



# 2023 Comprehensive Formulary

*(List of Covered Drugs)*

*Prescription Drug Plan*

Arizona

Banner Medicare Simple Rx PDP



PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. Formulary 23549, Version 17

This formulary was updated on 11/17/2023. For more recent information or other questions, please contact Banner Medicare Rx at (844) 549-1859, TTY 711, 8 a.m. to 8 p.m., seven days a week. Or visit our website [www.BannerHealth.com/Rx](http://www.BannerHealth.com/Rx).

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. Call Member Services for more information.

**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 Banner Medicare Rx. When it refers to “plan” or “our plan,” it means Banner Medicare Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/17/2023. 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.

## **What is the Banner Medicare Rx Formulary?**

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

For a complete listing of all prescription drugs covered by Banner Medicare Rx, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Most changes in drug coverage happen on January 1, but Banner Medicare Rx 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 the 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.

- 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 below titled “How do I request an exception to Banner Medicare Rx’s 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 new generic drug 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 both. We may add a generic drug that is not new to the 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 both. 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 31-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to Banner Medicare Rx's Formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 11/17/2023. To get updated information about the drugs covered by Banner Medicare Rx please contact us. Our contact information appears on the front and back cover pages.

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

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

### **Medical Condition**

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page number 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 91. 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?**

Banner Medicare Rx 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:** Banner Medicare Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Banner Medicare Rx before you fill your prescriptions. If you don't get approval, Banner Medicare Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Banner Medicare Rx limits the amount of the drug that Banner Medicare Rx will cover. For example, Banner Medicare Rx provides 28 tablets per prescription for Eplusa. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Banner Medicare Rx 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, Banner Medicare Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Banner Medicare Rx 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 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Banner Medicare Rx 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 Banner Medicare Rx's formulary?" below 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 Banner Medicare Rx does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Banner Medicare Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Banner Medicare Rx.
- You can ask Banner Medicare Rx 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 Banner Medicare Rx's Formulary?

You can ask Banner Medicare Rx 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. You can ask us to cover a formulary drug at 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, Banner Medicare Rx 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, Banner Medicare Rx 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, tier, or utilization restriction exception. **When you request a formulary, tier, 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 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your 31-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.

### **For more information**

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

If you have questions about Banner Medicare Rx, 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>.

### **Banner Medicare Rx Formulary**

The formulary that begins on page 3 provides coverage information about the drugs covered by Banner Medicare Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

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

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

- This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call our Customer Care Center at (844) 549-1859, TTY 711, 8 a.m. to 8 p.m., seven days a week. Or visit our website [www.BannerHealth.com/Rx](http://www.BannerHealth.com/Rx).
- The plan may only allow quantity limits for certain drugs, and the amount of days' supply or amount dispensed will be indicated within the document.

## Banner Medicare Rx PDP

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-549-1859, TTY 711. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-549-1859, TTY 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-549-1859, TTY 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-549-1859, TTY 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-549-1859, TTY 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-549-1859, TTY 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-549-1859, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-549-1859, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-549-1859, TTY 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-549-1859, TTY 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-549-1859, TTY 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-549-1859, TTY 711 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-549-1859, TTY 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-549-1859, TTY 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-549-1859, TTY 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-549-1859, TTY 711. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-549-1859, TTY 711 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



## Drug tier copayment/coinsurance amounts

Every drug on the plan's drug list is in one of 5 cost-sharing tiers. To find out which tier your drug is in, refer to the Drug Tier column of the formulary that begins on page 3. For more detailed information about your prescription drug coverage, please refer to your Evidence of Coverage and other plan materials at [www.BannerHealth.com/Rx](http://www.BannerHealth.com/Rx) or contact us. Our contact information appears on the front and back cover pages.

| <b>Tier</b>                                 | <b>Description</b>  | <b>Cost Share</b>  |
|---|---|--|
| <b>Tier 1</b><br>Preferred<br>Generic Drugs | Includes preferred generic drugs and may include some brand drugs   | <ul style="list-style-type: none"> <li>• Retail 30 Day: \$0 copay</li> <li>• Retail 90 Day: \$0 copay</li> <li>• Mail 90 Day: \$0 copay</li> </ul>                   |
| <b>Tier 2</b><br>Generic Drugs              | Includes generic drugs and may include some brand drugs   | <ul style="list-style-type: none"> <li>• Retail 30 Day: \$5 copay</li> <li>• Retail 90 Day: \$15 copay</li> <li>• Mail 90 Day: \$10 copay</li> </ul>                 |
| <b>Tier 3</b><br>Preferred Brand<br>Drugs   | Includes preferred brand drugs and may include some generic drugs   | <ul style="list-style-type: none"> <li>• Retail 30 Day: 22% coinsurance</li> <li>• Retail 90 Day: 22% coinsurance</li> <li>• Mail 90 Day: 22% coinsurance</li> </ul> |
| <b>Tier 4</b><br>Non-Preferred<br>Drugs     | Includes non-preferred brand and non-preferred generic drugs  | <ul style="list-style-type: none"> <li>• Retail 30 Day: 38% coinsurance</li> <li>• Retail 90 Day: 38% coinsurance</li> <li>• Mail 90 Day: 38% coinsurance</li> </ul> |
| <b>Tier 5</b><br>Specialty Drugs            | Includes high-cost brand and generic drugs (drugs in this tier are not eligible for exceptions for payment at a lower tier) | <ul style="list-style-type: none"> <li>• Retail 30 Day: 25% coinsurance</li> <li>• Retail 90 Day: Not available</li> <li>• Mail 90 Day: Not available</li> </ul>     |

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Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

### **List of Abbreviations**

**B/D PA:** This prescription 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.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

**MO:** Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

**PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

**ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

| Drug Name  | Drug Tier | Requirements/Limits         |
|--|-----------|-----------------------------|
| <b>ANTI - INFECTIVES</b>   |           |                             |
| <b>ANTIFUNGAL AGENTS</b>   |           |                             |
| ABELCET  | 4         | B/D PA                      |
| <i>amphotericin b</i>  | 4         | B/D PA; MO                  |
| <i>caspofungin intravenous recon soln 50 mg</i>  | 5         |                             |
| <i>caspofungin intravenous recon soln 70 mg</i>  | 4         |                             |
| <i>clotrimazole mucous membrane</i>  | 2         | MO                          |
| CRESEMBA ORAL  | 4         | PA                          |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i> | 4         | PA                          |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>               | 4         | PA; MO                      |
| <i>fluconazole oral suspension for reconstitution</i>                                  | 3         | MO                          |
| <i>fluconazole oral tablet</i>   | 2         | MO                          |
| <i>flucytosine</i>   | 5         | MO                          |
| <i>griseofulvin microsize</i>  | 4         | MO                          |
| <i>griseofulvin ultramicrosize</i>   | 4         | MO                          |
| <i>itraconazole oral capsule</i>   | 4         | MO; QL (120 per 30 days)    |
| <i>itraconazole oral solution</i>  | 4         | MO                          |
| <i>ketoconazole oral</i>   | 2         | MO                          |
| <i>micafungin</i>  | 5         | MO                          |
| <i>nystatin oral</i>   | 2         | MO                          |
| <i>posaconazole oral tablet, delayed release (drlec)</i>                               | 5         | PA; MO; QL (96 per 30 days) |
| <i>terbinafine hcl oral</i>  | 2         | MO                          |
| <i>voriconazole intravenous</i>  | 5         | PA; MO                      |
| <i>voriconazole oral suspension for reconstitution</i>                                 | 5         | PA; MO                      |
| <i>voriconazole oral tablet</i>  | 4         | PA; MO                      |
| <b>ANTIVIRALS</b>  |           |                             |
| <i>abacavir</i>  | 3         | MO                          |
| <i>abacavir-lamivudine</i>   | 3         | MO                          |
| <i>acyclovir oral capsule</i>  | 2         | MO                          |
| <i>acyclovir oral suspension 200 mg/5 ml</i>   | 4         | MO                          |
| <i>acyclovir oral tablet</i>   | 2         | MO                          |
| <i>acyclovir sodium intravenous solution</i>   | 4         | B/D PA; MO                  |

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| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| <i>adefovir</i>                               | 4                | MO                          |
| <i>amantadine hcl oral capsule</i>            | 3                | MO                          |
| <i>amantadine hcl oral solution</i>           | 3                | MO                          |
| APRETUDE                                      | 5                | MO                          |
| APTIVUS                                       | 5                | MO                          |
| <i>atazanavir</i>                             | 4                | MO                          |
| BARACLUDE ORAL SOLUTION                       | 5                | MO                          |
| BIKTARVY                                      | 5                | MO                          |
| CABENUVA                                      | 5                | MO                          |
| <i>cidofovir</i>                              | 5                | B/D PA; MO                  |
| CIMDUO  | 5                | MO                          |
| COMPLERA                                      | 4                | MO                          |
| <i>darunavir ethanolate</i>                   | 5                | MO                          |
| DELSTRIGO                                     | 5                | MO                          |
| DESCOVY                                       | 5                | MO                          |
| DOVATO  | 5                | MO                          |
| EDURANT                                       | 5                | MO                          |
| <i>efavirenz</i>                              | 4                | MO                          |
| <i>efavirenz-emtricitabin-tenofov</i>         | 5                | MO                          |
| <i>efavirenz-lamivu-tenofov disop</i>         | 5                | MO                          |
| <i>emtricitabine</i>                          | 4                | MO                          |
| <i>emtricitabine-tenofov (tdf)</i>            | 5                | MO                          |
| EMTRIVA ORAL SOLUTION                         | 4                | MO                          |
| <i>entecavir</i>                              | 4                | MO                          |
| EPCLUSA ORAL PELLETS IN PACKET<br>150-37.5 MG | 5                | PA; MO; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET<br>200-50 MG   | 5                | PA; MO; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG                 | 5                | PA; MO; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 MG                | 5                | PA; MO; QL (28 per 28 days) |
| <i>etravirine</i>                             | 5                | MO                          |
| EVOTAZ  | 5                | MO                          |
| <i>famciclovir</i>                            | 3                | MO                          |
| <i>fosamprenavir</i>                          | 5                | MO                          |
| FUZEON SUBCUTANEOUS RECON SOLN                | 5                | MO                          |

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| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| <i>ganciclovir sodium intravenous recon soln</i>     | 2                | B/D PA; MO                  |
| <i>ganciclovir sodium intravenous solution</i>       | 2                | B/D PA                      |
| GENVOYA  | 5                | MO                          |
| HARVONI ORAL PELLETS IN PACKET<br>33.75-150 MG       | 5                | PA; MO; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET<br>45-200 MG          | 5                | PA; MO; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG                        | 5                | PA; MO; QL (56 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG                        | 5                | PA; MO; QL (28 per 28 days) |
| INTELENCE ORAL TABLET 25 MG                          | 4                | MO                          |
| ISENTRESS HD   | 5                | MO                          |
| ISENTRESS ORAL POWDER IN PACKET                      | 5                | MO                          |
| ISENTRESS ORAL TABLET                                | 5                | MO                          |
| ISENTRESS ORAL TABLET,CHEWABLE<br>100 MG             | 5                | MO                          |
| ISENTRESS ORAL TABLET,CHEWABLE<br>25 MG              | 3                | MO                          |
| JULUCA   | 5                | MO                          |
| <i>lamivudine</i>                                    | 3                | MO                          |
| <i>lamivudine-zidovudine</i>                         | 3                | MO                          |
| LEXIVA ORAL SUSPENSION                               | 4                | MO                          |
| <i>lopinavir-ritonavir oral solution</i>             | 4                | MO                          |
| <i>lopinavir-ritonavir oral tablet</i>               | 3                | MO                          |
| <i>maraviroc</i>                                     | 5                | MO                          |
| <i>nevirapine oral suspension</i>                    | 4                |                             |
| <i>nevirapine oral tablet</i>                        | 3                | MO                          |
| <i>nevirapine oral tablet extended release 24 hr</i> | 4                | MO                          |
| NORVIR ORAL POWDER IN PACKET                         | 4                | MO                          |
| ODEFSEY  | 5                | MO                          |
| <i>oseltamivir</i>                                   | 3                | MO                          |
| PIFELTRO   | 5                | MO                          |
| PREVYMIS INTRAVENOUS                                 | 5                |                             |
| PREVYMIS ORAL  | 5                | MO; QL (30 per 30 days)     |
| PREZCOBIX  | 5                | MO                          |
| PREZISTA ORAL SUSPENSION                             | 5                | MO                          |

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| Drug Name                              | Drug Tier | Requirements/Limits      |
|--|-----------|--------------------------|
| PREZISTA ORAL TABLET 150 MG, 75 MG     | 4         | MO                       |
| PREZISTA ORAL TABLET 600 MG, 800 MG    | 5         | MO                       |
| RELENZA DISKHALER                      | 4         | MO                       |
| RETROVIR INTRAVENOUS                   | 3         | MO                       |
| REYATAZ ORAL POWDER IN PACKET          | 5         | MO                       |
| <i>ribavirin oral capsule</i>          | 3         | MO                       |
| <i>ribavirin oral tablet 200 mg</i>    | 3         | MO                       |
| <i>rimantadine</i>                     | 4         | MO                       |
| <i>ritonavir</i>                       | 3         | MO                       |
| RUKOBIA                                | 5         | MO                       |
| SELZENTRY ORAL SOLUTION                | 3         | MO                       |
| SELZENTRY ORAL TABLET 25 MG, 75 MG     | 3         | MO                       |
| STRIBILD                               | 5         | MO                       |
| SUNLENCA                               | 5         |                          |
| SYMTUZA                                | 4         | MO                       |
| SYNAGIS                                | 5         | MO; LA                   |
| <i>tenofovir disoproxil fumarate</i>   | 4         | MO                       |
| TIVICAY ORAL TABLET 10 MG              | 3         | MO                       |
| TIVICAY ORAL TABLET 25 MG, 50 MG       | 5         | MO                       |
| TIVICAY PD                             | 5         | MO                       |
| TRIUMEQ                                | 5         | MO                       |
| TRIUMEQ PD                             | 5         | MO                       |
| TRIZIVIR                               | 5         |                          |
| TROGARZO                               | 5         | MO; LA                   |
| <i>valacyclovir oral tablet 1 gram</i> | 3         | MO; QL (120 per 30 days) |
| <i>valacyclovir oral tablet 500 mg</i> | 3         | MO; QL (60 per 30 days)  |
| <i>valganciclovir oral recon soln</i>  | 5         | MO                       |
| <i>valganciclovir oral tablet</i>      | 3         | MO                       |
| VEKLURY                                | 5         |                          |
| VEMLIDY                                | 5         | MO                       |
| VIRACEPT ORAL TABLET                   | 5         | MO                       |
| VIREAD ORAL POWDER                     | 5         | MO                       |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG  | 5                | MO                          |
| VOSEVI   | 5                | PA; MO; QL (28 per 28 days) |
| <i>zidovudine oral capsule</i>   | 4                | MO                          |
| <i>zidovudine oral syrup</i>   | 4                | MO                          |
| <i>zidovudine oral tablet</i>  | 2                | MO                          |
| <b>CEPHALOSPORINS</b>  |                  |                             |
| <i>cefaclor oral capsule</i>   | 3                | MO                          |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>                         | 4                | MO                          |
| <i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>            | 4                |                             |
| <i>cefadroxil oral capsule</i>   | 2                | MO                          |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>          | 3                | MO                          |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | 4                | MO                          |
| <i>cefazolin injection recon soln 1 gram, 500 mg</i>                                   | 4                | MO                          |
| <i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>                         | 4                |                             |
| <i>cefazolin intravenous recon soln 1 gram</i>   | 4                |                             |
| <i>cefdinir oral capsule</i>   | 2                | MO                          |
| <i>cefdinir oral suspension for reconstitution</i>                                     | 3                | MO                          |
| <i>cefepime in dextrose, iso-osm</i>   | 4                |                             |
| <i>cefepime injection</i>  | 4                | MO                          |
| <i>cefixime</i>  | 4                | MO                          |
| <i>cefoxitin in dextrose, iso-osm</i>  | 4                | PA                          |
| <i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>                                 | 4                | PA; MO                      |
| <i>cefoxitin intravenous recon soln 10 gram</i>  | 4                | PA                          |
| <i>cefpodoxime</i>   | 4                | MO                          |
| <i>cefprozil</i>   | 3                | MO                          |
| <i>ceftazidime injection recon soln 1 gram, 2 gram</i>                                 | 4                | PA; MO                      |
| <i>ceftazidime injection recon soln 6 gram</i>   | 4                | PA                          |
| <i>ceftriaxone in dextrose, iso-os</i>   | 4                | MO                          |
| <i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>                 | 4                | MO                          |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>ceftriaxone injection recon soln 10 gram</i>                    | 4                |                            |
| <i>ceftriaxone intravenous</i>                                     | 4                | MO                         |
| <i>cefuroxime axetil oral tablet</i>                               | 3                | MO                         |
| <i>cefuroxime sodium injection recon soln 750 mg</i>               | 4                | PA; MO                     |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram</i>           | 4                | PA; MO                     |
| <i>cefuroxime sodium intravenous recon soln 7.5 gram</i>           | 4                | PA                         |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                      | 2                | MO                         |
| <i>cephalexin oral suspension for reconstitution</i>               | 2                | MO                         |
| <i>tazicef injection</i>   | 4                | PA; MO                     |
| <i>tazicef intravenous</i>   | 4                | PA                         |
| <b>TEFLARO</b>   | 5                | PA; MO                     |
| <b>ERYTHROMYCINS / OTHER MACROLIDES</b>                            |                  |                            |
| <i>azithromycin intravenous</i>                                    | 4                | PA; MO                     |
| <i>azithromycin oral packet</i>                                    | 3                | MO                         |
| <i>azithromycin oral suspension for reconstitution</i>             | 2                | MO                         |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>   | 2                |                            |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>             | 2                | MO                         |
| <i>clarithromycin oral suspension for reconstitution</i>           | 4                | MO                         |
| <i>clarithromycin oral tablet</i>                                  | 3                | MO                         |
| <i>clarithromycin oral tablet extended release 24 hr</i>           | 3                | MO                         |
| <b>DIFICID ORAL TABLET</b>   | 5                | MO; QL (20 per 10 days)    |
| <i>e.e.s. 400 oral tablet</i>                                      | 4                | MO                         |
| <i>ery-tab oral tablet, delayed release (drlec) 250 mg, 333 mg</i> | 4                | MO                         |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                 | 4                |                            |
| <i>erythromycin ethylsuccinate oral tablet</i>                     | 4                | MO                         |
| <i>erythromycin oral</i>   | 4                | MO                         |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>                                |                  |                            |
| <i>albendazole</i>   | 5                | MO                         |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>      | 4                | PA; MO                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| ARIKAYCE  | 4                | PA; LA                          |
| <i>atovaquone</i>   | 5                | MO                              |
| <i>atovaquone-proguanil</i>   | 4                | MO                              |
| <i>aztreonam</i>  | 4                | PA; MO                          |
| <i>bacitracin intramuscular</i>   | 4                |                                 |
| CAYSTON   | 5                | PA; MO; LA; QL (84 per 56 days) |
| <i>chloramphenicol sod succinate</i>  | 4                |                                 |
| <i>chloroquine phosphate</i>  | 4                | MO                              |
| <i>clindamycin hcl</i>  | 2                | MO                              |
| <i>clindamycin in 5 % dextrose</i>  | 4                | PA; MO                          |
| <i>clindamycin pediatric</i>  | 4                | MO                              |
| <i>clindamycin phosphate injection</i>  | 4                | PA; MO                          |
| <i>clindamycin phosphate intravenous</i>  | 4                | PA; MO                          |
| COARTEM   | 4                | MO                              |
| <i>colistin (colistimethate na)</i>   | 4                | PA; MO; QL (30 per 10 days)     |
| <i>dapsone oral</i>   | 3                | MO                              |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG  | 5                | MO                              |
| <i>daptomycin intravenous recon soln 500 mg</i>   | 5                | MO                              |
| EMVERM  | 5                | MO                              |
| <i>ertapenem</i>  | 4                | PA; MO; QL (14 per 14 days)     |
| <i>ethambutol</i>   | 3                | MO                              |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i> | 4                | PA; MO                          |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>                            | 4                | PA                              |
| <i>gentamicin injection solution 40 mg/ml</i>   | 4                | PA; MO                          |
| <i>gentamicin sulfate (ped) (pf)</i>  | 4                | PA; MO                          |
| <i>hydroxychloroquine oral tablet 200 mg</i>  | 3                | MO                              |
| <i>imipenem-cilastatin</i>  | 4                | PA; MO                          |
| <i>isoniazid injection</i>  | 4                |                                 |
| <i>isoniazid oral solution</i>  | 4                | MO                              |
| <i>isoniazid oral tablet</i>  | 2                | MO                              |

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| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| <i>ivermectin oral</i>                              | 3                | PA; MO; QL (20 per 30 days)    |
| <i>lincomycin</i>                                   | 4                | PA                             |
| <i>linezolid in dextrose 5%</i>                     | 4                | PA; MO                         |
| <i>linezolid oral suspension for reconstitution</i> | 5                | MO                             |
| <i>linezolid oral tablet</i>                        | 4                | MO                             |
| <i>linezolid-0.9% sodium chloride</i>               | 4                | PA                             |
| <i>mefloquine</i>                                   | 2                | MO                             |
| <i>meropenem intravenous recon soln 1 gram</i>      | 4                | PA; MO; QL (30 per 10 days)    |
| <i>meropenem intravenous recon soln 500 mg</i>      | 4                | PA; MO; QL (10 per 10 days)    |
| <i>metro i.v.</i>                                   | 4                | PA; MO                         |
| <i>metronidazole in nacl (iso-os)</i>               | 4                | PA; MO                         |
| <i>metronidazole oral tablet</i>                    | 2                | MO                             |
| <i>neomycin</i>                                     | 2                | MO                             |
| <i>nitazoxanide</i>                                 | 5                | MO                             |
| <i>paromomycin</i>                                  | 4                |                                |
| <b>PASER</b>  | 4                |                                |
| <i>pentamidine inhalation</i>                       | 4                | B/D PA; MO; QL (1 per 28 days) |
| <i>pentamidine injection</i>                        | 4                | MO                             |
| <i>praziquantel</i>                                 | 4                | MO                             |
| <b>PRIFTIN</b>                                      | 4                | MO                             |
| <b>PRIMAQUINE</b>                                   | 3                | MO                             |
| <i>pyrazinamide</i>                                 | 4                | MO                             |
| <i>pyrimethamine</i>                                | 5                | PA; MO                         |
| <i>quinine sulfate</i>                              | 4                | MO                             |
| <i>rifabutin</i>                                    | 4                | MO                             |
| <i>rifampin intravenous</i>                         | 4                | MO                             |
| <i>rifampin oral</i>                                | 3                | MO                             |
| <b>SIRTURO</b>                                      | 5                | PA; LA                         |
| <b>STREPTOMYCIN</b>                                 | 5                | PA; MO; QL (60 per 30 days)    |
| <i>tigecycline</i>                                  | 5                | PA; MO                         |
| <i>tinidazole</i>                                   | 3                | MO                             |
| <i>tobramycin in 0.225 % nacl</i>                   | 5                | PA; MO; QL (280 per 28 days)   |
| <i>tobramycin inhalation</i>                        | 5                | PA; MO; QL (224 per 28 days)   |
| <i>tobramycin sulfate injection recon soln</i>      | 4                | PA; QL (9 per 14 days)         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| <i>tobramycin sulfate injection solution</i>                             | 4                | PA; MO                      |
| TRECTOR  | 4                | MO                          |
| VANCOMYCIN IN 0.9 % SODIUM CHL<br>INTRAVENOUS PIGGYBACK 1<br>GRAM/200 ML | 3                | PA; QL (4000 per 10 days)   |
| VANCOMYCIN IN 0.9 % SODIUM CHL<br>INTRAVENOUS PIGGYBACK 500 MG/100<br>ML | 3                | PA; QL (1000 per 10 days)   |
| VANCOMYCIN IN 0.9 % SODIUM CHL<br>INTRAVENOUS PIGGYBACK 750 MG/150<br>ML | 3                | PA; QL (4050 per 10 days)   |
| <i>vancomycin intravenous recon soln 1,000 mg</i>                        | 4                | PA; MO; QL (20 per 10 days) |
| <i>vancomycin intravenous recon soln 10 gram</i>                         | 4                | PA; QL (2 per 10 days)      |
| <i>vancomycin intravenous recon soln 5 gram</i>                          | 4                | PA; QL (4 per 10 days)      |
| <i>vancomycin intravenous recon soln 500 mg</i>                          | 4                | PA; MO; QL (10 per 10 days) |
| <i>vancomycin intravenous recon soln 750 mg</i>                          | 4                | PA; MO; QL (27 per 10 days) |
| <i>vancomycin oral capsule 125 mg</i>                                    | 4                | PA; MO; QL (40 per 10 days) |
| <i>vancomycin oral capsule 250 mg</i>                                    | 4                | PA; MO; QL (80 per 10 days) |
| XIFAXAN ORAL TABLET 200 MG   | 5                | MO; QL (9 per 30 days)      |
| XIFAXAN ORAL TABLET 550 MG   | 5                | MO; QL (90 per 30 days)     |
| <b>PENICILLINS</b>   |                  |                             |
| <i>amoxicillin oral capsule</i>  | 2                | MO                          |
| <i>amoxicillin oral suspension for reconstitution</i>                    | 2                | MO                          |
| <i>amoxicillin oral tablet</i>   | 2                | MO                          |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>                  | 2                | MO                          |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>    | 2                | MO                          |
| <i>amoxicillin-pot clavulanate oral tablet</i>                           | 2                | MO                          |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>    | 4                | MO                          |
| <i>amoxicillin-pot clavulanate oral tablet, chewable</i>                 | 2                | MO                          |
| <i>ampicillin oral capsule 500 mg</i>                                    | 2                | MO                          |
| <i>ampicillin sodium injection</i>                                       | 4                | PA; MO                      |
| <i>ampicillin sodium intravenous</i>                                     | 4                | PA                          |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>        | 4                | PA; MO                      |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>ampicillin-sulbactam injection recon soln 15 gram</i>                              | 4                | PA                         |
| <i>ampicillin-sulbactam intravenous</i>   | 4                | PA                         |
| <b>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML</b>                 | 3                | MO                         |
| <b>BICILLIN L-A</b>   | 4                | PA; MO                     |
| <i>dicloxacillin</i>  | 2                | MO                         |
| <i>nafcillin in dextrose iso-osm</i>  | 4                | PA                         |
| <i>nafcillin injection recon soln 1 gram, 2 gram</i>                                  | 4                | PA; MO                     |
| <i>nafcillin injection recon soln 10 gram</i>   | 5                | PA                         |
| <i>nafcillin intravenous recon soln 2 gram</i>  | 4                | PA                         |
| <i>oxacillin in dextrose( iso-osm)</i>  | 4                | PA                         |
| <i>oxacillin injection recon soln 1 gram, 10 gram</i>                                 | 4                | PA                         |
| <i>oxacillin injection recon soln 2 gram</i>  | 4                | PA; MO                     |
| <i>penicillin g potassium</i>   | 4                | PA; MO                     |
| <i>penicillin g sodium</i>  | 4                | PA; MO                     |
| <i>penicillin v potassium</i>   | 2                | MO                         |
| <i>pfizerpen-g</i>  | 4                | PA                         |
| <i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>            | 4                |                            |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i> | 4                | MO                         |
| <b>QUINOLONES</b>   |                  |                            |
| <b>CIPRO ORAL SUSPENSION, MICROCAPSULE RECON</b>                                      | 4                |                            |
| <i>ciprofloxacin hcl oral tablet 100 mg</i>   | 4                |                            |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>                           | 2                | MO                         |
| <i>ciprofloxacin in 5 % dextrose</i>  | 4                | PA; MO                     |
| <i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>                  | 4                |                            |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>                         | 4                | PA                         |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>         | 4                | PA; MO                     |
| <i>levofloxacin intravenous</i>   | 4                | PA; MO                     |
| <i>levofloxacin oral solution</i>   | 4                | MO                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>levofloxacin oral tablet</i>                                   | 2                | MO                         |
| <i>moxifloxacin oral</i>  | 3                | MO                         |
| <i>moxifloxacin-sod.chloride(iso)</i>                             | 4                | PA; MO                     |
| <b>SULFA'S / RELATED AGENTS</b>                                   |                  |                            |
| <i>sulfadiazine</i>   | 4                | MO                         |
| <i>sulfamethoxazole-trimethoprim intravenous</i>                  | 4                | PA; MO                     |
| <i>sulfamethoxazole-trimethoprim oral suspension</i>              | 3                | MO                         |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                  | 2                | MO                         |
| <b>TETRACYCLINES</b>  |                  |                            |
| <i>doxy-100</i>   | 4                | PA; MO                     |
| <i>doxycycline hyclate intravenous</i>                            | 4                | PA                         |
| <i>doxycycline hyclate oral capsule</i>                           | 2                | MO                         |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>       | 2                | MO                         |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>         | 2                | MO                         |
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | 4                | MO                         |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>   | 2                | MO                         |
| <i>minocycline oral capsule</i>                                   | 2                | MO                         |
| <i>minocycline oral tablet</i>                                    | 4                | MO                         |
| <i>mondoxylene nl oral capsule 100 mg</i>                         | 2                |                            |
| <i>tetracycline</i>   | 4                | MO                         |
| <b>URINARY TRACT AGENTS</b>                                       |                  |                            |
| <i>methenamine hippurate</i>                                      | 3                | MO                         |
| <i>methenamine mandelate</i>                                      | 2                | MO                         |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>     | 3                | MO                         |
| <i>nitrofurantoin monohydr/m-cryst</i>                            | 3                | MO                         |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>                  | 4                | MO                         |
| <i>trimethoprim</i>   | 2                | MO                         |

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This drug list was last updated on 11/17/2023.

| Drug Name  | Drug Tier | Requirements/Limits          |
|--|-----------|------------------------------|
| <b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>      |           |                              |
| <b>ADJUNCTIVE AGENTS</b>                             |           |                              |
| <i>dexrazoxane hcl</i>                               | 5         | B/D PA; MO                   |
| ELITEK   | 5         | MO                           |
| KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG             | 5         |                              |
| KHAPZORY   | 5         | B/D PA                       |
| <i>leucovorin calcium oral</i>                       | 3         | MO                           |
| <i>levoleucovorin calcium intravenous recon soln</i> | 5         | B/D PA; MO                   |
| <i>levoleucovorin calcium intravenous solution</i>   | 5         | B/D PA                       |
| <i>mesna</i>   | 2         | B/D PA; MO                   |
| MESNEX ORAL  | 5         | MO                           |
| VISTOGARD  | 5         | PA                           |
| XGEVA  | 5         | B/D PA; MO                   |
| <b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>      |           |                              |
| <i>abiraterone oral tablet 250 mg</i>                | 4         | PA; MO; QL (120 per 30 days) |
| <i>abiraterone oral tablet 500 mg</i>                | 4         | PA; MO; QL (60 per 30 days)  |
| ABRAXANE   | 5         | B/D PA; MO                   |
| ADCETRIS   | 5         | B/D PA; MO                   |
| ADSTILADRIN  | 5         | PA                           |
| ALECENSA   | 5         | PA; MO; QL (240 per 30 days) |
| ALIMTA   | 5         | B/D PA; MO                   |
| ALIQOPA  | 5         | B/D PA; LA                   |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG                   | 5         | PA; QL (30 per 30 days)      |
| ALUNBRIG ORAL TABLET 30 MG                           | 5         | PA; QL (60 per 30 days)      |
| ALUNBRIG ORAL TABLETS,DOSE PACK                      | 5         | PA; QL (30 per 180 days)     |
| <i>anastrozole</i>                                   | 3         | MO                           |
| <i>arsenic trioxide intravenous solution 1 mg/ml</i> | 5         | B/D PA                       |
| <i>arsenic trioxide intravenous solution 2 mg/ml</i> | 5         | B/D PA; MO                   |
| ASPARLAS   | 5         | PA                           |
| AYVAKIT  | 5         | PA; LA; QL (30 per 30 days)  |

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| Drug Name                                       | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| <i>azacitidine</i>                              | 5         | B/D PA; MO                       |
| <i>azathioprine oral tablet 50 mg</i>           | 2         | B/D PA; MO                       |
| <i>azathioprine sodium</i>                      | 2         | B/D PA; MO                       |
| BALVERSA  | 5         | PA; LA                           |
| BAVENCIO  | 5         | B/D PA; LA                       |
| BELEODAQ  | 5         | B/D PA                           |
| <i>bendamustine intravenous recon soln</i>      | 5         | B/D PA; MO                       |
| BENDEKA   | 5         | B/D PA; MO                       |
| BESPONSA  | 5         | B/D PA; MO; LA                   |
| <i>bexarotene</i>                               | 5         | PA; MO                           |
| <i>bicalutamide</i>                             | 2         | MO                               |
| <i>bleomycin</i>                                | 2         | B/D PA                           |
| BLINCYTO INTRAVENOUS KIT                        | 5         | B/D PA                           |
| BORTEZOMIB INJECTION RECON SOLN<br>1 MG, 2.5 MG | 5         | B/D PA                           |
| <i>bortezomib injection recon soln 3.5 mg</i>   | 5         | B/D PA; MO                       |
| BOSULIF ORAL TABLET 100 MG                      | 5         | PA; MO; QL (90 per 30 days)      |
| BOSULIF ORAL TABLET 400 MG, 500 MG              | 5         | PA; MO; QL (30 per 30 days)      |
| BRAFTOVI ORAL CAPSULE 75 MG                     | 5         | PA; MO; LA; QL (180 per 30 days) |
| BRUKINSA  | 5         | PA; LA                           |
| <i>busulfan</i>                                 | 5         | B/D PA                           |
| CABOMETYX                                       | 5         | PA; MO; LA; QL (30 per 30 days)  |
| CALQUENCE                                       | 5         | PA; LA; QL (60 per 30 days)      |
| CALQUENCE (ACALABRUTINIB MAL)                   | 5         | PA; LA; QL (60 per 30 days)      |
| CAPRELSA ORAL TABLET 100 MG                     | 5         | PA; LA; QL (60 per 30 days)      |
| CAPRELSA ORAL TABLET 300 MG                     | 5         | PA; LA; QL (30 per 30 days)      |
| <i>carboplatin intravenous solution</i>         | 2         | B/D PA; MO                       |
| <i>carmustine intravenous recon soln 100 mg</i> | 5         | B/D PA; MO                       |
| <i>cisplatin intravenous solution</i>           | 2         | B/D PA; MO                       |
| <i>cladribine</i>                               | 5         | B/D PA; MO                       |
| <i>clofarabine</i>                              | 5         | B/D PA                           |
| COLUMVI   | 5         | PA; MO                           |

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| Drug Name   | Drug Tier | Requirements/Limits             |
|---|-----------|---------------------------------|
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)   | 5         | PA; MO; QL (56 per 28 days)     |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)   | 5         | PA; MO; QL (112 per 28 days)    |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)   | 5         | PA; MO; QL (84 per 28 days)     |
| COPIKTRA  | 5         | PA; LA; QL (60 per 30 days)     |
| COSMEGEN  | 5         | B/D PA; MO                      |
| COTELLIC  | 5         | PA; MO; LA; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln</i>  | 2         | B/D PA; MO                      |
| <i>cyclophosphamide oral capsule</i>  | 3         | B/D PA; MO                      |
| CYCLOPHOSPHAMIDE ORAL TABLET 25 MG  | 3         | B/D PA                          |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG  | 3         | B/D PA; MO                      |
| <i>cyclosporine intravenous</i>   | 2         | B/D PA                          |
| <i>cyclosporine modified oral capsule</i>   | 4         | B/D PA; MO                      |
| <i>cyclosporine modified oral solution</i>  | 4         | B/D PA                          |
| <i>cyclosporine oral capsule</i>  | 4         | B/D PA; MO                      |
| CYRAMZA   | 5         | B/D PA; MO                      |
| <i>cytarabine</i>   | 2         | B/D PA; MO                      |
| <i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>                  | 2         | B/D PA; MO                      |
| <i>cytarabine (pf) injection solution 20 mg/ml</i>  | 2         | B/D PA                          |
| <i>dacarbazine</i>  | 2         | B/D PA; MO                      |
| <i>dactinomycin</i>   | 2         | B/D PA; MO                      |
| DANYELZA  | 5         | PA                              |
| DARZALEX  | 5         | B/D PA; MO; LA                  |
| <i>daunorubicin intravenous solution</i>  | 2         | B/D PA                          |
| DAURISMO ORAL TABLET 100 MG   | 5         | PA; MO; QL (30 per 30 days)     |
| DAURISMO ORAL TABLET 25 MG  | 5         | PA; MO; QL (60 per 30 days)     |
| <i>decitabine</i>   | 5         | B/D PA; MO                      |
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | 5         | B/D PA                          |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|------------------------------|
| <i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i> | 5                | B/D PA; MO                   |
| <i>doxorubicin intravenous recon soln 10 mg</i>  | 2                | B/D PA                       |
| <i>doxorubicin intravenous recon soln 50 mg</i>  | 2                | B/D PA; MO                   |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>                         | 2                | B/D PA; MO                   |
| <i>doxorubicin intravenous solution 2 mg/ml</i>  | 2                | B/D PA                       |
| <i>doxorubicin, peg-liposomal</i>  | 5                | B/D PA; MO                   |
| DROXIA   | 3                | MO                           |
| ELREXFIO   | 5                | PA                           |
| ELZONRIS   | 5                | PA; LA                       |
| EMCYT  | 5                | MO                           |
| EMPLICITI  | 5                | B/D PA; MO                   |
| <i>epirubicin intravenous solution 200 mg/100 ml</i>   | 2                | B/D PA                       |
| EPKINLY  | 5                | PA                           |
| ERBITUX  | 5                | B/D PA; MO                   |
| ERIVEDGE   | 5                | PA; MO; QL (30 per 30 days)  |
| ERLEADA ORAL TABLET 240 MG   | 5                | PA; MO; QL (30 per 30 days)  |
| ERLEADA ORAL TABLET 60 MG  | 5                | PA; MO; QL (120 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 150 mg</i>  | 5                | PA; MO; QL (30 per 30 days)  |
| <i>erlotinib oral tablet 25 mg</i>   | 5                | PA; MO; QL (60 per 30 days)  |
| ERWINASE   | 5                | B/D PA                       |
| ETOPOPHOS  | 4                | B/D PA; MO                   |
| <i>etoposide intravenous</i>   | 2                | B/D PA; MO                   |
| EULEXIN  | 5                |                              |
| <i>everolimus (antineoplastic) oral tablet</i>   | 5                | PA; MO; QL (30 per 30 days)  |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>                                   | 5                | PA; MO; QL (330 per 30 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>                                   | 5                | PA; MO; QL (240 per 30 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>                                   | 5                | PA; MO; QL (180 per 30 days) |
| <i>everolimus (immunosuppressive)</i>  | 5                | B/D PA; MO                   |
| <i>exemestane</i>  | 4                | MO                           |
| EXKIVITY   | 5                | PA; LA; QL (120 per 30 days) |

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| Drug Name   | Drug Tier | Requirements/Limits                 |
|---|-----------|-------------------------------------|
| FIRMAGON KIT W DILUENT SYRINGE<br>SUBCUTANEOUS RECON SOLN 120 MG  | 5         | B/D PA; MO                          |
| FIRMAGON KIT W DILUENT SYRINGE<br>SUBCUTANEOUS RECON SOLN 80 MG   | 4         | B/D PA; MO                          |
| <i>floxuridine</i>  | 2         | B/D PA                              |
| <i>fludarabine intravenous recon soln</i>   | 2         | B/D PA; MO                          |
| <i>fludarabine intravenous solution</i>   | 2         | B/D PA                              |
| <i>fluorouracil intravenous solution 1 gram/20 ml,<br/>500 mg/10 ml</i>   | 2         | B/D PA; MO                          |
| <i>fluorouracil intravenous solution 2.5 gram/50 ml,<br/>5 gram/100 ml</i>  | 2         | B/D PA                              |
| FOLOTYN   | 5         | B/D PA; MO                          |
| FOTIVDA   | 5         | PA; LA; QL (21 per 28 days)         |
| <i>fulvestrant</i>  | 5         | B/D PA; MO                          |
| FYARRO  | 5         | PA                                  |
| GAVRETO   | 5         | PA; MO; LA; QL (120 per 30<br>days) |
| GAZYVA  | 5         | B/D PA; MO                          |
| <i>gefitinib</i>  | 5         | PA; MO; QL (30 per 30 days)         |
| <i>gemcitabine intravenous recon soln 1 gram, 200<br/>mg</i>  | 2         | B/D PA; MO                          |
| <i>gemcitabine intravenous recon soln 2 gram</i>  | 2         | B/D PA                              |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml<br/>(38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200<br/>mg/5.26 ml (38 mg/ml)</i> | 2         | B/D PA; MO                          |
| GEMCITABINE INTRAVENOUS<br>SOLUTION 100 MG/ML   | 3         | B/D PA                              |
| <i>gengraf</i>  | 4         | B/D PA; MO                          |
| GILOTRIF  | 5         | PA; MO; QL (30 per 30 days)         |
| GLEOSTINE   | 4         | MO                                  |
| HALAVEN   | 5         | B/D PA; MO                          |
| <i>hydroxyurea</i>  | 2         | MO                                  |
| IBRANCE   | 5         | PA; MO; QL (21 per 28 days)         |
| ICLUSIG   | 5         | PA; QL (30 per 30 days)             |
| <i>idarubicin</i>   | 2         | B/D PA; MO                          |

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| Drug Name   | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| IDHIFA  | 5         | PA; MO; LA; QL (30 per 30 days)  |
| <i>ifosfamide intravenous recon soln</i>                          | 2         | B/D PA; MO                       |
| <i>ifosfamide intravenous solution 1 gram/20 ml</i>               | 2         | B/D PA; MO                       |
| <i>ifosfamide intravenous solution 3 gram/60 ml</i>               | 2         | B/D PA                           |
| <i>imatinib oral tablet 100 mg</i>                                | 5         | PA; MO; QL (180 per 30 days)     |
| <i>imatinib oral tablet 400 mg</i>                                | 5         | PA; MO; QL (60 per 30 days)      |
| IMBRUVICA ORAL CAPSULE 140 MG                                     | 5         | PA; QL (120 per 30 days)         |
| IMBRUVICA ORAL CAPSULE 70 MG                                      | 5         | PA; QL (30 per 30 days)          |
| IMBRUVICA ORAL SUSPENSION   | 5         | PA; QL (324 per 30 days)         |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                      | 5         | PA; QL (30 per 30 days)          |
| IMFINZI   | 5         | B/D PA; MO; LA                   |
| IMJUDO  | 5         | PA; MO                           |
| INLYTA ORAL TABLET 1 MG   | 5         | PA; MO; QL (180 per 30 days)     |
| INLYTA ORAL TABLET 5 MG   | 5         | PA; MO; QL (120 per 30 days)     |
| INQOVI  | 5         | PA; MO; QL (5 per 28 days)       |
| INREBIC   | 5         | PA; MO; LA; QL (120 per 30 days) |
| IRESSA  | 5         | PA; MO; QL (30 per 30 days)      |
| <i>irinotecan intravenous solution 100 mg/5 ml</i>                | 2         | B/D PA; MO                       |
| <i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i> | 5         | B/D PA                           |
| <i>irinotecan intravenous solution 40 mg/2 ml</i>                 | 5         | B/D PA; MO                       |
| ISTODAX   | 5         | B/D PA; MO                       |
| IXEMPRA   | 5         | B/D PA; MO                       |
| JAKAFI  | 5         | PA; MO; QL (60 per 30 days)      |
| JAYPIRCA ORAL TABLET 100 MG                                       | 5         | PA; MO; QL (60 per 30 days)      |
| JAYPIRCA ORAL TABLET 50 MG  | 5         | PA; MO; QL (30 per 30 days)      |
| JEMPERLI  | 5         | PA; MO                           |
| JEVTANA   | 5         | B/D PA; MO                       |
| KADCYLA   | 5         | PA; MO                           |
| KEYTRUDA  | 5         | PA                               |
| KIMMTRAK  | 5         | PA                               |

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| Drug Name  | Drug Tier | Requirements/Limits          |
|--|-----------|------------------------------|
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | 5         | PA; MO; QL (49 per 28 days)  |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 5         | PA; MO; QL (70 per 28 days)  |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 5         | PA; MO; QL (91 per 28 days)  |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)                      | 5         | PA; MO; QL (21 per 28 days)  |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)                      | 5         | PA; MO; QL (42 per 28 days)  |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)                      | 5         | PA; MO; QL (63 per 28 days)  |
| KRAZATI  | 5         | PA; QL (180 per 30 days)     |
| KYPROLIS   | 5         | B/D PA                       |
| <i>lapatinib</i>   | 5         | PA; MO; QL (180 per 30 days) |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>       | 5         | PA; MO; QL (28 per 28 days)  |
| <i>lenalidomide oral capsule 2.5 mg, 20 mg</i>                   | 5         | PA; QL (28 per 28 days)      |
| LENVIMA  | 5         | PA; MO                       |
| <i>letrozole</i>   | 2         | MO                           |
| LEUKERAN   | 5         | MO                           |
| <i>leuprolide subcutaneous kit</i>                               | 5         | PA; MO                       |
| LIBTAYO  | 5         | PA; LA                       |
| LONSURF  | 5         | PA; MO                       |
| LORBRENA ORAL TABLET 100 MG                                      | 5         | PA; MO; QL (30 per 30 days)  |
| LORBRENA ORAL TABLET 25 MG                                       | 5         | PA; MO; QL (90 per 30 days)  |
| LUMAKRAS   | 5         | PA; MO                       |
| LUMOXITI   | 5         | PA; LA                       |
| LUNSUMIO   | 5         | PA; MO                       |
| LUPRON DEPOT   | 5         | PA; MO                       |
| LUPRON DEPOT (3 MONTH)   | 5         | PA; MO                       |
| LUPRON DEPOT (4 MONTH)   | 5         | PA; MO                       |
| LUPRON DEPOT (6 MONTH)   | 5         | PA; MO                       |
| LUPRON DEPOT-PED   | 5         | PA; MO                       |
| LUPRON DEPOT-PED (3 MONTH)                                       | 5         | PA; MO                       |
| LYNPARZA   | 5         | PA; MO; QL (120 per 30 days) |

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| Drug Name   | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| LYSODREN  | 5         |                                  |
| LYTGOBI   | 5         | PA; LA                           |
| MARGENZA  | 5         | PA                               |
| MATULANE  | 5         |                                  |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>           | 3         | PA                               |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>        | 3         | PA; MO                           |
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>        | 4         | PA; MO                           |
| <i>megestrol oral tablet</i>                                    | 3         | PA; MO                           |
| MEKINIST ORAL RECON SOLN  | 5         | PA; MO; QL (1200 per 30 days)    |
| MEKINIST ORAL TABLET 0.5 MG                                     | 5         | PA; MO; QL (90 per 30 days)      |
| MEKINIST ORAL TABLET 2 MG                                       | 5         | PA; MO; QL (30 per 30 days)      |
| MEKTOVI   | 5         | PA; MO; LA; QL (180 per 30 days) |
| <i>melphalan</i>  | 2         | B/D PA; MO                       |
| <i>melphalan hcl</i>  | 5         | B/D PA                           |
| <i>mercaptopurine</i>   | 4         | MO                               |
| <i>methotrexate sodium</i>                                      | 2         | B/D PA; MO                       |
| <i>methotrexate sodium (pf)</i>                                 | 2         | B/D PA                           |
| <i>mitomycin intravenous recon soln 20 mg, 5 mg</i>             | 2         | B/D PA; MO                       |
| <i>mitomycin intravenous recon soln 40 mg</i>                   | 5         | B/D PA; MO                       |
| <i>mitoxantrone</i>   | 2         | B/D PA; MO                       |
| MONJUVI   | 5         | PA; LA                           |
| <i>mycophenolate mofetil (hcl)</i>                              | 4         | B/D PA; MO                       |
| <i>mycophenolate mofetil oral capsule</i>                       | 3         | B/D PA; MO                       |
| <i>mycophenolate mofetil oral suspension for reconstitution</i> | 5         | B/D PA; MO                       |
| <i>mycophenolate mofetil oral tablet</i>                        | 3         | B/D PA; MO                       |
| <i>mycophenolate sodium</i>                                     | 4         | B/D PA; MO                       |
| MYLOTARG  | 5         | B/D PA; MO; LA                   |
| <i>nelarabine</i>   | 5         | B/D PA; MO                       |
| NERLYNX   | 5         | PA; MO; LA                       |
| <i>nilutamide</i>   | 5         | PA; MO                           |
| NINLARO   | 5         | PA; MO; QL (3 per 28 days)       |

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| Drug Name  | Drug Tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| NUBEQA   | 5         | PA; MO; LA; QL (120 per 30 days) |
| NULOJIX  | 5         | B/D PA; MO                       |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>          | 5         | PA; MO                           |
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i> | 4         | PA; MO                           |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>                  | 4         | PA; MO                           |
| <i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>                   | 4         | PA                               |
| <i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>                  | 5         | PA; MO                           |
| ODOMZO   | 5         | PA; MO; LA; QL (30 per 30 days)  |
| OJJAARA  | 5         | PA; QL (30 per 30 days)          |
| ONCASPAR   | 5         | B/D PA                           |
| ONIVYDE  | 5         | B/D PA                           |
| ONUREG   | 4         | PA; MO; QL (14 per 28 days)      |
| OPDIVO   | 5         | PA; MO                           |
| OPDUALAG   | 5         | PA; MO                           |
| ORGOVYX  | 5         | PA; LA; QL (30 per 28 days)      |
| ORSERDU ORAL TABLET 345 MG   | 5         | PA; QL (30 per 30 days)          |
| ORSERDU ORAL TABLET 86 MG  | 5         | PA; QL (90 per 30 days)          |
| <i>oxaliplatin intravenous recon soln</i>                                      | 2         | B/D PA; MO                       |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>    | 2         | B/D PA; MO                       |
| <i>oxaliplatin intravenous solution 200 mg/40 ml</i>                           | 2         | B/D PA                           |
| <i>paclitaxel</i>  | 2         | B/D PA; MO                       |
| PADCEV   | 5         | PA; MO                           |
| <i>paraplatin</i>  | 2         | B/D PA                           |
| PEMAZYRE   | 5         | PA; LA; QL (14 per 21 days)      |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>             | 5         | B/D PA; MO                       |
| <i>pemetrexed disodium intravenous recon soln 100 mg</i>                       | 4         | B/D PA; MO                       |

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| Drug Name   | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| <i>pemetrexed disodium intravenous recon soln 750 mg</i>          | 5         | B/D PA                           |
| PERJETA   | 5         | B/D PA; MO                       |
| PIQRAY  | 5         | PA; MO                           |
| POLIVY  | 5         | PA; MO                           |
| POMALYST  | 5         | PA; MO; LA                       |
| PORTRAZZA   | 5         | B/D PA; MO                       |
| POTELIGEO   | 5         | PA                               |
| PROGRAF INTRAVENOUS   | 3         | B/D PA; MO                       |
| PROGRAF ORAL GRANULES IN PACKET                                   | 4         | B/D PA; MO                       |
| PURIXAN   | 5         |                                  |
| QINLOCK   | 5         | PA; LA; QL (90 per 30 days)      |
| RETEVMO ORAL CAPSULE 40 MG  | 5         | PA; MO; LA; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG  | 5         | PA; MO; LA; QL (120 per 30 days) |
| REVLIMID  | 5         | PA; MO; LA; QL (28 per 28 days)  |
| REZLIDHIA   | 5         | PA; QL (60 per 30 days)          |
| <i>romidepsin intravenous recon soln</i>                          | 5         | B/D PA                           |
| ROZLYTREK ORAL CAPSULE 100 MG                                     | 5         | PA; MO; QL (150 per 30 days)     |
| ROZLYTREK ORAL CAPSULE 200 MG                                     | 5         | PA; MO; QL (90 per 30 days)      |
| RUBRACA   | 5         | PA; MO; LA; QL (120 per 30 days) |
| RUXIENCE  | 5         | PA; MO                           |
| RYBREVANT   | 5         | PA; MO                           |
| RYDAPT  | 5         | PA; MO                           |
| RYLAZE  | 5         | PA                               |
| SANDIMMUNE ORAL SOLUTION  | 4         | B/D PA                           |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON | 5         | PA; MO                           |
| SARCLISA  | 5         | PA; LA                           |
| SCEMBLIX ORAL TABLET 20 MG  | 5         | PA; MO; QL (600 per 30 days)     |
| SCEMBLIX ORAL TABLET 40 MG  | 5         | PA; MO; QL (300 per 30 days)     |
| SIGNIFOR  | 5         | PA                               |

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| Drug Name  | Drug Tier | Requirements/Limits             |
|--|-----------|---------------------------------|
| SIMULECT   | 3         | B/D PA; MO                      |
| <i>sirolimus oral solution</i>                               | 5         | B/D PA; MO                      |
| <i>sirolimus oral tablet</i>                                 | 4         | B/D PA; MO                      |
| SOLTAMOX   | 5         | MO                              |
| SOMATULINE DEPOT   | 5         | PA; MO                          |
| <i>sorafenib</i>   | 5         | PA; MO; QL (120 per 30 days)    |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG             | 5         | PA; MO; QL (30 per 30 days)     |
| SPRYCEL ORAL TABLET 20 MG, 70 MG                             | 5         | PA; MO; QL (60 per 30 days)     |
| STIVARGA   | 5         | PA; MO; QL (84 per 28 days)     |
| <i>sunitinib malate</i>                                      | 5         | PA; MO; QL (30 per 30 days)     |
| SYNRIBO  | 5         | B/D PA                          |
| TABLOID  | 4         | MO                              |
| TABRECTA   | 5         | PA; MO                          |
| <i>tacrolimus oral</i>                                       | 4         | B/D PA; MO                      |
| TAFINLAR ORAL CAPSULE  | 5         | PA; MO; QL (120 per 30 days)    |
| TAFINLAR ORAL TABLET FOR SUSPENSION                          | 5         | PA; MO; QL (840 per 28 days)    |
| TAGRISO  | 5         | PA; MO; LA; QL (30 per 30 days) |
| TALVEY   | 5         | PA                              |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 5         | PA; MO; QL (30 per 30 days)     |
| TALZENNA ORAL CAPSULE 0.25 MG                                | 5         | PA; MO; QL (90 per 30 days)     |
| <i>tamoxifen</i>   | 2         | MO                              |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG                          | 5         | PA; MO; QL (112 per 28 days)    |
| TASIGNA ORAL CAPSULE 50 MG                                   | 5         | PA; MO; QL (120 per 30 days)    |
| TAZVERIK   | 5         | PA; LA                          |
| TECENTRIQ  | 5         | B/D PA; MO; LA                  |
| TECVAYLI   | 5         | PA                              |
| TEMODAR INTRAVENOUS  | 5         | B/D PA; MO                      |
| <i>temsirolimus</i>  | 5         | B/D PA; MO                      |
| TEPMETKO   | 5         | PA; LA                          |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                          | 5         | PA; MO; QL (28 per 28 days)     |

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| Drug Name  | Drug Tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| THALOMID ORAL CAPSULE 150 MG, 200 MG                 | 5         | PA; MO; QL (56 per 28 days)      |
| <i>thiotepa injection recon soln 100 mg</i>          | 5         | B/D PA                           |
| <i>thiotepa injection recon soln 15 mg</i>           | 5         | B/D PA; MO                       |
| TIBSOVO  | 5         | PA                               |
| TIVDAK   | 5         | PA; MO                           |
| <i>topotecan</i>                                     | 5         | B/D PA; MO                       |
| <i>toremifene</i>                                    | 5         | MO                               |
| TRAZIMERA  | 5         | B/D PA; MO                       |
| TREANDA  | 5         | B/D PA; MO                       |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 5         | B/D PA; MO                       |
| <i>tretinoin (antineoplastic)</i>                    | 5         | MO                               |
| TRODELVY   | 5         | PA; LA                           |
| TUKYSA ORAL TABLET 150 MG                            | 5         | PA; LA; QL (120 per 30 days)     |
| TUKYSA ORAL TABLET 50 MG                             | 5         | PA; LA; QL (300 per 30 days)     |
| TURALIO ORAL CAPSULE 125 MG                          | 5         | PA; LA; QL (120 per 30 days)     |
| UNITUXIN   | 5         | B/D PA                           |
| <i>valrubicin</i>                                    | 5         | B/D PA; MO                       |
| VANFLYTA   | 5         | PA; QL (56 per 28 days)          |
| VECTIBIX   | 5         | B/D PA; MO                       |
| VENCLEXTA ORAL TABLET 10 MG                          | 4         | PA; LA; QL (60 per 30 days)      |
| VENCLEXTA ORAL TABLET 100 MG                         | 5         | PA; LA; QL (120 per 30 days)     |
| VENCLEXTA ORAL TABLET 50 MG                          | 5         | PA; LA; QL (30 per 30 days)      |
| VENCLEXTA STARTING PACK                              | 5         | PA; LA; QL (42 per 180 days)     |
| VERZENIO   | 5         | PA; MO; LA; QL (60 per 30 days)  |
| <i>vinblastine</i>                                   | 2         | B/D PA; MO                       |
| <i>vincristine</i>                                   | 2         | B/D PA; MO                       |
| <i>vinorelbine</i>                                   | 2         | B/D PA; MO                       |
| VITRAKVI ORAL CAPSULE 100 MG                         | 5         | PA; MO; LA; QL (60 per 30 days)  |
| VITRAKVI ORAL CAPSULE 25 MG                          | 5         | PA; MO; LA; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION                               | 5         | PA; MO; LA; QL (300 per 30 days) |

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| Drug Name   | Drug Tier | Requirements/Limits             |
|---|-----------|---------------------------------|
| VIZIMPRO  | 5         | PA; MO; QL (30 per 30 days)     |
| VONJO   | 5         | PA; QL (120 per 30 days)        |
| VOTRIENT  | 5         | PA; MO; QL (120 per 30 days)    |
| VYXEOS  | 5         | B/D PA                          |
| WELIREG   | 5         | PA; LA                          |
| XALKORI   | 5         | PA; MO; QL (60 per 30 days)     |
| XATMEP  | 4         | B/D PA; MO                      |
| XOSPATA   | 5         | PA; LA                          |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | 4         | PA; LA                          |
| XTANDI ORAL CAPSULE   | 5         | PA; MO; QL (120 per 30 days)    |
| XTANDI ORAL TABLET 40 MG  | 5         | PA; MO; QL (120 per 30 days)    |
| XTANDI ORAL TABLET 80 MG  | 5         | PA; MO; QL (60 per 30 days)     |
| YERVOY  | 5         | B/D PA; MO                      |
| YONDELIS  | 5         | B/D PA                          |
| YONSA   | 5         | PA; MO; QL (120 per 30 days)    |
| ZALTRAP   | 5         | B/D PA; MO                      |
| ZANOSAR   | 4         | B/D PA; MO                      |
| ZEJULA ORAL CAPSULE   | 5         | PA; MO; LA; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100 MG   | 5         | PA; MO; LA; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 200 MG, 300 MG   | 5         | PA; MO; LA; QL (30 per 30 days) |
| ZELBORAF  | 5         | PA; MO; QL (240 per 30 days)    |
| ZEPZELCA  | 5         | PA                              |
| ZIRABEV   | 5         | B/D PA; MO                      |
| ZOLADEX   | 4         | PA; MO                          |
| ZOLINZA   | 5         | PA; MO                          |
| ZYDELIG   | 5         | PA; MO; QL (60 per 30 days)     |
| ZYKADIA   | 5         | PA; MO; QL (90 per 30 days)     |
| ZYNLONTA  | 5         | PA; LA                          |

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| Drug Name   | Drug Tier | Requirements/Limits          |
|---|-----------|------------------------------|
| ZYNYZ   | 5         | PA                           |
| <b>AUTONOMIC / CNS DRUGS,<br/>NEUROLOGY / PSYCH</b>                           |           |                              |
| <b>ANTICONVULSANTS</b>  |           |                              |
| APTIOM ORAL TABLET 200 MG   | 4         | MO; QL (180 per 30 days)     |
| APTIOM ORAL TABLET 400 MG   | 4         | MO; QL (90 per 30 days)      |
| APTIOM ORAL TABLET 600 MG, 800 MG   | 4         | MO; QL (60 per 30 days)      |
| BRIVIACT INTRAVENOUS  | 4         | MO; QL (600 per 30 days)     |
| BRIVIACT ORAL SOLUTION  | 5         | MO; QL (600 per 30 days)     |
| BRIVIACT ORAL TABLET  | 5         | MO; QL (60 per 30 days)      |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>                        | 4         | MO                           |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                              | 4         | MO                           |
| <i>carbamazepine oral suspension 200 mg/10 ml</i>                             | 4         |                              |
| <i>carbamazepine oral tablet</i>  | 4         | MO                           |
| <i>carbamazepine oral tablet extended release 12 hr</i>                       | 4         | MO                           |
| <i>carbamazepine oral tablet, chewable</i>                                    | 3         | MO                           |
| CELONTIN ORAL CAPSULE 300 MG  | 4         | MO                           |
| <i>clobazam oral suspension</i>   | 4         | PA; MO; QL (480 per 30 days) |
| <i>clobazam oral tablet</i>   | 4         | PA; MO; QL (60 per 30 days)  |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>                                    | 2         | MO; QL (90 per 30 days)      |
| <i>clonazepam oral tablet 2 mg</i>  | 2         | MO; QL (300 per 30 days)     |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 4         | MO; QL (90 per 30 days)      |
| <i>clonazepam oral tablet, disintegrating 2 mg</i>                            | 4         | MO; QL (300 per 30 days)     |
| DIACOMIT  | 5         | PA; LA                       |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>                    | 4         | MO                           |
| <i>diazepam rectal kit 2.5 mg</i>   | 4         |                              |
| DILANTIN 30 MG  | 4         | MO                           |
| <i>divalproex oral capsule, delayed rel sprinkle</i>                          | 2         | MO                           |
| <i>divalproex oral tablet extended release 24 hr</i>                          | 4         | MO                           |
| <i>divalproex oral tablet, delayed release (dr/ec)</i>                        | 2         | MO                           |
| EPIDIOLEX   | 4         | PA; MO; LA                   |
| <i>epitol</i>   | 4         | MO                           |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|------------------------------|
| EPRONTIA   | 4                | PA; MO                       |
| <i>ethosuximide</i>  | 3                | MO                           |
| <i>felbamate oral suspension</i>   | 5                | MO                           |
| <i>felbamate oral tablet</i>   | 4                | MO                           |
| FINTEPLA   | 5                | PA; LA; QL (360 per 30 days) |
| <i>fosphenytoin</i>  | 2                | MO                           |
| FYCOMPA ORAL SUSPENSION  | 5                | MO; QL (720 per 30 days)     |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG   | 5                | MO; QL (30 per 30 days)      |
| FYCOMPA ORAL TABLET 2 MG   | 4                | MO; QL (60 per 30 days)      |
| FYCOMPA ORAL TABLET 4 MG, 6 MG   | 5                | MO; QL (60 per 30 days)      |
| <i>gabapentin oral capsule 100 mg, 400 mg</i>  | 2                | MO; QL (270 per 30 days)     |
| <i>gabapentin oral capsule 300 mg</i>  | 2                | MO; QL (360 per 30 days)     |
| <i>gabapentin oral solution 250 mg/5 ml</i>  | 3                | MO; QL (2160 per 30 days)    |
| <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>                     | 3                | QL (2160 per 30 days)        |
| <i>gabapentin oral tablet 600 mg</i>   | 2                | MO; QL (180 per 30 days)     |
| <i>gabapentin oral tablet 800 mg</i>   | 2                | MO; QL (120 per 30 days)     |
| <i>lacosamide intravenous</i>  | 3                | MO; QL (1200 per 30 days)    |
| <i>lacosamide oral solution</i>  | 5                | MO; QL (1200 per 30 days)    |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>                                       | 4                | MO; QL (60 per 30 days)      |
| <i>lacosamide oral tablet 50 mg</i>  | 3                | MO; QL (120 per 30 days)     |
| <i>lamotrigine oral tablet</i>   | 2                | MO                           |
| <i>lamotrigine oral tablet, chewable dispersible</i>                                       | 2                | MO                           |
| <i>lamotrigine oral tablet, disintegrating</i>   | 4                | MO                           |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i> | 2                | MO                           |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>                | 2                |                              |
| <i>levetiracetam intravenous</i>   | 2                | MO                           |
| <i>levetiracetam oral solution 100 mg/ml</i>   | 3                | MO                           |
| <i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>                                      | 3                |                              |
| <i>levetiracetam oral tablet</i>   | 3                | MO                           |
| <i>levetiracetam oral tablet extended release 24 hr</i>                                    | 3                | MO                           |
| <i>methsuximide</i>  | 4                | MO                           |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| NAYZILAM   | 5                | PA; MO; QL (10 per 30 days) |
| <i>oxcarbazepine oral suspension</i>                                       | 4                | MO                          |
| <i>oxcarbazepine oral tablet</i>   | 3                | MO                          |
| <i>phenobarbital oral elixir</i>   | 4                | PA; MO                      |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>               | 3                | PA                          |
| <i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>        | 3                | PA; MO                      |
| <i>phenobarbital sodium injection solution 130 mg/ml</i>                   | 2                | MO                          |
| <i>phenobarbital sodium injection solution 65 mg/ml</i>                    | 2                |                             |
| <i>phenytoin oral suspension 100 mg/4 ml</i>                               | 2                |                             |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                               | 2                | MO                          |
| <i>phenytoin oral tablet, chewable</i>                                     | 3                | MO                          |
| <i>phenytoin sodium extended oral capsule 100 mg</i>                       | 2                | MO                          |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>               | 2                |                             |
| <i>phenytoin sodium intravenous solution</i>                               | 2                |                             |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | 3                | MO; QL (90 per 30 days)     |
| <i>pregabalin oral capsule 225 mg, 300 mg</i>                              | 3                | MO; QL (60 per 30 days)     |
| <i>pregabalin oral solution</i>  | 3                | MO; QL (900 per 30 days)    |
| PRIMIDONE ORAL TABLET 125 MG   | 4                | MO                          |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                 | 2                | MO                          |
| <i>roweepra oral tablet 500 mg</i>   | 3                | MO                          |
| <i>rufinamide oral suspension</i>  | 5                | PA; MO                      |
| <i>rufinamide oral tablet 200 mg</i>                                       | 4                | PA; MO                      |
| <i>rufinamide oral tablet 400 mg</i>                                       | 5                | PA; MO                      |
| SPRITAM  | 4                | MO                          |
| <i>subvenite</i>   | 2                | MO                          |
| SYMPAZAN ORAL FILM 10 MG, 20 MG  | 5                | PA; MO; QL (60 per 30 days) |
| SYMPAZAN ORAL FILM 5 MG  | 4                | PA; MO; QL (60 per 30 days) |
| <i>tiagabine</i>   | 4                | MO                          |
| <i>topiramate oral capsule, sprinkle</i>                                   | 3                | PA; MO                      |
| <i>topiramate oral tablet</i>  | 2                | PA; MO                      |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| <i>valproate sodium</i>   | 2                | MO                              |
| <i>valproic acid</i>  | 2                | MO                              |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>   | 2                | MO                              |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>              | 2                |                                 |
| <b>VALTOCO</b>  | 5                | PA; MO; QL (10 per 30 days)     |
| <i>vigabatrin</i>   | 5                | MO; LA                          |
| <i>vigadrone</i>  | 5                | LA                              |
| <b>XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)</b> | 5                | MO; QL (56 per 28 days)         |
| <b>XCOPRI ORAL TABLET 100 MG</b>  | 5                | MO; QL (120 per 30 days)        |
| <b>XCOPRI ORAL TABLET 150 MG, 200 MG</b>  | 5                | MO; QL (60 per 30 days)         |
| <b>XCOPRI ORAL TABLET 50 MG</b>   | 5                | MO; QL (240 per 30 days)        |
| <b>XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)</b>                              | 4                | MO; QL (28 per 180 days)        |
| <b>XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)</b>     | 5                | MO; QL (28 per 180 days)        |
| <b>ZONISADE</b>   | 5                | PA; MO                          |
| <i>zonisamide</i>   | 2                | PA; MO                          |
| <b>ZTALMY</b>   | 5                | PA; LA; QL (1080 per 30 days)   |
| <b>ANTIPARKINSONISM AGENTS</b>  |                  |                                 |
| <b>APOKYN</b>   | 5                | PA; MO; LA; QL (90 per 30 days) |
| <i>apomorphine</i>  | 5                | PA; QL (90 per 30 days)         |
| <i>benztropine injection</i>  | 2                | MO                              |
| <i>benztropine oral</i>   | 3                | PA; MO                          |
| <i>bromocriptine</i>  | 4                | MO                              |
| <i>carbidopa</i>  | 4                | MO                              |
| <i>carbidopa-levodopa oral tablet</i>   | 2                | MO                              |
| <i>carbidopa-levodopa oral tablet extended release</i>  | 3                | MO                              |
| <i>carbidopa-levodopa oral tablet,disintegrating</i>  | 4                |                                 |
| <i>carbidopa-levodopa-entacapone</i>  | 4                | MO                              |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| <i>entacapone</i>   | 4                | MO                            |
| NEUPRO  | 4                | MO                            |
| <i>pramipexole oral tablet</i>  | 2                | MO                            |
| <i>rasagiline oral tablet 0.5 mg</i>  | 4                |                               |
| <i>rasagiline oral tablet 1 mg</i>  | 4                | MO                            |
| <i>ropinirole oral tablet</i>   | 2                | MO                            |
| <i>selegiline hcl</i>   | 3                | MO                            |
| <b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>  |                  |                               |
| <i>dihydroergotamine injection</i>  | 5                |                               |
| <i>dihydroergotamine nasal</i>  | 5                | QL (8 per 28 days)            |
| EMGALITY PEN  | 3                | PA; MO; QL (2 per 30 days)    |
| EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML   | 3                | PA; MO; QL (2 per 30 days)    |
| <i>ergotamine-caffeine</i>  | 3                | MO                            |
| <i>naratriptan</i>  | 3                | MO; QL (18 per 28 days)       |
| NURTEC ODT  | 3                | PA; QL (16 per 30 days)       |
| <i>rizatriptan oral tablet</i>  | 2                | MO; QL (36 per 28 days)       |
| <i>rizatriptan oral tablet, disintegrating</i>  | 3                | MO; QL (36 per 28 days)       |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation</i>                            | 4                | MO; QL (18 per 28 days)       |
| <i>sumatriptan nasal spray, non-aerosol 5 mg/lactuation</i>                             | 4                | MO; QL (36 per 28 days)       |
| <i>sumatriptan succinate oral</i>   | 2                | MO; QL (18 per 28 days)       |
| <i>sumatriptan succinate subcutaneous cartridge</i>                                     | 4                | MO; QL (8 per 28 days)        |
| <i>sumatriptan succinate subcutaneous pen injector</i>                                  | 4                | MO; QL (8 per 28 days)        |
| <i>sumatriptan succinate subcutaneous solution</i>                                      | 4                | MO; QL (8 per 28 days)        |
| <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>   |                  |                               |
| BRIUMVI   | 5                | PA; MO; QL (24 per 180 days)  |
| <i>dalfampridine</i>  | 3                | PA; MO; QL (60 per 30 days)   |
| <i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg</i>                   | 5                | PA; MO; QL (14 per 30 days)   |
| <i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg (14)- 240 mg (46)</i> | 5                | PA; MO; QL (120 per 180 days) |

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| Drug Name  | Drug Tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i> | 5         | PA; MO; QL (60 per 30 days)      |
| <i>donepezil oral tablet 10 mg, 5 mg</i>                             | 2         | MO                               |
| <i>donepezil oral tablet, disintegrating</i>                         | 2         | MO                               |
| <i>fingolimod</i>  | 5         | PA; MO; QL (30 per 30 days)      |
| <i>galantamine oral capsule, ext rel. pellets 24 hr</i>              | 3         | MO                               |
| <i>galantamine oral solution</i>                                     | 4         | MO                               |
| <i>galantamine oral tablet</i>                                       | 3         | MO                               |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i>                      | 5         | PA; QL (30 per 30 days)          |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i>                      | 5         | PA; QL (12 per 28 days)          |
| <i>glatopa subcutaneous syringe 20 mg/ml</i>                         | 5         | PA; MO; QL (30 per 30 days)      |
| <i>glatopa subcutaneous syringe 40 mg/ml</i>                         | 5         | PA; MO; QL (12 per 28 days)      |
| <i>memantine oral capsule, sprinkle, er 24hr</i>                     | 4         | PA; MO                           |
| <i>memantine oral solution</i>                                       | 4         | PA; MO                           |
| <i>memantine oral tablet</i>   | 3         | PA; MO                           |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK                       | 3         | PA                               |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR                             | 3         | PA; MO                           |
| NUEDEXTA   | 5         | PA; MO                           |
| OCREVUS  | 5         | PA; MO; LA; QL (20 per 180 days) |
| <i>rivastigmine</i>  | 4         | MO                               |
| <i>rivastigmine tartrate</i>   | 3         | MO                               |
| <i>tetrabenazine oral tablet 12.5 mg</i>                             | 5         | PA; MO; QL (240 per 30 days)     |
| <i>tetrabenazine oral tablet 25 mg</i>                               | 5         | PA; MO; QL (120 per 30 days)     |
| TYSABRI  | 5         | PA; MO; LA; QL (15 per 28 days)  |
| <b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>                      |           |                                  |
| <i>baclofen oral tablet</i>  | 2         | MO                               |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                       | 4         | PA; MO                           |
| <i>dantrolene intravenous</i>  | 2         |                                  |
| <i>dantrolene oral</i>   | 4         | MO                               |
| LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML               | 3         | B/D PA; MO                       |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|------------------------------|
| LIORESAL INTRATHECAL SOLUTION 50 MCG/ML  | 3                | B/D PA                       |
| <i>pyridostigmine bromide oral tablet 60 mg</i>  | 3                | MO                           |
| <i>pyridostigmine bromide oral tablet extended release</i>   | 3                | MO                           |
| <i>revonto</i>   | 2                |                              |
| <i>tizanidine oral tablet</i>  | 2                | MO                           |
| <b>NARCOTIC ANALGESICS</b>   |                  |                              |
| <i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i>                                       | 3                | QL (4500 per 30 days)        |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>  | 3                | MO; QL (4500 per 30 days)    |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>  | 3                | MO; QL (360 per 30 days)     |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>   | 3                | MO; QL (180 per 30 days)     |
| <i>buprenorphine hcl injection syringe</i>   | 2                |                              |
| <i>buprenorphine hcl sublingual</i>  | 3                | MO                           |
| <i>endocet</i>   | 3                | MO; QL (360 per 30 days)     |
| <i>fentanyl citrate (pf) injection solution</i>  | 2                |                              |
| <i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>                                  | 2                |                              |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>         | 5                | PA; MO; QL (120 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>   | 4                | PA; MO; QL (120 per 30 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/12hr, 12 mcg/12hr, 25 mcg/12hr, 50 mcg/12hr, 75 mcg/12hr</i> | 4                | PA; MO; QL (10 per 30 days)  |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>  | 3                | MO; QL (5550 per 30 days)    |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                               | 3                | MO; QL (390 per 30 days)     |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>                               | 3                | MO; QL (360 per 30 days)     |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>  | 3                | MO; QL (50 per 30 days)      |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml</i>                                    | 4                |                              |
| <i>hydromorphone (pf) injection solution 10 mg/ml</i>  | 4                | MO                           |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--|------------------|-------------------------------|
| <i>hydromorphone injection solution 1 mg/ml</i>  | 4                |                               |
| <i>hydromorphone injection solution 2 mg/ml</i>  | 4                | MO                            |
| <i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>                                | 4                | MO                            |
| <i>hydromorphone injection syringe 2 mg/ml</i>   | 4                |                               |
| <i>hydromorphone oral liquid</i>   | 4                | MO; QL (2400 per 30 days)     |
| <i>hydromorphone oral tablet</i>   | 3                | MO; QL (180 per 30 days)      |
| <i>hydromorphone oral tablet extended release 24 hr</i>                                | 4                | PA; MO; QL (60 per 30 days)   |
| <i>methadone injection solution</i>  | 3                |                               |
| <i>methadone intensol</i>  | 3                | PA; MO; QL (90 per 30 days)   |
| <i>methadone oral concentrate</i>  | 3                | PA; QL (90 per 30 days)       |
| <i>methadone oral solution 10 mg/5 ml</i>  | 3                | PA; MO; QL (600 per 30 days)  |
| <i>methadone oral solution 5 mg/5 ml</i>   | 3                | PA; MO; QL (1200 per 30 days) |
| <i>methadone oral tablet 10 mg</i>   | 3                | PA; MO; QL (120 per 30 days)  |
| <i>methadone oral tablet 5 mg</i>  | 3                | PA; MO; QL (240 per 30 days)  |
| <i>methadose oral concentrate</i>  | 3                | PA; MO; QL (90 per 30 days)   |
| <i>morphine (pf) injection solution 0.5 mg/ml</i>                                      | 4                |                               |
| <i>morphine (pf) injection solution 1 mg/ml</i>  | 4                | MO                            |
| <i>morphine concentrate oral solution</i>  | 3                | MO; QL (900 per 30 days)      |
| <i>morphine injection syringe 4 mg/ml</i>  | 4                | MO                            |
| <i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>                                 | 4                | MO                            |
| <i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>                         | 4                |                               |
| <i>morphine oral solution</i>  | 3                | MO; QL (900 per 30 days)      |
| <i>morphine oral tablet</i>  | 3                | MO; QL (180 per 30 days)      |
| <i>morphine oral tablet extended release</i>   | 3                | PA; MO; QL (120 per 30 days)  |
| <i>oxycodone oral capsule</i>  | 3                | MO; QL (360 per 30 days)      |
| <i>oxycodone oral concentrate</i>  | 4                | MO; QL (180 per 30 days)      |
| <i>oxycodone oral solution</i>   | 3                | MO; QL (1200 per 30 days)     |
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>                                | 3                | MO; QL (180 per 30 days)      |
| <i>oxycodone oral tablet 5 mg</i>  | 3                | MO; QL (360 per 30 days)      |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 3                | MO; QL (360 per 30 days)      |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>NON-NARCOTIC ANALGESICS</b>                                 |                  |                            |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i>          | 3                | MO; QL (60 per 30 days)    |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>         | 3                | MO; QL (360 per 30 days)   |
| <i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>   | 3                | MO; QL (90 per 30 days)    |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>       | 2                | MO; QL (360 per 30 days)   |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>         | 2                | MO; QL (90 per 30 days)    |
| <i>butorphanol injection</i>                                   | 2                | MO                         |
| <i>butorphanol nasal</i>                                       | 4                | MO; QL (10 per 28 days)    |
| <i>celecoxib</i>   | 3                | MO                         |
| <i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>        | 2                |                            |
| <i>diclofenac potassium oral tablet 50 mg</i>                  | 2                | MO                         |
| <i>diclofenac sodium oral</i>                                  | 2                | MO                         |
| <i>diclofenac sodium topical gel 1 %</i>                       | 4                | MO; QL (1000 per 28 days)  |
| <i>diflunisal</i>  | 3                | MO                         |
| <i>ec-naproxen oral tablet, delayed release (drlec) 375 mg</i> | 2                |                            |
| <i>ec-naproxen oral tablet, delayed release (drlec) 500 mg</i> | 2                | MO                         |
| <i>etodolac oral capsule</i>                                   | 3                | MO                         |
| <i>etodolac oral tablet</i>                                    | 3                | MO                         |
| <i>flurbiprofen oral tablet 100 mg</i>                         | 2                | MO                         |
| <i>ibu</i>   | 2                | MO                         |
| <i>ibuprofen oral suspension</i>                               | 2                | MO                         |
| <i>ibuprofen oral tablet 400 mg, 800 mg</i>                    | 2                | MO                         |
| <i>ibuprofen oral tablet 600 mg</i>                            | 2                |                            |
| <i>meloxicam oral tablet 15 mg</i>                             | 1                | MO                         |
| <i>meloxicam oral tablet 7.5 mg</i>                            | 1                | MO; QL (30 per 30 days)    |
| <i>nabumetone</i>  | 2                | MO                         |
| <i>nalbuphine</i>  | 2                | MO                         |
| <i>naloxone injection solution</i>                             | 2                | MO                         |
| <i>naloxone injection syringe</i>                              | 2                | MO                         |
| <i>naloxone nasal</i>  | 2                | MO                         |
| <i>naltrexone</i>  | 2                | MO                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| <i>naproxen oral tablet</i>   | 1                | MO                          |
| <i>naproxen oral tablet, delayed release (drlec) 375 mg</i>                   | 2                | MO                          |
| <i>naproxen oral tablet, delayed release (drlec) 500 mg</i>                   | 2                |                             |
| <i>oxaprozin</i>  | 4                | MO                          |
| <i>piroxicam</i>  | 3                | MO                          |
| <i>salsalate</i>  | 1                | MO                          |
| <i>sulindac</i>   | 2                | MO                          |
| <i>tramadol oral tablet 50 mg</i>   | 2                | MO; QL (240 per 30 days)    |
| <i>tramadol-acetaminophen</i>   | 2                | MO; QL (240 per 30 days)    |
| VIVITROL  | 5                | MO                          |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>  |                  |                             |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML | 5                | MO; QL (2.4 per 56 days)    |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML | 5                | MO; QL (3.2 per 56 days)    |
| ABILIFY MAINTENA  | 5                | MO; QL (1 per 28 days)      |
| <i>amitriptyline</i>  | 2                | MO                          |
| <i>amoxapine</i>  | 3                | MO                          |
| <i>aripiprazole oral solution</i>   | 4                | MO                          |
| <i>aripiprazole oral tablet</i>   | 4                | MO; QL (30 per 30 days)     |
| <i>aripiprazole oral tablet, disintegrating</i>                               | 5                | MO; QL (60 per 30 days)     |
| <i>armodafinil</i>  | 4                | PA; MO; QL (30 per 30 days) |
| <i>asenapine maleate</i>  | 4                | MO; QL (60 per 30 days)     |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>                    | 4                | MO; QL (60 per 30 days)     |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>                          | 4                | MO; QL (30 per 30 days)     |
| AUVELITY  | 5                | ST; MO; QL (60 per 30 days) |
| <i>bupropion hcl oral tablet</i>  | 2                | MO                          |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>                | 2                | MO; QL (90 per 30 days)     |
| <i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>                | 2                | MO; QL (30 per 30 days)     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| <i>bupropion hcl oral tablet sustained-release 12 hr</i>                    | 2                | MO; QL (60 per 30 days)       |
| <i>bupirone</i>   | 2                | MO                            |
| <b>CAPLYTA</b>  | 4                | MO; QL (30 per 30 days)       |
| <i>chlorpromazine injection</i>   | 2                | MO                            |
| <i>chlorpromazine oral</i>  | 4                | MO                            |
| <i>citalopram oral solution</i>   | 3                | MO                            |
| <i>citalopram oral tablet</i>   | 1                | MO; QL (30 per 30 days)       |
| <i>clomipramine</i>   | 4                | MO                            |
| <i>clonidine hcl oral tablet extended release 12 hr</i>                     | 4                | MO                            |
| <i>clorazepate dipotassium oral tablet 15 mg</i>                            | 4                | PA; MO; QL (180 per 30 days)  |
| <i>clorazepate dipotassium oral tablet 3.75 mg</i>                          | 4                | PA; MO; QL (90 per 30 days)   |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i>                           | 4                | PA; MO; QL (360 per 30 days)  |
| <i>clozapine oral tablet</i>  | 3                |                               |
| <i>clozapine oral tablet, disintegrating</i>                                | 4                |                               |
| <i>desipramine</i>  | 4                | MO                            |
| <i>desvenlafaxine succinate</i>   | 4                | MO; QL (30 per 30 days)       |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>    | 4                | MO                            |
| <i>dextroamphetamine-amphetamine oral tablet</i>                            | 3                | MO                            |
| <i>diazepam injection</i>   | 2                | PA                            |
| <i>diazepam intensol</i>  | 2                | PA; MO; QL (240 per 30 days)  |
| <i>diazepam oral concentrate</i>  | 2                | PA; QL (240 per 30 days)      |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                           | 2                | PA; MO; QL (1200 per 30 days) |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>                     | 2                | PA; QL (1200 per 30 days)     |
| <i>diazepam oral tablet</i>   | 2                | PA; MO; QL (120 per 30 days)  |
| <i>doxepin oral capsule</i>   | 4                | MO                            |
| <i>doxepin oral concentrate</i>   | 4                | MO                            |
| <i>doxepin oral tablet</i>  | 3                | MO; QL (30 per 30 days)       |
| <b>DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG</b>      | 4                | QL (60 per 30 days)           |
| <b>DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG</b>                    | 4                | QL (90 per 30 days)           |
| <i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i> | 4                | MO; QL (60 per 30 days)       |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| EMSAM   | 5                | MO                          |
| <i>escitalopram oxalate oral solution</i>   | 4                | MO                          |
| <i>escitalopram oxalate oral tablet</i>   | 2                | MO; QL (30 per 30 days)     |
| FANAPT ORAL TABLET  | 4                | MO; QL (60 per 30 days)     |
| FANAPT ORAL TABLETS,DOSE PACK   | 4                | MO; QL (8 per 180 days)     |
| FETZIMA ORAL CAPSULE,EXT REL<br>24HR DOSE PACK  | 4                | QL (28 per 180 days)        |
| FETZIMA ORAL CAPSULE,EXTENDED<br>RELEASE 24 HR  | 4                | MO; QL (30 per 30 days)     |
| <i>flumazenil</i>   | 2                |                             |
| <i>fluoxetine oral capsule 10 mg</i>  | 2                | MO; QL (30 per 30 days)     |
| <i>fluoxetine oral capsule 20 mg</i>  | 2                | MO; QL (90 per 30 days)     |
| <i>fluoxetine oral capsule 40 mg</i>  | 2                | MO; QL (60 per 30 days)     |
| <i>fluoxetine oral solution</i>   | 2                | MO                          |
| <i>fluphenazine decanoate</i>   | 4                | MO                          |
| <i>fluphenazine hcl</i>   | 4                | MO                          |
| <i>fluvoxamine oral tablet 100 mg</i>   | 3                | MO; QL (90 per 30 days)     |
| <i>fluvoxamine oral tablet 25 mg</i>  | 3                | MO; QL (30 per 30 days)     |
| <i>fluvoxamine oral tablet 50 mg</i>  | 3                | MO; QL (60 per 30 days)     |
| <i>haloperidol decanoate intramuscular solution 100<br/>mg/ml (1 ml), 50 mg/ml(1ml)</i> | 4                |                             |
| <i>haloperidol decanoate intramuscular solution 100<br/>mg/ml, 50 mg/ml</i>             | 4                | MO                          |
| <i>haloperidol lactate injection</i>  | 4                | MO                          |
| <i>haloperidol lactate intramuscular</i>  | 2                |                             |
| <i>haloperidol lactate oral</i>   | 2                | MO                          |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2<br/>mg, 5 mg</i>                      | 2                | MO                          |
| <i>haloperidol oral tablet 20 mg</i>  | 3                | MO                          |
| HETLIOZ   | 5                | PA; MO; QL (30 per 30 days) |
| <i>imipramine hcl</i>   | 4                | MO                          |
| <i>imipramine pamoate</i>   | 4                | MO                          |
| INVEGA HAFYERA INTRAMUSCULAR<br>SYRINGE 1,092 MG/3.5 ML                                 | 5                | MO; QL (3.5 per 180 days)   |
| INVEGA HAFYERA INTRAMUSCULAR<br>SYRINGE 1,560 MG/5 ML                                   | 5                | MO; QL (5 per 180 days)     |

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| Drug Name  | Drug Tier | Requirements/Limits          |
|--|-----------|------------------------------|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML       | 5         | MO; QL (0.75 per 28 days)    |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML            | 5         | MO; QL (1 per 28 days)       |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML        | 5         | MO; QL (1.5 per 28 days)     |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML        | 3         | MO; QL (0.25 per 28 days)    |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML         | 5         | MO; QL (0.5 per 28 days)     |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML         | 5         | MO; QL (0.88 per 90 days)    |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML         | 5         | MO; QL (1.32 per 90 days)    |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML         | 5         | MO; QL (1.75 per 90 days)    |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML         | 5         | MO; QL (2.63 per 90 days)    |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG             | 4         | MO; QL (30 per 30 days)      |
| LATUDA ORAL TABLET 80 MG                                   | 4         | MO; QL (60 per 30 days)      |
| <i>lithium carbonate</i>                                   | 2         | MO                           |
| <i>lithium citrate oral solution 8 meq/5 ml</i>            | 2         |                              |
| <i>lorazepam injection solution</i>                        | 2         | PA; MO                       |
| <i>lorazepam injection syringe 2 mg/ml</i>                 | 2         | PA; MO                       |
| <i>lorazepam intensol</i>                                  | 2         | PA; QL (150 per 30 days)     |
| <i>lorazepam oral concentrate</i>                          | 2         | PA; MO; QL (150 per 30 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>                  | 2         | PA; MO; QL (90 per 30 days)  |
| <i>lorazepam oral tablet 2 mg</i>                          | 2         | PA; MO; QL (150 per 30 days) |
| <i>loxapine succinate</i>                                  | 2         | MO                           |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>  | 4         | MO; QL (30 per 30 days)      |
| <i>lurasidone oral tablet 80 mg</i>                        | 4         | MO; QL (60 per 30 days)      |
| MARPLAN  | 4         | MO                           |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50</i> | 4         | MO                           |
| <i>methylphenidate hcl oral solution</i>                   | 4         | MO                           |

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This drug list was last updated on 11/17/2023.



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| <i>methylphenidate hcl oral tablet</i>                                     | 3                | MO                          |
| <i>methylphenidate hcl oral tablet extended release</i>                    | 4                | MO                          |
| <i>methylphenidate hcl oral tablet, chewable</i>                           | 4                | MO                          |
| <i>mirtazapine oral tablet</i>   | 2                | MO                          |
| <i>mirtazapine oral tablet, disintegrating</i>                             | 3                | MO                          |
| <i>modafinil oral tablet 100 mg</i>  | 3                | PA; MO; QL (30 per 30 days) |
| <i>modafinil oral tablet 200 mg</i>  | 3                | PA; MO; QL (60 per 30 days) |
| <i>molindone oral tablet 10 mg, 25 mg</i>                                  | 4                |                             |
| <i>molindone oral tablet 5 mg</i>  | 4                | MO                          |
| <i>nefazodone</i>  | 4                | MO                          |
| <i>nortriptyline oral capsule</i>  | 2                | MO                          |
| <i>nortriptyline oral solution</i>   | 4                | MO                          |
| <b>NUPLAZID</b>  | 4                | PA; MO; QL (30 per 30 days) |
| <i>olanzapine intramuscular</i>  | 4                | MO                          |
| <i>olanzapine oral tablet</i>  | 3                | MO; QL (30 per 30 days)     |
| <i>olanzapine oral tablet, disintegrating</i>                              | 4                | MO; QL (30 per 30 days)     |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>   | 4                | MO; QL (30 per 30 days)     |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i>                 | 4                | MO; QL (60 per 30 days)     |
| <i>paroxetine hcl oral suspension</i>                                      | 4                | MO                          |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>                      | 2                | MO; QL (30 per 30 days)     |
| <i>paroxetine hcl oral tablet 30 mg</i>                                    | 2                | MO; QL (60 per 30 days)     |
| <i>perphenazine</i>  | 4                | MO                          |
| <b>PERSERIS</b>  | 5                | MO; QL (1 per 30 days)      |
| <i>phenelzine</i>  | 3                | MO                          |
| <i>pimozide</i>  | 4                | MO                          |
| <i>protriptyline</i>   | 4                | MO                          |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                 | 2                | MO; QL (90 per 30 days)     |
| <i>quetiapine oral tablet 300 mg, 400 mg</i>                               | 2                | MO; QL (60 per 30 days)     |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>        | 4                | MO; QL (30 per 30 days)     |
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i> | 4                | MO; QL (60 per 30 days)     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <i>ramelteon</i>  | 3                | MO; QL (30 per 30 days)      |
| REXULTI ORAL TABLET   | 4                | MO; QL (30 per 30 days)      |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML | 3                | MO; QL (2 per 28 days)       |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML | 5                | MO; QL (2 per 28 days)       |
| <i>risperidone oral solution</i>  | 2                | MO                           |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>                      | 2                | MO; QL (60 per 30 days)      |
| <i>risperidone oral tablet 4 mg</i>   | 2                | MO; QL (120 per 30 days)     |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>       | 4                | MO; QL (60 per 30 days)      |
| <i>risperidone oral tablet,disintegrating 4 mg</i>                                    | 4                | MO; QL (120 per 30 days)     |
| SECUADO   | 5                | MO; QL (30 per 30 days)      |
| <i>sertraline oral concentrate</i>  | 4                | MO                           |
| <i>sertraline oral tablet 100 mg, 50 mg</i>   | 1                | MO; QL (60 per 30 days)      |
| <i>sertraline oral tablet 25 mg</i>   | 1                | MO; QL (30 per 30 days)      |
| SODIUM OXYBATE  | 5                | PA; LA; QL (540 per 30 days) |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)                | 5                | PA                           |
| <i>tasimelteon</i>  | 5                | PA; QL (30 per 30 days)      |
| <i>thioridazine</i>   | 3                | MO                           |
| <i>thiothixene</i>  | 4                | MO                           |
| <i>tranlycypromine</i>  | 4                | MO                           |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>                                    | 1                | MO                           |
| <i>trazodone oral tablet 300 mg</i>   | 4                | MO                           |
| <i>trifluoperazine</i>  | 3                | MO                           |
| <i>trimipramine</i>   | 4                | MO                           |
| TRINTELLIX  | 3                | MO; QL (30 per 30 days)      |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML                      | 5                | MO; QL (0.28 per 28 days)    |

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| Drug Name   | Drug Tier | Requirements/Limits          |
|---|-----------|------------------------------|
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL SYRING<br>125 MG/0.35 ML    | 5         | MO; QL (0.35 per 28 days)    |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL SYRING<br>150 MG/0.42 ML    | 5         | MO; QL (0.42 per 56 days)    |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL SYRING<br>200 MG/0.56 ML    | 5         | MO; QL (0.56 per 56 days)    |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL SYRING<br>250 MG/0.7 ML     | 5         | MO; QL (0.7 per 56 days)     |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL SYRING<br>50 MG/0.14 ML     | 5         | MO; QL (0.14 per 28 days)    |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL SYRING<br>75 MG/0.21 ML     | 5         | MO; QL (0.21 per 28 days)    |
| <i>venlafaxine oral capsule,extended release 24hr<br/>150 mg, 37.5 mg</i> | 2         | MO; QL (30 per 30 days)      |
| <i>venlafaxine oral capsule,extended release 24hr 75<br/>mg</i>           | 2         | MO; QL (90 per 30 days)      |
| <i>venlafaxine oral tablet</i>  | 2         | MO; QL (90 per 30 days)      |
| VERSACLOZ   | 5         |                              |
| VIIBRYD ORAL TABLETS,DOSE PACK 10<br>MG (7)- 20 MG (23)                   | 3         | QL (30 per 180 days)         |
| <i>vilazodone</i>   | 3         | MO; QL (30 per 30 days)      |
| VRAYLAR ORAL CAPSULE  | 4         | MO; QL (30 per 30 days)      |
| VRAYLAR ORAL CAPSULE,DOSE PACK  | 4         | MO; QL (7 per 180 days)      |
| XYREM   | 5         | PA; LA; QL (540 per 30 days) |
| <i>zaleplon oral capsule 10 mg</i>  | 4         | MO; QL (60 per 30 days)      |
| <i>zaleplon oral capsule 5 mg</i>   | 4         | MO; QL (30 per 30 days)      |
| <i>ziprasidone hcl</i>  | 4         | MO; QL (60 per 30 days)      |
| <i>ziprasidone mesylate</i>   | 4         | MO                           |
| <i>zolpidem oral tablet</i>   | 2         | MO; QL (30 per 30 days)      |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 210 MG | 3         | MO; QL (2 per 28 days)       |

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| Drug Name   | Drug Tier | Requirements/Limits    |
|---|-----------|------------------------|
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 300 MG | 5         | MO; QL (2 per 28 days) |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 405 MG | 5         | MO; QL (1 per 28 days) |

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

|  |   |            |
|--|---|------------|
| <i>adenosine</i>   | 2 |            |
| <i>amiodarone intravenous solution</i>   | 2 | B/D PA; MO |
| <i>amiodarone intravenous syringe</i>  | 2 | B/D PA     |
| <i>amiodarone oral tablet 100 mg</i>   | 4 | MO         |
| <i>amiodarone oral tablet 200 mg</i>   | 2 | MO         |
| <i>amiodarone oral tablet 400 mg</i>   | 4 |            |
| <i>dofetilide</i>  | 4 | MO         |
| <i>flecainide</i>  | 3 | MO         |
| <i>ibutilide fumarate</i>  | 2 |            |
| <i>lidocaine (pf) intravenous</i>  | 2 |            |
| <i>lidocaine in 5 % dextrose (pf) intravenous<br/>parenteral solution 4 mg/ml (0.4 %), 8 mg/ml<br/>(0.8 %)</i> | 4 |            |
| <i>mexiletine</i>  | 3 | MO         |
| <i>pacerone oral tablet 100 mg, 400 mg</i>   | 4 | MO         |
| <i>pacerone oral tablet 200 mg</i>   | 2 | MO         |
| <i>procainamide injection</i>  | 2 |            |
| <i>propafenone oral capsule, extended release 12 hr</i>  | 4 | MO         |
| <i>propafenone oral tablet</i>   | 3 | MO         |
| <i>quinidine sulfate oral tablet</i>   | 2 | MO         |
| <i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>  | 2 | MO         |
| <i>sorine oral tablet 240 mg</i>   | 2 |            |
| <i>sotalol af</i>  | 2 |            |
| <i>sotalol oral</i>  | 2 | MO         |

### ANTIHYPERTENSIVE THERAPY

|                   |   |    |
|-------------------|---|----|
| <i>acebutolol</i> | 2 | MO |
|-------------------|---|----|

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>aliskiren</i>   | 4                | MO                         |
| <i>amiloride</i>   | 2                | MO                         |
| <i>amiloride-hydrochlorothiazide</i>                                 | 2                | MO                         |
| <i>amlodipine</i>  | 1                | MO                         |
| <i>amlodipine-benazepril</i>   | 2                | MO                         |
| <i>amlodipine-olmesartan</i>   | 2                | MO                         |
| <i>amlodipine-valsartan</i>  | 1                | MO                         |
| <i>amlodipine-valsartan-hctiazid</i>                                 | 2                | MO                         |
| <i>atenolol</i>  | 1                | MO                         |
| <i>atenolol-chlorthalidone</i>                                       | 2                | MO                         |
| <i>benazepril</i>  | 1                | MO                         |
| <i>benazepril-hydrochlorothiazide</i>                                | 1                | MO                         |
| <i>betaxolol oral tablet 10 mg</i>                                   | 3                | MO                         |
| <i>betaxolol oral tablet 20 mg</i>                                   | 3                |                            |
| <i>bisoprolol fumarate</i>   | 2                | MO                         |
| <i>bisoprolol-hydrochlorothiazide</i>                                | 2                | MO                         |
| <i>bumetanide injection</i>  | 4                | MO                         |
| <i>bumetanide oral</i>   | 3                | MO                         |
| <i>candesartan</i>   | 3                | MO                         |
| <i>candesartan-hydrochlorothiazid</i>                                | 3                | MO                         |
| <i>captopril</i>   | 2                | MO                         |
| <i>captopril-hydrochlorothiazide</i>                                 | 2                |                            |
| <i>cartia xt</i>   | 2                | MO                         |
| <i>carvedilol</i>  | 1                | MO                         |
| <i>chlorothiazide sodium</i>   | 2                | MO                         |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                       | 2                | MO                         |
| <i>clonidine</i>   | 4                | MO; QL (4 per 28 days)     |
| <i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i> | 2                |                            |
| <i>clonidine hcl oral tablet</i>                                     | 1                | MO                         |
| <i>diltiazem hcl intravenous</i>                                     | 2                |                            |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>             | 2                | MO                         |
| <i>diltiazem hcl oral capsule,extended release 12 hr</i>             | 4                | MO                         |
| <i>diltiazem hcl oral capsule,extended release 24 hr</i>             | 2                | MO                         |
| <i>diltiazem hcl oral capsule,extended release 24hr</i>              | 2                | MO                         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>diltiazem hcl oral tablet</i>   | 2                | MO                         |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>                                 | 3                | MO                         |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 3                |                            |
| <i>dilt-xr</i>   | 2                | MO                         |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>  | 2                | MO; QL (30 per 30 days)    |
| <i>doxazosin oral tablet 8 mg</i>  | 2                | MO; QL (60 per 30 days)    |
| <i>enalapril maleate oral tablet</i>   | 2                | MO                         |
| <i>enalaprilat intravenous solution</i>  | 2                |                            |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>                                      | 1                |                            |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>                                     | 1                | MO                         |
| <i>eplerenone</i>  | 3                | MO                         |
| <i>esmolol intravenous solution</i>  | 2                |                            |
| <i>ethacrynate sodium</i>  | 5                |                            |
| <i>felodipine</i>  | 2                | MO                         |
| <i>fosinopril</i>  | 1                | MO                         |
| <i>fosinopril-hydrochlorothiazide</i>  | 2                | MO                         |
| <i>furosemide injection solution</i>   | 4                | MO                         |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>                                 | 2                | MO                         |
| <i>furosemide oral tablet</i>  | 1                | MO                         |
| <i>hydralazine</i>   | 2                | MO                         |
| <i>hydrochlorothiazide</i>   | 1                | MO                         |
| <i>indapamide</i>  | 1                | MO                         |
| <i>irbesartan</i>  | 1                | MO                         |
| <i>irbesartan-hydrochlorothiazide</i>  | 2                | MO                         |
| <b>KERENDIA</b>  | 3                | PA; QL (30 per 30 days)    |
| <i>labetalol intravenous solution</i>  | 2                |                            |
| <i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>                                      | 2                |                            |
| <i>labetalol oral</i>  | 2                | MO                         |
| <i>lisinopril</i>  | 1                | MO                         |
| <i>lisinopril-hydrochlorothiazide</i>  | 1                | MO                         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>losartan</i>  | 1                | MO                         |
| <i>losartan-hydrochlorothiazide</i>                                | 1                | MO                         |
| <i>mannitol 20 %</i>   | 4                |                            |
| <i>mannitol 25 % intravenous solution</i>                          | 2                | MO                         |
| <i>matzim la</i>   | 3                | MO                         |
| <i>metolazone</i>  | 3                | MO                         |
| <i>metoprolol succinate</i>  | 2                | MO                         |
| <i>metoprolol ta-hydrochlorothiaz</i>                              | 2                | MO                         |
| <i>metoprolol tartrate intravenous</i>                             | 2                |                            |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>        | 1                | MO                         |
| <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>              | 2                | MO                         |
| <i>metyrosine</i>  | 5                | PA; MO                     |
| <i>minoxidil oral</i>  | 2                | MO                         |
| <i>moexipril</i>   | 3                | MO                         |
| <i>nadolol</i>   | 4                | MO                         |
| <i>nebivolol</i>   | 2                | MO                         |
| <i>nicardipine intravenous solution</i>                            | 2                |                            |
| <i>nicardipine oral</i>  | 4                | MO                         |
| <i>nifedipine oral tablet extended release</i>                     | 2                | MO                         |
| <i>nifedipine oral tablet extended release 24hr</i>                | 2                | MO                         |
| <i>nimodipine</i>  | 4                | MO                         |
| <i>olmesartan</i>  | 2                | MO                         |
| <i>olmesartan-amlodipin-hcthiazid</i>                              | 3                | MO                         |
| <i>olmesartan-hydrochlorothiazide</i>                              | 3                | MO                         |
| ORENITRAM MONTH 1 TITRATION KT                                     | 5                | PA; MO                     |
| ORENITRAM MONTH 2 TITRATION KT                                     | 5                | PA; MO                     |
| ORENITRAM MONTH 3 TITRATION KT                                     | 5                | PA; MO                     |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG                    | 4                | PA; MO                     |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG | 5                | PA; MO                     |
| <i>osmitrol 20 %</i>   | 4                |                            |
| <i>perindopril erbumine</i>  | 2                | MO                         |
| <i>phentolamine</i>  | 2                |                            |

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| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>pindolol</i>                                      | 3                | MO                         |
| <i>prazosin</i>                                      | 2                | MO                         |
| <i>propranolol intravenous</i>                       | 2                |                            |
| <i>propranolol oral</i>                              | 2                | MO                         |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg</i>     | 2                | MO                         |
| <i>quinapril oral tablet 5 mg</i>                    | 2                |                            |
| <i>quinapril-hydrochlorothiazide</i>                 | 2                |                            |
| <i>ramipril</i>                                      | 1                | MO                         |
| <i>spironolactone oral tablet</i>                    | 2                | MO                         |
| <i>spironolacton-hydrochlorothiaz</i>                | 2                | MO                         |
| <i>taztia xt</i>                                     | 2                | MO                         |
| <i>telmisartan</i>                                   | 3                | MO                         |
| <i>telmisartan-amlodipine</i>                        | 2                | MO                         |
| <i>telmisartan-hydrochlorothiazid</i>                | 4                | MO                         |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>       | 2                | MO; QL (30 per 30 days)    |
| <i>terazosin oral capsule 10 mg</i>                  | 2                | MO; QL (60 per 30 days)    |
| <i>tiadylt er</i>                                    | 2                | MO                         |
| <i>timolol maleate oral</i>                          | 4                | MO                         |
| <i>torseamide oral</i>                               | 2                | MO                         |
| <i>trandolapril</i>                                  | 2                | MO                         |
| <i>treprostinil sodium</i>                           | 5                | PA; MO; LA                 |
| <i>triamterene-hydrochlorothiazid</i>                | 2                | MO                         |
| <i>valsartan oral tablet</i>                         | 2                | MO                         |
| <i>valsartan-hydrochlorothiazide</i>                 | 2                | MO                         |
| <i>veletri</i>                                       | 2                | B/D PA; MO                 |
| <i>verapamil intravenous</i>                         | 2                |                            |
| <i>verapamil oral capsule, 24 hr er pellet ct</i>    | 4                | MO                         |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i> | 4                | MO                         |
| <i>verapamil oral tablet</i>                         | 1                | MO                         |
| <i>verapamil oral tablet extended release</i>        | 2                | MO                         |
| <b>COAGULATION THERAPY</b>                           |                  |                            |
| <i>aminocaproic acid intravenous</i>                 | 2                | MO                         |
| <i>aminocaproic acid oral</i>                        | 5                | MO                         |
| <i>aspirin-dipyridamole</i>                          | 4                | MO                         |

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| Drug Name   | Drug Tier | Requirements/Limits       |
|---|-----------|---------------------------|
| BRILINTA  | 3         | MO                        |
| CABLIVI INJECTION KIT   | 5         | PA; LA                    |
| CEPROTIN (BLUE BAR)   | 3         | PA; MO                    |
| CEPROTIN (GREEN BAR)  | 3         | PA; MO                    |
| <i>cilostazol</i>   | 2         | MO                        |
| <i>clopidogrel oral tablet 300 mg</i>   | 2         | MO                        |
| <i>clopidogrel oral tablet 75 mg</i>  | 1         | MO; QL (30 per 30 days)   |
| <i>dabigatran etexilate</i>   | 4         | MO                        |
| <i>dipyridamole intravenous</i>   | 2         |                           |
| <i>dipyridamole oral</i>  | 4         | MO                        |
| ELIQUIS   | 3         | MO                        |
| ELIQUIS DVT-PE TREAT 30D START  | 3         | MO                        |
| <i>enoxaparin subcutaneous solution</i>   | 2         | MO; QL (30 per 30 days)   |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>   | 4         | MO; QL (28 per 28 days)   |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>  | 4         | MO; QL (22.4 per 28 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>   | 4         | MO; QL (16.8 per 28 days) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>   | 4         | MO; QL (11.2 per 28 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>   | 5         | MO                        |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>  | 4         | MO                        |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml (100 unit/ml)</i> | 3         |                           |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>                                   | 3         | MO                        |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>   | 3         | MO                        |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>   | 3         |                           |
| <i>heparin (porcine) injection cartridge</i>  | 3         | MO                        |
| <i>heparin (porcine) injection solution</i>   | 3         | MO                        |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>  | 3         | MO                        |

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This drug list was last updated on 11/17/2023.

| Drug Name   | Drug Tier | Requirements/Limits     |
|---|-----------|-------------------------|
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML                             | 3         |                         |
| <i>heparin (porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i> | 3         | MO                      |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>   | 3         |                         |
| <i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>   | 3         | MO                      |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>  | 3         | MO                      |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML   | 3         |                         |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS  | 3         | MO                      |
| <i>jantoven</i>   | 1         | MO                      |
| <i>pentoxifylline</i>   | 2         | MO                      |
| <i>prasugrel</i>  | 3         | MO                      |
| PROMACTA  | 5         | PA; MO; LA              |
| <i>protamine</i>  | 2         |                         |
| <i>warfarin</i>   | 1         | MO                      |
| XARELTO   | 3         | MO                      |
| XARELTO DVT-PE TREAT 30D START  | 3         | MO                      |
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>  |           |                         |
| <i>atorvastatin</i>   | 1         | MO; QL (30 per 30 days) |
| <i>cholestyramine (with sugar)</i>  | 3         | MO                      |
| <i>cholestyramine light</i>   | 3         |                         |
| <i>colesevelam</i>  | 4         | MO                      |
| <i>colestipol</i>   | 4         | MO                      |
| <i>ezetimibe</i>  | 3         | MO                      |
| <i>ezetimibe-simvastatin</i>  | 3         | MO; QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>                                       | 3         | MO                      |
| <i>fenofibrate nanocrystallized</i>   | 3         | MO                      |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>   | 3                | MO                         |
| <i>fenofibric acid</i>   | 2                |                            |
| <i>fenofibric acid (choline)</i>   | 4                | MO                         |
| <i>fluvastatin oral capsule 20 mg</i>  | 2                | MO; QL (30 per 30 days)    |
| <i>fluvastatin oral capsule 40 mg</i>  | 2                | MO; QL (60 per 30 days)    |
| <i>gemfibrozil</i>   | 2                | MO                         |
| <i>icosapent ethyl</i>   | 3                | MO                         |
| <i>lovastatin oral tablet 10 mg</i>  | 1                | MO; QL (30 per 30 days)    |
| <i>lovastatin oral tablet 20 mg, 40 mg</i>   | 1                | MO; QL (60 per 30 days)    |
| <i>niacin oral tablet 500 mg</i>   | 2                | MO                         |
| <i>niacin oral tablet extended release 24 hr</i>   | 4                | MO                         |
| <i>omega-3 acid ethyl esters</i>   | 2                | MO                         |
| <i>pravastatin</i>   | 1                | MO; QL (30 per 30 days)    |
| <i>prevalite</i>   | 3                | MO                         |
| REPATHA  | 3                | PA; QL (6 per 28 days)     |
| REPATHA PUSHTRONEX   | 3                | PA; QL (7 per 28 days)     |
| REPATHA SURECLICK  | 3                | PA; QL (6 per 28 days)     |
| <i>rosuvastatin</i>  | 2                | MO; QL (30 per 30 days)    |
| <i>simvastatin</i>   | 1                | MO; QL (30 per 30 days)    |
| VASCEPA ORAL CAPSULE 0.5 GRAM  | 3                | MO                         |
| <b>MISCELLANEOUS<br/>CARDIOVASCULAR AGENTS</b>   |                  |                            |
| <i>cardioplegic soln</i>   | 2                |                            |
| CORLANOR ORAL SOLUTION   | 3                | QL (450 per 30 days)       |
| CORLANOR ORAL TABLET   | 3                | MO; QL (60 per 30 days)    |
| <i>digoxin oral solution</i>   | 3                | MO                         |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>   | 2                | MO                         |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>  | 3                | MO                         |
| <i>dobutamine</i>  | 2                | B/D PA                     |
| <i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i> | 2                | B/D PA                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i> | 2                | B/D PA                     |
| <i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>   | 2                | B/D PA; MO                 |
| <i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>   | 2                | B/D PA                     |
| <i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>  | 2                | B/D PA; MO                 |
| <b>ENTRESTO</b>   | 3                | MO; QL (60 per 30 days)    |
| <i>milrinone</i>  | 2                | B/D PA                     |
| <i>milrinone in 5 % dextrose</i>  | 2                | B/D PA                     |
| <i>norepinephrine bitartrate</i>  | 2                |                            |
| <i>ranolazine</i>   | 4                | MO                         |
| <i>sodium nitroprusside</i>   | 2                | B/D PA                     |
| <b>VYNDAMAX</b>   | 4                | PA; MO                     |
| <b>NITRATES</b>   |                  |                            |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>   | 2                | MO                         |
| <i>isosorbide mononitrate</i>   | 2                | MO                         |
| <i>nitro-bid</i>  | 3                | MO                         |
| <i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>                              | 2                | B/D PA                     |
| <i>nitroglycerin intravenous</i>  | 2                | B/D PA                     |
| <i>nitroglycerin sublingual</i>   | 2                | MO                         |
| <i>nitroglycerin transdermal patch 24 hour</i>  | 2                | MO                         |
| <i>nitroglycerin translingual</i>   | 4                | MO                         |
| <b>DERMATOLOGICALS/TOPICAL THERAPY</b>  |                  |                            |
| <b>ANTIPSORIATIC / ANTISEBORRHEIC</b>   |                  |                            |
| <i>acitretin</i>  | 4                | MO                         |
| <i>calcipotriene scalp</i>  | 3                | MO; QL (120 per 30 days)   |
| <i>calcipotriene topical cream</i>  | 4                | MO; QL (120 per 30 days)   |
| <i>calcipotriene topical ointment</i>   | 4                | MO; QL (120 per 30 days)   |

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| Drug Name  | Drug Tier | Requirements/Limits           |
|--|-----------|-------------------------------|
| <i>selenium sulfide topical lotion</i>               | 2         | MO                            |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR                    | 5         | PA; MO; QL (2 per 28 days)    |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML               | 5         | PA; MO; QL (2 per 28 days)    |
| STELARA INTRAVENOUS                                  | 5         | PA; MO; QL (104 per 180 days) |
| STELARA SUBCUTANEOUS SOLUTION                        | 5         | PA; MO; QL (0.5 per 28 days)  |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML            | 5         | PA; MO; QL (0.5 per 28 days)  |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML                | 5         | PA; MO; QL (1 per 28 days)    |
| TALTZ AUTOINJECTOR                                   | 5         | PA; MO; QL (1 per 28 days)    |
| TALTZ AUTOINJECTOR (2 PACK)                          | 5         | PA; MO; QL (4 per 28 days)    |
| TALTZ AUTOINJECTOR (3 PACK)                          | 5         | PA; MO; QL (3 per 180 days)   |
| TALTZ SYRINGE  | 5         | PA; MO; QL (1 per 28 days)    |
| <b>MISCELLANEOUS DERMATOLOGICALS</b>                 |           |                               |
| <i>ammonium lactate</i>                              | 2         | MO                            |
| <i>chloroprocaine (pf)</i>                           | 2         |                               |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML    | 5         | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML       | 5         | PA; MO; QL (8 per 28 days)    |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 5         | PA; QL (1.34 per 28 days)     |
| DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML         | 5         | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML            | 5         | PA; MO; QL (8 per 28 days)    |
| <i>fluorouracil topical cream 5 %</i>                | 3         | MO                            |
| <i>fluorouracil topical solution</i>                 | 3         | MO                            |
| <i>glydo</i>   | 2         | MO; QL (60 per 30 days)       |
| <i>imiquimod topical cream in packet 5 %</i>         | 3         | MO                            |
| <i>lidocaine (pf) injection solution</i>             | 2         |                               |
| <i>lidocaine hcl injection solution</i>              | 2         |                               |
| <i>lidocaine hcl laryngotracheal</i>                 | 3         | MO                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <i>lidocaine hcl mucous membrane jelly in applicator</i>                            | 2                | MO; QL (60 per 30 days)      |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>                        | 3                | MO                           |
| <i>lidocaine topical adhesive patch,medicated 5 %</i>                               | 4                | PA; MO; QL (90 per 30 days)  |
| <i>lidocaine topical ointment</i>   | 4                | MO; QL (36 per 30 days)      |
| <i>lidocaine viscous</i>  | 2                | MO                           |
| <i>lidocaine-epinephrine</i>  | 2                |                              |
| <i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i> | 2                |                              |
| <i>lidocaine-prilocaine topical cream</i>   | 3                | MO; QL (30 per 30 days)      |
| <i>methoxsalen</i>  | 5                | MO                           |
| PANRETIN  | 5                | PA; MO                       |
| <i>pimecrolimus</i>   | 4                | PA; MO; QL (100 per 30 days) |
| <i>podofilox</i>  | 3                | MO                           |
| <i>polocaine injection solution 1 % (10 mg/ml)</i>                                  | 2                |                              |
| <i>polocaine-mpf</i>  | 2                |                              |
| REGRANEX  | 5                |                              |
| SANTYL  | 3                | MO; QL (180 per 30 days)     |
| <i>silver sulfadiazine</i>  | 2                | MO                           |
| <i>ssd</i>  | 2                | MO                           |
| <i>tacrolimus topical</i>   | 4                | PA; MO; QL (100 per 30 days) |
| VALCHLOR  | 5                | PA; MO                       |
| <b>THERAPY FOR ACNE</b>   |                  |                              |
| <i>accutane</i>   | 4                |                              |
| <i>amnesteam</i>  | 4                |                              |
| <i>claravis</i>   | 4                |                              |
| <i>clindamycin phosphate topical gel</i>  | 3                | MO; QL (120 per 30 days)     |
| <i>clindamycin phosphate topical gel, once daily</i>                                | 3                | MO; QL (150 per 30 days)     |
| <i>clindamycin phosphate topical lotion</i>   | 3                | MO; QL (120 per 30 days)     |
| <i>clindamycin phosphate topical solution</i>                                       | 3                | MO; QL (120 per 30 days)     |
| <i>ery pads</i>   | 3                | MO                           |
| <i>erythromycin with ethanol topical solution</i>                                   | 2                | MO                           |
| <i>isotretinoin</i>   | 4                |                              |
| <i>ivermectin topical cream</i>   | 2                | MO; QL (60 per 30 days)      |
| <i>metronidazole topical</i>  | 4                | MO                           |

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| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| <i>tazarotene topical cream</i>                       | 4                | PA; MO                      |
| <i>tazarotene topical gel</i>                         | 4                | PA; MO                      |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> | 4                | PA; MO                      |
| <i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>  | 3                | PA; MO                      |
| <i>zenatane</i>                                       | 4                |                             |
| <b>TOPICAL ANTIBACTERIALS</b>                         |                  |                             |
| <i>gentamicin topical cream</i>                       | 4                | MO; QL (60 per 30 days)     |
| <i>gentamicin topical ointment</i>                    | 3                | MO; QL (60 per 30 days)     |
| <i>mupirocin</i>                                      | 2                | MO; QL (44 per 30 days)     |
| <i>sulfacetamide sodium (acne)</i>                    | 4                | MO                          |
| <b>TOPICAL ANTIFUNGALS</b>                            |                  |                             |
| <i>ciclodan topical solution</i>                      | 2                | MO; QL (6.6 per 28 days)    |
| <i>ciclopirox topical cream</i>                       | 2                | MO; QL (90 per 28 days)     |
| <i>ciclopirox topical gel</i>                         | 3                | MO; QL (100 per 28 days)    |
| <i>ciclopirox topical shampoo</i>                     | 3                | MO; QL (120 per 28 days)    |
| <i>ciclopirox topical solution</i>                    | 2                | MO; QL (6.6 per 28 days)    |
| <i>ciclopirox topical suspension</i>                  | 3                | MO; QL (60 per 28 days)     |
| <i>clotrimazole topical cream</i>                     | 2                | MO; QL (45 per 28 days)     |
| <i>clotrimazole topical solution</i>                  | 2                | MO; QL (30 per 28 days)     |
| <i>clotrimazole-betamethasone topical cream</i>       | 3                | MO; QL (45 per 28 days)     |
| <i>clotrimazole-betamethasone topical lotion</i>      | 4                | MO; QL (60 per 28 days)     |
| <i>econazole</i>                                      | 4                | MO; QL (85 per 28 days)     |
| <i>ketoconazole topical cream</i>                     | 2                | MO; QL (60 per 28 days)     |
| <i>ketoconazole topical shampoo</i>                   | 2                | MO; QL (120 per 28 days)    |
| <i>naftifine topical gel 2 %</i>                      | 4                | MO; QL (60 per 28 days)     |
| <i>nyamyc</i>   | 3                | QL (180 per 30 days)        |
| <i>nystatin topical cream</i>                         | 2                | MO; QL (30 per 28 days)     |
| <i>nystatin topical ointment</i>                      | 2                | MO; QL (30 per 28 days)     |
| <i>nystatin topical powder</i>                        | 3                | MO; QL (180 per 30 days)    |
| <i>nystatin-triamcinolone</i>                         | 3                | MO; QL (60 per 28 days)     |
| <i>nystop</i>   | 3                | QL (180 per 30 days)        |
| <b>TOPICAL ANTIVIRALS</b>                             |                  |                             |
| <i>acyclovir topical ointment</i>                     | 4                | PA; MO; QL (30 per 30 days) |
| <b>DENAVIR</b>  | 4                | MO; QL (5 per 30 days)      |

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| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>penciclovir</i>                               | 4                | MO; QL (5 per 30 days)     |
| <b>TOPICAL CORTICOSTEROIDS</b>                   |                  |                            |
| <i>ala-cort topical cream 1 %</i>                | 2                | MO                         |
| <i>ala-cort topical cream 2.5 %</i>              | 2                |                            |
| <i>alclometasone</i>                             | 3                | MO                         |
| <i>betamethasone dipropionate</i>                | 3                | MO                         |
| <i>betamethasone valerate topical cream</i>      | 3                | MO                         |
| <i>betamethasone valerate topical lotion</i>     | 3                | MO                         |
| <i>betamethasone valerate topical ointment</i>   | 3                | MO                         |
| <i>betamethasone, augmented topical cream</i>    | 2                | MO                         |
| <i>betamethasone, augmented topical gel</i>      | 3                | MO                         |
| <i>betamethasone, augmented topical lotion</i>   | 4                | MO                         |
| <i>betamethasone, augmented topical ointment</i> | 4                | MO                         |
| <i>clobetasol scalp</i>                          | 4                | MO; QL (100 per 28 days)   |
| <i>clobetasol topical cream</i>                  | 4                | MO; QL (120 per 28 days)   |
| <i>clobetasol topical foam</i>                   | 4                | MO; QL (100 per 28 days)   |
| <i>clobetasol topical gel</i>                    | 4                | MO; QL (120 per 28 days)   |
| <i>clobetasol topical lotion</i>                 | 4                | MO; QL (118 per 28 days)   |
| <i>clobetasol topical ointment</i>               | 4                | MO; QL (120 per 28 days)   |
| <i>clobetasol topical shampoo</i>                | 4                | MO; QL (236 per 28 days)   |
| <i>clobetasol-emollient topical cream</i>        | 4                | MO; QL (120 per 28 days)   |
| <i>clodan</i>                                    | 4                | MO; QL (236 per 28 days)   |
| <i>desonide</i>                                  | 4                | MO                         |
| <i>fluocinolone</i>                              | 4                | MO                         |
| <i>fluocinolone and shower cap</i>               | 4                | MO                         |
| <i>fluocinonide topical cream 0.05 %</i>         | 4                | MO; QL (120 per 30 days)   |
| <i>fluocinonide topical gel</i>                  | 4                | MO; QL (120 per 30 days)   |
| <i>fluocinonide topical ointment</i>             | 4                | MO; QL (120 per 30 days)   |
| <i>fluocinonide topical solution</i>             | 4                | MO; QL (120 per 30 days)   |
| <i>fluocinonide-emollient</i>                    | 4                | MO; QL (120 per 30 days)   |
| <i>halobetasol propionate topical cream</i>      | 4                | MO                         |
| <i>halobetasol propionate topical ointment</i>   | 4                | MO                         |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>   | 2                | MO                         |
| <i>hydrocortisone topical lotion 2.5 %</i>       | 2                | MO                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>                       | 2                | MO                         |
| <i>mometasone topical</i>   | 2                | MO                         |
| <i>prednicarbate topical ointment</i>                                   | 4                |                            |
| <i>triamcinolone acetonide topical cream</i>                            | 2                | MO                         |
| <i>triamcinolone acetonide topical lotion</i>                           | 2                | MO                         |
| <i>triamcinolone acetonide topical ointment 0.025 % , 0.1 % , 0.5 %</i> | 2                | MO                         |
| <i>triderm topical cream</i>  | 2                |                            |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                               |                  |                            |
| <i>crotan</i>   | 2                |                            |
| <i>malathion</i>  | 4                | MO                         |
| <i>permethrin</i>   | 3                | MO                         |
| <b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>                               |                  |                            |
| <b>ANTIDOTES</b>  |                  |                            |
| <i>acetylcysteine intravenous</i>                                       | 3                |                            |
| <b>IRRIGATING SOLUTIONS</b>   |                  |                            |
| <i>lactated ringers irrigation</i>                                      | 4                |                            |
| <i>neomycin-polymyxin b gu</i>  | 2                |                            |
| <i>ringer's irrigation</i>  | 4                |                            |
| <b>MISCELLANEOUS AGENTS</b>   |                  |                            |
| <i>acamprosate</i>  | 4                | MO                         |
| <i>acetic acid irrigation</i>   | 2                | MO                         |
| <i>anagrelide</i>   | 3                | MO                         |
| <i>caffeine citrate intravenous</i>                                     | 2                |                            |
| <i>caffeine citrate oral</i>  | 2                | MO                         |
| <i>carglumic acid</i>   | 5                | PA                         |
| CHEMET  | 3                | PA                         |
| CLINIMIX 4.25%/D5W SULFIT FREE  | 4                | B/D PA                     |
| <i>d10 %-0.45 % sodium chloride</i>                                     | 4                | MO                         |
| <i>d2.5 %-0.45 % sodium chloride</i>                                    | 4                |                            |
| <i>d5 % and 0.9 % sodium chloride</i>                                   | 4                | MO                         |
| <i>d5 %-0.45 % sodium chloride</i>                                      | 4                | MO                         |

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| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>deferasirox oral tablet 180 mg, 360 mg</i>   | 5                | PA; MO                     |
| <i>deferasirox oral tablet 90 mg</i>            | 4                | PA; MO                     |
| <i>deferiprone</i>                              | 5                | PA; MO                     |
| <i>deferoxamine</i>                             | 2                | B/D PA; MO                 |
| <i>dextrose 10 % and 0.2 % nacl</i>             | 4                |                            |
| <i>dextrose 10 % in water (d10w)</i>            | 4                |                            |
| <i>dextrose 25 % in water (d25w)</i>            | 4                |                            |
| <i>dextrose 5 % in water (d5w)</i>              | 4                | MO                         |
| <i>dextrose 5 %-lactated ringers</i>            | 4                | MO                         |
| <i>dextrose 5%-0.2 % sod chloride</i>           | 4                |                            |
| <i>dextrose 5%-0.3 % sod.chloride</i>           | 4                |                            |
| <i>dextrose 50 % in water (d50w)</i>            | 4                | MO                         |
| <i>dextrose 70 % in water (d70w)</i>            | 4                |                            |
| <i>disulfiram oral tablet 250 mg</i>            | 3                | MO                         |
| <i>disulfiram oral tablet 500 mg</i>            | 3                |                            |
| <i>droxidopa</i>                                | 5                | PA; MO                     |
| <b>INCRELEX</b>                                 | 5                | MO; LA                     |
| <i>levocarnitine (with sugar)</i>               | 4                | MO                         |
| <i>levocarnitine oral solution 100 mg/ml</i>    | 4                | MO                         |
| <i>levocarnitine oral tablet</i>                | 4                | MO                         |
| <b>LOKELMA</b>                                  | 3                | MO                         |
| <i>midodrine</i>                                | 3                | MO                         |
| <i>nitisinone</i>                               | 5                | PA; MO                     |
| <i>pilocarpine hcl oral</i>                     | 4                | MO                         |
| <b>PROLASTIN-C</b>                              | 5                | PA; LA                     |
| <b>REVCOVI</b>                                  | 5                | PA; LA                     |
| <i>riluzole</i>                                 | 3                | PA; MO                     |
| <i>sevelamer carbonate oral tablet</i>          | 4                | MO; QL (270 per 30 days)   |
| <i>sodium benzoate-sod phenylacet</i>           | 5                |                            |
| <i>sodium chloride 0.9 % intravenous</i>        | 4                | MO                         |
| <i>sodium chloride irrigation</i>               | 4                | MO                         |
| <i>sodium phenylbutyrate oral powder</i>        | 5                | PA; MO                     |
| <i>sodium phenylbutyrate oral tablet</i>        | 5                | PA                         |
| <i>sodium polystyrene sulfonate oral powder</i> | 3                | MO                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>sps (with sorbitol) oral</i>   | 3                | MO                         |
| <i>sps (with sorbitol) rectal</i>                                       | 3                |                            |
| <i>trientine oral capsule 250 mg</i>                                    | 5                | PA; MO                     |
| <i>water for irrigation, sterile</i>                                    | 4                | MO                         |
| <b>XIAFLEX</b>  | 5                | PA                         |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> | 2                | PA; MO                     |
| <b>SMOKING DETERRENTS</b>   |                  |                            |
| <i>bupropion hcl (smoking deter)</i>                                    | 2                |                            |
| <b>NICOTROL</b>   | 4                |                            |
| <b>NICOTROL NS</b>  | 4                | MO                         |
| <i>varenicline</i>  | 4                | MO                         |
| <b>EAR, NOSE / THROAT MEDICATIONS</b>                                   |                  |                            |
| <b>MISCELLANEOUS AGENTS</b>   |                  |                            |
| <i>azelastine nasal aerosol,spray</i>                                   | 3                | MO; QL (60 per 30 days)    |
| <i>azelastine nasal spray,non-aerosol</i>                               | 3                | QL (60 per 30 days)        |
| <i>chlorhexidine gluconate mucous membrane</i>                          | 2                | MO                         |
| <i>denta 5000 plus</i>  | 2                |                            |
| <i>dentagel</i>   | 2                | MO                         |
| <i>fluoride (sodium) dental cream</i>                                   | 2                |                            |
| <i>fluoride (sodium) dental gel</i>                                     | 2                |                            |
| <i>fluoride (sodium) dental paste</i>                                   | 2                | MO                         |
| <i>ipratropium bromide nasal</i>  | 2                | MO; QL (30 per 30 days)    |
| <i>kourzeq</i>  | 2                |                            |
| <i>oralone</i>  | 2                |                            |
| <i>periogard</i>  | 2                | MO                         |
| <i>sf</i>   | 2                | MO                         |
| <i>sf 5000 plus</i>   | 2                | MO                         |
| <i>sodium fluoride 5000 dry mouth</i>                                   | 2                | MO                         |
| <i>sodium fluoride 5000 plus</i>  | 2                |                            |
| <i>sodium fluoride-pot nitrate</i>                                      | 2                | MO                         |
| <i>triamcinolone acetonide dental</i>                                   | 2                | MO                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>MISCELLANEOUS OTIC PREPARATIONS</b>  |                  |                            |
| <i>acetic acid otic (ear)</i>   | 2                | MO                         |
| <i>ciprofloxacin hcl otic (ear)</i>   | 4                | MO                         |
| <i>flac otic oil</i>  | 4                |                            |
| <i>fluocinolone acetonide oil</i>   | 4                | MO                         |
| <i>hydrocortisone-acetic acid</i>   | 4                | MO                         |
| <i>ofloxacin otic (ear)</i>   | 3                | MO                         |
| <b>OTIC STEROID / ANTIBIOTIC</b>  |                  |                            |
| <i>ciprofloxacin-dexamethasone</i>  | 3                | MO                         |
| <i>neomycin-polymyxin-hc otic (ear)</i>   | 3                | MO                         |
| <b>ENDOCRINE/DIABETES</b>   |                  |                            |
| <b>ADRENAL HORMONES</b>   |                  |                            |
| <i>cortisone</i>  | 4                |                            |
| <i>dexamethasone intensol</i>   | 2                | MO                         |
| <i>dexamethasone oral elixir</i>  | 2                | MO                         |
| <i>dexamethasone oral solution</i>  | 2                | MO                         |
| <i>dexamethasone oral tablet</i>  | 4                | MO                         |
| <i>dexamethasone sodium phos (pf) injection solution</i>  | 2                | MO                         |
| <i>dexamethasone sodium phosphate injection</i>   | 2                | MO                         |
| <i>fludrocortisone</i>  | 2                | MO                         |
| <i>hydrocortisone oral</i>  | 2                | MO                         |
| <i>methylprednisolone acetate</i>   | 3                | MO                         |
| <i>methylprednisolone oral tablet</i>   | 2                | B/D PA; MO                 |
| <i>methylprednisolone oral tablets,dose pack</i>  | 2                | MO                         |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>  | 3                | MO                         |
| <i>methylprednisolone sodium succ intravenous</i>   | 3                | MO                         |
| <i>prednisolone oral solution</i>   | 3                | MO                         |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 3                | MO                         |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>  | 3                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <i>prednisone</i>   | 2                | MO                           |
| <i>prednisone intensol</i>                                      | 4                | MO                           |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i>    | 2                | MO                           |
| <b>ANTITHYROID AGENTS</b>                                       |                  |                              |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                      | 1                | MO                           |
| <i>propylthiouracil</i>   | 3                | MO                           |
| <b>DIABETES THERAPY</b>   |                  |                              |
| <i>acarbose oral tablet 100 mg</i>                              | 2                | MO; QL (90 per 30 days)      |
| <i>acarbose oral tablet 25 mg</i>                               | 2                | MO; QL (360 per 30 days)     |
| <i>acarbose oral tablet 50 mg</i>                               | 2                | MO; QL (180 per 30 days)     |
| <i>alcohol pads</i>   | 3                |                              |
| BYDUREON BCISE  | 3                | PA; MO; QL (4 per 28 days)   |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML | 3                | PA; MO; QL (2.4 per 30 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML | 3                | PA; MO; QL (1.2 per 30 days) |
| <i>diazoxide</i>  | 4                | MO                           |
| FARXIGA ORAL TABLET 10 MG                                       | 3                | MO; QL (30 per 30 days)      |
| FARXIGA ORAL TABLET 5 MG  | 3                | MO; QL (60 per 30 days)      |
| <i>glimepiride oral tablet 1 mg</i>                             | 1                | MO; QL (240 per 30 days)     |
| <i>glimepiride oral tablet 2 mg</i>                             | 1                | MO; QL (120 per 30 days)     |
| <i>glimepiride oral tablet 4 mg</i>                             | 1                | MO; QL (60 per 30 days)      |
| <i>glipizide oral tablet 10 mg</i>                              | 1                | MO; QL (120 per 30 days)     |
| <i>glipizide oral tablet 5 mg</i>                               | 1                | MO; QL (240 per 30 days)     |
| <i>glipizide oral tablet extended release 24hr 10 mg</i>        | 2                | MO; QL (60 per 30 days)      |
| <i>glipizide oral tablet extended release 24hr 2.5 mg</i>       | 2                | MO; QL (240 per 30 days)     |
| <i>glipizide oral tablet extended release 24hr 5 mg</i>         | 2                | MO; QL (120 per 30 days)     |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i>               | 3                | MO; QL (240 per 30 days)     |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>     | 3                | MO; QL (120 per 30 days)     |
| GVOKE   | 3                | MO                           |

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| Drug Name   | Drug Tier | Requirements/Limits     |
|---|-----------|-------------------------|
| GVOKE HYPOPEN 1-PACK<br>SUBCUTANEOUS AUTO-INJECTOR 0.5<br>MG/0.1 ML | 3         |                         |
| GVOKE HYPOPEN 1-PACK<br>SUBCUTANEOUS AUTO-INJECTOR 1<br>MG/0.2 ML   | 3         | MO                      |
| GVOKE HYPOPEN 2-PACK  | 3         | MO                      |
| GVOKE PFS 1-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 0.5 MG/0.1<br>ML   | 3         |                         |
| GVOKE PFS 1-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2 ML        | 3         | MO                      |
| GVOKE PFS 2-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 0.5 MG/0.1<br>ML   | 3         |                         |
| GVOKE PFS 2-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2 ML        | 3         | MO                      |
| HUMALOG JUNIOR KWIKPEN U-100  | 3         | MO                      |
| HUMALOG KWIKPEN INSULIN   | 3         | MO                      |
| HUMALOG MIX 50-50 INSULN U-100                                      | 3         | MO                      |
| HUMALOG MIX 50-50 KWIKPEN   | 3         | MO                      |
| HUMALOG MIX 75-25 KWIKPEN   | 3         | MO                      |
| HUMALOG MIX 75-25(U-100)INSULN                                      | 3         | MO                      |
| HUMALOG U-100 INSULIN   | 3         | MO                      |
| HUMULIN 70/30 U-100 INSULIN   | 3         | MO                      |
| HUMULIN 70/30 U-100 KWIKPEN   | 3         |                         |
| HUMULIN N NPH INSULIN KWIKPEN                                       | 3         | MO                      |
| HUMULIN N NPH U-100 INSULIN   | 3         | MO                      |
| HUMULIN R REGULAR U-100 INSULN                                      | 3         | MO                      |
| HUMULIN R U-500 (CONC) INSULIN                                      | 3         | MO                      |
| HUMULIN R U-500 (CONC) KWIKPEN                                      | 3         | MO                      |
| INSULIN LISPRO SUBCUTANEOUS<br>SOLUTION                             | 3         | MO                      |
| JANUMET   | 3         | MO; QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER<br>MULTIPHASE 24 HR 100-1,000 MG         | 3         | MO; QL (30 per 30 days) |

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| Drug Name  | Drug Tier | Requirements/Limits      |
|--|-----------|--------------------------|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG                 | 3         | MO; QL (60 per 30 days)  |
| JANUVIA  | 3         | MO; QL (30 per 30 days)  |
| JARDIANCE  | 3         | MO; QL (30 per 30 days)  |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG                        | 3         | MO; QL (60 per 30 days)  |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG                | 3         | MO; QL (30 per 30 days)  |
| LANTUS SOLOSTAR U-100 INSULIN  | 3         | MO                       |
| LANTUS U-100 INSULIN   | 3         | MO                       |
| LYUMJEV KWIKPEN U-100 INSULIN  | 3         | MO                       |
| LYUMJEV KWIKPEN U-200 INSULIN  | 3         | MO                       |
| LYUMJEV U-100 INSULIN  | 3         | MO                       |
| <i>metformin oral tablet 1,000 mg</i>  | 1         | MO; QL (75 per 30 days)  |
| <i>metformin oral tablet 500 mg</i>  | 1         | MO; QL (150 per 30 days) |
| <i>metformin oral tablet 850 mg</i>  | 1         | MO; QL (90 per 30 days)  |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>                         | 1         | MO; QL (120 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>                         | 1         | MO; QL (60 per 30 days)  |
| <i>nateglinide oral tablet 120 mg</i>  | 2         | MO; QL (90 per 30 days)  |
| <i>nateglinide oral tablet 60 mg</i>   | 2         | MO; QL (180 per 30 days) |
| ONGLYZA  | 3         | MO; QL (30 per 30 days)  |
| <i>pioglitazone</i>  | 2         | MO; QL (30 per 30 days)  |
| <i>repaglinide oral tablet 0.5 mg</i>  | 3         | MO; QL (960 per 30 days) |
| <i>repaglinide oral tablet 1 mg</i>  | 3         | MO; QL (480 per 30 days) |
| <i>repaglinide oral tablet 2 mg</i>  | 3         | MO; QL (240 per 30 days) |
| <i>saxagliptin</i>   | 3         | MO; QL (30 per 30 days)  |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>         | 3         | MO; QL (60 per 30 days)  |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i> | 3         | MO; QL (30 per 30 days)  |
| SOLIQUA 100/33   | 3         | MO; QL (90 per 30 days)  |
| SYNJARDY   | 3         | MO; QL (60 per 30 days)  |

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| Drug Name  | Drug Tier | Requirements/Limits        |
|--|-----------|----------------------------|
| SYNJARDY XR ORAL TABLET, IR - ER,<br>BIPHASIC 24HR 10-1,000 MG, 12.5-1,000<br>MG, 5-1,000 MG | 3         | MO; QL (60 per 30 days)    |
| SYNJARDY XR ORAL TABLET, IR - ER,<br>BIPHASIC 24HR 25-1,000 MG                               | 3         | MO; QL (30 per 30 days)    |
| TOUJEO MAX U-300 SOLOSTAR  | 3         | MO                         |
| TOUJEO SOLOSTAR U-300 INSULIN  | 3         | MO                         |
| TRULICITY  | 3         | PA; MO; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER,<br>BIPHASIC 24HR 10-1,000 MG, 10-500 MG                      | 3         | MO; QL (30 per 30 days)    |
| XIGDUO XR ORAL TABLET, IR - ER,<br>BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG,<br>5-500 MG       | 3         | MO; QL (60 per 30 days)    |
| <b>MISCELLANEOUS HORMONES</b>  |           |                            |
| ALDURAZYME   | 5         | PA; MO                     |
| <i>cabergoline</i>   | 3         | MO                         |
| <i>calcitonin (salmon) injection</i>   | 5         | MO                         |
| <i>calcitonin (salmon) nasal</i>   | 3         | MO                         |
| <i>calcitriol intravenous solution 1 mcg/ml</i>  | 2         | MO                         |
| <i>calcitriol oral capsule</i>   | 2         | MO                         |
| <i>calcitriol oral solution</i>  | 4         |                            |
| <i>cinacalcet</i>  | 4         | PA; MO                     |
| <i>clomid</i>  | 2         | PA; MO                     |
| <i>clomiphene citrate</i>  | 2         | PA                         |
| CRYSVITA   | 5         | PA; MO; LA                 |
| <i>danazol</i>   | 4         | MO                         |
| <i>desmopressin injection</i>  | 2         | MO                         |
| <i>desmopressin nasal spray with pump</i>  | 4         | MO                         |
| <i>desmopressin nasal spray, non-aerosol 10<br/>mcg/spray (0.1 ml)</i>                       | 4         |                            |
| <i>desmopressin oral</i>   | 3         | MO                         |
| <i>doxercalciferol intravenous</i>   | 2         |                            |
| <i>doxercalciferol oral</i>  | 4         | MO                         |
| ELAPRASE   | 5         | PA; MO                     |
| FABRAZYME  | 5         | PA; MO                     |
| KANUMA   | 5         | PA; MO                     |

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| Drug Name   | Drug Tier | Requirements/Limits           |
|---|-----------|-------------------------------|
| KORLYM  | 5         | PA                            |
| LUMIZYME  | 5         | PA; MO                        |
| MEPSEVII  | 5         | PA; MO                        |
| MYALEPT   | 5         | PA; MO; LA                    |
| NAGLAZYME   | 5         | PA; MO; LA                    |
| NATPARA   | 5         | PA; LA                        |
| <i>pamidronate intravenous solution</i>   | 2         | MO                            |
| <i>paricalcitol intravenous</i>   | 2         |                               |
| <i>paricalcitol oral</i>  | 4         | MO                            |
| <i>sapropterin</i>  | 5         | PA; MO                        |
| SOMAVERT  | 5         | PA; MO                        |
| SYNAREL   | 5         | PA; MO                        |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>                | 3         | PA; MO                        |
| <i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>                    | 3         | PA                            |
| <i>testosterone enanthate</i>   | 3         | PA; MO                        |
| <i>testosterone transdermal gel</i>   | 4         | PA; MO; QL (300 per 30 days)  |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i>  | 4         | PA; MO; QL (120 per 30 days)  |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i>     | 4         | PA; MO; QL (300 per 30 days)  |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i> | 4         | PA; MO; QL (150 per 30 days)  |
| <i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> | 4         | PA; MO; QL (300 per 30 days)  |
| <i>testosterone transdermal gel in packet 1.62% (20.25 mg/1.25 gram)</i>            | 4         | PA; MO; QL (37.5 per 30 days) |
| <i>testosterone transdermal gel in packet 1.62% (40.5 mg/2.5 gram)</i>              | 4         | PA; MO; QL (150 per 30 days)  |
| <i>testosterone transdermal solution in metered pump w/lapp</i>                     | 4         | PA; MO; QL (180 per 30 days)  |
| <i>tolvaptan</i>  | 5         | PA; MO                        |
| VIMIZIM   | 5         | PA; MO; LA                    |
| <i>zoledronic acid intravenous solution</i>   | 2         | B/D PA; MO                    |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>  | 2                | B/D PA; MO                 |
| <b>THYROID HORMONES</b>  |                  |                            |
| <i>euthyrox</i>  | 1                | MO                         |
| <i>levo-t</i>  | 4                |                            |
| <i>levothyroxine intravenous recon soln</i>  | 2                | MO                         |
| <i>levothyroxine oral tablet</i>   | 1                |                            |
| <i>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</i> | 3                | MO                         |
| <i>liothyronine</i>  | 2                | MO                         |
| <i>unithroid</i>   | 3                | MO                         |
| <b>GASTROENTEROLOGY</b>  |                  |                            |
| <b>ANTIDIARRHEALS / ANTISPASMODICS</b>   |                  |                            |
| <i>atropine injection solution 0.4 mg/ml</i>   | 2                |                            |
| <i>atropine injection syringe 0.1 mg/ml</i>  | 2                |                            |
| <i>atropine intravenous solution 0.4 mg/ml</i>   | 2                |                            |
| <i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>  | 2                |                            |
| <i>dicyclomine intramuscular</i>   | 2                | MO                         |
| <i>dicyclomine oral capsule</i>  | 2                | MO                         |
| <i>dicyclomine oral solution</i>   | 4                | MO                         |
| <i>dicyclomine oral tablet</i>   | 2                | MO                         |
| <i>diphenoxylate-atropine oral liquid</i>  | 4                |                            |
| <i>diphenoxylate-atropine oral tablet</i>  | 3                | MO                         |
| <i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>  | 2                | MO                         |
| <i>glycopyrrolate injection</i>  | 2                | MO                         |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>   | 3                | MO                         |
| <i>glycopyrrolate oral tablet 1.5 mg</i>   | 3                |                            |
| <i>loperamide oral capsule</i>   | 2                | MO                         |
| <i>opium tincture</i>  | 2                | MO                         |

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| Drug Name  | Drug Tier | Requirements/Limits         |
|--|-----------|-----------------------------|
| <b>MISCELLANEOUS<br/>GASTROINTESTINAL AGENTS</b>             |           |                             |
| <i>alosetron</i>   | 5         | PA; MO                      |
| <i>aprepitant</i>  | 4         | B/D PA; MO                  |
| <i>balsalazide</i>   | 4         | MO                          |
| <i>betaine</i>   | 5         | MO                          |
| <i>budesonide oral capsule, delayed, extend. release</i>     | 4         | MO                          |
| <i>budesonide oral tablet, delayed and ext. release</i>      | 5         | MO                          |
| CHENODAL   | 5         | PA; LA                      |
| CINVANTI   | 3         | MO                          |
| <i>compro</i>  | 4         | MO                          |
| <i>constulose</i>  | 2         | MO                          |
| CORTIFOAM  | 3         | MO                          |
| CREON  | 3         | MO                          |
| <i>cromolyn oral</i>   | 4         | MO                          |
| <i>dimenhydrinate injection solution</i>                     | 2         | MO                          |
| <i>dronabinol</i>  | 4         | B/D PA; MO                  |
| <i>droperidol injection solution</i>                         | 2         | MO                          |
| ENTYVIO  | 5         | PA; MO; QL (2 per 28 days)  |
| <i>enulose</i>   | 2         | MO                          |
| <i>fosaprepitant</i>   | 2         | MO                          |
| GATTEX 30-VIAL   | 5         | PA; MO                      |
| GATTEX ONE-VIAL  | 5         | PA; MO                      |
| <i>gavilyte-c</i>  | 2         | MO                          |
| <i>gavilyte-g</i>  | 2         | MO                          |
| <i>generlac</i>  | 2         |                             |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>  | 2         | MO                          |
| <i>granisetron hcl intravenous</i>                           | 2         | MO                          |
| <i>granisetron hcl oral</i>                                  | 4         | B/D PA; MO                  |
| <i>hydrocortisone rectal</i>                                 | 4         | MO                          |
| <i>hydrocortisone topical cream with perineal applicator</i> | 2         | MO                          |
| INFLECTRA  | 5         | PA; MO; QL (20 per 28 days) |
| <i>lactulose oral solution 10 gram/15 ml</i>                 | 2         | MO                          |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 11/17/2023.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| <i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>       | 2                |                                 |
| <i>lubiprostone</i>   | 4                | MO; QL (60 per 30 days)         |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>                               | 2                | MO                              |
| <i>mesalamine oral capsule (with del rel tablets)</i>                     | 4                | MO                              |
| <i>mesalamine oral capsule, extended release</i>                          | 5                |                                 |
| <i>mesalamine oral capsule,extended release 24hr</i>                      | 4                | MO                              |
| <i>mesalamine oral tablet,delayed release (dr/ec)</i>                     | 4                | MO                              |
| <i>mesalamine rectal</i>  | 4                | MO                              |
| <i>mesalamine with cleansing wipe</i>                                     | 4                | MO                              |
| <i>metoclopramide hcl injection solution</i>                              | 2                | MO                              |
| <i>metoclopramide hcl oral solution</i>                                   | 2                | MO                              |
| <i>metoclopramide hcl oral tablet</i>                                     | 2                | MO                              |
| <b>MOVANTIK</b>   | 3                | MO; QL (30 per 30 days)         |
| <b>OICALIVA</b>   | 4                | PA; MO; LA; QL (30 per 30 days) |
| <i>ondansetron</i>  | 2                | B/D PA; MO                      |
| <i>ondansetron hcl (pf)</i>   | 2                | MO                              |
| <i>ondansetron hcl intravenous</i>  | 2                | MO                              |
| <i>ondansetron hcl oral solution</i>                                      | 4                | B/D PA; MO                      |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                             | 2                | B/D PA; MO                      |
| <i>palonosetron intravenous solution 0.25 mg/5 ml</i>                     | 2                | MO                              |
| <i>palonosetron intravenous syringe</i>                                   | 2                |                                 |
| <i>peg 3350-electrolytes</i>  | 2                |                                 |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i>                                     | 4                | MO                              |
| <i>peg-electrolyte</i>  | 2                | MO                              |
| <b>PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG</b>                      | 4                | MO                              |
| <b>PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG</b>                      | 5                | MO                              |
| <i>prochlorperazine</i>   | 4                | MO                              |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 2                | MO                              |
| <i>prochlorperazine maleate oral</i>                                      | 2                | MO                              |
| <i>procto-med hc</i>  | 2                | MO                              |

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| Drug Name   | Drug Tier | Requirements/Limits          |
|---|-----------|------------------------------|
| <i>proctosol hc topical</i>   | 2         | MO                           |
| <i>proctozone-hc</i>  | 2         | MO                           |
| RECTIV  | 3         | MO                           |
| RELISTOR SUBCUTANEOUS SOLUTION  | 5         | MO; QL (18 per 30 days)      |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML                              | 5         | MO; QL (18 per 30 days)      |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML                               | 5         | MO; QL (12 per 30 days)      |
| <i>scopolamine base</i>   | 4         | MO                           |
| SKYRIZI INTRAVENOUS   | 5         | PA; MO; QL (30 per 180 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)        | 5         | PA; MO; QL (1.2 per 56 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)        | 5         | PA; MO; QL (2.4 per 56 days) |
| <i>sodium,potassium,mag sulfates</i>                                    | 4         | MO                           |
| SUCRAID   | 5         | PA                           |
| <i>sulfasalazine</i>  | 2         | MO                           |
| TRULANCE  | 3         | MO                           |
| <i>ursodiol oral capsule 300 mg</i>                                     | 3         | MO                           |
| <i>ursodiol oral tablet</i>   | 3         | MO                           |
| VIOKACE   | 3         | MO                           |
| <b>ULCER THERAPY</b>  |           |                              |
| <i>esomeprazole magnesium oral capsule,delayed release(drlec) 20 mg</i> | 3         | MO; QL (30 per 30 days)      |
| <i>esomeprazole magnesium oral capsule,delayed release(drlec) 40 mg</i> | 3         | MO                           |
| <i>esomeprazole sodium intravenous recon soln 40 mg</i>                 | 2         |                              |
| <i>famotidine (pf)</i>  | 2         | MO                           |
| <i>famotidine (pf)-nacl (iso-os)</i>                                    | 2         | MO                           |
| <i>famotidine intravenous</i>   | 2         | MO                           |
| <i>famotidine oral suspension</i>                                       | 4         | MO                           |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                              | 2         | MO                           |
| <i>lansoprazole oral capsule,delayed release(drlec) 15 mg</i>           | 3         | MO; QL (30 per 30 days)      |

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| Drug Name   | Drug Tier | Requirements/Limits     |
|---|-----------|-------------------------|
| <i>lansoprazole oral capsule, delayed release (drlec)</i><br>30 mg      | 3         | MO                      |
| <i>misoprostol</i>  | 3         | MO                      |
| <i>omeprazole oral capsule, delayed release (drlec)</i><br>10 mg, 20 mg | 1         | MO; QL (30 per 30 days) |
| <i>omeprazole oral capsule, delayed release (drlec)</i><br>40 mg        | 1         | MO                      |
| <i>pantoprazole intravenous</i>   | 2         | MO                      |
| <i>pantoprazole oral tablet, delayed release (drlec)</i><br>20 mg       | 2         | MO; QL (30 per 30 days) |
| <i>pantoprazole oral tablet, delayed release (drlec)</i><br>40 mg       | 2         | MO                      |
| <i>sucralfate oral suspension</i>                                       | 4         | MO                      |
| <i>sucralfate oral tablet</i>   | 2         | MO                      |

## IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

|  |   |                                |
|--|---|--------------------------------|
| ACTIMMUNE  | 5 | B/D PA; MO                     |
| ARCALYST   | 5 | PA                             |
| BESREMI  | 5 | PA; LA                         |
| BETASERON SUBCUTANEOUS KIT   | 5 | PA; MO; QL (14 per 28 days)    |
| ILARIS (PF)  | 5 | PA; MO; LA; QL (2 per 28 days) |
| MOZOBIL  | 5 | B/D PA; MO                     |
| NIVESTYM   | 5 | PA; MO                         |
| NYVEPRIA   | 5 | PA; MO                         |
| OMNITROPE  | 5 | PA; MO                         |
| PEGASYS SUBCUTANEOUS SOLUTION  | 5 | MO; QL (4 per 28 days)         |
| PEGASYS SUBCUTANEOUS SYRINGE   | 5 | MO; QL (2 per 28 days)         |
| <i>plerixafor</i>  | 5 | B/D PA; MO                     |
| PROCRIT INJECTION SOLUTION 10,000<br>UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2<br>ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3 | PA; MO                         |
| PROCRIT INJECTION SOLUTION 20,000<br>UNIT/ML, 40,000 UNIT/ML   | 5 | PA; MO                         |

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| Drug Name                                      | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b> |           |                     |
| ABRYSVO  | 3         |                     |
| ACTHIB (PF)                                    | 3         | MO                  |
| ADACEL(TDAP ADOLESN/ADULT)(PF)                 | 3         | MO                  |
| AREXVY (PF)                                    | 3         |                     |
| BCG VACCINE, LIVE (PF)                         | 3         |                     |
| BEXSERO  | 3         | MO                  |
| BOOSTRIX TDAP                                  | 3         | MO                  |
| BOTOX  | 3         | PA; MO              |
| DAPTACEL (DTAP PEDIATRIC) (PF)                 | 3         |                     |
| DENGVAXIA (PF)                                 | 3         |                     |
| ENGERIX-B (PF)                                 | 3         | B/D PA; MO          |
| ENGERIX-B PEDIATRIC (PF)                       | 3         | B/D PA; MO          |
| <i>fomepizole</i>                              | 2         |                     |
| GAMASTAN                                       | 3         | MO                  |
| GAMASTAN S/D                                   | 3         |                     |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION       | 3         |                     |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE          | 3         | MO                  |
| HAVRIX (PF)                                    | 3         | MO                  |
| HEPLISAV-B (PF)                                | 3         | B/D PA; MO          |
| HIBERIX (PF)                                   | 3         | MO                  |
| HIZENTRA                                       | 5         | B/D PA; MO          |
| HYPERHEP B INTRAMUSCULAR SOLUTION              | 3         |                     |
| HYPERHEP B NEONATAL                            | 3         |                     |
| HYQVIA   | 5         | B/D PA; MO          |
| IMOVAX RABIES VACCINE (PF)                     | 3         |                     |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE     | 3         | MO                  |
| IPOL   | 3         |                     |
| IXIARO (PF)                                    | 3         |                     |
| JYNNEOS (PF)(STOCKPILE)                        | 3         | B/D PA              |

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| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| KINRIX (PF) INTRAMUSCULAR SYRINGE                                | 3         | MO                  |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION                             | 3         |                     |
| MENQUADFI (PF)   | 3         | MO                  |
| MENVEO A-C-Y-W-135-DIP (PF)                                      | 3         |                     |
| M-M-R II (PF)  | 3         | MO                  |
| PEDIARIX (PF)  | 3         |                     |
| PEDVAX HIB (PF)  | 3         |                     |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML    | 3         |                     |
| PREHEVBRIO (PF)  | 3         | B/D PA              |
| PRIORIX (PF)   | 3         |                     |
| PRIVIGEN   | 5         | PA; MO              |
| PROQUAD (PF)   | 3         |                     |
| QUADRACEL (PF)   | 3         |                     |
| RABAVERT (PF)  | 3         | MO                  |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML | 3         | B/D PA; MO          |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML         | 3         | B/D PA              |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML               | 3         | B/D PA              |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML            | 3         | B/D PA; MO          |
| ROTARIX  | 3         |                     |
| ROTATEQ VACCINE  | 3         |                     |
| SHINGRIX (PF)  | 3         | MO                  |
| TDVAX  | 3         | MO                  |
| TENIVAC (PF)   | 3         | MO                  |
| TETANUS,DIPHThERIA TOX PED(PF)                                   | 3         |                     |
| TICE BCG   | 3         | B/D PA              |
| TICOVAC  | 3         |                     |

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| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TRUMENBA  | 3         | MO                  |
| TWINRIX (PF)  | 3         | MO                  |
| TYPHIM VI INTRAMUSCULAR SOLUTION  | 3         |                     |
| TYPHIM VI INTRAMUSCULAR SYRINGE   | 3         | MO                  |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION   | 3         |                     |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML   | 3         |                     |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML   | 3         | MO                  |
| VARIVAX (PF)  | 3         |                     |
| VARIZIG   | 3         |                     |
| YF-VAX (PF)   | 3         |                     |
| <b>MISCELLANEOUS SUPPLIES</b>   |           |                     |
| <b>MISCELLANEOUS SUPPLIES</b>   |           |                     |
| BD AUTOSHIELD DUO PEN NEEDLE  | 3         | MO                  |
| BD INSULIN SYRINGE (HALF UNIT)  | 3         | MO                  |
| BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"   | 3         |                     |
| BD INSULIN SYRINGE U-500  | 3         | MO                  |
| BD INSULIN ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"   | 3         | MO                  |
| BD LO-DOSE MICRO-FINE IV  | 3         | MO                  |
| BD NANO 2ND GEN PEN NEEDLE  | 3         | MO                  |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" | 3         | MO                  |
| BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"   | 3         | MO                  |
| BD ULTRA-FINE MICRO PEN NEEDLE  | 3         | MO                  |
| BD ULTRA-FINE MINI PEN NEEDLE   | 3         | MO                  |

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| Drug Name   | Drug Tier | Requirements/Limits     |
|---|-----------|-------------------------|
| BD ULTRA-FINE NANO PEN NEEDLE   | 3         |                         |
| BD ULTRA-FINE SHORT PEN NEEDLE  | 3         | MO                      |
| BD VEO INSULIN SYR (HALF UNIT)  | 3         | MO                      |
| BD VEO INSULIN SYRINGE UF   | 3         | MO                      |
| CEQR SIMPLICITY INSERTER  | 3         | MO                      |
| GAUZE PADS 2 X 2  | 3         |                         |
| INSULIN PEN NEEDLE  | 3         |                         |
| INSULIN MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"                                  | 3         | MO                      |
| INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"  | 3         | MO                      |
| INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML                                     | 3         |                         |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | 3         | MO                      |
| NEEDLES, INSULIN DISP.,SAFETY   | 3         | MO                      |
| NOVOFINE 32   | 3         | MO                      |
| NOVOFINE PLUS   | 3         |                         |
| OMNIPOD 5 G6 INTRO KIT (GEN 5)  | 3         | MO; QL (1 per 720 days) |
| OMNIPOD 5 G6 PODS (GEN 5)   | 3         | MO                      |
| OMNIPOD CLASSIC PODS (GEN 3)  | 3         | MO                      |
| OMNIPOD DASH INTRO KIT (GEN 4)  | 3         | QL (1 per 720 days)     |
| OMNIPOD DASH PODS (GEN 4)   | 3         | MO                      |
| OMNIPOD GO PODS   | 3         |                         |
| OMNIPOD GO PODS 10 UNITS/DAY  | 3         |                         |
| OMNIPOD GO PODS 15 UNITS/DAY  | 3         |                         |
| OMNIPOD GO PODS 20 UNITS/DAY  | 3         |                         |
| OMNIPOD GO PODS 25 UNITS/DAY  | 3         |                         |
| OMNIPOD GO PODS 30 UNITS/DAY  | 3         |                         |
| OMNIPOD GO PODS 40 UNITS/DAY  | 3         |                         |
| V-GO 20   | 3         | MO                      |
| V-GO 30   | 3         | MO                      |
| V-GO 40   | 3         | MO                      |

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| Drug Name   | Drug Tier | Requirements/Limits           |
|---|-----------|-------------------------------|
| <b>MUSCULOSKELETAL / RHEUMATOLOGY</b>   |           |                               |
| <b>GOUT THERAPY</b>   |           |                               |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>   | 1         | MO                            |
| <i>allopurinol sodium</i>   | 2         |                               |
| <i>aloprim</i>  | 2         |                               |
| <i>colchicine oral tablet</i>   | 4         | MO                            |
| <i>febuxostat</i>   | 3         | MO                            |
| <b>KRYSTEXXA</b>  | 5         | MO                            |
| <i>probenecid</i>   | 3         | MO                            |
| <i>probenecid-colchicine</i>  | 3         | MO                            |
| <b>OSTEOPOROSIS THERAPY</b>   |           |                               |
| <i>alendronate oral tablet 10 mg</i>  | 1         | MO; QL (30 per 30 days)       |
| <i>alendronate oral tablet 35 mg, 70 mg</i>   | 1         | MO; QL (4 per 28 days)        |
| <i>ibandronate intravenous solution</i>   | 3         | PA                            |
| <i>ibandronate intravenous syringe</i>  | 3         | PA; MO                        |
| <i>ibandronate oral</i>   | 3         | MO; QL (1 per 30 days)        |
| <b>PROLIA</b>   | 3         | PA; MO; QL (1 per 180 days)   |
| <i>raloxifene</i>   | 3         | MO                            |
| <b>TERIPARATIDE</b>   | 5         | PA; MO; QL (2.48 per 28 days) |
| <b>OTHER RHEUMATOLOGICALS</b>   |           |                               |
| <b>ACTEMRA ACTPEN</b>   | 5         | PA; MO; QL (3.6 per 28 days)  |
| <b>ACTEMRA INTRAVENOUS</b>  | 5         | PA; MO; QL (160 per 28 days)  |
| <b>ACTEMRA SUBCUTANEOUS</b>   | 5         | PA; MO; QL (3.6 per 28 days)  |
| <b>ADALIMUMAB-ADAZ</b>  | 5         | PA; MO; QL (1.6 per 28 days)  |
| <b>AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML</b> | 5         | PA; MO; QL (6 per 28 days)    |
| <b>AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML</b>       | 5         | PA; MO; QL (0.4 per 28 days)  |
| <b>AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML</b>       | 5         | PA; MO; QL (2 per 28 days)    |

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| Drug Name   | Drug Tier | Requirements/Limits         |
|---|-----------|-----------------------------|
| AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML        | 5         | PA; MO; QL (6 per 28 days)  |
| BENLYSTA  | 5         | PA; MO                      |
| CYLTEZO(CF) PEN   | 5         | PA; MO; QL (4 per 28 days)  |
| CYLTEZO(CF) PEN CROHN'S-UC-HS   | 5         | PA; QL (6 per 180 days)     |
| CYLTEZO(CF) PEN PSORIASIS-UV  | 5         | PA; QL (4 per 180 days)     |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML                   | 5         | PA; MO; QL (2 per 28 days)  |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                                 | 5         | PA; MO; QL (4 per 28 days)  |
| ENBREL MINI   | 5         | PA; MO; QL (8 per 28 days)  |
| ENBREL SUBCUTANEOUS SOLUTION  | 5         | PA; MO; QL (8 per 28 days)  |
| ENBREL SUBCUTANEOUS SYRINGE   | 5         | PA; MO; QL (8 per 28 days)  |
| ENBREL SURECLICK  | 5         | PA; MO; QL (8 per 28 days)  |
| HUMIRA PEN  | 5         | PA; MO; QL (4 per 28 days)  |
| HUMIRA PEN CROHNS-UC-HS START   | 5         | PA; QL (6 per 180 days)     |
| HUMIRA PEN PSOR-UEVITS-ADOL HS  | 5         | PA; QL (4 per 180 days)     |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                                      | 5         | PA; MO; QL (4 per 28 days)  |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML              | 5         | PA; MO; QL (3 per 180 days) |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML | 5         | PA; MO; QL (2 per 180 days) |
| HUMIRA(CF) PEN CROHNS-UC-HS   | 5         | PA; MO; QL (3 per 180 days) |
| HUMIRA(CF) PEN PEDIATRIC UC   | 5         | PA; MO; QL (4 per 180 days) |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS  | 5         | PA; MO; QL (3 per 180 days) |
| HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML                             | 5         | PA; MO; QL (4 per 28 days)  |
| HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                             | 5         | PA; MO; QL (2 per 28 days)  |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML                    | 5         | PA; MO; QL (2 per 28 days)  |

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| Drug Name   | Drug Tier | Requirements/Limits           |
|---|-----------|-------------------------------|
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML  | 5         | PA; MO; QL (4 per 28 days)    |
| HYRIMOZ CF (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML | 5         | PA; MO; QL (1.6 per 28 days)  |
| HYRIMOZ CF (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML                    | 5         | PA; MO; QL (0.2 per 28 days)  |
| HYRIMOZ CF (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML                    | 5         | PA; MO; QL (0.4 per 28 days)  |
| HYRIMOZ CF (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML                    | 5         | PA; MO; QL (1.6 per 28 days)  |
| HYRIMOZ PEN CROHN'S-UC STARTER  | 5         | PA; MO; QL (2.4 per 180 days) |
| HYRIMOZ PEN PSORIASIS STARTER   | 5         | PA; MO; QL (1.6 per 180 days) |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML                                | 5         | PA; MO; QL (2.4 per 180 days) |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML                  | 5         | PA; MO; QL (1.2 per 180 days) |
| <i>leflunomide</i>  | 3         | MO; QL (30 per 30 days)       |
| <i>penicillamine oral tablet</i>  | 5         | PA; MO                        |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG  | 5         | PA; MO; QL (30 per 30 days)   |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG   | 5         | PA; MO; QL (84 per 180 days)  |
| XELJANZ ORAL SOLUTION   | 5         | PA; MO; QL (300 per 30 days)  |
| XELJANZ ORAL TABLET   | 5         | PA; MO; QL (60 per 30 days)   |
| XELJANZ XR  | 5         | PA; MO; QL (30 per 30 days)   |

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

|                                       |   |                            |
|---------------------------------------|---|----------------------------|
| <i>amabelz oral tablet 0.5-0.1 mg</i> | 3 | PA; MO                     |
| <i>amabelz oral tablet 1-0.5 mg</i>   | 3 | PA                         |
| <i>camila</i>                         | 2 | MO                         |
| <i>deblitane</i>                      | 2 | MO                         |
| <i>dotti</i>                          | 3 | PA; MO; QL (8 per 28 days) |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>errin</i>   | 2                | MO                         |
| <i>estradiol oral</i>  | 4                | PA; MO                     |
| <i>estradiol transdermal patch semiweekly</i>  | 3                | PA; MO; QL (8 per 28 days) |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr</i>    | 3                | PA; MO; QL (4 per 28 days) |
| <i>estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr</i> | 3                | PA; QL (4 per 28 days)     |
| <i>estradiol vaginal</i>   | 4                | MO                         |
| <i>estradiol valerate</i>  | 4                | MO                         |
| <i>estradiol-norethindrone acet</i>  | 3                | PA; MO                     |
| <i>fyavolv</i>   | 4                | PA; MO                     |
| <i>heather</i>   | 2                | MO                         |
| <i>hydroxyprogesterone caproate</i>  | 5                |                            |
| <i>incassia</i>  | 2                | MO                         |
| <i>jencycla</i>  | 2                | MO                         |
| <i>jinteli</i>   | 4                | PA; MO                     |
| <i>lyleq</i>   | 2                | MO                         |
| <i>lyllana</i>   | 3                | PA; MO; QL (8 per 28 days) |
| <i>lyza</i>  | 2                |                            |
| <i>medroxyprogesterone</i>   | 2                | MO                         |
| <b>MENEST</b>  | 3                | PA; MO                     |
| <i>mimvey</i>  | 3                | PA; MO                     |
| <i>nora-be</i>   | 2                | MO                         |
| <i>norethindrone (contraceptive)</i>   | 2                |                            |
| <i>norethindrone acetate</i>   | 2                | MO                         |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>             | 4                | PA; MO                     |
| <i>progesterone</i>  | 2                | MO                         |
| <i>progesterone micronized</i>   | 3                | MO                         |
| <i>sharobel</i>  | 2                | MO                         |
| <i>yuvafem</i>   | 4                | MO                         |
| <b>MISCELLANEOUS OB/GYN</b>  |                  |                            |
| <i>clindamycin phosphate vaginal</i>   | 4                | MO                         |
| <i>eluryng</i>   | 4                | MO                         |
| <i>etonogestrel-ethinyl estradiol</i>  | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>metronidazole vaginal</i>                                | 3                | MO                         |
| <i>mifepristone</i>   | 2                | LA                         |
| <i>terconazole</i>  | 3                | MO                         |
| <i>tranexamic acid oral</i>                                 | 3                | MO                         |
| <i>vandazole</i>  | 3                | MO                         |
| <i>xulane</i>   | 4                | MO                         |
| <i>zafemy</i>   | 4                | MO                         |
| <b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>                 |                  |                            |
| <i>altavera (28)</i>  | 2                | MO                         |
| <i>alyacen 1/35 (28)</i>                                    | 2                | MO                         |
| <i>alyacen 7/7/7 (28)</i>                                   | 2                | MO                         |
| <i>apri</i>   | 2                | MO                         |
| <i>aranelle (28)</i>  | 2                | MO                         |
| <i>aubra eq</i>   | 2                | MO                         |
| <i>aviane</i>   | 2                | MO                         |
| <i>azurette (28)</i>  | 2                | MO                         |
| <i>cryselle (28)</i>  | 2                | MO                         |
| <i>cyred eq</i>   | 2                |                            |
| <i>dasetta 1/35 (28)</i>                                    | 2                | MO                         |
| <i>dasetta 7/7/7 (28)</i>                                   | 2                | MO                         |
| <i>desog-e.estradiolle.estradiol</i>                        | 2                |                            |
| <i>desogestrel-ethinyl estradiol</i>                        | 2                |                            |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> | 2                | MO                         |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> | 2                |                            |
| <i>elinest</i>  | 2                | MO                         |
| <i>enpresse</i>   | 2                | MO                         |
| <i>enskyce</i>  | 2                | MO                         |
| <i>estarylla</i>  | 2                | MO                         |
| <i>ethynodiol diac-eth estradiol</i>                        | 2                |                            |
| <i>falmina (28)</i>   | 2                | MO                         |
| <i>introvale</i>  | 2                |                            |
| <i>isibloom</i>   | 2                | MO                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>jasmiel (28)</i>   | 2                | MO                         |
| <i>jolessa</i>  | 2                | MO                         |
| <i>juleber</i>  | 2                | MO                         |
| <i>kalliga</i>  | 2                |                            |
| <i>kariva (28)</i>  | 2                | MO                         |
| <i>kelnor 1/35 (28)</i>   | 2                | MO                         |
| <i>kelnor 1-50 (28)</i>   | 2                | MO                         |
| <i>kurvelo (28)</i>   | 2                | MO                         |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | 2                |                            |
| <i>larin 1.5/30 (21)</i>  | 2                | MO                         |
| <i>larin 1/20 (21)</i>  | 2                | MO                         |
| <i>larin fe 1.5/30 (28)</i>   | 2                | MO                         |
| <i>larin fe 1/20 (28)</i>   | 2                | MO                         |
| <i>lessina</i>  | 2                | MO                         |
| <i>levonest (28)</i>  | 2                | MO                         |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>                                     | 2                | MO                         |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>                                      | 2                |                            |
| <i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>                                | 2                |                            |
| <i>levonorg-eth estradiol triphasic</i>   | 2                |                            |
| <i>levora-28</i>  | 2                | MO                         |
| <i>loryna (28)</i>  | 2                | MO                         |
| <i>low-ogestrel (28)</i>  | 2                | MO                         |
| <i>lo-zumandimine (28)</i>  | 2                | MO                         |
| <i>lutera (28)</i>  | 2                | MO                         |
| <i>marlissa (28)</i>  | 2                | MO                         |
| <i>microgestin 1.5/30 (21)</i>  | 2                | MO                         |
| <i>microgestin 1/20 (21)</i>  | 2                | MO                         |
| <i>microgestin fe 1.5/30 (28)</i>   | 2                | MO                         |
| <i>microgestin fe 1/20 (28)</i>   | 2                | MO                         |
| <i>mili</i>   | 2                | MO                         |
| <i>mono-lynyah</i>  | 2                | MO                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>nikki (28)</i>   | 2                | MO                         |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                | 2                | MO                         |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                | 2                |                            |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i> | 2                |                            |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>            | 2                | MO                         |
| <i>nortrel 0.5/35 (28)</i>  | 2                | MO                         |
| <i>nortrel 1/35 (21)</i>  | 2                | MO                         |
| <i>nortrel 1/35 (28)</i>  | 2                | MO                         |
| <i>nortrel 7/7/7 (28)</i>   | 2                | MO                         |
| <i>pimtrea (28)</i>   | 2                | MO                         |
| <i>portia 28</i>  | 2                | MO                         |
| <i>reclipsen (28)</i>   | 2                | MO                         |
| <i>setlakin</i>   | 2                | MO                         |
| <i>sprintec (28)</i>  | 2                | MO                         |
| <i>sronyx</i>   | 2                | MO                         |
| <i>syeda</i>  | 2                | MO                         |
| <i>tarina fe 1-20 eq (28)</i>   | 2                | MO                         |
| <i>tilia fe</i>   | 4                | MO                         |
| <i>tri-estarylla</i>  | 2                | MO                         |
| <i>tri-legest fe</i>  | 4                | MO                         |
| <i>tri-linyah</i>   | 2                | MO                         |
| <i>tri-lo-estarylla</i>   | 2                | MO                         |
| <i>tri-lo-marzia</i>  | 2                | MO                         |
| <i>tri-lo-sprintec</i>  | 2                | MO                         |
| <i>tri-sprintec (28)</i>  | 2                | MO                         |
| <i>trivora (28)</i>   | 2                | MO                         |
| <i>velivet triphasic regimen (28)</i>   | 2                | MO                         |
| <i>vestura (28)</i>   | 2                | MO                         |
| <i>vienva</i>   | 2                | MO                         |
| <i>viorele (28)</i>   | 2                | MO                         |
| <i>wera (28)</i>  | 2                | MO                         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>zovia 1-35 (28)</i>                                       | 2                | MO                         |
| <i>zumandimine (28)</i>                                      | 2                | MO                         |
| <b>OXYTOCICS</b>   |                  |                            |
| <i>methylergonovine oral</i>                                 | 4                | PA                         |
| <b>OPHTHALMOLOGY</b>   |                  |                            |
| <b>ANTIBIOTICS</b>   |                  |                            |
| <i>bacitracin ophthalmic (eye)</i>                           | 3                | MO                         |
| <i>bacitracin-polymyxin b</i>                                | 2                | MO                         |
| <i>ciprofloxacin hcl ophthalmic (eye)</i>                    | 2                | MO                         |
| <i>erythromycin ophthalmic (eye)</i>                         | 2                | MO; QL (3.5 per 14 days)   |
| <i>gentamicin ophthalmic (eye) drops</i>                     | 2                | MO; QL (70 per 30 days)    |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i>             | 3                | MO                         |
| <i>levofloxacin ophthalmic (eye) drops 1.5 %</i>             | 3                |                            |
| <i>moxifloxacin ophthalmic (eye) drops</i>                   | 3                | MO                         |
| <i>moxifloxacin ophthalmic (eye) drops, viscous</i>          | 3                |                            |
| <b>NATACYN</b>   | 4                |                            |
| <i>neomycin-bacitracin-polymyxin</i>                         | 3                | MO                         |
| <i>neomycin-polymyxin-gramicidin</i>                         | 3                | MO                         |
| <i>neo-polycin</i>   | 3                |                            |
| <i>ofloxacin ophthalmic (eye)</i>                            | 2                | MO                         |
| <i>polycin</i>   | 2                |                            |
| <i>polymyxin b sulf-trimethoprim</i>                         | 2                | MO                         |
| <i>tobramycin ophthalmic (eye)</i>                           | 2                | MO; QL (10 per 14 days)    |
| <b>ANTIVIRALS</b>  |                  |                            |
| <i>trifluridine</i>  | 3                | MO                         |
| <b>ZIRGAN</b>  | 4                | MO                         |
| <b>BETA-BLOCKERS</b>   |                  |                            |
| <i>betaxolol ophthalmic (eye)</i>                            | 3                | MO                         |
| <i>carteolol</i>   | 2                | MO                         |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>              | 2                | MO                         |
| <i>timolol maleate ophthalmic (eye) drops</i>                | 1                | MO                         |
| <i>timolol maleate ophthalmic (eye) gel forming solution</i> | 4                | MO                         |

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| Drug Name   | Drug Tier | Requirements/Limits     |
|---|-----------|-------------------------|
| <b>MISCELLANEOUS OPHTHALMOLOGICS</b>                        |           |                         |
| <i>atropine ophthalmic (eye) drops</i>                      | 3         | MO                      |
| <i>azelastine ophthalmic (eye)</i>                          | 3         | MO                      |
| <i>balanced salt</i>  | 2         |                         |
| <i>bss</i>  | 2         |                         |
| <b>CIMERLI</b>  | 5         | PA; MO                  |
| <i>cromolyn ophthalmic (eye)</i>                            | 2         | MO                      |
| <i>cyclosporine ophthalmic (eye)</i>                        | 3         | MO; QL (60 per 30 days) |
| <b>CYSTARAN</b>   | 5         | PA                      |
| <i>epinastine</i>   | 3         | MO                      |
| <b>EYLEA</b>  | 5         | PA; MO                  |
| <i>olopatadine ophthalmic (eye)</i>                         | 3         | MO                      |
| <b>OXERVATE</b>   | 4         | PA; MO                  |
| <b>PHOSPHOLINE IODIDE</b>                                   | 4         |                         |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 3         | MO                      |
| <i>sulfacetamide sodium ophthalmic (eye)</i>                | 2         | MO                      |
| <i>sulfacetamide-prednisolone</i>                           | 2         |                         |
| <b>XDEMVI</b>   | 5         | PA; QL (10 per 42 days) |
| <b>XIIDRA</b>   | 3         | MO; QL (60 per 30 days) |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>               |           |                         |
| <i>diclofenac sodium ophthalmic (eye)</i>                   | 2         | MO                      |
| <i>flurbiprofen sodium</i>                                  | 2         | MO                      |
| <i>ketorolac ophthalmic (eye)</i>                           | 2         | MO                      |
| <b>ORAL DRUGS FOR GLAUCOMA</b>                              |           |                         |
| <i>acetazolamide</i>  | 3         | MO                      |
| <i>acetazolamide sodium</i>                                 | 2         | MO                      |
| <i>methazolamide</i>  | 4         | MO                      |
| <b>OTHER GLAUCOMA DRUGS</b>                                 |           |                         |
| <i>dorzolamide</i>  | 2         | MO                      |
| <i>dorzolamide-timolol</i>                                  | 2         | MO                      |
| <i>latanoprost</i>  | 2         | MO                      |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>miostat</i>  | 2                |                            |
| <i>tafluprost (pf)</i>                                  | 3                | MO                         |
| <i>travoprost</i>                                       | 3                | MO                         |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>                  |                  |                            |
| <i>neomycin-bacitracin-poly-hc</i>                      | 3                | MO                         |
| <i>neomycin-polymyxin b-dexameth</i>                    | 2                | MO                         |
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i>           | 4                | MO                         |
| <i>neo-polycin hc</i>                                   | 3                |                            |
| <i>tobramycin-dexamethasone</i>                         | 3                | MO; QL (10 per 14 days)    |
| <b>STERIODS</b>   |                  |                            |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i>  | 2                | MO                         |
| <i>fluorometholone</i>                                  | 3                | MO                         |
| <i>loteprednol etabonate</i>                            | 3                | MO                         |
| <b>OZURDEX</b>  | 5                | MO                         |
| <i>prednisolone acetate</i>                             | 2                | MO                         |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i>   | 2                | MO                         |
| <b>SYMPATHOMIMETICS</b>                                 |                  |                            |
| <b>ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %</b>          | 3                | MO                         |
| <i>apraclonidine</i>                                    | 3                | MO                         |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> | 3                | MO                         |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>         | 2                | MO                         |
| <b>RESPIRATORY AND ALLERGY</b>                          |                  |                            |
| <b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>          |                  |                            |
| <i>adrenalin injection solution 1 mg/ml</i>             | 2                |                            |
| <i>adrenalin injection solution 1 mg/ml (1 ml)</i>      | 2                | MO                         |
| <i>cetirizine oral solution 1 mg/ml</i>                 | 2                | MO                         |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>  | 2                | MO                         |
| <i>diphenhydramine hcl injection syringe</i>            | 2                | MO                         |
| <i>diphenhydramine hcl oral elixir</i>                  | 2                | PA                         |

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| Drug Name   | Drug Tier | Requirements/Limits     |
|---|-----------|-------------------------|
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>                                    | 3         | MO; QL (2 per 30 days)  |
| <i>epinephrine injection solution 1 mg/ml</i>   | 2         |                         |
| <i>hydroxyzine hcl oral tablet</i>  | 2         | PA; MO                  |
| <i>levocetirizine oral solution</i>   | 4         | MO                      |
| <i>levocetirizine oral tablet</i>   | 2         | MO; QL (30 per 30 days) |
| <i>promethazine injection solution</i>  | 4         | MO                      |
| <i>promethazine oral</i>  | 4         | PA; MO                  |
| <b>PULMONARY AGENTS</b>   |           |                         |
| <i>acetylcysteine</i>   | 3         | B/D PA; MO              |
| <b>ADEMPAS</b>  | 5         | PA; MO; LA              |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation</i>  | 2         | MO; QL (17 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation package size 6.7 gm</i>  | 2         | QL (13.4 per 30 days)   |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml</i>                | 4         | B/D PA; MO              |
| <i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>   | 4         | B/D PA                  |
| <i>albuterol sulfate oral syrup</i>   | 2         | MO                      |
| <i>albuterol sulfate oral tablet</i>  | 4         | MO                      |
| <i>ambrisentan</i>  | 5         | PA; MO; LA              |
| <i>arformoterol</i>   | 5         | B/D PA; MO              |
| <b>ASMANEX HFA</b>  | 3         | MO; QL (13 per 30 days) |
| <b>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)</b> | 3         | MO; QL (1 per 30 days)  |
| <b>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)</b>  | 3         | MO; QL (2 per 30 days)  |
| <b>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)</b>   | 3         | QL (2 per 28 days)      |

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| Drug Name   | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| ATROVENT HFA  | 4         | MO; QL (25.8 per 30 days)        |
| <i>breyna</i>   | 3         | MO; QL (10.3 per 30 days)        |
| BREZTRI AEROSPHERE  | 3         | MO; QL (10.7 per 30 days)        |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml</i>   | 4         | B/D PA; MO; QL (120 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i>    | 4         | B/D PA; QL (120 per 30 days)     |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>      | 4         | B/D PA; MO; QL (60 per 30 days)  |
| <i>budesonide-formoterol</i>  | 3         | QL (10.2 per 30 days)            |
| CINRYZE   | 5         | PA; MO                           |
| COMBIVENT RESPIMAT  | 3         | MO; QL (8 per 30 days)           |
| <i>cromolyn inhalation</i>  | 5         | B/D PA; MO                       |
| DALIRESP  | 4         | PA; MO; QL (30 per 30 days)      |
| ESBRIET ORAL CAPSULE  | 5         | PA; MO; QL (270 per 30 days)     |
| <i>flunisolide</i>  | 3         | MO; QL (50 per 30 days)          |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION | 4         | ST; MO; QL (12 per 30 days)      |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION | 4         | ST; MO; QL (24 per 30 days)      |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION  | 4         | ST; MO; QL (10.6 per 30 days)    |
| <i>fluticasone propionate nasal</i>                                     | 2         | MO; QL (16 per 30 days)          |
| <i>fluticasone propion-salmeterol inhalation blister with device</i>    | 3         | MO; QL (60 per 30 days)          |
| <i>formoterol fumarate</i>  | 5         | B/D PA; MO                       |
| <i>icatibant</i>  | 5         | PA; MO                           |
| <i>ipratropium bromide inhalation</i>                                   | 2         | B/D PA; MO                       |
| <i>ipratropium-albuterol</i>  | 2         | B/D PA; MO                       |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG           | 5         | PA; MO; QL (56 per 28 days)      |
| KALYDECO ORAL GRANULES IN PACKET 5.8 MG                                 | 5         | PA; QL (56 per 28 days)          |
| KALYDECO ORAL TABLET  | 5         | PA; MO; QL (60 per 30 days)      |

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This drug list was last updated on 11/17/2023.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|------------------------------|
| <i>montelukast oral granules in packet</i>   | 4                | MO                           |
| <i>montelukast oral tablet</i>   | 2                | MO                           |
| <i>montelukast oral tablet, chewable</i>   | 2                | MO                           |
| OFEV   | 5                | PA; MO; QL (60 per 30 days)  |
| ORKAMBI ORAL GRANULES IN PACKET  | 5                | PA; MO; QL (56 per 28 days)  |
| ORKAMBI ORAL TABLET  | 5                | PA; MO; QL (112 per 28 days) |
| <i>pirfenidone oral capsule</i>  | 5                | PA; MO; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i>  | 5                | PA; MO; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 801 mg</i>  | 5                | PA; MO; QL (90 per 30 days)  |
| PULMOZYME  | 5                | B/D PA; MO                   |
| QVAR REDIHALER INHALATION HFA<br>AEROSOL BREATH ACTIVATED 40<br>MCG/ACTUATION              | 3                | MO; QL (10.6 per 30 days)    |
| QVAR REDIHALER INHALATION HFA<br>AEROSOL BREATH ACTIVATED 80<br>MCG/ACTUATION              | 3                | MO; QL (21.2 per 30 days)    |
| <i>roflumilast</i>   | 4                | PA; MO; QL (30 per 30 days)  |
| <i>sajazir</i>   | 5                | PA; MO                       |
| <i>sildenafil (pulmonary arterial hypertension)<br/>intravenous solution 10 mg/12.5 ml</i> | 5                | PA                           |
| <i>sildenafil (pulmonary arterial hypertension) oral<br/>tablet 20 mg</i>                  | 3                | PA; MO; QL (90 per 30 days)  |
| SPIRIVA RESPIMAT   | 3                | MO; QL (4 per 30 days)       |
| SPIRIVA WITH HANDIHALER  | 3                | MO; QL (90 per 90 days)      |
| STIOLTO RESPIMAT   | 3                | MO; QL (4 per 30 days)       |
| STRIVERDI RESPIMAT   | 3                | MO; QL (4 per 30 days)       |
| SYMBICORT  | 3                | MO; QL (10.2 per 30 days)    |
| SYMDEKO  | 5                | PA; MO; QL (56 per 28 days)  |
| <i>terbutaline oral</i>  | 4                | MO                           |
| <i>terbutaline subcutaneous</i>  | 2                | MO                           |
| <i>theophylline oral elixir</i>  | 4                | MO                           |
| <i>theophylline oral solution</i>  | 4                |                              |
| <i>theophylline oral tablet extended release 12 hr<br/>100 mg, 200 mg</i>                  | 4                |                              |
| <i>theophylline oral tablet extended release 12 hr<br/>300 mg, 450 mg</i>                  | 4                | MO                           |

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| Drug Name  | Drug Tier | Requirements/Limits            |
|--|-----------|--------------------------------|
| <i>theophylline oral tablet extended release 24 hr</i> | 2         | MO                             |
| <i>tiotropium bromide</i>                              | 3         | QL (90 per 90 days)            |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL           | 5         | PA; MO; QL (56 per 28 days)    |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL                      | 5         | PA; MO; QL (84 per 28 days)    |
| <i>wixela inhub</i>                                    | 3         | QL (60 per 30 days)            |
| XOLAIR SUBCUTANEOUS RECON SOLN                         | 5         | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML                  | 5         | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML               | 5         | PA; MO; LA; QL (1 per 28 days) |
| <i>zafirlukast</i>                                     | 4         | MO                             |

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

|  |   |    |
|--|---|----|
| MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON                | 3 |    |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR                 | 3 | MO |
| <i>oxybutynin chloride oral syrup</i>                        | 2 | MO |
| <i>oxybutynin chloride oral tablet 5 mg</i>                  | 2 | MO |
| <i>oxybutynin chloride oral tablet extended release 24hr</i> | 2 | MO |
| <i>tolterodine</i>   | 4 | MO |
| <i>tropium oral tablet</i>                                   | 2 | MO |

### BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

|                                     |   |    |
|-------------------------------------|---|----|
| <i>alfuzosin</i>                    | 2 | MO |
| <i>dutasteride</i>                  | 2 | MO |
| <i>finasteride oral tablet 5 mg</i> | 2 | MO |
| <i>tamsulosin</i>                   | 2 | MO |

### MISCELLANEOUS UROLOGICALS

|                             |   |        |
|-----------------------------|---|--------|
| <i>bethanechol chloride</i> | 3 | MO     |
| CYSTAGON                    | 4 | PA; LA |

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| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ELMIRON   | 3         | MO                  |
| <i>glycine urologic</i>                               | 2         |                     |
| <i>glycine urologic solution</i>                      | 2         |                     |
| K-PHOS NO 2   | 3         | MO                  |
| K-PHOS ORIGINAL                                       | 3         | MO                  |
| <i>potassium citrate oral tablet extended release</i> | 4         | MO                  |
| RENACIDIN   | 3         | MO                  |

## VITAMINS, HEMATINICS / ELECTROLYTES

### BLOOD DERIVATIVES

|                            |   |  |
|----------------------------|---|--|
| <i>albumin, human 25 %</i> | 4 |  |
| <i>alburx (human) 25 %</i> | 4 |  |
| <i>alburx (human) 5 %</i>  | 4 |  |
| <i>albutein 25 %</i>       | 4 |  |
| <i>albutein 5 %</i>        | 4 |  |
| <i>plasbumin 25 %</i>      | 4 |  |
| <i>plasbumin 5 %</i>       | 4 |  |

### ELECTROLYTES

|  |   |                          |
|--|---|--------------------------|
| <i>calcium acetate(phosphat bind)</i>                              | 3 | MO; QL (360 per 30 days) |
| <i>calcium chloride</i>  | 2 |                          |
| <i>calcium gluconate intravenous</i>                               | 2 |                          |
| <i>effer-k oral tablet, effervescent 25 meq</i>                    | 2 | MO                       |
| <i>klor-con 10</i>   | 2 | MO                       |
| <i>klor-con 8</i>  | 2 | MO                       |
| <i>klor-con m10</i>  | 2 | MO                       |
| <i>klor-con m15</i>  | 2 | MO                       |
| <i>klor-con m20</i>  | 2 | MO                       |
| <i>klor-con oral packet 20</i>                                     | 4 | MO                       |
| <i>klor-conlef</i>   | 2 | MO                       |
| <i>lactated ringers intravenous</i>                                | 4 | MO                       |
| <i>magnesium chloride injection</i>                                | 4 |                          |
| MAGNESIUM SULFATE IN D5W<br>INTRAVENOUS PIGGYBACK 1<br>GRAM/100 ML | 3 |                          |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>magnesium sulfate in water</i>  | 4                |                            |
| <i>magnesium sulfate injection solution</i>  | 4                | MO                         |
| <i>magnesium sulfate injection syringe</i>   | 4                |                            |
| <i>potassium acetate</i>   | 4                |                            |
| <i>potassium chlorid-d5-0.45%nacl</i>  | 4                |                            |
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>   | 4                |                            |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>  | 4                |                            |
| <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>  | 4                |                            |
| <i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i> | 4                |                            |
| <i>potassium chloride intravenous</i>  | 4                |                            |
| <i>potassium chloride oral capsule, extended release</i>   | 2                | MO                         |
| <i>potassium chloride oral liquid</i>  | 4                | MO                         |
| <i>potassium chloride oral packet</i>  | 4                |                            |
| <i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>   | 2                | MO                         |
| <i>potassium chloride oral tablet extended release 20 meq</i>  | 2                |                            |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq</i>   | 2                | MO                         |
| <i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>   | 2                |                            |
| <i>potassium chloride-0.45 % nacl</i>  | 4                |                            |
| <i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>   | 4                |                            |
| <i>potassium chloride-d5-0.9%nacl</i>  | 4                |                            |
| <i>potassium phosphate m-l-d-basic intravenous solution 3 mmoll/ml</i>   | 4                |                            |
| <i>ringer's intravenous</i>  | 4                |                            |
| <i>sodium acetate</i>  | 4                |                            |
| <i>sodium bicarbonate intravenous</i>  | 4                |                            |
| <i>sodium chloride 0.45 % intravenous</i>  | 4                | MO                         |
| <i>sodium chloride 3 % hypertonic</i>  | 4                |                            |

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| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>sodium chloride 5 % hypertonic</i>       | 4                | MO                         |
| <i>sodium chloride intravenous</i>          | 4                |                            |
| <i>sodium phosphate</i>                     | 4                | MO                         |
| <b>MISCELLANEOUS NUTRITION PRODUCTS</b>     |                  |                            |
| CLINIMIX 5%/D15W SULFITE FREE               | 4                | B/D PA                     |
| CLINIMIX 4.25%/D10W SULF FREE               | 4                | B/D PA                     |
| CLINIMIX 5%-D20W(SULFITE-FREE)              | 4                | B/D PA                     |
| CLINIMIX 6%-D5W (SULFITE-FREE)              | 4                | B/D PA                     |
| CLINIMIX 8%-D10W(SULFITE-FREE)              | 4                | B/D PA                     |
| CLINIMIX 8%-D14W(SULFITE-FREE)              | 4                | B/D PA                     |
| <i>electrolyte-48 in d5w</i>                | 4                |                            |
| <i>intralipid intravenous emulsion 20 %</i> | 4                | B/D PA                     |
| ISOLYTE S PH 7.4                            | 4                |                            |
| ISOLYTE-P IN 5 % DEXTROSE                   | 4                |                            |
| ISOLYTE-S                                   | 4                |                            |
| PLASMA-LYTE 148                             | 3                |                            |
| PLASMA-LYTE A                               | 3                |                            |
| <i>plasmanate</i>                           | 4                |                            |
| PLENAMINE                                   | 4                | B/D PA                     |
| <i>premasol 10 %</i>                        | 4                | B/D PA                     |
| <i>travasol 10 %</i>                        | 4                | B/D PA                     |
| TROPHAMINE 10 %                             | 4                | B/D PA                     |
| <b>VITAMINS / HEMATINICS</b>                |                  |                            |
| <i>fluoride (sodium) oral tablet</i>        | 2                |                            |
| <i>prenatal vitamin oral tablet</i>         | 2                |                            |
| <i>wescap-pn dha</i>                        | 2                | MO                         |

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| BD ULTRA-FINE MINI                  |    | BRILINTA.....                          | 48     | <i>carbidopa-levodopa</i> .....             | 30 |
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| PEN NEEDLE.....                     | 73 | BRIVIACT.....                          | 27     | <i>carboplatin</i> .....                    | 15 |
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| <i>benazepril</i> .....             | 44 | <i>buprenorphine-naloxone</i> .....    | 35     | CAYSTON.....                                | 9  |
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| <i>hydrochlorothiazide</i> .....    | 44 | <i>bupropion hcl (smoking</i>          |        | <i>cefadroxil</i> .....                     | 7  |
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| <i>benztropine</i> .....            | 30 | <i>butorphanol</i> .....               | 35     | <i>cefepime</i> .....                       | 7  |

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| <i>dantrolene</i> .....                   | 32     | <i>dextrose 5 %-lactated ringers</i> .. | 57     | <i>doxorubicin</i> .....                 | 17 |
| <b>DANYELZA</b> .....                     | 16     | <i>dextrose 5%-0.2 % sod</i>            |        | <i>doxorubicin, peg-liposomal</i> .....  | 17 |
| <i>dapsone</i> .....                      | 9      | <i>chloride</i> .....                   | 57     | <i>doxy-100</i> .....                    | 13 |
| <b>DAPTACEL (DTAP</b>                     |        | <i>dextrose 5%-0.3 %</i>                |        | <i>doxycycline hyclate</i> .....         | 13 |
| <b>PEDIATRIC) (PF)</b> .....              | 70     | <i>sod. chloride</i> .....              | 57     | <i>doxycycline monohydrate</i> .....     | 13 |
| <b>DAPTOMYCIN</b> .....                   | 9      | <i>dextrose 50 % in water</i>           |        | <b>DRIZALMA SPRINKLE</b> ....            | 37 |
| <i>daptomycin</i> .....                   | 9      | <i>(d50w)</i> .....                     | 57     | <i>dronabinol</i> .....                  | 66 |
| <i>darunavir ethanolate</i> .....         | 4      | <i>dextrose 70 % in water</i>           |        | <i>droperidol</i> .....                  | 66 |
| <b>DARZALEX</b> .....                     | 16     | <i>(d70w)</i> .....                     | 57     | <i>drosiprone-ethinyl estradiol</i> ..   | 78 |
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| <b>DAURISMO</b> .....                     | 16     | <i>diazoxide</i> .....                  | 60     | <b>DUPIXENT PEN</b> .....                | 52 |
| <i>deblitane</i> .....                    | 76     | <i>diclofenac potassium</i> .....       | 35     | <b>DUPIXENT SYRINGE</b> .....            | 52 |
| <i>decitabine</i> .....                   | 16     | <i>diclofenac sodium</i> .....          | 35, 82 | <i>dutasteride</i> .....                 | 87 |
| <i>deferasirox</i> .....                  | 57     | <i>dicloxacillin</i> .....              | 12     | <i>e.e.s. 400</i> .....                  | 8  |
| <i>deferiprone</i> .....                  | 57     | <i>dicyclomine</i> .....                | 65     | <i>ec-naproxen</i> .....                 | 35 |
| <i>deferroxamine</i> .....                | 57     | <b>DIFICID</b> .....                    | 8      | <i>econazole</i> .....                   | 54 |
| <b>DELSTRIGO</b> .....                    | 4      | <i>diflunisal</i> .....                 | 35     | <b>EDURANT</b> .....                     | 4  |
| <b>DENAVIR</b> .....                      | 54     | <i>digoxin</i> .....                    | 50     | <i>efavirenz</i> .....                   | 4  |
| <b>DENGVAXIA (PF)</b> .....               | 70     | <i>dihydroergotamine</i> .....          | 31     | <i>efavirenz-emtricitabin-tenofov</i> .. | 4  |
| <i>denta 5000 plus</i> .....              | 58     | <b>DILANTIN 30 MG</b> .....             | 27     | <i>efavirenz-lamivu-tenofov</i>          |    |
| <i>dentagel</i> .....                     | 58     | <i>diltiazem hcl</i> .....              | 44, 45 | <i>disop</i> .....                       | 4  |
| <b>DESCOVY</b> .....                      | 4      | <i>dilt-xr</i> .....                    | 45     | <i>effer-k</i> .....                     | 88 |
| <i>desipramine</i> .....                  | 37     | <i>dimenhydrinate</i> .....             | 66     | <b>ELAPRASE</b> .....                    | 63 |
| <i>desmopressin</i> .....                 | 63     | <i>dimethyl fumarate</i> .....          | 31, 32 | <i>electrolyte-48 in d5w</i> .....       | 90 |
| <i>desog-e.estradiolle.estradiol</i> ...  | 78     | <i>diphenhydramine hcl</i> .....        | 83     | <i>elinest</i> .....                     | 78 |
| <i>desogestrel-ethinyl estradiol</i> .... | 78     | <i>diphenoxylate-atropine</i> .....     | 65     | <b>ELIQUIS</b> .....                     | 48 |
| <i>desonide</i> .....                     | 55     | <i>dipyridamole</i> .....               | 48     | <b>ELIQUIS DVT-PE TREAT</b>              |    |
| <i>desvenlafaxine succinate</i> .....     | 37     | <i>disulfiram</i> .....                 | 57     | <b>30D START</b> .....                   | 48 |
| <i>dexamethasone</i> .....                | 59     | <i>divalproex</i> .....                 | 27     | <b>ELITEK</b> .....                      | 14 |
| <i>dexamethasone intensol</i> .....       | 59     | <i>dobutamine</i> .....                 | 50     | <b>ELMIRON</b> .....                     | 88 |
| <i>dexamethasone sodium phos</i>          |        | <i>dobutamine in d5w</i> .....          | 50     | <b>ELREXFIO</b> .....                    | 17 |
| <i>(pf)</i> .....                         | 59     | <i>docetaxel</i> .....                  | 16, 17 | <i>eluryng</i> .....                     | 77 |
| <i>dexamethasone sodium</i>               |        | <i>dofetilide</i> .....                 | 43     | <b>ELZONRIS</b> .....                    | 17 |
| <i>phosphate</i> .....                    | 59, 83 | <i>donepezil</i> .....                  | 32     | <b>EMCYT</b> .....                       | 17 |
| <i>dextrazoxane hcl</i> .....             | 14     | <i>dopamine</i> .....                   | 51     | <b>EMGALITY PEN</b> .....                | 31 |
| <i>dextroamphetamine-</i>                 |        | <i>dopamine in 5 % dextrose</i> .....   | 51     | <b>EMGALITY SYRINGE</b> .....            | 31 |
| <i>amphetamine</i> .....                  | 37     | <i>dorzolamide</i> .....                | 82     | <b>EMPLICITI</b> .....                   | 17 |
| <i>dextrose 10 % and 0.2 % nacl.</i>      | 57     | <i>dorzolamide-timolol</i> .....        | 82     | <b>EMSAM</b> .....                       | 38 |
| <i>dextrose 10 % in water</i>             |        | <i>dotti</i> .....                      | 76     | <i>emtricitabine</i> .....               | 4  |
| <i>(d10w)</i> .....                       | 57     | <b>DOVATO</b> .....                     | 4      | <i>emtricitabine-tenofov (tdf)</i> ....  | 4  |
| <i>dextrose 25 % in water</i>             |        | <i>doxazosin</i> .....                  | 45     | <b>EMTRIVA</b> .....                     | 4  |
| <i>(d25w)</i> .....                       | 57     | <i>doxepin</i> .....                    | 37     | <b>EMVERM</b> .....                      | 9  |

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| <i>enalapril maleate</i> .....             | 45    | <i>esomeprazole sodium</i> .....         | 68 | <i>finasteride</i> .....                  | 87     |
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| <b>ENGERIX-B PEDIATRIC</b>                 |       | <i>ethynodiol diac-eth estradiol...</i>  | 78 | <i>fluconazole</i> .....                  | 3      |
| <b>(PF)</b> .....                          | 70    | <i>etodolac</i> .....                    | 35 | <i>fluconazole in nacl (iso-osm)</i> .... | 3      |
| <i>enoxaparin</i> .....                    | 48    | <i>etonogestrel-ethinyl estradiol..</i>  | 77 | <i>flucytosine</i> .....                  | 3      |
| <i>enpresse</i> .....                      | 78    | <b>ETOPOPHOS</b> .....                   | 17 | <i>fludarabine</i> .....                  | 18     |
| <i>enskyce</i> .....                       | 78    | <i>etoposide</i> .....                   | 17 | <i>fludrocortisone</i> .....              | 59     |
| <i>entacapone</i> .....                    | 31    | <i>etravirine</i> .....                  | 4  | <i>flumazenil</i> .....                   | 38     |
| <i>entecavir</i> .....                     | 4     | <b>EULEXIN</b> .....                     | 17 | <i>flunisolide</i> .....                  | 85     |
| <b>ENTRESTO</b> .....                      | 51    | <i>euthyrox</i> .....                    | 65 | <i>fluocinolone</i> .....                 | 55     |
| <b>ENTYVIO</b> .....                       | 66    | <i>everolimus (antineoplastic)</i> ....  | 17 | <i>fluocinolone acetone oil</i> .....     | 59     |
| <i>emulose</i> .....                       | 66    | <i>everolimus</i>                        |    | <i>fluocinolone and shower cap</i> ....   | 55     |
| <b>EPCLUSA</b> .....                       | 4     | <i>(immunosuppressive)</i> .....         | 17 | <i>fluocinonide</i> .....                 | 55     |
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| <b>EPKINLY</b> .....                       | 17    | <i>ezetimibe-simvastatin</i> .....       | 49 | <i>fluphenazine decanoate</i> .....       | 38     |
| <i>eplerenone</i> .....                    | 45    | <b>FABRAZYME</b> .....                   | 63 | <i>fluphenazine hcl</i> .....             | 38     |
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| <b>ERIVEDGE</b> .....                      | 17    | <i>famotidine (pf)</i> .....             | 68 | <b>PROPIONATE</b> .....                   | 85     |
| <b>ERLEADA</b> .....                       | 17    | <i>famotidine (pf)-nacl (iso-os)</i>     | 68 | <i>fluticasone propionate</i> .....       | 85     |
| <i>erlotinib</i> .....                     | 17    | <b>FANAPT</b> .....                      | 38 | <i>fluticasone propion-salmeterol</i>     | 85     |
| <i>errin</i> .....                         | 77    | <b>FARXIGA</b> .....                     | 60 | <i>fluvastatin</i> .....                  | 50     |
| <i>ertapenem</i> .....                     | 9     | <i>febuxostat</i> .....                  | 74 | <i>fluvoxamine</i> .....                  | 38     |
| <b>ERWINASE</b> .....                      | 17    | <i>felbamate</i> .....                   | 28 | <b>FOLOTYN</b> .....                      | 18     |
| <i>ery pads</i> .....                      | 53    | <i>felodipine</i> .....                  | 45 | <i>fomepizole</i> .....                   | 70     |
| <i>ery-tab</i> .....                       | 8     | <i>fenofibrate</i> .....                 | 50 | <i>fondaparinux</i> .....                 | 48     |
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| <i>micafungin</i> .....                     | 3          | <i>nadolol</i> .....                         | 46     | <i>nitrofurantoin macrocrystal</i> ...      | 13     |
| <i>microgestin 1.5/30 (21)</i> .....        | 79         | <i>nafcillin</i> .....                       | 12     | <i>nitrofurantoin monohydlm-cryst</i> ..... | 13     |
| <i>microgestin 1/20 (21)</i> .....          | 79         | <i>nafcillin in dextrose iso-osm</i> ...     | 12     | <i>nitroglycerin</i> .....                  | 51     |
| <i>microgestin fe 1.5/30 (28)</i> .....     | 79         | <i>naftifine</i> .....                       | 54     | <i>nitroglycerin in 5 % dextrose</i> ..     | 51     |
| <i>microgestin fe 1/20 (28)</i> .....       | 79         | NAGLAZYME .....                              | 64     | NIVESTYM .....                              | 69     |
| <i>midodrine</i> .....                      | 57         | <i>nalbuphine</i> .....                      | 35     | <i>nora-be</i> .....                        | 77     |
| <i>mifepristone</i> .....                   | 78         | <i>naloxone</i> .....                        | 35     | <i>norepinephrine bitartrate</i> .....      | 51     |
| <i>mili</i> .....                           | 79         | <i>naltrexone</i> .....                      | 35     | <i>norethindrone (contraceptive)</i> ..     | 77     |
| <i>milrinone</i> .....                      | 51         | NAMZARIC .....                               | 32     | <i>norethindrone acetate</i> .....          | 77     |
| <i>milrinone in 5 % dextrose</i> .....      | 51         | <i>naproxen</i> .....                        | 36     |   |        |
| <i>mimvey</i> .....                         | 77         | <i>naratriptan</i> .....                     | 31     |   |        |
| <i>minocycline</i> .....                    | 13         | NATACYN .....                                | 81     |   |        |
|   |            | <i>nateglinide</i> .....                     | 62     |   |        |
|   |            | NATPARA .....                                | 64     |   |        |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

|  |  |                                      |        |
|--|--|--------------------------------------|--------|
| <i>norethindrone ac-eth estradiol</i>      | OMNIPOD DASH INTRO                           | <i>oxcarbazepine</i> .....           | 29     |
| ..... 77, 80                               | KIT (GEN 4).....                             | OXERVATE.....                        | 82     |
| <i>norethindrone-e.estradiol-iron</i> . 80 | OMNIPOD DASH PODS                            | <i>oxybutynin chloride</i> .....     | 87     |
| <i>norgestimate-ethinyl estradiol</i> . 80 | (GEN 4).....                                 | <i>oxycodone</i> .....               | 34     |
| <i>nortrel 0.5/35 (28)</i> .....           | 73   | <i>oxycodone-acetaminophen</i> ..... | 34     |
| <i>nortrel 1/35 (21)</i> .....             | OMNIPOD GO PODS.....                         | OZURDEX.....                         | 83     |
| <i>nortrel 1/35 (28)</i> .....             | 73   | <i>pacerone</i> .....                | 43     |
| <i>nortrel 7/7/7 (28)</i> .....            | OMNIPOD GO PODS 10                           | <i>paclitaxel</i> .....              | 22     |
| <i>nortriptyline</i> .....                 | UNITS/DAY.....                               | PADCEV.....                          | 22     |
| NORVIR.....                                | 73   | <i>paliperidone</i> .....            | 40     |
| NOVOFINE 32.....                           | OMNIPOD GO PODS 15                           | <i>palonosetron</i> .....            | 67     |
| NOVOFINE PLUS.....                         | UNITS/DAY.....                               | <i>pamidronate</i> .....             | 64     |
| NUBEQA.....                                | 73   | PANRETIN.....                        | 53     |
| NUEDEXTA.....                              | OMNIPOD GO PODS 20                           | <i>pantoprazole</i> .....            | 69     |
| NULOJIX.....                               | UNITS/DAY.....                               | <i>paraplatin</i> .....              | 22     |
| NUPLAZID.....                              | 73   | <i>paricalcitol</i> .....            | 64     |
| NURTEC ODT.....                            | OMNIPOD GO PODS 25                           | <i>paromomycin</i> .....             | 10     |
| <i>nyamyc</i> .....                        | UNITS/DAY.....                               | <i>paroxetine hcl</i> .....          | 40     |
| <i>nystatin</i> .....                      | 73   | PASER.....                           | 10     |
| <i>nystatin-triamcinolone</i> .....        | OMNIPOD GO PODS 30                           | PEDIARIX (PF).....                   | 71     |
| ..... 54                                   | UNITS/DAY.....                               | PEDVAX HIB (PF).....                 | 71     |
| <i>nystatin</i> .....                      | 73   | <i>peg 3350-electrolytes</i> .....   | 67     |
| <i>nyvepria</i> .....                      | OMNIPOD GO PODS 40                           | <i>peg3350-sod sul-nacl-kcl-asb-</i> |        |
| OCALIVA.....                               | UNITS/DAY.....                               | <i>c</i> .....                       | 67     |
| OCREVUS.....                               | 73   | PEGASYS.....                         | 69     |
| <i>octreotide acetate</i> .....            | OMNITROPE.....                               | <i>peg-electrolyte</i> .....         | 67     |
| ..... 22                                   | 69   | PEMAZYRE.....                        | 22     |
| ODEFSEY.....                               | ONCASPAR.....                                | <i>pemetrexed disodium</i> .....     | 22, 23 |
| 5  | 22   | <i>penciclovir</i> .....             | 55     |
| ODOMZO.....                                | <i>ondansetron</i> .....                     | <i>penicillamine</i> .....           | 76     |
| 22   | 67   | <i>penicillin g potassium</i> .....  | 12     |
| OFEV.....                                  | <i>ondansetron hcl</i> .....                 | <i>penicillin g sodium</i> .....     | 12     |
| 86   | 67   | <i>penicillin v potassium</i> .....  | 12     |
| <i>ofloxacin</i> .....                     | <i>ondansetron hcl (pf)</i> .....            | PENTACEL (PF).....                   | 71     |
| 59, 81                                     | 67   | <i>pentamidine</i> .....             | 10     |
| OJJAARA.....                               | ONGLYZA.....                                 | PENTASA.....                         | 67     |
| 22   | 62   | <i>pentoxifylline</i> .....          | 49     |
| <i>olanzapine</i> .....                    | ONIVYDE.....                                 | <i>perindopril erbumine</i> .....    | 46     |
| 40   | 22   | <i>perio gard</i> .....              | 58     |
| <i>olmesartan</i> .....                    | ONUREG.....                                  | PERJETA.....                         | 23     |
| 46   | 22   | <i>permethrin</i> .....              | 56     |
| <i>olmesartan-amlodipin-</i>               | <i>opium tincture</i> .....                  | <i>perphenazine</i> .....            | 40     |
| <i>hcthiamid</i> .....                     | ..... 65                                     | PERSERIS.....                        | 40     |
| 46   | 58   | <i>pfizerpen-g</i> .....             | 12     |
| <i>olmesartan-</i>                         | ORENITRAM.....                               | <i>phenelzine</i> .....              | 40     |
| <i>hydrochlorothiazide</i> .....           | 46   |                                      |        |
| 46   | ORENITRAM MONTH 1                            |                                      |        |
| <i>olopatadine</i> .....                   | TITRATION KT.....                            |                                      |        |
| 82   | 46   |                                      |        |
| <i>omega-3 acid ethyl esters</i> .....     | ORENITRAM MONTH 2                            |                                      |        |
| 50   | TITRATION KT.....                            |                                      |        |
| <i>omeprazole</i> .....                    | 46   |                                      |        |
| 69   | ORENITRAM MONTH 3                            |                                      |        |
| OMNIPOD 5 G6 INTRO                         | TITRATION KT.....                            |                                      |        |
| KIT (GEN 5).....                           | 46   |                                      |        |
| 73   | ORGOVYX.....                                 |                                      |        |
| OMNIPOD 5 G6 PODS                          | 22   |                                      |        |
| (GEN 5).....                               | ORKAMBI.....                                 |                                      |        |
| 73   | 86   |                                      |        |
| OMNIPOD CLASSIC                            | ORSERDU.....                                 |                                      |        |
| PODS (GEN 3).....                          | 22   |                                      |        |
| 73   | <i>oseltamivir</i> .....                     |                                      |        |
|  | 5  |                                      |        |
|  | <i>osmitrol 20 %</i> .....                   |                                      |        |
|  | 46   |                                      |        |
|  | <i>oxacillin</i> .....                       |                                      |        |
|  | 12   |                                      |        |
|  | <i>oxacillin in dextrose( iso-osm)</i> ..... |                                      |        |
|  | 12   |                                      |        |
|  | <i>oxaliplatin</i> .....                     |                                      |        |
|  | 22   |                                      |        |
|  | <i>oxaprozin</i> .....                       |                                      |        |
|  | 36   |                                      |        |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

|  |        |  |  |    |
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| <i>phenobarbital</i> .....                 | 29     | <i>potassium chloride-0.45 %</i>           | <i>proctozone-hc</i> .....                 | 68 |
| <i>phenobarbital sodium</i> .....          | 29     | <i>nacl</i> .....                          | <i>progesterone</i> .....                  | 77 |
| <i>phentolamine</i> .....                  | 46     | <i>potassium chloride-d5-</i>              | <i>progesterone micronized</i> .....       | 77 |
| <i>phenytoin</i> .....                     | 29     | <i>0.2%nacl</i> .....                      | <b>PROGRAF</b> .....                       | 23 |
| <i>phenytoin sodium</i> .....              | 29     | <i>potassium chloride-d5-</i>              | <b>PROLASTIN-C</b> .....                   | 57 |
| <i>phenytoin sodium extended</i> .....     | 29     | <i>0.9%nacl</i> .....                      | <b>PROLIA</b> .....                        | 74 |
| <b>PHOSPHOLINE IODIDE</b> .....            | 82     | <i>potassium citrate</i> .....             | <b>PROMACTA</b> .....                      | 49 |
| <b>PIFELTRO</b> .....                      | 5      | <i>potassium phosphate m-l-</i>            | <i>promethazine</i> .....                  | 84 |
| <i>pilocarpine hcl</i> .....               | 57, 82 | <i>basic</i> .....                         | <i>propafenone</i> .....                   | 43 |
| <i>pimecrolimus</i> .....                  | 53     | <b>POTELIGEO</b> .....                     | <i>propranolol</i> .....                   | 47 |
| <i>pimozide</i> .....                      | 40     | <i>pramipexole</i> .....                   | <i>propylthiouracil</i> .....              | 60 |
| <i>pimtrea (28)</i> .....                  | 80     | <i>prasugrel</i> .....                     | <b>PROQUAD (PF)</b> .....                  | 71 |
| <i>pindolol</i> .....                      | 47     | <i>pravastatin</i> .....                   | <i>protamine</i> .....                     | 49 |
| <i>pioglitazone</i> .....                  | 62     | <i>praziquantel</i> .....                  | <i>protriptyline</i> .....                 | 40 |
| <i>pipercillin-tazobactam</i> .....        | 12     | <i>prazosin</i> .....                      | <b>PULMOZYME</b> .....                     | 86 |
| <b>PIQRAY</b> .....                        | 23     | <i>prednicarbate</i> .....                 | <b>PURIXAN</b> .....                       | 23 |
| <i>pirfenidone</i> .....                   | 86     | <i>prednisolone</i> .....                  | <i>pyrazinamide</i> .....                  | 10 |
| <i>piroxicam</i> .....                     | 36     | <i>prednisolone acetate</i> .....          | <i>pyridostigmine bromide</i> .....        | 33 |
| <i>plasbumin 25 %</i> .....                | 88     | <i>prednisolone sodium</i>                 | <i>pyrimethamine</i> .....                 | 10 |
| <i>plasbumin 5 %</i> .....                 | 88     | <i>phosphate</i> .....                     | <b>QINLOCK</b> .....                       | 23 |
| <b>PLASMA-LYTE 148</b> .....               | 90     | <i>prednisone</i> .....                    | <b>QUADRACEL (PF)</b> .....                | 71 |
| <b>PLASMA-LYTE A</b> .....                 | 90     | <i>prednisone intensol</i> .....           | <i>quetiapine</i> .....                    | 40 |
| <i>plasmanate</i> .....                    | 90     | <i>pregabalin</i> .....                    | <i>quinapril</i> .....                     | 47 |
| <b>PLENAMINE</b> .....                     | 90     | <b>PREHEVBRIO (PF)</b> .....               | <i>quinapril-hydrochlorothiazide</i> ..... | 47 |
| <i>plerixafor</i> .....                    | 69     | <i>premasol 10 %</i> .....                 | <i>quinidine sulfate</i> .....             | 43 |
| <i>podofilox</i> .....                     | 53     | <i>prenatal vitamin oral tablet</i> .....  | <i>quinine sulfate</i> .....               | 10 |
| <b>POLIVY</b> .....                        | 23     | <i>prevalite</i> .....                     | <b>QVAR REDIHALER</b> .....                | 86 |
| <i>polocaine</i> .....                     | 53     | <b>PREVYMIS</b> .....                      | <b>RABAVERT (PF)</b> .....                 | 71 |
| <i>polocaine-mpf</i> .....                 | 53     | <b>PREZCOBIX</b> .....                     | <i>raloxifene</i> .....                    | 74 |
| <i>polycin</i> .....                       | 81     | <b>PREZISTA</b> .....                      | <i>ramelteon</i> .....                     | 41 |
| <i>polymyxin b sulf-</i>                   |        | <b>PRIFTIN</b> .....                       | <i>ramipril</i> .....                      | 47 |
| <i>trimethoprim</i> .....                  | 81     | <b>PRIMAQUINE</b> .....                    | <i>ranolazine</i> .....                    | 51 |
| <b>POMALYST</b> .....                      | 23     | <b>PRIMIDONE</b> .....                     | <i>rasagiline</i> .....                    | 31 |
| <i>portia 28</i> .....                     | 80     | <i>primidone</i> .....                     | <i>reclipsen (28)</i> .....                | 80 |
| <b>PORTRAZZA</b> .....                     | 23     | <b>PRIORIX (PF)</b> .....                  | <b>RECOMBIVAX HB (PF)</b> .....            | 71 |
| <i>posaconazole</i> .....                  | 3      | <b>PRIVIGEN</b> .....                      | <b>RECTIV</b> .....                        | 68 |
| <i>potassium acetate</i> .....             | 89     | <i>probenecid</i> .....                    | <b>REGRANEX</b> .....                      | 53 |
| <i>potassium chlorid-d5-</i>               |        | <i>probenecid-colchicine</i> .....         | <b>RELENZA DISKHALER</b> .....             | 6  |
| <i>0.45%nacl</i> .....                     | 89     | <i>procainamide</i> .....                  | <b>RELISTOR</b> .....                      | 68 |
| <i>potassium chloride</i> .....            | 89     | <i>prochlorperazine</i> .....              | <b>RENACIDIN</b> .....                     | 88 |
| <i>potassium chloride in</i>               |        | <i>prochlorperazine edisylate</i> .....    | <i>repaglinide</i> .....                   | 62 |
| <i>0.9%nacl</i> .....                      | 89     | <i>prochlorperazine maleate oral</i> ..... | <b>REPATHA</b> .....                       | 50 |
| <i>potassium chloride in 5 % dex</i> ..... | 89     | <b>PROCRIT</b> .....                       | <b>REPATHA</b>                             |    |
| <i>potassium chloride in lr-d5</i> .....   | 89     | <i>procto-med hc</i> .....                 | <b>PUSHTRONEX</b> .....                    | 50 |
| <i>potassium chloride in water</i> .....   | 89     | <i>proctosol hc</i> .....                  | <b>REPATHA SURECLICK</b> .....             | 50 |

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| REVCIVI.....                       | 57     | <i>scopolamine base</i> .....            | 68     | SOMATULINE DEPOT.....                  | 24 |
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| <i>revonto</i> .....               | 33     | <i>selegiline hcl</i> .....              | 31     | <i>sorafenib</i> .....                 | 24 |
| REXULTI.....                       | 41     | <i>selenium sulfide</i> .....            | 52     | <i>sorine</i> .....                    | 43 |
| REYATAZ.....                       | 6      | SELZENTRY.....                           | 6      | <i>sotalol</i> .....                   | 43 |
| REZLIDHIA.....                     | 23     | <i>sertraline</i> .....                  | 41     | <i>sotalol af</i> .....                | 43 |
| <i>ribavirin</i> .....             | 6      | <i>setlakin</i> .....                    | 80     | SPIRIVA RESPIMAT.....                  | 86 |
| <i>rifabutin</i> .....             | 10     | <i>sevelamer carbonate</i> .....         | 57     | SPIRIVA WITH                           |    |
| <i>rifampin</i> .....              | 10     | <i>sf</i> .....                          | 58     | HANDIHALER.....                        | 86 |
| <i>riluzole</i> .....              | 57     | <i>sf 5000 plus</i> .....                | 58     | <i>spironolactone</i> .....            | 47 |
| <i>rimantadine</i> .....           | 6      | <i>sharobel</i> .....                    | 77     | <i>spironolacton-</i>                  |    |
| <i>ringer's</i> .....              | 56, 89 | SHINGRIX (PF).....                       | 71     | <i>hydrochlorothiaz</i> .....          | 47 |
| RINVOQ.....                        | 76     | SIGNIFOR.....                            | 23     | SPRAVATO.....                          | 41 |
| RISPERDAL CONSTA.....              | 41     | <i>sildenafil (pulmonary arterial</i>    |        | <i>sprintec (28)</i> .....             | 80 |
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| <i>rivastigmine</i> .....          | 32     | SIMULECT.....                            | 24     | <i>sps (with sorbitol)</i> .....       | 58 |
| <i>rivastigmine tartrate</i> ..... | 32     | <i>simvastatin</i> .....                 | 50     | <i>sronyx</i> .....                    | 80 |
| <i>rizatriptan</i> .....           | 31     | <i>sirolimus</i> .....                   | 24     | <i>ssd</i> .....                       | 53 |
| <i>roflumilast</i> .....           | 86     | SIRTURO.....                             | 10     | STELARA.....                           | 52 |
| <i>romidepsin</i> .....            | 23     | SKYRIZI.....                             | 52, 68 | STIOLTO RESPIMAT.....                  | 86 |
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| ROTARIX.....                       | 71     | <i>phenylacet</i> .....                  | 57     | STRIBILD.....                          | 6  |
| ROTATEQ VACCINE.....               | 71     | <i>sodium bicarbonate</i> .....          | 89     | STRIVERDI RESPIMAT...                  | 86 |
| <i>roweepra</i> .....              | 29     | <i>sodium chloride</i> .....             | 57, 90 | <i>subvenite</i> .....                 | 29 |
| ROZLYTREK.....                     | 23     | <i>sodium chloride 0.45 %</i> .....      | 89     | SUCRAID.....                           | 68 |
| RUBRACA.....                       | 23     | <i>sodium chloride 0.9 %</i> .....       | 57     | <i>sucralfate</i> .....                | 69 |
| <i>rufinamide</i> .....            | 29     | <i>sodium chloride 3 %</i>               |        | <i>sulfacetamide sodium</i> .....      | 82 |
| RUKOBIA.....                       | 6      | <i>hypertonic</i> .....                  | 89     | <i>sulfacetamide sodium (acne)</i> ..  | 54 |
| RUXIENCE.....                      | 23     | <i>sodium chloride 5 %</i>               |        | <i>sulfacetamide-prednisolone</i> .... | 82 |
| RYBREVANT.....                     | 23     | <i>hypertonic</i> .....                  | 90     | <i>sulfadiazine</i> .....              | 13 |
| RYDAPT.....                        | 23     | <i>sodium fluoride 5000 dry</i>          |        | <i>sulfamethoxazole-</i>               |    |
| RYLAZE.....                        | 23     | <i>mouth</i> .....                       | 58     | <i>trimethoprim</i> .....              | 13 |
| <i>sajazir</i> .....               | 86     | <i>sodium fluoride 5000 plus</i> .....   | 58     | <i>sulfasalazine</i> .....             | 68 |
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| SANTYL.....                        | 53     | <i>sodium phosphate</i> .....            | 90     | SUNLENCA.....                          | 6  |
| <i>sapropterin</i> .....           | 64     | <i>sodium polystyrene sulfonate</i> ..   | 57     | <i>syeda</i> .....                     | 80 |
| SARCLISA.....                      | 23     | <i>sodium,potassium,mag</i>              |        | SYMBICORT.....                         | 86 |
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| SYMTUZA.....                              | 6      | <i>terconazole</i> .....                | 78     | <i>tranexamic acid</i> .....            | 78         |
| SYNAGIS.....                              | 6      | TERIPARATIDE.....                       | 74     | <i>tranylcypromine</i> .....            | 41         |
| SYNAREL.....                              | 64     | <i>testosterone</i> .....               | 64     | <i>travasol 10 %</i> .....              | 90         |
| SYNJARDY.....                             | 62     | <i>testosterone cypionate</i> .....     | 64     | <i>travoprost</i> .....                 | 83         |
| SYNJARDY XR.....                          | 63     | <i>testosterone enanthate</i> .....     | 64     | TRAZIMERA.....                          | 25         |
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Formulary 23549, Version 17

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