                    | 5         | PA                      | UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 5         | PA; QL (60 EA per 30 days)   |
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML                         | 5         | PA                      | UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG                                                 | 5         | PA; QL (400 EA per 365 days) |
| <i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>                                           | 5         | PA                      | VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML                                              | 5         | PA                           |
| <i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>                                      | 5         | PA                      | <b>Pulmonary Fibrosis Agents</b>                                                               |           |                              |
| <i>sildenafil citrate oral tablet 20 mg</i>                                                           | 3         | PA                      | ESBRIET ORAL CAPSULE 267 MG                                                                    | 5         | PA                           |
| <i>tadalafil (pah) oral tablet 20 mg</i>                                                              | 5         | PA                      | ESBRIET ORAL TABLET 267 MG, 801 MG                                                             | 5         | PA                           |
| <i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>               | 5         | PA                      | OFEV ORAL CAPSULE 100 MG, 150 MG                                                               | 5         | PA; QL (60 EA per 30 days)   |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG | 5         | PA                      | <i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>                                          | 5         | PA                           |
| TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG                 | 5         | PA                      | <b>Respiratory Tract Agents, Other</b>                                                         |           |                              |
| TYVASO INHALATION SOLUTION 0.6 MG/ML                                                                  | 5         | PA                      | <i>acetylcysteine inhalation solution 10 %, 20 %</i>                                           | 2         | B/D                          |
|                                                                                                       |           |                         | ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT                       | 3         |                              |

| Drug Name                                                                            | Drug Tier | Requirements/<br>Limits |
|--------------------------------------------------------------------------------------|-----------|-------------------------|
| ARALAST NP<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED<br>1000 MG                    | 5         | PA                      |
| ARALAST NP<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED 500<br>MG                     | 4         | PA                      |
| DULERA INHALATION<br>AEROSOL 100-5<br>MCG/ACT, 200-5<br>MCG/ACT, 50-5<br>MCG/ACT     | 3         |                         |
| GLASSIA<br>INTRAVENOUS<br>SOLUTION 1000<br>MG/50ML                                   | 5         | PA                      |
| NUCALA<br>SUBCUTANEOUS<br>SOLUTION AUTO-<br>INJECTOR 100 MG/ML                       | 5         | PA                      |
| NUCALA<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>100 MG/ML, 40<br>MG/0.4ML | 5         | PA                      |
| NUCALA<br>SUBCUTANEOUS<br>SOLUTION<br>RECONSTITUTED 100<br>MG                        | 5         | PA                      |
| PROLASTIN-C<br>INTRAVENOUS<br>SOLUTION 1000<br>MG/20ML                               | 5         | PA                      |
| PROLASTIN-C<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED<br>1000 MG                   | 4         | PA                      |
| <i>ribavirin inhalation<br/>solution reconstituted 6<br/>gm</i>                      | 5         | PA                      |

| Drug Name                                                                                                          | Drug Tier | Requirements/<br>Limits            |
|--------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|
| STIOLTO RESPIMAT<br>INHALATION<br>AEROSOL SOLUTION<br>2.5-2.5 MCG/ACT                                              | 3         |                                    |
| SYMBICORT<br>INHALATION<br>AEROSOL 160-4.5<br>MCG/ACT, 80-4.5<br>MCG/ACT                                           | 3         |                                    |
| TEZSPIRE<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>210 MG/1.91ML                                         | 5         | PA; QL (1.91<br>ML per 28<br>days) |
| TRELEGY ELLIPTA<br>INHALATION<br>AEROSOL POWDER<br>BREATH ACTIVATED<br>100-62.5-25 MCG/ACT,<br>200-62.5-25 MCG/ACT | 3         |                                    |
| XOLAIR<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE<br>150 MG/ML, 75<br>MG/0.5ML                               | 5         | PA                                 |
| XOLAIR<br>SUBCUTANEOUS<br>SOLUTION<br>RECONSTITUTED 150<br>MG                                                      | 5         | PA                                 |
| ZEMAIRA<br>INTRAVENOUS<br>SOLUTION<br>RECONSTITUTED<br>1000 MG                                                     | 5         | PA                                 |
| <b>Skeletal Muscle<br/>Relaxants</b>                                                                               |           |                                    |
| <b>Skeletal Muscle<br/>Relaxants</b>                                                                               |           |                                    |
| <i>cyclobenzaprine hcl oral<br/>tablet 10 mg, 5 mg, 7.5<br/>mg</i>                                                 | 2         | PA                                 |
| <i>methocarbamol oral<br/>tablet 500 mg, 750 mg</i>                                                                | 2         |                                    |
| <b>Sleep Disorder Agents</b>                                                                                       |           |                                    |
| <b>Sleep Promoting<br/>Agents</b>                                                                                  |           |                                    |



| Drug Name                                            | Drug Tier | Requirements/<br>Limits   |
|------------------------------------------------------|-----------|---------------------------|
| BELSOMRA ORAL<br>TABLET 10 MG, 15<br>MG, 20 MG, 5 MG | 3         |                           |
| DAYVIGO ORAL<br>TABLET 10 MG, 5 MG                   | 3         |                           |
| <i>doxepin hcl oral tablet 3<br/>mg, 6 mg</i>        | 2         |                           |
| <i>flurazepam hcl oral<br/>capsule 15 mg, 30 mg</i>  | 2         | QL (30 EA per<br>30 days) |
| HETLIOZ LQ ORAL<br>SUSPENSION 4<br>MG/ML             | 5         | PA                        |
| HETLIOZ ORAL<br>CAPSULE 20 MG                        | 5         | PA                        |
| NEMBUTAL<br>INJECTION SOLUTION<br>50 MG/ML           | 4         |                           |

| Drug Name                                                            | Drug Tier | Requirements/<br>Limits       |
|----------------------------------------------------------------------|-----------|-------------------------------|
| <i>pentobarbital sodium<br/>injection solution 50<br/>mg/ml</i>      | 4         |                               |
| <i>ramelteon oral tablet 8<br/>mg</i>                                | 4         | QL (30 EA per<br>30 days)     |
| <i>zolpidem tartrate oral<br/>tablet 10 mg, 5 mg</i>                 | 2         |                               |
| <b>Wakefulness<br/>Promoting Agents</b>                              |           |                               |
| <i>armodafinil oral tablet<br/>150 mg, 200 mg, 250<br/>mg, 50 mg</i> | 2         | PA                            |
| <i>modafinil oral tablet 100<br/>mg, 200 mg</i>                      | 3         | PA                            |
| SUNOSI ORAL<br>TABLET 150 MG, 75<br>MG                               | 4         | PA; QL (30 EA<br>per 30 days) |
| XYREM ORAL<br>SOLUTION 500 MG/ML                                     | 5         | PA                            |

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## Discrimination is Against the Law

FirstCarolinaCare Insurance Company complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

FirstCarolinaCare Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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

If you need these services, contact the Civil Rights Coordinator for FirstCarolinaCare Insurance Company. If you believe that FirstCarolinaCare Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**FCC Civil Rights Coordinator**  
**FirstCarolinaCare Insurance Company**  
**42 Memorial Drive**  
**Pinehurst, NC 28374**  
**Telephone: 1-877-210-9167**  
**Fax number: 1-910-235-7854**  
**Email: [compliance@firstcarolinacare.com](mailto:compliance@firstcarolinacare.com)**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the FCC Civil Rights Coordinator is available to help you.

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

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHS Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This formulary was updated on 12/1/2022. For more recent information or other questions, please contact FirstCarolinaCare Member Services, at (855) 291-9336 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit [FirstCarolinaCare.com/NHHA](https://www.FirstCarolinaCare.com/NHHA).



**(855) 291-9336, TTY/TDD 711**  
**[FirstCarolinaCare.com/NHHA](https://www.FirstCarolinaCare.com/NHHA)**