



# Retiree RxCare

## 2024 Five Tier Formulary

(List of Covered Drugs)

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

Formulary ID No. 24416 Version 9

This formulary was updated on March 26, 2024. We have made no changes to this formulary since 3/26/2024. For more recent information or other questions, please contact Retiree RxCare Contact Center at 1-855-693-3921 or for TTY users, 1-855-693-3921, Monday through Friday, 8:00 AM to 8:00 PM (EST), or visit <http://retireerxcare.amwins.com>.

**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 Retiree RxCare. When it refers to “plan” or “our plan,” it means Retiree RxCare.

This document includes a partial list of the drugs (formulary) for our plan which is current as of April 1, 2024. For a complete 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 April 1, 2024, and from time to time during the year.

Retiree RxCare is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Retiree RxCare depends on contract renewal.

This information is available for free in other languages. Please call our Customer Care Center number above.

The formulary may change at any time. You will receive notice when necessary.

### **What is the Retiree RxCare Formulary?**

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

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

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money, or we can ensure your safety.

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 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of April 1, 2024. To get updated information about the drugs covered by Retiree RxCare, please contact us. Our contact information appears on the front and back cover pages.

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

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 119. 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?**

Retiree RxCare 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:** Retiree RxCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Retiree RxCare before you fill your prescriptions. If you don't get approval, Retiree RxCare may not cover the drug.
- **Quantity Limits:** For certain drugs, Retiree RxCare limits the amount of the drug that Retiree RxCare will cover. For example, Retiree RxCare provides 30 tablets per 30 days for zolpidem tartrate 10mg. This may be in addition to a standard one-month or three-month supply.

- **B/D:** This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information may be required from you or your physician to make the determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug, or for submitting the drug to your Medicare health plan.

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

You can ask Retiree RxCare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Retiree RxCare’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 our Contact Center and ask if your drug is covered.

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

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

#### **How do I request an exception to the Retiree RxCare’s Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.



- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs Retiree RxCare 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, Retiree RxCare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/ or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 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, we will allow you to refill your prescription until we have provided you with a 30-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days. If you 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 30-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current members, who are in a long-term care facility or going through level of care changes, Retiree RxCare will allow up to a one-month supply of medication.

**Examples of level-of-care changes may include:**

- Discharge from a hospital to a home setting (i.e., assisted living, long-term care (LTC), or private home) accompanied by a list of medications that may not always consider the plan drug list due to the short-term nature of the hospital visit.
- Termination of a Medicare Part A skilled nursing facility stay (where payments include all pharmacy charges)
- Hospice disenrollment
- Leaving a long-term care facility stay and returning to the community.
- Discharge from psychiatric hospitals with drug regimens that are highly individualized.

**For more information:**

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

If you have questions about Retiree RxCare, 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 day a week. TTY users should call 1-877-486-2048. Or visit [www.medicare.gov](http://www.medicare.gov).

## Retiree RxCare's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Retiree RxCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 119.

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

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

### Understanding the Requirements/Limits

| TIER                      | Drug Type   |
|---------------------------|---|
| 1                         | Preferred Generics  |
| 2                         | Generics  |
| 3                         | Preferred Brands  |
| 4                         | Non-Preferred Drugs   |
| 5                         | Specialty   |
| Abbreviation              | Definition  |
| PA<br>Prior Authorization | Prior Authorization is required to determine if your drug is covered under the plan. Additional information may be required from you or your physician to make the determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug.  |
| B/D<br>Medicare Part B    | This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information may be required from you or your physician to make the determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug, or for submitting the drug to your Medicare health plan. |
| QL<br>Quantity Limits     | This medication has restrictions or a Quantity Limit to the number of doses that may be covered for a specific day supply. Quantity limits are for your own safety and to ensure proper use of the drug. If your prescriber requests a quantity greater than the specific limit, you may request an authorization for the plan to cover the prescribed amount.  |

## List of Covered Drugs

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS  |
|--|-----------|----------------------|
| <b>Analgesics</b>  |           |                      |
| <i>butalbital-acetaminophen-caffe</i>                            | 2         | QL (180 PER 30 DAYS) |
| <i>butalbital-acetaminophn 50-325</i>                            | 2         | QL (180 PER 30 DAYS) |
| <i>butalbital-aspirin-caffeine cp</i>                            | 2         | QL (180 PER 30 DAYS) |
| ESGIC 50-325-40 MG CAPSULE                                       | 2         | QL (180 PER 30 DAYS) |
| <i>tencon</i>  | 4         | QL (180 PER 30 DAYS) |
| ZEBUTAL  | 2         | QL (180 PER 30 DAYS) |
| <b>Nonsteroidal Anti-inflammatory Drugs</b>                      |           |                      |
| ARTHROTEC 50   | 4         | QL (120 PER 30 DAYS) |
| ARTHROTEC 75   | 4         | QL (90 PER 30 DAYS)  |
| <i>cataflam</i>  | 2         | QL (120 PER 30 DAYS) |
| CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)         | 4         | QL (60 PER 30 DAYS)  |
| CELEBREX 400 MG CAPSULE  | 4         | QL (30 PER 30 DAYS)  |
| <i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i> | 2         | QL (60 PER 30 DAYS)  |
| <i>celecoxib 400 mg capsule</i>                                  | 2         | QL (30 PER 30 DAYS)  |
| DAYPRO   | 4         | QL (90 PER 30 DAYS)  |
| <i>diclofenac pot 50 mg tablet</i>                               | 2         | QL (120 PER 30 DAYS) |
| <i>diclofenac sodium (dr 25 mg tab, ec 25 mg tab)</i>            | 2         | QL (240 PER 30 DAYS) |
| <i>diclofenac sodium (dr 50 mg tab, ec 50 mg tab)</i>            | 2         | QL (120 PER 30 DAYS) |
| <i>diclofenac sodium (dr 75 mg tab, ec 75 mg tab)</i>            | 2         | QL (60 PER 30 DAYS)  |
| <i>diclofenac sodium 1% gel</i>                                  | 2         |                      |
| <i>diclofenac sodium er</i>                                      | 2         | QL (60 PER 30 DAYS)  |
| <i>diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)</i>      | 2         | QL (90 PER 30 DAYS)  |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**

| <b>DRUG NAME</b>                                  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>diclofenac-misoprost 50-0.2 mg</i>             | 2                | QL (120 PER 30 DAYS)       |
| <i>ec-naproxen dr 375 mg tablet</i>               | 2                | QL (120 PER 30 DAYS)       |
| <i>ec-naproxen dr 500 mg tablet</i>               | 2                | QL (90 PER 30 DAYS)        |
| <i>etodolac (400 mg tablet, 500 mg tablet)</i>    | 2                | QL (60 PER 30 DAYS)        |
| <i>etodolac 200 mg capsule</i>                    | 2                | QL (150 PER 30 DAYS)       |
| <i>etodolac 300 mg capsule</i>                    | 2                | QL (90 PER 30 DAYS)        |
| <i>etodolac er (400 mg tablet, 500 mg tablet)</i> | 2                | QL (60 PER 30 DAYS)        |
| <i>etodolac er 600 mg tablet</i>                  | 2                | QL (30 PER 30 DAYS)        |
| FELDENE 10 MG CAPSULE                             | 4                | QL (60 PER 30 DAYS)        |
| FELDENE 20 MG CAPSULE                             | 4                | QL (30 PER 30 DAYS)        |
| <i>flurbiprofen 100 mg tablet</i>                 | 2                | QL (90 PER 30 DAYS)        |
| <i>ibu 400 mg tablet</i>                          | 1                | QL (240 PER 30 DAYS)       |
| <i>ibu 600 mg tablet</i>                          | 1                | QL (150 PER 30 DAYS)       |
| <i>ibu 800 mg tablet</i>                          | 1                | QL (120 PER 30 DAYS)       |
| <i>ibuprofen 100 mg/5 ml susp</i>                 | 2                |                            |
| <i>ibuprofen 400 mg tablet</i>                    | 1                | QL (240 PER 30 DAYS)       |
| <i>ibuprofen 600 mg tablet</i>                    | 1                | QL (150 PER 30 DAYS)       |
| <i>ibuprofen 800 mg tablet</i>                    | 1                | QL (120 PER 30 DAYS)       |
| <i>indomethacin 25 mg capsule</i>                 | 2                | QL (240 PER 30 DAYS)       |
| <i>indomethacin 50 mg capsule</i>                 | 2                | QL (120 PER 30 DAYS)       |
| <i>meloxicam 15 mg tablet</i>                     | 1                | QL (30 PER 30 DAYS)        |
| <i>meloxicam 7.5 mg tablet</i>                    | 1                | QL (60 PER 30 DAYS)        |
| <i>nabumetone 500 mg tablet</i>                   | 2                | QL (120 PER 30 DAYS)       |
| <i>nabumetone 750 mg tablet</i>                   | 2                | QL (60 PER 30 DAYS)        |
| <i>naproxen (500 mg kit, 500 mg tablet)</i>       | 1                | QL (90 PER 30 DAYS)        |
| <i>naproxen 125 mg/5 ml suspen</i>                | 2                | QL (1800 PER 30 DAYS)      |
| <i>naproxen 250 mg tablet</i>                     | 1                | QL (180 PER 30 DAYS)       |
| <i>naproxen 375 mg tablet</i>                     | 1                | QL (120 PER 30 DAYS)       |
| <i>naproxen dr 375 mg tablet</i>                  | 2                | QL (120 PER 30 DAYS)       |
| <i>naproxen dr 500 mg tablet</i>                  | 2                | QL (90 PER 30 DAYS)        |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**

| DRUG NAME                                       | DRUG TIER | REQUIREMENTS/LIMITS  |
|---|-----------|----------------------|
| <i>naproxen sodium 275 mg tab</i>               | 2         | QL (150 PER 30 DAYS) |
| <i>naproxen sodium 550 mg tab</i>               | 2         | QL (90 PER 30 DAYS)  |
| <i>oxaprozin (600 mg caplet, 600 mg tablet)</i> | 2         | QL (90 PER 30 DAYS)  |
| <i>piroxicam 10 mg capsule</i>                  | 2         | QL (60 PER 30 DAYS)  |
| <i>piroxicam 20 mg capsule</i>                  | 2         | QL (30 PER 30 DAYS)  |
| RELAFEN 500 MG TABLET                           | 2         | QL (120 PER 30 DAYS) |
| RELAFEN 750 MG TABLET                           | 2         | QL (60 PER 30 DAYS)  |
| <i>sulindac</i>                                 | 2         | QL (60 PER 30 DAYS)  |

### Opioid Analgesics, Long-acting

|   |   |                         |
|---|---|-------------------------|
| BELBUCA   | 4 | PA, QL (60 PER 30 DAYS) |
| <i>buprenorphine</i>  | 2 | PA, QL (4 PER 28 DAYS)  |
| BUTRANS   | 4 | PA, QL (4 PER 28 DAYS)  |
| <i>fentanyl</i>   | 2 | PA, QL (15 PER 30 DAYS) |
| <i>hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)</i> | 2 | PA, QL (60 PER 30 DAYS) |
| <i>levorphanol tartrate</i>   | 5 | QL (120 PER 30 DAYS)    |
| <i>methadone hcl 10 mg tablet</i>   | 2 | QL (360 PER 30 DAYS)    |
| <i>methadone hcl 5 mg tablet</i>  | 2 | QL (180 PER 30 DAYS)    |
| <i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>                            | 2 | PA, QL (90 PER 30 DAYS) |
| <i>tramadol hcl er (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>  | 2 | PA, QL (30 PER 30 DAYS) |

### Opioid Analgesics, Short-acting

|   |   |                       |
|---|---|-----------------------|
| <i>acetaminophen-cod #4 tablet</i>  | 2 | QL (180 PER 30 DAYS)  |
| <i>acetaminophen-codeine (#2 tablet, #3 tablet)</i>   | 2 | QL (360 PER 30 DAYS)  |
| <i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i> | 1 | QL (2700 PER 30 DAYS) |
| <i>butorphanol 1 mg/ml vial</i>   | 3 |                       |
| <i>butorphanol 10 mg/ml spray</i>   | 2 | QL (48 PER 30 DAYS)   |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>butorphanol tartrate (2 mg/ml vial, 4 mg/2 ml vial)</i>  | 2                |                            |
| <i>codeine sulfate (15 mg tablet, 60 mg tablet)</i>   | 4                | QL (180 PER 30 DAYS)       |
| <i>codeine sulfate 30 mg tablet</i>   | 2                | QL (180 PER 30 DAYS)       |
| <b>DURAMORPH</b>  | 2                | PA                         |
| <i>endocet (2.5-325 mg tablet, 5-325 mg tablet)</i>   | 2                | QL (360 PER 30 DAYS)       |
| <i>endocet 10-325 mg tablet</i>   | 2                | QL (180 PER 30 DAYS)       |
| <i>endocet 7.5-325 mg tablet</i>  | 2                | QL (240 PER 30 DAYS)       |
| <i>fentanyl citrate (400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)</i>   | 5                | PA, QL (120 PER 30 DAYS)   |
| <i>fentanyl citrate oftc 200 mcg</i>  | 2                | PA, QL (120 PER 30 DAYS)   |
| <i>hydrocodone-acetaminophen (5-300 mg, 5-325 mg)</i>   | 2                | QL (240 PER 30 DAYS)       |
| <i>hydrocodone-acetaminophen (7.5-300, 7.5-325, 10-300 mg, 10-325 mg)</i>   | 2                | QL (180 PER 30 DAYS)       |
| <i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>  | 2                | QL (2700 PER 30 DAYS)      |
| <i>hydrocodone-ibuprofen (7.5-200, 10-200)</i>  | 2                | QL (150 PER 30 DAYS)       |
| <i>hydrocodone-ibuprofen 5-200 mg</i>   | 4                | QL (150 PER 30 DAYS)       |
| <i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>   | 2                | QL (1440 PER 30 DAYS)      |
| <i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>  | 2                | QL (180 PER 30 DAYS)       |
| <i>hydromorphone hcl (2 mg/ml amp, 2 mg/ml carpuct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i> | 2                | PA                         |
| <i>morphine sulf 100 mg/5 ml conc</i>   | 2                | QL (270 PER 30 DAYS)       |
| <i>morphine sulf 20 mg/5 ml soln</i>  | 2                | QL (1350 PER 30 DAYS)      |
| <i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>   | 2                | QL (2700 PER 30 DAYS)      |
| <i>morphine sulfate (5 mg/10 ml vial, 10 mg/10 ml vial)</i>   | 2                | PA                         |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS  |
|--|-----------|----------------------|
| <i>morphine sulfate ir 15 mg tab</i>   | 4         | QL (360 PER 30 DAYS) |
| <i>morphine sulfate ir 30 mg tab</i>   | 4         | QL (180 PER 30 DAYS) |
| <i>oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)</i>          | 2         | QL (180 PER 30 DAYS) |
| <i>oxycodone hcl (ir) 5 mg tablet</i>  | 2         | QL (360 PER 30 DAYS) |
| <i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i> | 2         | QL (360 PER 30 DAYS) |
| <i>oxycodone-acetaminophen 10-325</i>  | 2         | QL (180 PER 30 DAYS) |
| <i>oxycodone-acetaminophn 7.5-325</i>  | 2         | QL (240 PER 30 DAYS) |
| ROXICODONE 15 MG TABLET  | 4         | QL (180 PER 30 DAYS) |
| ROXICODONE 30 MG TABLET  | 5         | QL (180 PER 30 DAYS) |
| <i>tramadol hcl 50 mg tablet</i>   | 1         | QL (240 PER 30 DAYS) |
| <i>tramadol hcl-acetaminophen</i>  | 2         | QL (240 PER 30 DAYS) |

## Anesthetics

### Local Anesthetics

|  |   |                          |
|--|---|--------------------------|
| <i>dermacinrx lidocan</i>  | 2 | PA, QL (90 PER 30 DAYS)  |
| <i>glydo</i>   | 2 | PA, QL (150 PER 30 DAYS) |
| <i>lidocaine 5% ointment</i>   | 2 | PA, QL (100 PER 30 DAYS) |
| <i>lidocaine 5% patch</i>  | 2 | PA, QL (90 PER 30 DAYS)  |
| <i>lidocaine hcl (2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution)</i>                                     | 2 | PA, QL (150 PER 30 DAYS) |
| <i>lidocaine hcl (20 mg/2 ml, 20 mg/2 ml vl, 50 mg/5 ml, 50 mg/5 ml vl, 100 mg/10 ml, 300 mg/30 ml, ampul, vial)</i> | 1 |                          |
| <i>lidocaine hcl laryngotracheal 4% solution</i>   | 2 | PA, QL (150 PER 30 DAYS) |
| <i>lidocaine hcl viscous</i>   | 2 |                          |
| <i>lidocaine-prilocaine</i>  | 2 | PA, QL (60 PER 30 DAYS)  |
| LIDOCAN II   | 2 | PA, QL (90 PER 30 DAYS)  |
| <i>lidocan iii</i>   | 2 | PA, QL (90 PER 30 DAYS)  |
| LIDODERM   | 5 | PA, QL (90 PER 30 DAYS)  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.



| DRUG NAME                   | DRUG TIER | REQUIREMENTS/LIMITS     |
|-----------------------------|-----------|-------------------------|
| XYLOCAINE 1% VIAL           | 4         |                         |
| XYLOCAINE-MPF (AMPUL, VIAL) | 4         |                         |
| ZTLIDO                      | 4         | PA, QL (90 PER 30 DAYS) |

## Anti-Addiction/ Substance Abuse Treatment Agents

### Alcohol Deterrents/ Anti-craving

|                            |   |  |
|----------------------------|---|--|
| <i>acamprosate calcium</i> | 2 |  |
| <i>disulfiram</i>          | 2 |  |

### Opioid Dependence

|   |   |                      |
|---|---|----------------------|
| <i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>                 | 2 | QL (90 PER 30 DAYS)  |
| <i>buprenorphine-nalox 8-2 mg tab</i>                               | 2 | QL (90 PER 30 DAYS)  |
| <i>buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)</i>              | 2 | QL (120 PER 30 DAYS) |
| <i>buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg film)</i> | 2 | QL (60 PER 30 DAYS)  |
| <i>naltrexone 50 mg tablet</i>                                      | 2 |                      |
| SUBLOCADE   | 5 |                      |
| SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM)          | 3 | QL (60 PER 30 DAYS)  |
| SUBOXONE 2 MG-0.5 MG SL FILM  | 3 | QL (120 PER 30 DAYS) |
| VIVITROL  | 5 |                      |

### Opioid Reversal Agents

|  |   |  |
|--|---|--|
| KLOXXADO   | 4 |  |
| <i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)</i> | 2 |  |
| NARCAN   | 4 |  |

### Smoking Cessation Agents

|                                       |   |  |
|---------------------------------------|---|--|
| <i>bupropion hcl sr 150 mg tablet</i> | 2 |  |
| NICOTROL                              | 4 |  |
| NICOTROL NS                           | 4 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME                   | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------|-----------|---------------------|
| <i>varenicline tartrate</i> | 2         |                     |

## Antibacterials

### Aminoglycosides

|   |   |  |
|---|---|--|
| <i>amikacin sulfate</i>   | 2 |  |
| <i>gentamicin ped 20 mg/2 ml vial</i>   | 4 |  |
| <i>gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)</i>  | 2 |  |
| <i>gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)</i>                      | 4 |  |
| <i>gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)</i>   | 2 |  |
| <i>neomycin sulfate</i>   | 2 |  |
| <i>paromomycin sulfate</i>  | 2 |  |
| <i>streptomycin sulfate</i>   | 3 |  |
| <i>tobramycin 10 mg/ml vial</i>   | 3 |  |
| <i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i> | 2 |  |

### Antibacterials, Other

|   |   |  |
|---|---|--|
| AZACTAM   | 4 |  |
| <i>aztreonam</i>  | 2 |  |
| <i>chloramphenicol sod succinate</i>  | 3 |  |
| CLEOCIN 2% VAGINAL CREAM  | 4 |  |
| CLEOCIN HCL   | 4 |  |
| CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN) | 4 |  |
| CLEOCIN T 1% LOTION   | 4 |  |
| <i>clindacin etz</i>  | 2 |  |
| <i>clindacin p</i>  | 2 |  |
| <i>clindamycin (pediatric)</i>  | 4 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>   | 1         |                     |
| <i>clindamycin phosphate (1% gel, ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion)</i> | 2         |                     |
| <i>clindamycin phosphate-d5w</i>   | 2         |                     |
| <i>clindamycin-0.9% nacl</i>   | 2         |                     |
| <i>colistimethate</i>  | 2         |                     |
| CUBICIN  | 5         |                     |
| CUBICIN RF   | 5         |                     |
| DALVANCE   | 5         |                     |
| <i>daptomycin 500 mg vial</i>  | 2         |                     |
| FLAGYL 375 CAPSULE   | 4         |                     |
| IMPAVIDO   | 5         |                     |
| <i>linezolid (100 mg/5 ml susp, 600 mg tablet)</i>   | 2         | PA                  |
| <i>linezolid-0.9% nacl</i>   | 2         |                     |
| <i>linezolid-d5w</i>   | 2         |                     |
| <i>methenamine hippurate</i>   | 2         |                     |
| METRO IV   | 2         |                     |
| <i>metronidazole (250 mg tablet, 500 mg tablet)</i>  | 1         |                     |
| <i>metronidazole (vaginal 0.75% gl, 375 mg capsule, 500 mg/100 ml)</i>   | 2         |                     |
| <i>neomycin-polymyxin b</i>  | 3         |                     |
| <i>nitrofurantoin (50 mg cap, 100 mg cap)</i>  | 2         |                     |
| <i>nitrofurantoin mono-macro</i>   | 2         |                     |
| SIVEXTRO 200 MG TABLET   | 5         | PA                  |
| SIVEXTRO 200 MG VIAL   | 5         |                     |
| SYNERCID   | 5         |                     |
| <i>tigecycline</i>   | 2         |                     |
| <i>trimethoprim 100 mg tablet</i>  | 2         |                     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS  |
|---|-----------|----------------------|
| TYGACIL   | 5         |                      |
| <i>vancomycin 750 mg/150 ml bag</i>   | 4         |                      |
| <i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 1.25 gram vial, 1.5 gram vial, 5 gm vial, 10 gm vial, 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i> | 2         |                      |
| <i>vancomycin hcl (1 gram/200 ml bag, 1g/200 ml bag, 1.25 gm/250 ml bag, 1.5 gram/300 ml bag, 1.75 gm/350 ml bag, 2 gram/400 ml bag, 500 mg/100 ml bag)</i>                                     | 4         |                      |
| <i>vancomycin hcl 125 mg capsule</i>  | 2         | QL (120 PER 30 DAYS) |
| <i>vancomycin hcl 250 mg capsule</i>  | 2         | QL (240 PER 30 DAYS) |
| <i>vancomycin hcl-0.9% nacl (vanco 500 mg/100 ml-0.9%, vanco 750 mg/150 ml-0.9%, vancomycin 1 g/200ml-0.9%)</i>   | 4         |                      |
| <i>vancomycin hcl-d5w</i>   | 4         |                      |
| VANDAZOLE   | 3         |                      |
| ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)   | 5         | PA                   |
| ZYVOX 200 MG/100 ML-D5W   | 5         |                      |
| ZYVOX 600 MG/300 ML-D5W   | 4         |                      |

### Beta-lactam, Cephalosporins

|   |   |  |
|---|---|--|
| <i>cefaclor (250 mg capsule, 500 mg capsule)</i>  | 2 |  |
| <i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>   | 2 |  |
| <i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 2 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i> | 2 |  |
| <i>cefazolin sodium-dextrose (1 g/50, 2 g/50)</i>   | 2 |  |
| <i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>  | 2 |  |
| <i>cefepime</i>   | 2 |  |
| <i>cefepime hcl (1 gm vial, 2 gram vial)</i>  | 2 |  |
| <i>cefepime-dextrose</i>  | 2 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>cefixime 400 mg capsule</i>   | 2         |                     |
| <i>cefoxitin</i>   | 2         |                     |
| <i>cefoxitin sodium</i>  | 2         |                     |
| <i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>  | 2         |                     |
| <i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>  | 2         |                     |
| <i>ceftazidime</i>   | 2         |                     |
| <i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 500 mg vial)</i> | 2         |                     |
| <i>ceftriaxone 250 mg vial</i>   | 1         |                     |
| <i>cefuroxime</i>  | 2         |                     |
| <i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>  | 2         |                     |
| <i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp)</i>   | 2         |                     |
| <i>cephalexin (250 mg capsule, 500 mg capsule, 750 mg capsule)</i>   | 1         |                     |
| SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE)  | 4         |                     |
| <i>tazicel</i>   | 2         |                     |
| TEFLARO 400 MG VIAL  | 4         |                     |
| TEFLARO 600 MG VIAL  | 5         |                     |

### Beta-lactam, Penicillins

|   |   |  |
|---|---|--|
| <i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i> | 1 |  |
| <i>amoxicillin-clavulanate pot er</i>   | 4 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i> | 2         |                     |
| <i>ampicillin 500 mg capsule</i>   | 2         |                     |
| <i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 250 mg vial, 500 mg vial)</i>  | 2         |                     |
| <i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)</i>  | 2         |                     |
| AUGMENTIN 500-125 TABLET   | 4         |                     |
| BICILLIN L-A   | 4         |                     |
| <i>dicloxacillin sodium</i>  | 2         |                     |
| <i>nafcillin</i>   | 2         |                     |
| <i>nafcillin sodium</i>  | 2         |                     |
| <i>pen g k 2 million unit/50 ml</i>  | 3         |                     |
| <i>penicillin g potassium</i>  | 2         |                     |
| <i>penicillin g sodium</i>   | 4         |                     |
| <i>penicillin gk-iso-osm dextrose (pen g k 1 million unit/50 ml, pen g k 3 million unit/50 ml)</i>   | 4         |                     |
| <i>penicillin v potassium (125 mg/5 ml soln, 250 mg/5 ml soln)</i>   | 2         |                     |
| <i>penicillin v potassium (250 mg tablet, 500 mg tablet)</i>   | 1         |                     |
| <i>pfizerpen</i>   | 4         |                     |
| <i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)</i>    | 2         |                     |
| ZOSYN (2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG)   | 4         |                     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS       |
|---|-----------|---------------------------|
| <b>Carbapenems</b>  |           |                           |
| <i>ertapenem</i>  | 2         |                           |
| <i>imipenem-cilastatin 250 mg vl</i>  | 4         |                           |
| <i>imipenem-cilastatin 500 mg vl</i>  | 2         |                           |
| INVANZ  | 4         |                           |
| <i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>   | 2         |                           |
| <i>meropenem-0.9% nacl</i>  | 2         |                           |
| <b>Macrolides</b>   |           |                           |
| <i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg add-van vl, i.v. 500 mg vial)</i>                         | 2         |                           |
| <i>azithromycin (250 mg tablet, 500 mg tablet, 600 mg tablet)</i>   | 1         |                           |
| <i>azithromycin 1 gm pwd packet</i>   | 4         |                           |
| <i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>  | 4         |                           |
| <i>clarithromycin (250 mg tablet, 500 mg tablet)</i>  | 2         |                           |
| <i>clarithromycin er</i>  | 2         |                           |
| DIFICID 200 MG TABLET   | 5         | QL (20 PER 10 OVER TIME)  |
| DIFICID 40 MG/ML SUSPENSION   | 5         | QL (136 PER 10 OVER TIME) |
| E.E.S. 200  | 4         |                           |
| <i>ery</i>  | 4         |                           |
| ERY-TAB   | 2         |                           |
| ERYPED 200  | 4         |                           |
| ERYPED 400  | 4         |                           |
| ERYTHROCIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL)  | 2         |                           |
| ERYTHROCIN STEARATE   | 4         |                           |
| <i>erythromycin (2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i> | 2         |                           |
| <i>erythromycin dr 250 mg cap</i>   | 4         |                           |
| <i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)</i>   | 2         |                           |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>erythromycin lactobionate</i>  | 2         |                     |
| ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL) | 4         |                     |
| ZITHROMAX TRI-PAK   | 4         |                     |
| <b>Quinolones</b>   |           |                     |
| CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)   | 4         |                     |
| <i>ciprofloxacin</i>  | 2         |                     |
| <i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>   | 1         |                     |
| <i>ciprofloxacin hcl 100 mg tab</i>   | 4         |                     |
| <i>ciprofloxacin-d5w</i>  | 2         |                     |
| <i>levofloxacin (25 mg/ml solution, 500 mg/20 ml vial, 750 mg/30 ml vial)</i>                                       | 2         |                     |
| <i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>   | 1         |                     |
| <i>levofloxacin-d5w</i>   | 2         |                     |
| <i>moxifloxacin 400 mg/250 ml bag</i>   | 4         |                     |
| <i>moxifloxacin hcl 400 mg tablet</i>   | 2         |                     |
| <i>ofloxacin 400 mg tablet</i>  | 2         |                     |
| <b>Sulfonamides</b>   |           |                     |
| BACTRIM   | 4         |                     |
| BACTRIM DS  | 4         |                     |
| <i>sulfadiazine</i>   | 2         |                     |
| <i>sulfamethoxazole-trimethoprim (20 ml cup, iv vial, susp)</i>   | 2         |                     |
| <i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet)</i>   | 1         |                     |
| <b>Tetracyclines</b>  |           |                     |
| <i>avidoxy</i>  | 2         |                     |
| <i>demeclocycline hcl</i>   | 2         |                     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.



| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>doxy 100</i>   | 2         |                     |
| <i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>  | 2         |                     |
| <i>doxycycline monohydrate (50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet)</i> | 2         |                     |
| <i>minocycline hcl</i>  | 2         |                     |
| <i>mondoxyne nl 100 mg capsule</i>  | 2         |                     |
| NUZYRA (100 MG VIAL, 150 MG TABLET)   | 5         |                     |
| <i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>  | 2         |                     |
| VIBRAMYCIN 100 MG CAPSULE   | 4         |                     |

## Anticonvulsants

### Anticonvulsants, Other

|  |   |    |
|--|---|----|
| BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET) | 5 |    |
| BRIVIACT 50 MG/5 ML VIAL   | 4 |    |
| DEPAKOTE   | 4 |    |
| DEPAKOTE ER  | 4 |    |
| DEPAKOTE SPRINKLE  | 4 |    |
| DIACOMIT   | 5 |    |
| <i>divalproex sod dr 125 mg tab</i>  | 1 |    |
| <i>divalproex sodium (dr 125 mg cap sprnk, sod dr 250 mg tab, sod dr 500 mg tab)</i>                 | 2 |    |
| <i>divalproex sodium er</i>  | 2 |    |
| EPIDIOLEX  | 5 | PA |
| EPRONTIA   | 4 |    |
| <i>felbamate (400 mg tablet, 600 mg tablet)</i>  | 2 |    |
| <i>felbamate (600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>  | 5 |    |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS      |
|--|-----------|--------------------------|
| FINTEPLA   | 5         | PA, QL (360 PER 30 DAYS) |
| FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)  | 3         |                          |
| KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET, 1,000 MG TABLET)   | 4         |                          |
| LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)  | 5         |                          |
| LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)  | 4         |                          |
| LAMICTAL (BLUE)  | 4         |                          |
| <i>lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>   | 1         |                          |
| <i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>  | 2         |                          |
| <i>lamotrigine (blue)</i>  | 2         |                          |
| <i>lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>  | 2         |                          |
| <i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 500 mg/5 ml vial, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i> | 2         |                          |
| <i>levetiracetam er</i>  | 2         |                          |
| <i>levetiracetam-nacl (500 mg/100, 1,000mg/100, 1,500mg/100)</i>   | 2         |                          |
| <i>roweepra 500 mg tablet</i>  | 2         |                          |
| SPRITAM  | 4         |                          |
| <i>subvenite</i>   | 1         |                          |
| <i>subvenite (blue)</i>  | 2         |                          |
| <i>topiramate (15 mg cap, 25 mg cap)</i>   | 2         |                          |
| <i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>   | 1         |                          |
| <i>valproate sodium</i>  | 2         |                          |
| <i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>   | 2         |                          |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| XCOPRI (50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK) | 5         |                     |
| XCOPRI 12.5-25 MG TITRATION PK   | 4         |                     |

### Calcium Channel Modifying Agents

|   |   |                      |
|---|---|----------------------|
| CELONTIN  | 4 |                      |
| <i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>  | 2 |                      |
| LYRICA (225 MG CAPSULE, 300 MG CAPSULE)   | 4 | QL (60 PER 30 DAYS)  |
| LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)            | 4 | QL (90 PER 30 DAYS)  |
| LYRICA 20 MG/ML ORAL SOLUTION   | 4 | QL (900 PER 30 DAYS) |
| <i>methsuximide</i>   | 2 |                      |
| <i>pregabalin (225 mg capsule, 300 mg capsule)</i>  | 2 | QL (60 PER 30 DAYS)  |
| <i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i> | 2 | QL (90 PER 30 DAYS)  |
| <i>pregabalin 20 mg/ml solution</i>   | 2 | QL (900 PER 30 DAYS) |
| ZARONTIN 250 MG CAPSULE   | 4 |                      |

### Gamma-aminobutyric Acid (GABA) Augmenting Agents

|  |   |                          |
|--|---|--------------------------|
| <i>clobazam (10 mg tablet, 20 mg tablet)</i>   | 2 | PA, QL (60 PER 30 DAYS)  |
| <i>clobazam 2.5 mg/ml suspension</i>   | 2 | PA, QL (480 PER 30 DAYS) |
| <i>diazepam (10 mg gel, 20 mg gel)</i>   | 2 | QL (5 PER 30 DAYS)       |
| <i>diazepam 2.5 mg rectal gel sys</i>  | 4 | QL (5 PER 30 DAYS)       |
| <i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i> | 2 | QL (2160 PER 30 DAYS)    |
| <i>gabapentin 100 mg capsule</i>   | 1 | QL (1080 PER 30 DAYS)    |
| <i>gabapentin 300 mg capsule</i>   | 1 | QL (360 PER 30 DAYS)     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| <i>gabapentin 400 mg capsule</i>  | 1         | QL (270 PER 30 DAYS)     |
| <i>gabapentin 600 mg tablet</i>   | 2         | QL (180 PER 30 DAYS)     |
| <i>gabapentin 800 mg tablet</i>   | 2         | QL (135 PER 30 DAYS)     |
| GABITRIL (2 MG TABLET, 4 MG TABLET, 12 MG TABLET)   | 4         |                          |
| GABITRIL 16 MG TABLET   | 5         |                          |
| MYSOLINE  | 5         |                          |
| NAYZILAM  | 4         | QL (10 PER 30 DAYS)      |
| NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)  | 4         | QL (2160 PER 30 DAYS)    |
| NEURONTIN 100 MG CAPSULE  | 4         | QL (1080 PER 30 DAYS)    |
| NEURONTIN 300 MG CAPSULE  | 4         | QL (360 PER 30 DAYS)     |
| NEURONTIN 400 MG CAPSULE  | 4         | QL (270 PER 30 DAYS)     |
| NEURONTIN 600 MG TABLET   | 5         | QL (180 PER 30 DAYS)     |
| NEURONTIN 800 MG TABLET   | 5         | QL (135 PER 30 DAYS)     |
| ONFI (10 MG TABLET, 20 MG TABLET)   | 5         | PA, QL (60 PER 30 DAYS)  |
| ONFI 2.5 MG/ML SUSPENSION   | 5         | PA, QL (480 PER 30 DAYS) |
| <i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i> | 2         |                          |
| <i>phenobarbital sodium</i>   | 2         |                          |
| <i>primidone (50 mg tablet, 250 mg tablet)</i>  | 2         |                          |
| <i>primidone 125 mg tablet</i>  | 4         |                          |
| SABRIL  | 5         | QL (180 PER 30 DAYS)     |
| SYMPAZAN 10 MG FILM   | 4         | PA, QL (60 PER 30 DAYS)  |
| SYMPAZAN 20 MG FILM   | 5         | PA, QL (60 PER 30 DAYS)  |
| SYMPAZAN 5 MG FILM  | 4         | PA, QL (240 PER 30 DAYS) |
| <i>tiagabine hcl</i>  | 2         |                          |
| VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY)  | 4         | QL (10 PER 30 DAYS)      |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME                 | DRUG TIER | REQUIREMENTS/LIMITS  |
|---------------------------|-----------|----------------------|
| VALTOCO 20 MG NASAL SPRAY | 5         | QL (10 PER 30 DAYS)  |
| <i>vigabatrin</i>         | 5         | QL (180 PER 30 DAYS) |
| <i>vigadrone</i>          | 5         | QL (180 PER 30 DAYS) |
| <i>vigpoder</i>           | 5         | QL (180 PER 30 DAYS) |
| ZTALMY                    | 5         |                      |

### Sodium Channel Agents

|  |   |  |
|--|---|--|
| APTIOM   | 5 |  |
| BANZEL (40 MG/ML SUSPENSION, 400 MG TABLET)  | 5 |  |
| BANZEL 200 MG TABLET   | 4 |  |
| <i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>  | 2 |  |
| <i>carbamazepine er</i>  | 2 |  |
| CARBATROL  | 4 |  |
| DILANTIN   | 4 |  |
| DILANTIN-125   | 4 |  |
| <i>epitol</i>  | 2 |  |
| <i>fosphenytoin sodium</i>   | 2 |  |
| <i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup, 200 mg/20 ml vial)</i> | 2 |  |
| <i>lacosamide (100 mg tablet, 150 mg tablet, 200 mg tablet)</i>  | 4 |  |
| <i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>  | 2 |  |
| PHENYTEK   | 2 |  |
| <i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>   | 2 |  |
| <i>phenytoin sodium extended</i>   | 2 |  |
| <i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>   | 5 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>rufinamide 200 mg tablet</i>   | 2         |                     |
| TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)                              | 4         |                     |
| TEGRETOL XR   | 4         |                     |
| TRILEPTAL (150 MG TABLET, 300 MG TABLET, 600 MG TABLET)                 | 4         |                     |
| TRILEPTAL 300 MG/5 ML SUSP  | 5         |                     |
| VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | 5         |                     |
| VIMPAT (50 MG TABLET, 200 MG/20 ML VIAL)                                | 4         |                     |
| ZONEGRAN 100 MG CAPSULE   | 5         |                     |
| ZONEGRAN 25 MG CAPSULE  | 4         |                     |
| ZONISADE  | 4         |                     |
| <i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>        | 2         |                     |

## Antidementia Agents

### Cholinesterase Inhibitors

|                                     |   |  |
|-------------------------------------|---|--|
| ADLARITY                            | 4 |  |
| ARICEPT (5 MG TABLET, 10 MG TABLET) | 4 |  |
| <i>donepezil hcl</i>                | 1 |  |
| <i>donepezil hcl odt</i>            | 2 |  |
| EXELON                              | 4 |  |
| <i>galantamine er</i>               | 2 |  |
| <i>galantamine hbr</i>              | 2 |  |
| <i>galantamine hydrobromide</i>     | 4 |  |
| <i>rivastigmine</i>                 | 2 |  |

### N-methyl-D-aspartate (NMDA) Receptor Antagonist

|  |   |    |
|--|---|----|
| <i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet)</i> | 2 | PA |
| <i>memantine hcl er</i>  | 2 | PA |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------|-----------|---------------------|
| NAMENDA   | 4         | PA                  |

## Antidepressants

### Antidepressants, Other

|  |   |                           |
|--|---|---------------------------|
| AUVELITY   | 5 | QL (60 PER 30 DAYS)       |
| <i>bupropion hcl 100 mg tablet</i>                               | 2 | QL (120 PER 30 DAYS)      |
| <i>bupropion hcl 75 mg tablet</i>                                | 2 | QL (60 PER 30 DAYS)       |
| <i>bupropion hcl sr 100 mg tablet</i>                            | 2 | QL (90 PER 30 DAYS)       |
| <i>bupropion hcl sr 150mg tablet</i>                             | 2 | QL (60 PER 30 DAYS)       |
| <i>bupropion hcl sr 200 mg tablet</i>                            | 2 | QL (60 PER 30 DAYS)       |
| <i>bupropion hcl xl 150 mg tablet</i>                            | 2 | QL (90 PER 30 DAYS)       |
| <i>bupropion hcl xl 300 mg tablet</i>                            | 2 | QL (30 PER 30 DAYS)       |
| <i>mirtazapine (15 mg odt, 30 mg odt, 45 mg odt)</i>             | 2 | QL (30 PER 30 DAYS)       |
| <i>mirtazapine (7.5 mg tablet, 30 mg tablet, 45 mg tablet)</i>   | 1 | QL (30 PER 30 DAYS)       |
| <i>mirtazapine 15 mg tablet</i>                                  | 1 | QL (45 PER 30 DAYS)       |
| REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB) | 4 | QL (30 PER 30 DAYS)       |
| REMERON 15 MG TABLET   | 4 | QL (45 PER 30 DAYS)       |
| SPRAVATO 56 MG DOSE PACK   | 5 | PA, QL (16 PER 28 DAYS)   |
| SPRAVATO 84 MG DOSE PACK   | 5 | PA, QL (24 PER 28 DAYS)   |
| WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)                     | 4 | QL (60 PER 30 DAYS)       |
| WELLBUTRIN SR 100 MG TABLET                                      | 4 | QL (90 PER 30 DAYS)       |
| WELLBUTRIN XL 150 MG TABLET                                      | 5 | QL (90 PER 30 DAYS)       |
| WELLBUTRIN XL 300 MG TABLET                                      | 5 | QL (30 PER 30 DAYS)       |
| ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)                          | 5 | QL (28 PER 365 OVER TIME) |
| ZURZUVAE 30 MG CAPSULE   | 5 | QL (14 PER 365 OVER TIME) |

### Monoamine Oxidase Inhibitors

|       |   |                         |
|-------|---|-------------------------|
| EMSAM | 5 | PA, QL (30 PER 30 DAYS) |
|-------|---|-------------------------|

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME                      | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------|-----------|---------------------|
| MARPLAN                        | 4         |                     |
| NARDIL                         | 4         |                     |
| PARNATE                        | 4         |                     |
| <i>phenelzine sulfate</i>      | 2         |                     |
| <i>tranylcypromine sulfate</i> | 2         |                     |

### SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito

|   |   |                      |
|---|---|----------------------|
| CELEXA (10 MG TABLET, 20 MG TABLET)   | 4 | QL (45 PER 30 DAYS)  |
| CELEXA 40 MG TABLET   | 4 | QL (30 PER 30 DAYS)  |
| <i>citalopram hbr (10 mg tablet, 20 mg tablet)</i>                                | 1 | QL (45 PER 30 DAYS)  |
| <i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>                          | 2 | QL (600 PER 30 DAYS) |
| <i>citalopram hbr 40 mg tablet</i>  | 1 | QL (30 PER 30 DAYS)  |
| CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)   | 4 | QL (60 PER 30 DAYS)  |
| CYMBALTA 30 MG CAPSULE  | 4 | QL (90 PER 30 DAYS)  |
| <i>desvenlafaxine succinate er</i>  | 2 | QL (30 PER 30 DAYS)  |
| <i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>                                | 2 | QL (60 PER 30 DAYS)  |
| <i>duloxetine hcl dr 30 mg cap</i>  | 2 | QL (90 PER 30 DAYS)  |
| EFFEXOR XR 150 MG CAPSULE   | 4 | QL (30 PER 30 DAYS)  |
| EFFEXOR XR 37.5 MG CAPSULE  | 4 | QL (60 PER 30 DAYS)  |
| EFFEXOR XR 75 MG CAPSULE  | 4 | QL (90 PER 30 DAYS)  |
| <i>escitalopram 20 mg tablet</i>  | 1 | QL (30 PER 30 DAYS)  |
| <i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>                           | 1 | QL (45 PER 30 DAYS)  |
| <i>escitalopram oxalate 5 mg/5 ml</i>   | 2 | QL (600 PER 30 DAYS) |
| FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE) | 4 | QL (30 PER 30 DAYS)  |
| FETZIMA 20-40 MG TITRATION PAK  | 4 | QL (28 PER 28 DAYS)  |
| <i>fluoxetine 20 mg/5 ml solution</i>   | 2 | QL (600 PER 30 DAYS) |
| <i>fluoxetine dr</i>  | 4 | QL (4 PER 28 DAYS)   |

You can find information on what the symbols and abbreviations mean by going to the cover pages.



| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>fluoxetine hcl 10 mg capsule</i>                                 | 1                | QL (90 PER 30 DAYS)        |
| <i>fluoxetine hcl 10 mg tablet</i>                                  | 2                | QL (90 PER 30 DAYS)        |
| <i>fluoxetine hcl 20 mg capsule</i>                                 | 1                | QL (120 PER 30 DAYS)       |
| <i>fluoxetine hcl 20 mg tablet</i>                                  | 2                | QL (120 PER 30 DAYS)       |
| <i>fluoxetine hcl 40 mg capsule</i>                                 | 1                | QL (60 PER 30 DAYS)        |
| <i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>                   | 2                | QL (30 PER 30 DAYS)        |
| <i>fluvoxamine maleate 100 mg tab</i>                               | 2                | QL (90 PER 30 DAYS)        |
| LEXAPRO (5 MG TABLET, 10 MG TABLET)                                 | 4                | QL (45 PER 30 DAYS)        |
| LEXAPRO 20 MG TABLET  | 4                | QL (30 PER 30 DAYS)        |
| <i>nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)</i> | 3                |                            |
| <i>nefazodone hcl (50 mg tablet, 250 mg tablet)</i>                 | 4                |                            |
| <i>paroxetine cr (25 mg tablet, 37.5 mg tablet)</i>                 | 2                | QL (60 PER 30 DAYS)        |
| <i>paroxetine cr 12.5 mg tablet</i>                                 | 2                | QL (30 PER 30 DAYS)        |
| <i>paroxetine er (25 mg tablet, 37.5 mg tablet)</i>                 | 2                | QL (60 PER 30 DAYS)        |
| <i>paroxetine er 12.5 mg tablet</i>                                 | 2                | QL (30 PER 30 DAYS)        |
| <i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>                  | 2                | QL (45 PER 30 DAYS)        |
| <i>paroxetine hcl 10 mg/5 ml susp</i>                               | 2                | QL (900 PER 30 DAYS)       |
| <i>paroxetine hcl 20 mg tablet</i>                                  | 2                | QL (30 PER 30 DAYS)        |
| <i>paroxetine hcl 30 mg tablet</i>                                  | 2                | QL (60 PER 30 DAYS)        |
| PAXIL (10 MG TABLET, 40 MG TABLET)                                  | 4                | QL (45 PER 30 DAYS)        |
| PAXIL 10 MG/5 ML SUSPENSION   | 4                | QL (900 PER 30 DAYS)       |
| PAXIL 20 MG TABLET  | 4                | QL (30 PER 30 DAYS)        |
| PAXIL 30 MG TABLET  | 4                | QL (60 PER 30 DAYS)        |
| PRISTIQ   | 4                | QL (30 PER 30 DAYS)        |
| PROZAC 10 MG PULVULE  | 4                | QL (90 PER 30 DAYS)        |
| PROZAC 20 MG PULVULE  | 4                | QL (120 PER 30 DAYS)       |
| PROZAC 40 MG PULVULE  | 4                | QL (60 PER 30 DAYS)        |
| <i>sertraline 20 mg/ml oral conc</i>                                | 2                | QL (300 PER 30 DAYS)       |
| <i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>                  | 1                | QL (45 PER 30 DAYS)        |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS  |
|---|-----------|----------------------|
| <i>sertraline hcl 100 mg tablet</i>                               | 1         | QL (60 PER 30 DAYS)  |
| <i>trazodone 300 mg tablet</i>                                    | 2         |                      |
| <i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i> | 1         |                      |
| TRINTELLIX  | 4         | QL (30 PER 30 DAYS)  |
| <i>venlafaxine besylate er</i>                                    | 4         | QL (60 PER 30 DAYS)  |
| <i>venlafaxine hcl</i>  | 2         | QL (90 PER 30 DAYS)  |
| <i>venlafaxine hcl er 150 mg cap</i>                              | 2         | QL (30 PER 30 DAYS)  |
| <i>venlafaxine hcl er 37.5 mg cap</i>                             | 1         | QL (60 PER 30 DAYS)  |
| <i>venlafaxine hcl er 75 mg cap</i>                               | 2         | QL (90 PER 30 DAYS)  |
| VIIBRYD   | 4         | QL (30 PER 30 DAYS)  |
| <i>vilazodone hcl</i>   | 2         | QL (30 PER 30 DAYS)  |
| ZOLOFT (25 MG TABLET, 50 MG TABLET)                               | 4         | QL (45 PER 30 DAYS)  |
| ZOLOFT 100 MG TABLET  | 4         | QL (60 PER 30 DAYS)  |
| ZOLOFT 20 MG/ML ORAL CONC   | 4         | QL (300 PER 30 DAYS) |

### Tricyclics

|   |   |  |
|---|---|--|
| <i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>                                       | 2 |  |
| <i>amoxapine</i>  | 2 |  |
| <i>clomipramine hcl</i>   | 2 |  |
| <i>desipramine hcl</i>  | 2 |  |
| <i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i> | 2 |  |
| <i>imipramine hcl</i>   | 2 |  |
| NORPRAMIN   | 4 |  |
| <i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>  | 2 |  |
| <i>protriptyline hcl</i>  | 2 |  |
| <i>trimipramine maleate</i>   | 2 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <b>Antiemetics</b>   |           |                     |
| <b>Antiemetics, Other</b>  |           |                     |
| <i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml ampule, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>           | 2         | PA                  |
| <i>compro</i>  | 2         |                     |
| <i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>  | 2         |                     |
| <i>perphenazine</i>  | 2         | PA                  |
| <i>prochlorperazine</i>  | 2         |                     |
| <i>prochlorperazine 10 mg/2 ml vi</i>  | 2         |                     |
| <i>prochlorperazine maleate</i>  | 2         |                     |
| <i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i>  | 2         | PA                  |
| <i>promethegan (12.5 mg suppos, 25 mg suppository)</i>   | 2         | PA                  |
| <i>scopolamine</i>   | 2         | PA                  |
| <b>Emetogenic Therapy Adjuncts</b>   |           |                     |
| <i>aprepitant</i>  | 2         | PA                  |
| <i>dronabinol</i>  | 2         | PA                  |
| EMEND (80 MG CAPSULE, TRIPACK)   | 4         | PA                  |
| <i>fosaprepitant dimeglumine</i>   | 2         |                     |
| <i>granisetron hcl (1 mg/ml vial, 4 mg/4 ml vial)</i>  | 2         |                     |
| <i>granisetron hcl 1 mg tablet</i>   | 2         | PA                  |
| <i>ondansetron hcl (4 mg tablet, 4 mg/2 ml amp, 4 mg/2 ml isecure, 4 mg/2 ml syr, 4 mg/2 ml vial, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet, 24 mg tablet, 40 mg/20 ml vial)</i> | 2         |                     |
| <i>ondansetron odt</i>   | 2         |                     |
| <i>palonosetron hcl</i>  | 5         |                     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS  |
|--|-----------|----------------------|
| <b>Antifungals</b>   |           |                      |
| AMBISOME   | 4         | PA                   |
| <i>amphotericin b</i>  | 4         | PA                   |
| <i>amphotericin b liposome</i>   | 5         | PA                   |
| CANCIDAS   | 5         |                      |
| <i>casprofungin acetate</i>  | 2         |                      |
| <i>ciclodan 8% solution</i>  | 2         | QL (6.6 PER 30 DAYS) |
| <i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>                                     | 2         |                      |
| <i>ciclopirox 8% solution</i>  | 2         | QL (6.6 PER 30 DAYS) |
| <i>clotrimazole (1% solution, 1% topical cream, 10 mg troche)</i>  | 2         |                      |
| CRESEMBA   | 5         | PA                   |
| DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | 4         |                      |
| <i>econazole nitrate</i>   | 2         |                      |
| <i>fluconazole (10 mg/ml susp, 40 mg/ml susp)</i>  | 2         |                      |
| <i>fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>                                 | 1         |                      |
| <i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>   | 2         |                      |
| <i>flucytosine (250 mg capsule, 500 mg capsule)</i>  | 5         |                      |
| <i>griseofulvin 125 mg/5 ml susp</i>   | 2         |                      |
| <i>griseofulvin micro 500 mg tab</i>   | 4         |                      |
| <i>griseofulvin ultramicrosize</i>   | 2         |                      |
| <i>itraconazole 100 mg capsule</i>   | 2         | QL (120 PER 30 DAYS) |
| <i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>  | 2         |                      |
| <i>klayesta</i>  | 2         |                      |
| LOPROX 1% SHAMPOO  | 4         |                      |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>micafungin 100 mg vial</i>  | 5                |                            |
| <i>micafungin 50 mg vial</i>   | 2                |                            |
| NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)   | 5                | PA                         |
| NOXAFIL 300 MG/16.7 ML VIAL  | 4                | PA                         |
| <i>nyamyc</i>  | 2                |                            |
| <i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i> | 2                |                            |
| <i>nystop</i>  | 2                |                            |
| <i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>   | 5                | PA                         |
| <i>posaconazole 300 mg/16.7 ml vl</i>  | 2                | PA                         |
| SPORANOX 100 MG CAPSULE  | 5                | QL (120 PER 30 DAYS)       |
| <i>terbinafine hcl 250 mg tablet</i>   | 1                | QL (30 PER 30 DAYS)        |
| <i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>   | 2                |                            |
| VFEND IV   | 4                | PA                         |
| <i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)</i>  | 2                | PA                         |

## **Antigout Agents**

|   |   |  |
|---|---|--|
| <i>allopurinol (100 mg tablet, 300 mg tablet)</i> | 1 |  |
| <i>allopurinol sodium</i>                         | 2 |  |
| ALOPRIM   | 4 |  |
| <i>colchicine 0.6 mg tablet</i>                   | 2 |  |
| COLCRYS   | 4 |  |
| <i>probenecid</i>                                 | 2 |  |
| <i>probenecid-colchicine</i>                      | 2 |  |
| ZYLOPRIM  | 4 |  |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| <b>Antimigraine Agents</b>  |           |                         |
| AIMOVIG 140 MG/ML AUTOINJECTOR  | 3         | PA, QL (1 PER 30 DAYS)  |
| AIMOVIG 70 MG/ML AUTOINJECTOR   | 3         | PA, QL (2 PER 30 DAYS)  |
| <i>dihydroergotamine 4 mg/ml spry</i>   | 5         | PA, QL (8 PER 28 DAYS)  |
| EMGALITY 120 MG/ML SYRINGE  | 3         | PA, QL (2 PER 30 DAYS)  |
| EMGALITY PEN  | 3         | PA, QL (2 PER 30 DAYS)  |
| EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))   | 3         | PA, QL (3 PER 30 DAYS)  |
| <i>ergotamine-caffeine</i>  | 2         |                         |
| MIGRANAL  | 4         | PA, QL (8 PER 28 DAYS)  |
| NURTEC ODT  | 3         | PA, QL (16 PER 30 DAYS) |
| UBRELVY   | 3         | PA, QL (16 PER 30 DAYS) |
| <b>Serotonin (5-HT) Receptor Agonist</b>  |           |                         |
| IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)   | 4         | QL (18 PER 30 DAYS)     |
| IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)  | 4         | QL (6 PER 30 DAYS)      |
| IMITREX (5 MG SPRAY, 20 MG SPRAY)   | 4         | QL (12 PER 30 DAYS)     |
| IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)  | 5         | QL (6 PER 30 DAYS)      |
| MAXALT  | 4         | QL (18 PER 30 DAYS)     |
| MAXALT MLT 10 MG TABLET   | 4         | QL (18 PER 30 DAYS)     |
| <i>naratriptan hcl</i>  | 2         | QL (18 PER 30 DAYS)     |
| <i>rizatriptan</i>  | 2         | QL (18 PER 30 DAYS)     |
| <i>sumatriptan</i>  | 2         | QL (12 PER 30 DAYS)     |
| <i>sumatriptan 6 mg/0.5 ml vial</i>   | 2         | QL (5 PER 30 DAYS)      |
| <i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                  | 2         | QL (18 PER 30 DAYS)     |
| <i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)</i> | 2         | QL (6 PER 30 DAYS)      |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME               | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------|-----------|---------------------|
| <i>zolmitriptan odt</i> | 2         | QL (12 PER 30 DAYS) |

## Antimyasthenic Agents

### Parasympathomimetics

|  |   |  |
|--|---|--|
| MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)                    | 5 |  |
| <i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)</i> | 2 |  |
| <i>pyridostigmine bromide er</i>   | 2 |  |

## Antimycobacterials

### Antimycobacterials, Other

|  |   |  |
|--|---|--|
| <i>dapsone (25 mg tablet, 100 mg tablet)</i> | 2 |  |
| MYCOBUTIN                                    | 5 |  |
| <i>rifabutin</i>                             | 2 |  |

### Antituberculars

|  |   |  |
|--|---|--|
| <i>cycloserine</i>   | 5 |  |
| <i>ethambutol hcl</i>  | 2 |  |
| <i>isoniazid (100 mg tablet, 300 mg tablet)</i>                  | 1 |  |
| <i>isoniazid 100 mg/ml vial</i>                                  | 3 |  |
| <i>isoniazid 50 mg/5 ml solution</i>                             | 2 |  |
| PRIFTIN  | 4 |  |
| <i>pyrazinamide</i>  | 2 |  |
| RIFADIN IV 600 MG VIAL   | 5 |  |
| <i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i> | 2 |  |
| SIRTURO  | 5 |  |
| TRECTOR  | 4 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS      |
|--|-----------|--------------------------|
| <b>Antineoplastics</b>   |           |                          |
| <b>Alkylating Agents</b>   |           |                          |
| <i>busulfan</i>  | 5         |                          |
| CYCLOPHOSPHAMIDE (1 GM VIAL, 1 GM/2 ML VL, 1 GM/5 ML VL, 2 GM VIAL, 2 GM/10 ML VL, 2 GM/4 ML VL, 500 MG VIAL, 500 MG/2.5 ML, 500 MG/ML VL) | 5         |                          |
| <i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>   | 2         | PA                       |
| <i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>   | 3         | PA                       |
| EVOMELA  | 5         |                          |
| GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)   | 4         |                          |
| GLEOSTINE 100 MG CAPSULE   | 5         |                          |
| LEUKERAN   | 4         |                          |
| MATULANE   | 5         | PA                       |
| <i>melphalan hcl</i>   | 5         |                          |
| TEMODAR 100 MG VIAL  | 5         |                          |
| VALCHLOR   | 5         |                          |
| YONDELIS   | 5         | PA                       |
| ZEPZELCA   | 5         | PA                       |
| <b>Antiandrogens</b>   |           |                          |
| <i>abiraterone acetate 250 mg tab</i>  | 5         | PA, QL (120 PER 30 DAYS) |
| <i>bicalutamide</i>  | 2         |                          |
| CASODEX  | 4         |                          |
| ERLEADA 240 MG TABLET  | 5         | PA, QL (30 PER 30 DAYS)  |
| ERLEADA 60 MG TABLET   | 5         | PA, QL (120 PER 30 DAYS) |
| EULEXIN  | 5         |                          |
| NILANDRON  | 5         |                          |
| <i>nilutamide</i>  | 5         |                          |

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| DRUG NAME                            | DRUG TIER | REQUIREMENTS/LIMITS      |
|--------------------------------------|-----------|--------------------------|
| NUBEQA                               | 5         | PA, QL (120 PER 30 DAYS) |
| XTANDI (40 MG CAPSULE, 40 MG TABLET) | 5         | PA, QL (120 PER 30 DAYS) |
| XTANDI 80 MG TABLET                  | 5         | PA, QL (60 PER 30 DAYS)  |
| YONSA                                | 5         | PA, QL (120 PER 30 DAYS) |

### Antiangiogenic Agents

|   |   |                         |
|---|---|-------------------------|
| <i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i> | 5 | PA, QL (21 PER 28 DAYS) |
| <i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i> | 5 | PA, QL (30 PER 30 DAYS) |
| POMALYST  | 5 | PA, QL (21 PER 28 DAYS) |
| REVLIMID (15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)            | 5 | PA, QL (21 PER 28 DAYS) |
| REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)            | 5 | PA, QL (30 PER 30 DAYS) |
| THALOMID (150 MG CAPSULE, 200 MG CAPSULE)                         | 5 | PA, QL (60 PER 30 DAYS) |
| THALOMID (50 MG CAPSULE, 100 MG CAPSULE)                          | 5 | PA, QL (30 PER 30 DAYS) |
| ZALTRAP   | 5 | PA                      |

### Antiestrogens/Modifiers

|                           |   |                         |
|---------------------------|---|-------------------------|
| EMCYT                     | 5 |                         |
| FARESTON                  | 5 |                         |
| FASLODEX                  | 5 | PA                      |
| <i>fulvestrant</i>        | 5 | PA                      |
| ORSERDU 345 MG TABLET     | 5 | PA, QL (30 PER 30 DAYS) |
| ORSERDU 86 MG TABLET      | 5 | PA, QL (90 PER 30 DAYS) |
| SOLTAMOX                  | 5 |                         |
| <i>tamoxifen citrate</i>  | 2 |                         |
| <i>toremifene citrate</i> | 5 |                         |

### Antimetabolites

|   |   |    |
|---|---|----|
| <i>fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vial, 5 gram/100 ml vial, 500 mg/10 ml vial)</i> | 2 | PA |
|---|---|----|

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| DRUG NAME             | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------|-----------|---------------------|
| FOLOTYN               | 5         | PA                  |
| HYDREA                | 4         |                     |
| <i>hydroxyurea</i>    | 2         |                     |
| <i>mercaptopurine</i> | 2         |                     |
| PURIXAN               | 5         |                     |
| TABLOID               | 5         |                     |

### Antineoplastics, Other

|   |   |    |
|---|---|----|
| ABRAXANE  | 5 | PA |
| <i>adriamycin (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 200 mg/100 ml vial)</i> | 2 | PA |
| <i>adriamycin 10 mg vial</i>  | 4 | PA |
| ALIMTA  | 5 | PA |
| ARRANON   | 5 | PA |
| <i>arsenic trioxide 10 mg/10ml vl</i>   | 2 |    |
| <i>arsenic trioxide 12 mg/6 ml vl</i>   | 5 |    |
| ASPARLAS  | 5 |    |
| <i>azacitidine</i>  | 5 |    |
| <i>bendamustine hcl (25 mg vial, 100 mg vial)</i>   | 5 |    |
| BENDEKA   | 5 |    |
| BICNU   | 4 |    |
| <i>bleomycin sulfate</i>  | 2 | PA |
| BLINCYTO 35MCG VL W-STABILIZER  | 5 | PA |
| <i>carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)</i>           | 2 |    |
| <i>carmustine 100 mg vial</i>   | 2 |    |
| <i>cisplatin (50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)</i>                             | 2 |    |
| <i>cladribine</i>   | 5 | PA |
| <i>clofarabine</i>  | 5 |    |
| CLOLAR  | 5 |    |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS    |
|---|-----------|------------------------|
| COSMEGEN  | 5         |                        |
| <i>cytarabine</i>   | 2         | PA                     |
| <i>dacarbazine 100 mg vial</i>  | 4         |                        |
| <i>dacarbazine 200 mg vial</i>  | 2         |                        |
| <i>dactinomycin</i>   | 5         |                        |
| <i>daunorubicin 20 mg/4 ml vial</i>   | 2         |                        |
| <i>daunorubicin 50 mg/10 ml vial</i>  | 4         |                        |
| <i>decitabine</i>   | 5         |                        |
| <i>docetaxel (20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/16 ml vial, 160 mg/8 ml vial)</i>        | 5         |                        |
| <i>doxorubicin 10 mg vial</i>   | 4         | PA                     |
| <i>doxorubicin hcl (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)</i> | 2         | PA                     |
| <i>doxorubicin hcl liposome</i>   | 5         | PA                     |
| <i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>  | 2         |                        |
| <i>gemcitabine hcl (1 gram vial, 1 gram/26.3 ml vl, 2 gram vial, 2 gram/52.6 ml vl, 200 mg vial, 200 mg/5.26 ml vl)</i>         | 2         |                        |
| HALAVEN   | 5         | PA                     |
| <i>idarubicin hcl</i>   | 5         |                        |
| IFEX 3 GM VIAL  | 4         |                        |
| <i>ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm/60 ml vial)</i>   | 2         |                        |
| <i>ifosfamide 3 gm vial</i>   | 4         |                        |
| IMLYGIC 1 MILLION PFU/ML VIAL   | 4         |                        |
| IMLYGIC 100 MILLION PFU/ML VL   | 5         |                        |
| INQOVI  | 5         | PA, QL (5 PER 28 DAYS) |
| ISTODAX   | 5         | PA                     |
| IXEMPRA   | 5         |                        |
| <i>kemoplat</i>   | 2         |                        |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| KISQALI FEMARA 200 MG CO-PACK   | 5         | PA, QL (49 PER 28 DAYS)  |
| KISQALI FEMARA 400 MG CO-PACK   | 5         | PA, QL (70 PER 28 DAYS)  |
| KISQALI FEMARA 600 MG CO-PACK   | 5         | PA, QL (91 PER 28 DAYS)  |
| <i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg vial, 100 mg vial, cal 100 mg/10 ml vl, 200 mg vial, 350 mg vial, 500 mg vial, cal 500 mg/50 ml vl)</i> | 2         |                          |
| LONSURF 15 MG-6.14 MG TABLET  | 5         | PA, QL (100 PER 28 DAYS) |
| LONSURF 20 MG-8.19 MG TABLET  | 5         | PA, QL (80 PER 28 DAYS)  |
| <i>mitomycin (20 mg vial, 40 mg vial)</i>   | 5         |                          |
| <i>mitomycin 5 mg vial</i>  | 2         |                          |
| <i>mitoxantrone hcl</i>   | 2         |                          |
| MUTAMYCIN (20 MG VIAL, 40 MG VIAL)  | 5         |                          |
| MUTAMYCIN 5 MG VIAL   | 2         |                          |
| <i>nelarabine</i>   | 5         | PA                       |
| NINLARO   | 5         | PA, QL (3 PER 28 DAYS)   |
| NIPENT  | 5         |                          |
| ONCASPAR  | 5         |                          |
| ONUREG  | 5         | PA, QL (14 PER 28 DAYS)  |
| <i>oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial, 200 mg/40 ml vial)</i>  | 5         |                          |
| <i>paclitaxel</i>   | 2         |                          |
| <i>paraplatin</i>   | 2         |                          |
| <i>pemetrexed (100 mg vial, 500 mg vial)</i>  | 5         | PA                       |
| <i>pemetrexed disodium (1 gm vial, 1 gm/40 ml, 100 mg vl, 100 mg/4ml, 500 mg vl, 500mg/20ml, 750 mg vl, 850mg/34ml)</i>   | 5         | PA                       |
| <i>romidepsin (10 mg kit, 10 mg vial, 27.5 mg/5.5 ml vial)</i>  | 5         | PA                       |
| RYLAZE  | 5         |                          |
| SYNRIBO   | 5         | PA                       |
| <i>thiotepa</i>   | 5         |                          |

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| DRUG NAME                                     | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| TREANDA                                       | 5         |                          |
| TRISENOX                                      | 5         |                          |
| <i>vinblastine sulfate</i>                    | 3         | PA                       |
| <i>vincasar pfs</i>                           | 4         | PA                       |
| <i>vincristine sulfate</i>                    | 4         | PA                       |
| <i>vinorelbine tartrate</i>                   | 2         |                          |
| VYXEOS  | 5         | PA                       |
| WELIREG                                       | 5         | PA, QL (90 PER 30 DAYS)  |
| XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE) | 5         | PA, QL (8 PER 28 DAYS)   |
| XPOVIO (40 MG, 60 MG)                         | 5         | PA, QL (4 PER 28 DAYS)   |
| XPOVIO 60 MG TWICE WEEKLY DOSE                | 5         | PA, QL (24 PER 28 DAYS)  |
| XPOVIO 80 MG TWICE WEEKLY DOSE                | 5         | PA, QL (32 PER 28 DAYS)  |
| ZANOSAR                                       | 4         |                          |
| ZOLINZA                                       | 5         | PA, QL (120 PER 30 DAYS) |

### Aromatase Inhibitors, 3rd Generation

|                                |   |  |
|--------------------------------|---|--|
| <i>anastrozole 1 mg tablet</i> | 1 |  |
| ARIMIDEX                       | 4 |  |
| AROMASIN                       | 5 |  |
| <i>exemestane</i>              | 2 |  |
| FEMARA                         | 4 |  |
| <i>letrozole</i>               | 1 |  |

### Enzyme Inhibitors

|   |   |                          |
|---|---|--------------------------|
| ETOPOPHOS   | 4 |                          |
| <i>etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i> | 2 |                          |
| <i>irinotecan hcl (40 mg/2 ml vial, 100 mg/5 ml vl, 500 mg/25 ml vl)</i>    | 2 |                          |
| IWILFIN   | 5 | PA, QL (240 PER 30 DAYS) |
| ONIVYDE   | 5 | PA                       |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>toposar</i>                                   | 2         |                     |
| <i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i> | 2         |                     |

### Molecular Target Inhibitors

|   |   |                          |
|---|---|--------------------------|
| AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)         | 5 | PA, QL (30 PER 30 DAYS)  |
| AFINITOR 5 MG TABLET  | 5 | PA, QL (60 PER 30 DAYS)  |
| AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)                   | 5 | PA, QL (60 PER 30 DAYS)  |
| AFINITOR DISPERZ 3 MG TABLET                                  | 5 | PA, QL (90 PER 30 DAYS)  |
| AKEEGA  | 5 | PA, QL (60 PER 30 DAYS)  |
| ALECENSA  | 5 | PA, QL (240 PER 30 DAYS) |
| ALIQOPA   | 5 | PA                       |
| ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET) | 5 | PA, QL (30 PER 30 DAYS)  |
| ALUNBRIG 30 MG TABLET   | 5 | PA, QL (120 PER 30 DAYS) |
| AUGTYRO   | 5 | PA, QL (240 PER 30 DAYS) |
| AYVAKIT   | 5 | PA, QL (30 PER 30 DAYS)  |
| BALVERSA 3 MG TABLET  | 5 | PA, QL (90 PER 30 DAYS)  |
| BALVERSA 4 MG TABLET  | 5 | PA, QL (60 PER 30 DAYS)  |
| BALVERSA 5 MG TABLET  | 5 | PA, QL (30 PER 30 DAYS)  |
| BELEODAQ  | 5 | PA                       |
| <i>bortezomib (1 mg vial, 2.5 mg vial)</i>                    | 4 | PA                       |
| <i>bortezomib (3.5 mg iv vial, 3.5 mg vial)</i>               | 5 | PA                       |
| BOSULIF (100 MG CAPSULE, 100 MG TABLET)                       | 5 | PA, QL (180 PER 30 DAYS) |
| BOSULIF (400 MG TABLET, 500 MG TABLET)                        | 5 | PA, QL (30 PER 30 DAYS)  |
| BOSULIF 50 MG CAPSULE   | 5 | PA, QL (330 PER 30 DAYS) |
| BRAFTOVI 75 MG CAPSULE  | 5 | PA, QL (180 PER 30 DAYS) |
| BRUKINSA  | 5 | PA, QL (120 PER 30 DAYS) |
| CABOMETYX   | 5 | PA, QL (30 PER 30 DAYS)  |

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| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| CALQUENCE   | 5                | PA, QL (60 PER 30 DAYS)    |
| CAPRELSA 100 MG TABLET  | 5                | PA, QL (60 PER 30 DAYS)    |
| CAPRELSA 300 MG TABLET  | 5                | PA, QL (30 PER 30 DAYS)    |
| COMETRIQ 100 MG DAILY-DOSE PK   | 5                | PA, QL (56 PER 28 DAYS)    |
| COMETRIQ 140 MG DAILY-DOSE PK   | 5                | PA, QL (112 PER 28 DAYS)   |
| COMETRIQ 60 MG DAILY-DOSE PACK  | 5                | PA, QL (84 PER 28 DAYS)    |
| COPIKTRA  | 5                | PA, QL (56 PER 28 DAYS)    |
| COTELLIC  | 5                | PA, QL (63 PER 28 DAYS)    |
| CYRAMZA   | 5                | PA                         |
| DAURISMO 100 MG TABLET  | 5                | PA, QL (30 PER 30 DAYS)    |
| DAURISMO 25 MG TABLET   | 5                | PA, QL (60 PER 30 DAYS)    |
| ERIVEDGE  | 5                | PA, QL (30 PER 30 DAYS)    |
| <i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>                   | 5                | PA, QL (30 PER 30 DAYS)    |
| <i>erlotinib hcl 25 mg tablet</i>                                     | 5                | PA, QL (60 PER 30 DAYS)    |
| <i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i> | 5                | PA, QL (60 PER 30 DAYS)    |
| <i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>        | 5                | PA, QL (30 PER 30 DAYS)    |
| <i>everolimus 3 mg tab for susp</i>                                   | 5                | PA, QL (90 PER 30 DAYS)    |
| EXKIVITY  | 5                | PA, QL (120 PER 30 DAYS)   |
| FARYDAK   | 5                | PA, QL (6 PER 21 DAYS)     |
| FOTIVDA   | 5                | PA, QL (21 PER 28 DAYS)    |
| FRUZAQLA 1 MG CAPSULE   | 5                | PA, QL (84 PER 28 DAYS)    |
| FRUZAQLA 5 MG CAPSULE   | 5                | PA, QL (21 PER 28 DAYS)    |
| GAVRETO   | 5                | PA, QL (120 PER 30 DAYS)   |
| <i>gefitinib</i>  | 5                | PA, QL (30 PER 30 DAYS)    |
| GILOTRIF  | 5                | PA, QL (30 PER 30 DAYS)    |
| GLEEVEC 100 MG TABLET   | 5                | PA, QL (90 PER 30 DAYS)    |
| GLEEVEC 400 MG TABLET   | 5                | PA, QL (60 PER 30 DAYS)    |
| IBRANCE   | 5                | PA, QL (21 PER 28 DAYS)    |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**

| <b>DRUG NAME</b>                                | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| ICLUSIG   | 5                | PA, QL (30 PER 30 DAYS)    |
| IDHIFA  | 5                | PA, QL (30 PER 30 DAYS)    |
| <i>imatinib mesylate 100 mg tab</i>             | 2                | PA, QL (90 PER 30 DAYS)    |
| <i>imatinib mesylate 400 mg tab</i>             | 2                | PA, QL (60 PER 30 DAYS)    |
| IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)        | 5                | PA, QL (30 PER 30 DAYS)    |
| IMBRUVICA 140 MG CAPSULE                        | 5                | PA, QL (120 PER 30 DAYS)   |
| IMBRUVICA 70 MG/ML SUSPENSION                   | 5                | PA, QL (324 PER 30 DAYS)   |
| INLYTA 1 MG TABLET                              | 5                | PA, QL (180 PER 30 DAYS)   |
| INLYTA 5 MG TABLET                              | 5                | PA, QL (120 PER 30 DAYS)   |
| INREBIC   | 5                | PA, QL (120 PER 30 DAYS)   |
| IRESSA  | 5                | PA, QL (30 PER 30 DAYS)    |
| JAKAFI  | 5                | PA, QL (60 PER 30 DAYS)    |
| JAYPIRCA 100 MG TABLET                          | 5                | PA, QL (60 PER 30 DAYS)    |
| JAYPIRCA 50 MG TABLET                           | 5                | PA, QL (30 PER 30 DAYS)    |
| JEVTANA   | 5                | PA                         |
| KISQALI 200 MG DAILY DOSE                       | 5                | PA, QL (21 PER 28 DAYS)    |
| KISQALI 400 MG DAILY DOSE                       | 5                | PA, QL (42 PER 28 DAYS)    |
| KISQALI 600 MG DAILY DOSE                       | 5                | PA, QL (63 PER 28 DAYS)    |
| KOSELUGO 10 MG CAPSULE                          | 5                | PA, QL (240 PER 30 DAYS)   |
| KOSELUGO 25 MG CAPSULE                          | 5                | PA, QL (120 PER 30 DAYS)   |
| KRAZATI   | 5                | PA, QL (180 PER 30 DAYS)   |
| KYPROLIS  | 5                | PA                         |
| <i>lapatinib</i>                                | 5                | PA, QL (180 PER 30 DAYS)   |
| LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY) | 5                | PA, QL (90 PER 30 DAYS)    |
| LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)        | 5                | PA, QL (30 PER 30 DAYS)    |
| LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)  | 5                | PA, QL (60 PER 30 DAYS)    |
| LORBRENA 100 MG TABLET                          | 5                | PA, QL (30 PER 30 DAYS)    |

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| <b>DRUG NAME</b>                              | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| LORBRENA 25 MG TABLET                         | 5                | PA, QL (90 PER 30 DAYS)    |
| LUMAKRAS 120 MG TABLET                        | 5                | PA, QL (240 PER 30 DAYS)   |
| LUMAKRAS 320 MG TABLET                        | 5                | PA, QL (90 PER 30 DAYS)    |
| LYNPARZA                                      | 5                | PA, QL (120 PER 30 DAYS)   |
| LYTGOBI 12 MG DOSE (3X 4MG TB)                | 5                | PA, QL (84 PER 28 DAYS)    |
| LYTGOBI 16 MG DOSE (4X 4MG TB)                | 5                | PA, QL (112 PER 28 DAYS)   |
| LYTGOBI 20 MG DOSE (5X 4MG TB)                | 5                | PA, QL (140 PER 28 DAYS)   |
| MEKINIST 0.05 MG/ML SOLUTION                  | 5                | PA, QL (1170 PER 28 DAYS)  |
| MEKINIST 0.5 MG TABLET                        | 5                | PA, QL (90 PER 30 DAYS)    |
| MEKINIST 2 MG TABLET                          | 5                | PA, QL (30 PER 30 DAYS)    |
| MEKTOVI                                       | 5                | PA, QL (180 PER 30 DAYS)   |
| NERLYNX                                       | 5                | PA, QL (180 PER 30 DAYS)   |
| NEXAVAR                                       | 5                | PA, QL (120 PER 30 DAYS)   |
| ODOMZO  | 5                | PA, QL (30 PER 30 DAYS)    |
| OGSIVEO                                       | 5                | PA, QL (180 PER 30 DAYS)   |
| OJJAARA                                       | 5                | PA, QL (30 PER 30 DAYS)    |
| <i>pazopanib hcl</i>                          | 5                | PA, QL (120 PER 30 DAYS)   |
| PEMAZYRE                                      | 5                | PA, QL (14 PER 21 DAYS)    |
| PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK) | 5                | PA, QL (60 PER 30 DAYS)    |
| PIQRAY 200 MG DAILY DOSE PACK                 | 5                | PA, QL (30 PER 30 DAYS)    |
| QINLOCK                                       | 5                | PA, QL (90 PER 30 DAYS)    |
| RETEVMO 40 MG CAPSULE                         | 5                | PA, QL (180 PER 30 DAYS)   |
| RETEVMO 80 MG CAPSULE                         | 5                | PA, QL (120 PER 30 DAYS)   |
| REZLIDHIA                                     | 5                | PA, QL (60 PER 30 DAYS)    |
| ROZLYTREK 100 MG CAPSULE                      | 5                | PA, QL (150 PER 30 DAYS)   |
| ROZLYTREK 200 MG CAPSULE                      | 5                | PA, QL (90 PER 30 DAYS)    |
| ROZLYTREK 50 MG PELLETT PACKET                | 5                | PA, QL (336 PER 28 DAYS)   |
| RUBRACA                                       | 5                | PA, QL (120 PER 30 DAYS)   |
| RYDAPT  | 5                | PA, QL (240 PER 30 DAYS)   |

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| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| SCSEMBLIX 20 MG TABLET   | 5                | PA, QL (60 PER 30 DAYS)    |
| SCSEMBLIX 40 MG TABLET   | 5                | PA, QL (300 PER 30 DAYS)   |
| <i>sorafenib</i>   | 5                | PA, QL (120 PER 30 DAYS)   |
| SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET) | 5                | PA, QL (30 PER 30 DAYS)    |
| SPRYCEL 20 MG TABLET   | 5                | PA, QL (90 PER 30 DAYS)    |
| STIVARGA   | 5                | PA, QL (84 PER 28 DAYS)    |
| <i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>              | 5                | PA, QL (30 PER 30 DAYS)    |
| <i>sunitinib malate 12.5 mg cap</i>  | 5                | PA, QL (90 PER 30 DAYS)    |
| SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)                           | 5                | PA, QL (30 PER 30 DAYS)    |
| SUTENT 12.5 MG CAPSULE   | 5                | PA, QL (90 PER 30 DAYS)    |
| TABRECTA   | 5                | PA, QL (120 PER 30 DAYS)   |
| TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)  | 5                | PA, QL (120 PER 30 DAYS)   |
| TAFINLAR 10 MG TABLET FOR SUSP   | 5                | PA, QL (840 PER 28 DAYS)   |
| TAGRISSE   | 5                | PA, QL (30 PER 30 DAYS)    |
| TALZENNA   | 5                | PA, QL (30 PER 30 DAYS)    |
| TARCEVA (100 MG TABLET, 150 MG TABLET)   | 5                | PA, QL (30 PER 30 DAYS)    |
| TARCEVA 25 MG TABLET   | 5                | PA, QL (60 PER 30 DAYS)    |
| TASIGNA  | 5                | PA, QL (120 PER 30 DAYS)   |
| TAZVERIK   | 5                | PA, QL (240 PER 30 DAYS)   |
| <i>temsirolimus</i>  | 5                |                            |
| TEPMETKO   | 5                | PA, QL (60 PER 30 DAYS)    |
| TIBSOVO  | 5                | PA, QL (60 PER 30 DAYS)    |
| TORISEL  | 5                |                            |
| TRUQAP   | 5                | PA, QL (64 PER 28 DAYS)    |
| TUKYSA 150 MG TABLET   | 5                | PA, QL (120 PER 30 DAYS)   |
| TUKYSA 50 MG TABLET  | 5                | PA, QL (300 PER 30 DAYS)   |

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| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| TURALIO 125 MG CAPSULE   | 5                | PA, QL (120 PER 30 DAYS)   |
| TYKERB   | 5                | PA, QL (180 PER 30 DAYS)   |
| VANFLYTA   | 5                | PA, QL (60 PER 30 DAYS)    |
| VELCADE  | 5                | PA                         |
| VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)                         | 3                | PA, QL (60 PER 30 DAYS)    |
| VENCLEXTA 100 MG TABLET  | 5                | PA, QL (180 PER 30 DAYS)   |
| VENCLEXTA 50 MG TABLET   | 5                | PA, QL (30 PER 30 DAYS)    |
| VENCLEXTA STARTING PACK  | 5                | PA, QL (42 PER 28 DAYS)    |
| VERZENIO   | 5                | PA, QL (60 PER 30 DAYS)    |
| VITRAKVI 100 MG CAPSULE  | 5                | PA, QL (60 PER 30 DAYS)    |
| VITRAKVI 20 MG/ML SOLUTION   | 5                | PA, QL (300 PER 30 DAYS)   |
| VITRAKVI 25 MG CAPSULE   | 5                | PA, QL (180 PER 30 DAYS)   |
| VIZIMPRO   | 5                | PA, QL (30 PER 30 DAYS)    |
| VONJO  | 5                | PA, QL (120 PER 30 DAYS)   |
| VOTRIENT   | 5                | PA, QL (120 PER 30 DAYS)   |
| XALKORI (20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE) | 5                | PA, QL (120 PER 30 DAYS)   |
| XALKORI 150 MG PELLETT   | 5                | PA, QL (180 PER 30 DAYS)   |
| XOSPATA  | 5                | PA, QL (90 PER 30 DAYS)    |
| ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)                   | 5                | PA, QL (30 PER 30 DAYS)    |
| ZEJULA 100 MG CAPSULE  | 5                | PA, QL (90 PER 30 DAYS)    |
| ZELBORAF   | 5                | PA, QL (240 PER 30 DAYS)   |
| ZYDELIG  | 5                | PA, QL (60 PER 30 DAYS)    |
| ZYKADIA 150 MG TABLET  | 5                | PA, QL (90 PER 30 DAYS)    |

### **Monoclonal Antibody/Antibody-Drug Conjugate**

|          |   |    |
|----------|---|----|
| ADCETRIS | 5 | PA |
| ALYMSYS  | 5 | PA |
| ARZERRA  | 5 | PA |
| AVASTIN  | 5 | PA |

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| <b>DRUG NAME</b>      | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|-----------------------|------------------|----------------------------|
| BAVENCIO              | 5                | PA                         |
| BESPOUSA              | 5                | PA                         |
| BLERREP               | 5                | PA                         |
| DANYELZA              | 5                | PA                         |
| DARZALEX              | 5                | PA                         |
| DARZALEX FASPRO       | 5                | PA                         |
| EMPLICITI             | 5                | PA                         |
| ENHERTU               | 5                | PA                         |
| ERBITUX               | 5                | PA                         |
| GAZYVA                | 5                | PA                         |
| HERCEPTIN 150 MG VIAL | 5                | PA                         |
| HERCEPTIN HYLECTA     | 5                | PA                         |
| HERZUMA               | 5                | PA                         |
| IMFINZI               | 5                | PA                         |
| JEMPERLI              | 5                | PA                         |
| KADCYLA               | 5                | PA                         |
| KANJINTI              | 5                | PA                         |
| KEYTRUDA              | 5                | PA                         |
| LIBTAYO               | 5                | PA                         |
| LUMOXITI              | 5                | PA                         |
| MARGENZA              | 5                | PA                         |
| MONJUVI               | 5                | PA                         |
| MVASI                 | 5                | PA                         |
| MYLOTARG              | 5                | PA                         |
| OGIVRI                | 5                | PA                         |
| ONTRUZANT             | 5                | PA                         |
| OPDIVO                | 5                | PA                         |
| PADCEV                | 5                | PA                         |
| PERJETA               | 5                | PA                         |
| PHESGO                | 5                | PA                         |

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| DRUG NAME      | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------|-----------|---------------------|
| POLIVY         | 5         | PA                  |
| PORTRAZZA      | 5         | PA                  |
| POTELIGEO      | 5         | PA                  |
| RIABNI         | 5         | PA                  |
| RITUXAN        | 5         | PA                  |
| RITUXAN HYCELA | 5         | PA                  |
| RUXIENCE       | 5         | PA                  |
| RYBREVANT      | 5         | PA                  |
| SARCLISA       | 5         | PA                  |
| TECENTRIQ      | 5         | PA                  |
| TRAZIMERA      | 5         | PA                  |
| TRODELVY       | 5         | PA                  |
| TRUXIMA        | 5         | PA                  |
| UNITUXIN       | 5         | PA                  |
| VECTIBIX       | 5         | PA                  |
| VEGZELMA       | 5         | PA                  |
| YERVOY         | 5         | PA                  |
| ZIRABEV        | 5         | PA                  |
| ZYNLONTA       | 5         | PA                  |

### Retinoids

|   |   |    |
|---|---|----|
| <i>bexarotene (1% gel, 75 mg capsule)</i> | 5 | PA |
| PANRETIN                                  | 5 | PA |
| TARGRETIN (1% GEL, 75 MG CAPSULE)         | 5 | PA |
| <i>tretinoin 10 mg capsule</i>            | 5 | PA |

### Treatment Adjuncts

|                    |   |  |
|--------------------|---|--|
| COSELA             | 5 |  |
| <i>dexrazoxane</i> | 5 |  |
| ELITEK             | 5 |  |
| <i>mesna</i>       | 2 |  |

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| DRUG NAME            | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------|-----------|---------------------|
| MESNEX 400 MG TABLET | 5         |                     |

## Antiparasitics

### Anthelmintics

|                                  |   |    |
|----------------------------------|---|----|
| <i>albendazole 200 mg tablet</i> | 2 |    |
| <i>benznidazole</i>              | 4 |    |
| BILTRICIDE                       | 4 |    |
| <i>ivermectin 3 mg tablet</i>    | 2 | PA |
| <i>praziquantel</i>              | 2 |    |
| STROMECTOL                       | 4 | PA |

### Antiprotozoals

|                                       |   |                          |
|---------------------------------------|---|--------------------------|
| <i>atovaquone</i>                     | 2 | PA, QL (600 PER 30 DAYS) |
| <i>atovaquone-proguanil hcl</i>       | 2 |                          |
| <i>chloroquine phosphate</i>          | 2 |                          |
| COARTEM                               | 4 |                          |
| DARAPRIM                              | 5 | PA                       |
| <i>hydroxychloroquine 200 mg tab</i>  | 2 |                          |
| MALARONE                              | 4 |                          |
| <i>mefloquine hcl</i>                 | 2 |                          |
| NEBUPENT                              | 4 | PA                       |
| <i>nitazoxanide 500 mg tablet</i>     | 2 | QL (20 PER 30 OVER TIME) |
| PENTAM 300                            | 4 |                          |
| <i>pentamidine 300 mg inhal powdr</i> | 2 | PA                       |
| <i>pentamidine 300 mg inject vial</i> | 2 |                          |
| PLAQUENIL                             | 4 |                          |
| <i>primaquine</i>                     | 2 |                          |
| <i>pyrimethamine 25 mg tablet</i>     | 5 | PA                       |
| <i>quinine sulfate</i>                | 3 | PA                       |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| <b>Antiparkinson Agents</b>   |           |                          |
| <b>Antiparkinson Agents, Other</b>  |           |                          |
| <i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)</i> | 2         |                          |
| <i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>  | 2         | PA                       |
| <i>carbidopa-levodopa-entacapone</i>  | 2         |                          |
| COMTAN  | 4         |                          |
| <i>entacapone</i>   | 2         |                          |
| TASMAR  | 5         |                          |
| <i>tolcapone</i>  | 5         |                          |
| <b>Dopamine Agonists</b>  |           |                          |
| APOKYN  | 5         | PA, QL (60 PER 30 DAYS)  |
| <i>apomorphine hcl</i>  | 5         | PA, QL (60 PER 30 DAYS)  |
| <i>bromocriptine mesylate</i>   | 2         |                          |
| NEUPRO  | 4         |                          |
| <i>pramipexole dihydrochloride</i>  | 1         |                          |
| <i>ropinirole er</i>  | 2         |                          |
| <i>ropinirole hcl (0.25 mg tablet, 1 mg tablet, 3 mg tablet, 5 mg tablet)</i>                               | 2         |                          |
| <i>ropinirole hcl (0.5 mg tablet, 2 mg tablet, 4 mg tablet)</i>   | 1         |                          |
| <b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>                                     |           |                          |
| <i>carbidopa</i>  | 2         |                          |
| <i>carbidopa-levodopa</i>   | 2         |                          |
| <i>carbidopa-levodopa er</i>  | 2         |                          |
| INBRIJA   | 5         | PA, QL (300 PER 30 DAYS) |
| RYTARY  | 3         |                          |
| SINEMET 10-100  | 4         |                          |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| SINEMET 25-100  | 4         |                         |
| <b>Monoamine Oxidase B (MAO-B) Inhibitors</b>                                   |           |                         |
| AZILECT   | 4         |                         |
| <i>rasagiline mesylate</i>  | 2         |                         |
| <i>selegiline hcl</i>   | 2         |                         |
| <b>Antipsychotics</b>   |           |                         |
| <b>1st Generation/Typical</b>   |           |                         |
| <i>fluphenazine 2.5 mg/ml vial</i>  | 4         | PA                      |
| <i>fluphenazine decanoate</i>   | 2         | PA                      |
| <i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i> | 2         | PA                      |
| <i>fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)</i>                        | 3         | PA                      |
| HALDOL DECANOATE 100  | 4         | PA                      |
| HALDOL DECANOATE 50   | 4         | PA                      |
| <i>haloperidol</i>  | 2         | PA                      |
| <i>haloperidol decanoate</i>  | 2         | PA                      |
| <i>haloperidol decanoate 100</i>  | 2         | PA                      |
| <i>haloperidol lactate</i>  | 2         | PA                      |
| <i>loxapine</i>   | 2         | PA                      |
| <i>molindone hcl</i>  | 4         | PA                      |
| <i>pimozide</i>   | 4         | PA                      |
| <i>thioridazine hcl</i>   | 2         | PA                      |
| <i>thiothixene</i>  | 2         | PA                      |
| <i>trifluoperazine hcl</i>  | 2         | PA                      |
| <b>2nd Generation/Atypical</b>  |           |                         |
| ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)                | 4         | PA, QL (30 PER 30 DAYS) |
| ABILIFY (2 MG TABLET, 5 MG TABLET)  | 4         | PA, QL (45 PER 30 DAYS) |

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| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS        |
|--|-----------|----------------------------|
| ABILIFY ASIMTUFII 720 MG/2.4ML   | 5         | QL (2.4 PER 56 OVER TIME)  |
| ABILIFY ASIMTUFII 960 MG/3.2ML   | 5         | QL (3.2 PER 56 OVER TIME)  |
| ABILIFY MAINTENA   | 5         | QL (1 PER 28 DAYS)         |
| <i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>                         | 2         | PA, QL (30 PER 30 DAYS)    |
| <i>aripiprazole (2 mg tablet, 5 mg tablet)</i>   | 2         | PA, QL (45 PER 30 DAYS)    |
| <i>aripiprazole 1 mg/ml solution</i>   | 2         | PA, QL (750 PER 30 DAYS)   |
| <i>aripiprazole odt</i>  | 2         | PA, QL (60 PER 30 DAYS)    |
| ARISTADA ER 1064 MG/3.9 ML SYR   | 5         | QL (3.9 PER 56 OVER TIME)  |
| ARISTADA ER 441 MG/1.6 ML SYRN   | 5         | QL (1.6 PER 28 DAYS)       |
| ARISTADA ER 662 MG/2.4 ML SYRN   | 5         | QL (2.4 PER 28 DAYS)       |
| ARISTADA ER 882 MG/3.2 ML SYRN   | 5         | QL (3.2 PER 28 DAYS)       |
| ARISTADA INITIO  | 5         | QL (2.4 PER 42 OVER TIME)  |
| <i>asenapine maleate</i>   | 2         | PA, QL (60 PER 30 DAYS)    |
| CAPLYTA  | 5         | QL (30 PER 30 DAYS)        |
| FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET) | 5         | PA, QL (60 PER 30 DAYS)    |
| FANAPT TITRATION PACK  | 4         | PA, QL (56 PER 28 DAYS)    |
| GEODON (60 MG CAPSULE, 80 MG CAPSULE)  | 5         | PA, QL (60 PER 30 DAYS)    |
| GEODON 20 MG CAPSULE   | 4         | PA, QL (90 PER 30 DAYS)    |
| GEODON 20 MG/ML VIAL   | 4         | PA, QL (60 PER 30 DAYS)    |
| GEODON 40 MG CAPSULE   | 5         | PA, QL (90 PER 30 DAYS)    |
| INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)  | 4         | PA, QL (30 PER 30 DAYS)    |
| INVEGA ER 6 MG TABLET  | 4         | PA, QL (60 PER 30 DAYS)    |
| INVEGA HAFYERA 1,092 MG/3.5 ML   | 5         | QL (3.5 PER 180 OVER TIME) |
| INVEGA HAFYERA 1,560 MG/5 ML   | 5         | QL (5 PER 180 OVER TIME)   |
| INVEGA SUSTENNA 117 MG/0.75 ML   | 5         | QL (0.75 PER 28 DAYS)      |
| INVEGA SUSTENNA 156 MG/ML SYRG   | 5         | QL (1 PER 28 DAYS)         |
| INVEGA SUSTENNA 234 MG/1.5 ML  | 5         | QL (1.5 PER 28 DAYS)       |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS        |
|---|-----------|----------------------------|
| INVEGA SUSTENNA 39 MG/0.25 ML   | 4         | QL (0.25 PER 28 DAYS)      |
| INVEGA SUSTENNA 78 MG/0.5 ML  | 5         | QL (0.5 PER 28 DAYS)       |
| INVEGA TRINZA 273 MG/0.88 ML  | 5         | QL (0.88 PER 84 OVER TIME) |
| INVEGA TRINZA 410 MG/1.32 ML  | 5         | QL (1.32 PER 84 OVER TIME) |
| INVEGA TRINZA 546 MG/1.75 ML  | 5         | QL (1.75 PER 84 OVER TIME) |
| INVEGA TRINZA 819 MG/2.63 ML  | 5         | QL (2.63 PER 84 OVER TIME) |
| LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)                    | 5         | PA, QL (30 PER 30 DAYS)    |
| LATUDA 80 MG TABLET   | 5         | PA, QL (60 PER 30 DAYS)    |
| <i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>     | 5         | PA, QL (30 PER 30 DAYS)    |
| <i>lurasidone hcl 80 mg tablet</i>  | 5         | PA, QL (60 PER 30 DAYS)    |
| LYBALVI   | 5         | PA, QL (30 PER 30 DAYS)    |
| NUPLAZID (10 MG TABLET, 34 MG CAPSULE)  | 5         | PA, QL (30 PER 30 DAYS)    |
| <i>olanzapine (15 mg tablet, 20 mg tablet)</i>                                      | 2         | PA, QL (30 PER 30 DAYS)    |
| <i>olanzapine (2.5 mg tablet, 5 mg tablet)</i>                                      | 1         | PA, QL (45 PER 30 DAYS)    |
| <i>olanzapine (7.5 mg tablet, 10 mg tablet)</i>                                     | 2         | PA, QL (45 PER 30 DAYS)    |
| <i>olanzapine 10 mg vial</i>  | 2         | PA, QL (90 PER 30 DAYS)    |
| <i>olanzapine odt</i>   | 2         | PA, QL (30 PER 30 DAYS)    |
| <i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>                    | 2         | PA, QL (30 PER 30 DAYS)    |
| <i>paliperidone er 6 mg tablet</i>  | 2         | PA, QL (60 PER 30 DAYS)    |
| PERSERIS  | 5         | QL (1 PER 28 DAYS)         |
| <i>quetiapine 150 mg tablet</i>   | 4         | PA, QL (150 PER 30 DAYS)   |
| <i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>                                 | 2         | PA, QL (60 PER 30 DAYS)    |
| <i>quetiapine fumarate (50 mg tab, 100 mg tab, 200 mg tab)</i>                      | 2         | PA, QL (120 PER 30 DAYS)   |
| <i>quetiapine fumarate 25 mg tab</i>  | 1         | PA, QL (120 PER 30 DAYS)   |
| <i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>                  | 2         | PA, QL (30 PER 30 DAYS)    |
| <i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i> | 2         | PA, QL (60 PER 30 DAYS)    |

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| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS        |
|---|-----------|----------------------------|
| REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET) | 5         | PA, QL (30 PER 30 DAYS)    |
| RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)                            | 4         | PA, QL (60 PER 30 DAYS)    |
| RISPERDAL 1 MG/ML SOLUTION  | 4         | PA, QL (480 PER 30 DAYS)   |
| RISPERDAL 4 MG TABLET   | 4         | PA, QL (120 PER 30 DAYS)   |
| RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)                                   | 4         | QL (2 PER 28 DAYS)         |
| RISPERDAL CONSTA 50 MG VIAL   | 5         | QL (2 PER 28 DAYS)         |
| <i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)</i>   | 1         | PA, QL (60 PER 30 DAYS)    |
| <i>risperidone 0.25 mg odt</i>  | 4         | PA, QL (60 PER 30 DAYS)    |
| <i>risperidone 1 mg/ml solution</i>   | 2         | PA, QL (480 PER 30 DAYS)   |
| <i>risperidone 4 mg odt</i>   | 2         | PA, QL (120 PER 30 DAYS)   |
| <i>risperidone 4 mg tablet</i>  | 1         | PA, QL (120 PER 30 DAYS)   |
| <i>risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial)</i>                              | 2         | QL (2 PER 28 DAYS)         |
| <i>risperidone er 50 mg vial</i>  | 5         | QL (2 PER 28 DAYS)         |
| <i>risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)</i>                           | 2         | PA, QL (60 PER 30 DAYS)    |
| SAPHRIS   | 4         | PA, QL (60 PER 30 DAYS)    |
| SECUADO   | 5         | PA, QL (30 PER 30 DAYS)    |
| SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)                         | 4         | PA, QL (120 PER 30 DAYS)   |
| SEROQUEL (300 MG TABLET, 400 MG TABLET)   | 4         | PA, QL (60 PER 30 DAYS)    |
| SEROQUEL XR (150 MG TABLET, 200 MG TABLET)  | 4         | PA, QL (30 PER 30 DAYS)    |
| SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)                                    | 4         | PA, QL (60 PER 30 DAYS)    |
| UZEDY ER 100 MG/0.28 ML SYRING  | 5         | QL (0.28 PER 28 DAYS)      |
| UZEDY ER 125 MG/0.35 ML SYRING  | 5         | QL (0.35 PER 28 DAYS)      |
| UZEDY ER 150 MG/0.42 ML SYRING  | 5         | QL (0.42 PER 56 OVER TIME) |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| UZEDY ER 200 MG/0.56 ML SYRING                                       | 5                | QL (0.56 PER 56 OVER TIME) |
| UZEDY ER 250 MG/0.7 ML SYRINGE                                       | 5                | QL (0.7 PER 56 OVER TIME)  |
| UZEDY ER 50 MG/0.14 ML SYRINGE                                       | 5                | QL (0.14 PER 28 DAYS)      |
| UZEDY ER 75 MG/0.21 ML SYRINGE                                       | 5                | QL (0.21 PER 28 DAYS)      |
| VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE) | 5                | QL (30 PER 30 DAYS)        |
| VRAYLAR 1.5 MG-3 MG PACK   | 4                | QL (28 PER 28 DAYS)        |
| <i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>                | 2                | QL (90 PER 30 DAYS)        |
| <i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>                | 2                | QL (60 PER 30 DAYS)        |
| <i>ziprasidone mesylate</i>  | 2                | PA, QL (60 PER 30 DAYS)    |
| ZYPREXA (15 MG TABLET, 20 MG TABLET)                                 | 4                | PA, QL (30 PER 30 DAYS)    |
| ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)    | 4                | PA, QL (45 PER 30 DAYS)    |
| ZYPREXA 10 MG VIAL   | 4                | PA, QL (90 PER 30 DAYS)    |
| ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)                        | 4                | PA, QL (2 PER 28 DAYS)     |
| ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT)                        | 5                | PA, QL (2 PER 28 DAYS)     |
| ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)                        | 5                | PA, QL (1 PER 28 DAYS)     |
| ZYPREXA ZYDIS  | 4                | PA, QL (30 PER 30 DAYS)    |
| <b>Treatment-Resistant</b>   |                  |                            |
| <i>clozapine (25 mg tablet, 50 mg tablet)</i>                        | 2                | PA, QL (90 PER 30 DAYS)    |
| <i>clozapine 100 mg tablet</i>                                       | 2                | PA, QL (270 PER 30 DAYS)   |
| <i>clozapine 200 mg tablet</i>                                       | 2                | PA, QL (120 PER 30 DAYS)   |
| <i>clozapine odt (25 mg tablet, 100 mg tablet)</i>                   | 2                | PA, QL (270 PER 30 DAYS)   |
| <i>clozapine odt 12.5 mg tablet</i>                                  | 4                | PA, QL (90 PER 30 DAYS)    |
| <i>clozapine odt 150 mg tablet</i>                                   | 2                | PA, QL (180 PER 30 DAYS)   |
| <i>clozapine odt 200 mg tablet</i>                                   | 2                | PA, QL (120 PER 30 DAYS)   |
| CLOZARIL (25 MG TABLET, 50 MG TABLET)                                | 4                | PA, QL (90 PER 30 DAYS)    |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME              | DRUG TIER | REQUIREMENTS/LIMITS      |
|------------------------|-----------|--------------------------|
| CLOZARIL 100 MG TABLET | 5         | PA, QL (270 PER 30 DAYS) |
| CLOZARIL 200 MG TABLET | 5         | PA, QL (120 PER 30 DAYS) |
| VERSACLOZ              | 4         | PA, QL (540 PER 30 DAYS) |

### Antispasticity Agents

|  |   |  |
|--|---|--|
| <i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>        | 2 |  |
| DANTRIUM 25 MG CAPSULE   | 4 |  |
| <i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>      | 2 |  |
| <i>tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)</i> | 2 |  |
| <i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>                 | 1 |  |

### Antivirals

#### Anti-HIV Agents, Integrase Inhibitors (INSTI)

|   |   |                      |
|---|---|----------------------|
| BIKTARVY  | 5 | QL (30 PER 30 DAYS)  |
| CABENUVA ER 400 MG-600 MG SUSP                    | 5 | QL (4 PER 28 DAYS)   |
| CABENUVA ER 600 MG-900 MG SUSP                    | 5 | QL (6 PER 28 DAYS)   |
| DOVATO  | 5 | QL (30 PER 30 DAYS)  |
| GENVOYA   | 5 | QL (30 PER 30 DAYS)  |
| ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW) | 3 | QL (180 PER 30 DAYS) |
| ISENTRESS 100 MG POWDER PACKET                    | 4 | QL (60 PER 30 DAYS)  |
| ISENTRESS 400 MG TABLET                           | 5 | QL (60 PER 30 DAYS)  |
| ISENTRESS HD                                      | 5 | QL (60 PER 30 DAYS)  |
| JULUCA  | 5 | QL (30 PER 30 DAYS)  |
| STRIBILD  | 5 | QL (30 PER 30 DAYS)  |
| TIVICAY (25 MG TABLET, 50 MG TABLET)              | 5 | QL (60 PER 30 DAYS)  |
| TIVICAY 10 MG TABLET                              | 4 | QL (240 PER 30 DAYS) |
| TIVICAY PD  | 5 | QL (360 PER 30 DAYS) |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS   |
|---|-----------|-----------------------|
| <b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b> |           |                       |
| DELSTRIGO   | 5         | QL (30 PER 30 DAYS)   |
| EDURANT   | 5         | QL (30 PER 30 DAYS)   |
| <i>efavirenz 200 mg capsule</i>   | 2         | QL (120 PER 30 DAYS)  |
| <i>efavirenz 50 mg capsule</i>  | 2         | QL (90 PER 30 DAYS)   |
| <i>efavirenz 600 mg tablet</i>  | 2         | QL (30 PER 30 DAYS)   |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>                    | 5         | QL (30 PER 30 DAYS)   |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                       | 5         | QL (30 PER 30 DAYS)   |
| <i>etravirine 100 mg tablet</i>   | 2         | QL (60 PER 30 DAYS)   |
| <i>etravirine 200 mg tablet</i>   | 5         | QL (60 PER 30 DAYS)   |
| INTELENCE (100 MG TABLET, 200 MG TABLET)  | 5         | QL (60 PER 30 DAYS)   |
| INTELENCE 25 MG TABLET  | 4         | QL (120 PER 30 DAYS)  |
| <i>nevirapine 200 mg tablet</i>   | 2         | QL (60 PER 30 DAYS)   |
| <i>nevirapine 50 mg/5 ml susp</i>   | 2         | QL (1200 PER 30 DAYS) |
| <i>nevirapine er 100 mg tablet</i>  | 4         | QL (90 PER 30 DAYS)   |
| <i>nevirapine er 400 mg tablet</i>  | 2         | QL (30 PER 30 DAYS)   |
| PIFELTRO  | 5         | QL (30 PER 30 DAYS)   |
| SYMFI   | 5         | QL (30 PER 30 DAYS)   |
| SYMFI LO  | 5         | QL (30 PER 30 DAYS)   |

### Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

|  |   |                      |
|--|---|----------------------|
| <i>abacavir 20 mg/ml solution</i>  | 2 | QL (960 PER 30 DAYS) |
| <i>abacavir 300 mg tablet</i>  | 2 | QL (60 PER 30 DAYS)  |
| <i>abacavir-lamivudine</i>   | 2 | QL (30 PER 30 DAYS)  |
| CIMDUO   | 5 | QL (30 PER 30 DAYS)  |
| COMPLERA   | 5 | QL (30 PER 30 DAYS)  |
| DESCOVY  | 5 | QL (30 PER 30 DAYS)  |
| <i>emtricitabine</i>   | 2 | QL (30 PER 30 DAYS)  |
| <i>emtricitabine-tenofovir disoproxil fumarate (100-150mg, 133-200mg, 167-250mg)</i> | 5 | QL (30 PER 30 DAYS)  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>emtricitabine-tenofv 200-300mg</i>                               | 2                | QL (30 PER 30 DAYS)        |
| EMTRIVA 10 MG/ML SOLUTION   | 4                | QL (850 PER 30 DAYS)       |
| EMTRIVA 200 MG CAPSULE  | 4                | QL (30 PER 30 DAYS)        |
| EPIVIR 10 MG/ML ORAL SOLN   | 4                | QL (960 PER 30 DAYS)       |
| EPIVIR 150 MG TABLET  | 4                | QL (60 PER 30 DAYS)        |
| EPIVIR 300 MG TABLET  | 4                | QL (30 PER 30 DAYS)        |
| EPZICOM   | 4                | QL (30 PER 30 DAYS)        |
| <i>lamivudine 10 mg/ml oral soln</i>                                | 2                | QL (960 PER 30 DAYS)       |
| <i>lamivudine 150 mg tablet</i>                                     | 2                | QL (60 PER 30 DAYS)        |
| <i>lamivudine 300 mg tablet</i>                                     | 2                | QL (30 PER 30 DAYS)        |
| <i>lamivudine-zidovudine</i>  | 2                | QL (60 PER 30 DAYS)        |
| ODEFSEY   | 5                | QL (30 PER 30 DAYS)        |
| RETROVIR 10 MG/ML SYRUP   | 4                | QL (1920 PER 30 DAYS)      |
| RETROVIR 100 MG CAPSULE   | 4                | QL (180 PER 30 DAYS)       |
| RETROVIR 200 MG/20 ML VIAL  | 4                |                            |
| <i>stavudine</i>  | 3                | QL (60 PER 30 DAYS)        |
| <i>tenofovir disoproxil fumarate</i>                                | 2                | QL (30 PER 30 DAYS)        |
| TRIUMEQ   | 5                | QL (30 PER 30 DAYS)        |
| TRIUMEQ PD  | 5                | QL (180 PER 30 DAYS)       |
| TRIZIVIR  | 5                | QL (60 PER 30 DAYS)        |
| TRUVADA   | 5                | QL (30 PER 30 DAYS)        |
| VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET) | 5                | QL (30 PER 30 DAYS)        |
| VIREAD POWDER   | 5                | QL (240 PER 30 DAYS)       |
| ZIAGEN 20 MG/ML SOLUTION  | 4                | QL (960 PER 30 DAYS)       |
| ZIAGEN 300 MG TABLET  | 4                | QL (60 PER 30 DAYS)        |
| <i>zidovudine 100 mg capsule</i>                                    | 2                | QL (180 PER 30 DAYS)       |
| <i>zidovudine 300 mg tablet</i>                                     | 2                | QL (60 PER 30 DAYS)        |
| <i>zidovudine 50 mg/5 ml syrup</i>                                  | 2                | QL (1920 PER 30 DAYS)      |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS     |
|--|-----------|-------------------------|
| <b>Anti-HIV Agents, Other</b>                      |           |                         |
| FUZEON   | 5         | QL (60 PER 30 DAYS)     |
| <i>maraviroc 150 mg tablet</i>                     | 5         | QL (60 PER 30 DAYS)     |
| <i>maraviroc 300 mg tablet</i>                     | 5         | QL (120 PER 30 DAYS)    |
| RUKOBIA  | 5         | QL (60 PER 30 DAYS)     |
| SELZENTRY (75 MG TABLET, 150 MG TABLET)            | 5         | QL (60 PER 30 DAYS)     |
| SELZENTRY 20 MG/ML ORAL SOLN                       | 5         | QL (1840 PER 30 DAYS)   |
| SELZENTRY 25 MG TABLET                             | 4         | QL (240 PER 30 DAYS)    |
| SELZENTRY 300 MG TABLET                            | 5         | QL (120 PER 30 DAYS)    |
| SUNLENCA 4- 300 MG TABLET                          | 5         | QL (4 PER 28 OVER TIME) |
| SUNLENCA 5- 300 MG TABLET                          | 5         | QL (5 PER 28 OVER TIME) |
| TROGARZO   | 5         | QL (18.62 PER 28 DAYS)  |
| TYBOST   | 3         | QL (30 PER 30 DAYS)     |
| <b>Anti-HIV Agents, Protease Inhibitors</b>        |           |                         |
| APTIVUS 250 MG CAPSULE                             | 5         | QL (120 PER 30 DAYS)    |
| <i>atazanavir sulfate (150 mg cap, 300 mg cap)</i> | 2         | QL (30 PER 30 DAYS)     |
| <i>atazanavir sulfate 200 mg cap</i>               | 2         | QL (60 PER 30 DAYS)     |
| <i>darunavir 600 mg tablet</i>                     | 5         | QL (60 PER 30 DAYS)     |
| <i>darunavir 800 mg tablet</i>                     | 5         | QL (30 PER 30 DAYS)     |
| EVOTAZ   | 5         | QL (30 PER 30 DAYS)     |
| <i>fosamprenavir calcium</i>                       | 2         | QL (120 PER 30 DAYS)    |
| KALETRA 100-25 MG TABLET                           | 4         | QL (300 PER 30 DAYS)    |
| KALETRA 200-50 MG TABLET                           | 5         | QL (120 PER 30 DAYS)    |
| KALETRA 80 MG-20 MG/ML SOLN                        | 5         | QL (480 PER 30 DAYS)    |
| LEXIVA 50 MG/ML SUSPENSION                         | 4         | QL (1800 PER 30 DAYS)   |
| LEXIVA 700 MG TABLET                               | 5         | QL (120 PER 30 DAYS)    |
| <i>lopinavir-ritonavir 80-20mg/ml</i>              | 2         | QL (480 PER 30 DAYS)    |
| <i>lopinavir-ritonavir 100-25mg tb</i>             | 2         | QL (300 PER 30 DAYS)    |
| <i>lopinavir-ritonavir 200-50mg tb</i>             | 2         | QL (120 PER 30 DAYS)    |

You can find information on what the symbols and abbreviations mean by going to the cover pages.



| DRUG NAME                                    | DRUG TIER | REQUIREMENTS/LIMITS  |
|--|-----------|----------------------|
| NORVIR (100 MG POWDER PACKET, 100 MG TABLET) | 4         | QL (360 PER 30 DAYS) |
| PREZCOBIX                                    | 5         | QL (30 PER 30 DAYS)  |
| PREZISTA 100 MG/ML SUSPENSION                | 5         | QL (400 PER 30 DAYS) |
| PREZISTA 150 MG TABLET                       | 5         | QL (180 PER 30 DAYS) |
| PREZISTA 600 MG TABLET                       | 5         | QL (60 PER 30 DAYS)  |
| PREZISTA 75 MG TABLET                        | 4         | QL (300 PER 30 DAYS) |
| PREZISTA 800 MG TABLET                       | 5         | QL (30 PER 30 DAYS)  |
| REYATAZ 200 MG CAPSULE                       | 5         | QL (60 PER 30 DAYS)  |
| REYATAZ 300 MG CAPSULE                       | 5         | QL (30 PER 30 DAYS)  |
| REYATAZ 50 MG POWDER PACKET                  | 5         | QL (240 PER 30 DAYS) |
| <i>ritonavir</i>                             | 2         | QL (360 PER 30 DAYS) |
| SYMTUZA                                      | 5         | QL (30 PER 30 DAYS)  |
| VIRACEPT 250 MG TABLET                       | 5         | QL (270 PER 30 DAYS) |
| VIRACEPT 625 MG TABLET                       | 5         | QL (120 PER 30 DAYS) |

### Anti-cytomegalovirus (CMV) Agents

|   |   |                     |
|---|---|---------------------|
| <i>cidofovir 375 mg/5 ml vial</i>                   | 5 |                     |
| <i>ganciclovir 500 mg vial</i>                      | 2 | PA                  |
| PREVYMIS (240 MG TABLET, 480 MG TABLET)             | 5 | QL (30 PER 30 DAYS) |
| VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)          | 5 |                     |
| <i>valganciclovir hcl (50 mg/ml, 450 mg tablet)</i> | 2 |                     |

### Anti-hepatitis B (HBV) Agents

|   |   |  |
|---|---|--|
| <i>adefovir dipivoxil</i>                                   | 2 |  |
| BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET) | 5 |  |
| <i>entecavir</i>  | 2 |  |
| <i>lamivudine 100 mg tablet</i>                             | 2 |  |
| <i>lamivudine hbv</i>                                       | 2 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS         |
|--|-----------|-----------------------------|
| <b>Anti-hepatitis C (HCV) Agents</b>                             |           |                             |
| EPCLUSA  | 5         | PA                          |
| HARVONI  | 5         | PA                          |
| <i>ledipasvir-sofosbuvir</i>                                     | 5         | PA                          |
| <i>ribavirin (200 mg capsule, 200 mg tablet)</i>                 | 2         |                             |
| <i>sofosbuvir-velpatasvir</i>                                    | 5         | PA                          |
| SOVALDI  | 5         | PA                          |
| VOSEVI   | 5         | PA                          |
| ZEPATIER   | 5         | PA                          |
| <b>Anti-influenza Agents</b>                                     |           |                             |
| <i>oseltamivir 6 mg/ml suspension</i>                            | 2         | QL (1080 PER 365 OVER TIME) |
| <i>oseltamivir phos 30 mg capsule</i>                            | 2         | QL (168 PER 365 OVER TIME)  |
| <i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>      | 2         | QL (84 PER 365 OVER TIME)   |
| RELENZA  | 4         | QL (120 PER 365 OVER TIME)  |
| TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)                           | 4         | QL (84 PER 365 OVER TIME)   |
| TAMIFLU 30 MG CAPSULE  | 4         | QL (168 PER 365 OVER TIME)  |
| TAMIFLU 6 MG/ML SUSPENSION                                       | 4         | QL (1080 PER 365 OVER TIME) |
| XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)                   | 4         | QL (4 PER 365 OVER TIME)    |
| XOFLUZA 80 MG TABLET   | 4         | QL (2 PER 365 OVER TIME)    |
| <b>Antiherpetic Agents</b>                                       |           |                             |
| <i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>  | 1         |                             |
| <i>acyclovir 200 mg/5 ml susp</i>                                | 2         |                             |
| <i>acyclovir 5% ointment</i>                                     | 2         | PA                          |
| <i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i> | 2         | PA                          |
| <i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i> | 2         |                             |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME           | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------|-----------|---------------------|
| <i>valacyclovir</i> | 2         |                     |
| VALTREX             | 4         |                     |
| ZOVIRAX 5% OINTMENT | 4         | PA                  |

## Anxiolytics

|   |   |                           |
|---|---|---------------------------|
| <i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>  | 1 | QL (120 PER 30 DAYS)      |
| <i>alprazolam 2 mg tablet</i>   | 1 | QL (150 PER 30 DAYS)      |
| <i>bupirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>   | 2 |                           |
| <i>bupirone hcl 7.5 mg tablet</i>   | 1 |                           |
| <i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)</i> | 2 | QL (90 PER 30 DAYS)       |
| <i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>  | 1 | QL (120 PER 30 DAYS)      |
| <i>clonazepam 2 mg odt</i>  | 2 | QL (300 PER 30 DAYS)      |
| <i>clonazepam 2 mg tablet</i>   | 1 | QL (300 PER 30 DAYS)      |
| <i>clorazepate 15 mg tablet</i>   | 2 | PA, QL (180 PER 30 DAYS)  |
| <i>clorazepate 3.75 mg tablet</i>   | 2 | PA, QL (120 PER 30 DAYS)  |
| <i>clorazepate 7.5 mg tablet</i>  | 2 | PA, QL (360 PER 30 DAYS)  |
| <i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>  | 1 | PA, QL (120 PER 30 DAYS)  |
| <i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)</i>  | 2 | PA, QL (1200 PER 30 DAYS) |
| <i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>   | 2 | PA, QL (240 PER 30 DAYS)  |
| <i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>     | 2 | PA                        |
| <i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>   | 2 | PA                        |
| <i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>   | 1 | PA, QL (120 PER 30 DAYS)  |
| <i>lorazepam 2 mg tablet</i>  | 1 | PA, QL (150 PER 30 DAYS)  |
| <i>lorazepam 2 mg/ml oral concent</i>   | 2 | PA, QL (150 PER 30 DAYS)  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME                 | DRUG TIER | REQUIREMENTS/LIMITS      |
|---------------------------|-----------|--------------------------|
| <i>lorazepam intensol</i> | 2         | PA, QL (150 PER 30 DAYS) |
| <i>oxazepam</i>           | 2         | PA, QL (120 PER 30 DAYS) |

### Bipolar Agents

|                             |   |  |
|-----------------------------|---|--|
| <i>lithium carbonate</i>    | 1 |  |
| <i>lithium carbonate er</i> | 2 |  |
| <i>lithium citrate</i>      | 4 |  |
| LITHOBID                    | 4 |  |

### Blood Glucose Regulators

#### Antidiabetic Agents

|  |   |                          |
|--|---|--------------------------|
| <i>acarbose 100 mg tablet</i>                  | 2 | QL (90 PER 30 DAYS)      |
| <i>acarbose 25 mg tablet</i>                   | 2 | QL (360 PER 30 DAYS)     |
| <i>acarbose 50 mg tablet</i>                   | 2 | QL (180 PER 30 DAYS)     |
| ACTOS (30 MG TABLET, 45 MG TABLET)             | 4 | QL (30 PER 30 DAYS)      |
| ACTOS 15 MG TABLET                             | 4 | QL (90 PER 30 DAYS)      |
| BYDUREON BCISE                                 | 3 | PA, QL (3.4 PER 28 DAYS) |
| BYETTA   | 4 | PA, QL (2.4 PER 30 DAYS) |
| CYCLOSET                                       | 4 | QL (180 PER 30 DAYS)     |
| FARXIGA 10 MG TABLET                           | 3 | QL (30 PER 30 DAYS)      |
| FARXIGA 5 MG TABLET                            | 3 | QL (60 PER 30 DAYS)      |
| <i>gauze pads &amp; dressings - pads 2 x 2</i> | 3 |                          |
| <i>glimepiride 1 mg tablet</i>                 | 1 | QL (240 PER 30 DAYS)     |
| <i>glimepiride 2 mg tablet</i>                 | 1 | QL (120 PER 30 DAYS)     |
| <i>glimepiride 4 mg tablet</i>                 | 1 | QL (60 PER 30 DAYS)      |
| <i>glipizide 10 mg tablet</i>                  | 1 | QL (120 PER 30 DAYS)     |
| <i>glipizide 2.5 mg tablet</i>                 | 4 | QL (480 PER 30 DAYS)     |
| <i>glipizide 5 mg tablet</i>                   | 1 | QL (240 PER 30 DAYS)     |
| <i>glipizide er 10 mg tablet</i>               | 1 | QL (60 PER 30 DAYS)      |
| <i>glipizide er 2.5 mg tablet</i>              | 1 | QL (240 PER 30 DAYS)     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>                                      | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>glipizide er 5 mg tablet</i>                       | 1                | QL (120 PER 30 DAYS)       |
| <i>glipizide xl 10 mg tablet</i>                      | 1                | QL (60 PER 30 DAYS)        |
| <i>glipizide xl 2.5 mg tablet</i>                     | 1                | QL (240 PER 30 DAYS)       |
| <i>glipizide xl 5 mg tablet</i>                       | 1                | QL (120 PER 30 DAYS)       |
| <i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>     | 1                | QL (120 PER 30 DAYS)       |
| <i>glipizide-metformin 2.5-250 mg</i>                 | 1                | QL (240 PER 30 DAYS)       |
| GLUCOTROL XL 10 MG TABLET                             | 4                | QL (60 PER 30 DAYS)        |
| GLUCOTROL XL 2.5 MG TABLET                            | 4                | QL (240 PER 30 DAYS)       |
| GLUCOTROL XL 5 MG TABLET                              | 4                | QL (120 PER 30 DAYS)       |
| <i>glyburid-metformin 1.25-250 mg</i>                 | 2                | QL (240 PER 30 DAYS)       |
| <i>glyburide 1.25 mg tablet</i>                       | 2                | QL (480 PER 30 DAYS)       |
| <i>glyburide 2.5 mg tablet</i>                        | 2                | QL (240 PER 30 DAYS)       |
| <i>glyburide 5 mg tablet</i>                          | 2                | QL (120 PER 30 DAYS)       |
| <i>glyburide micro 1.5 mg tab</i>                     | 2                | QL (240 PER 30 DAYS)       |
| <i>glyburide micro 3 mg tablet</i>                    | 2                | QL (120 PER 30 DAYS)       |
| <i>glyburide micro 6 mg tablet</i>                    | 2                | QL (60 PER 30 DAYS)        |
| <i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i> | 2                | QL (120 PER 30 DAYS)       |
| GLYXAMBI  | 4                | QL (30 PER 30 DAYS)        |
| <i>isopropyl alcohol 0.7 ml/ml medicated pad</i>      | 3                |                            |
| JANUMET   | 3                | QL (60 PER 30 DAYS)        |
| JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)     | 3                | QL (60 PER 30 DAYS)        |
| JANUMET XR 100-1,000 MG TABLET                        | 3                | QL (30 PER 30 DAYS)        |
| JANUVIA 100 MG TABLET                                 | 3                | QL (30 PER 30 DAYS)        |
| JANUVIA 25 MG TABLET                                  | 3                | QL (120 PER 30 DAYS)       |
| JANUVIA 50 MG TABLET                                  | 3                | QL (60 PER 30 DAYS)        |
| JARDIANCE 10 MG TABLET                                | 3                | QL (60 PER 30 DAYS)        |
| JARDIANCE 25 MG TABLET                                | 3                | QL (30 PER 30 DAYS)        |
| JENTADUETO (2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB)    | 3                | QL (60 PER 30 DAYS)        |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| JENTADUETO XR 2.5 MG-1,000 MG   | 3         | QL (60 PER 30 DAYS)     |
| JENTADUETO XR 5 MG-1,000 MG TB  | 3         | QL (30 PER 30 DAYS)     |
| KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)   | 4         | QL (30 PER 30 DAYS)     |
| KOMBIGLYZE XR 2.5-1,000 MG TAB  | 4         | QL (60 PER 30 DAYS)     |
| <i>metformin hcl 1,000 mg tablet</i>  | 1         | QL (75 PER 30 DAYS)     |
| <i>metformin hcl 500 mg tablet</i>  | 1         | QL (150 PER 30 DAYS)    |
| <i>metformin hcl 850 mg tablet</i>  | 1         | QL (90 PER 30 DAYS)     |
| <i>metformin hcl er 500 mg tablet</i>   | 1         | QL (120 PER 30 DAYS)    |
| <i>metformin hcl er 750 mg tablet</i>   | 1         | QL (60 PER 30 DAYS)     |
| <i>nateglinide 120 mg tablet</i>  | 2         | QL (90 PER 30 DAYS)     |
| <i>nateglinide 60 mg tablet</i>   | 2         | QL (180 PER 30 DAYS)    |
| ONGLYZA 2.5 MG TABLET   | 4         | QL (60 PER 30 DAYS)     |
| ONGLYZA 5 MG TABLET   | 4         | QL (30 PER 30 DAYS)     |
| OZEMPIC   | 3         | PA, QL (3 PER 28 DAYS)  |
| <i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>  | 1         | QL (30 PER 30 DAYS)     |
| <i>pioglitazone hcl 15 mg tablet</i>  | 1         | QL (90 PER 30 DAYS)     |
| <i>pioglitazone-glimepiride</i>   | 2         | QL (30 PER 30 DAYS)     |
| <i>pioglitazone-metformin</i>   | 2         | QL (90 PER 30 DAYS)     |
| <i>repaglinide 0.5 mg tablet</i>  | 1         | QL (960 PER 30 DAYS)    |
| <i>repaglinide 1 mg tablet</i>  | 1         | QL (480 PER 30 DAYS)    |
| <i>repaglinide 2 mg tablet</i>  | 1         | QL (240 PER 30 DAYS)    |
| RYBELSUS  | 3         | PA, QL (30 PER 30 DAYS) |
| <i>saxagliptin hcl 2.5 mg tablet</i>  | 2         | QL (60 PER 30 DAYS)     |
| <i>saxagliptin hcl 5 mg tablet</i>  | 2         | QL (30 PER 30 DAYS)     |
| <i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformin er 5-1000)</i> | 2         | QL (30 PER 30 DAYS)     |
| <i>saxagliptin-metformin er 2.5-1000</i>  | 2         | QL (60 PER 30 DAYS)     |
| SOLIQUA 100-33  | 3         | QL (18 PER 30 DAYS)     |
| SYMLINPEN 120   | 5         |                         |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS    |
|---|-----------|------------------------|
| SYMLINPEN 60  | 5         |                        |
| SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)    | 3         | QL (60 PER 30 DAYS)    |
| SYNJARDY 5-500 MG TABLET  | 3         | QL (120 PER 30 DAYS)   |
| SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)    | 3         | QL (60 PER 30 DAYS)    |
| SYNJARDY XR 25-1,000 MG TABLET  | 3         | QL (30 PER 30 DAYS)    |
| TRADJENTA   | 3         | QL (30 PER 30 DAYS)    |
| TRULICITY   | 3         | PA, QL (2 PER 28 DAYS) |
| VICTOZA 2-PAK   | 3         | PA, QL (9 PER 30 DAYS) |
| VICTOZA 3-PAK   | 3         | PA, QL (9 PER 30 DAYS) |
| XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)                       | 3         | QL (30 PER 30 DAYS)    |
| XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET) | 3         | QL (60 PER 30 DAYS)    |

### Glycemic Agents

|  |   |                      |
|--|---|----------------------|
| BAQSIMI                                    | 4 | QL (4 PER 30 DAYS)   |
| <i>diazoxide 50 mg/ml oral susp</i>        | 2 |                      |
| GLUCAGEN                                   | 3 | QL (4 PER 30 DAYS)   |
| <i>glucagon emergency kit (, 1 mg kit)</i> | 2 | QL (4 PER 30 DAYS)   |
| GVOKE                                      | 4 | QL (0.8 PER 30 DAYS) |
| GVOKE HYPOPEN 1-PK 1 MG/0.2 ML             | 4 | QL (0.8 PER 30 DAYS) |
| GVOKE HYPOPEN 1PK 0.5MG/0.1 ML             | 4 | QL (0.4 PER 30 DAYS) |
| GVOKE HYPOPEN 2-PK 1 MG/0.2 ML             | 4 | QL (0.8 PER 30 DAYS) |
| GVOKE HYPOPEN 2PK 0.5MG/0.1 ML             | 4 | QL (0.4 PER 30 DAYS) |
| GVOKE PFS 1-PK 1 MG/0.2 ML SYR             | 4 | QL (0.8 PER 30 DAYS) |
| GVOKE PFS 1PK 0.5MG/0.1 ML SYR             | 4 | QL (0.4 PER 30 DAYS) |
| GVOKE PFS 2-PK 1 MG/0.2 ML SYR             | 4 | QL (0.8 PER 30 DAYS) |
| GVOKE PFS 2PK 0.5MG/0.1 ML SYR             | 4 | QL (0.4 PER 30 DAYS) |
| PROGLYCEM                                  | 4 |                      |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME                                  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <b>Insulins</b>                            |           |                     |
| HUMALOG                                    | 3         | QL (60 PER 30 DAYS) |
| HUMALOG JUNIOR KWIKPEN                     | 3         | QL (60 PER 30 DAYS) |
| HUMALOG KWIKPEN U-100                      | 3         | QL (60 PER 30 DAYS) |
| HUMALOG KWIKPEN U-200                      | 3         | QL (60 PER 30 DAYS) |
| HUMALOG MIX 50-50                          | 3         | QL (60 PER 30 DAYS) |
| HUMALOG MIX 50-50 KWIKPEN                  | 3         | QL (60 PER 30 DAYS) |
| HUMALOG MIX 75-25                          | 3         | QL (60 PER 30 DAYS) |
| HUMALOG MIX 75-25 KWIKPEN                  | 3         | QL (60 PER 30 DAYS) |
| HUMALOG TEMPO PEN U-100                    | 3         | QL (60 PER 30 DAYS) |
| HUMULIN 70-30                              | 3         | QL (60 PER 30 DAYS) |
| HUMULIN 70/30 KWIKPEN                      | 3         | QL (60 PER 30 DAYS) |
| HUMULIN N                                  | 3         | QL (60 PER 30 DAYS) |
| HUMULIN N KWIKPEN                          | 3         | QL (60 PER 30 DAYS) |
| HUMULIN R                                  | 3         | QL (60 PER 30 DAYS) |
| HUMULIN R U-500                            | 3         | PA                  |
| HUMULIN R U-500 KWIKPEN                    | 3         | QL (60 PER 30 DAYS) |
| <i>inpen (for humalog)</i>                 | 3         |                     |
| <i>inpen (for novolog or fiasp)</i>        | 3         |                     |
| <i>insulin pen needle</i>                  | 3         |                     |
| <i>insulin syringe (disp) u-100 0.3 ml</i> | 3         |                     |
| <i>insulin syringe (disp) u-100 1 ml</i>   | 3         |                     |
| <i>insulin syringe (disp) u-100 1/2 ml</i> | 3         |                     |
| <i>insulin syringe u-500</i>               | 3         |                     |
| LANTUS                                     | 3         | QL (60 PER 30 DAYS) |
| LANTUS SOLOSTAR                            | 3         | QL (60 PER 30 DAYS) |
| LYUMJEV                                    | 3         | QL (60 PER 30 DAYS) |
| LYUMJEV KWIKPEN U-100                      | 3         | QL (60 PER 30 DAYS) |
| LYUMJEV KWIKPEN U-200                      | 3         | QL (60 PER 30 DAYS) |

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| DRUG NAME                             | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------|-----------|---------------------|
| LYUMJEV TEMPO PEN U-100               | 3         | QL (60 PER 30 DAYS) |
| <i>needles, insulin disp., safety</i> | 3         |                     |
| <i>novopen echo</i>                   | 3         |                     |
| <i>omnipod 5 g6 intro kit (gen 5)</i> | 3         |                     |
| <i>omnipod 5 g6 pods (gen 5)</i>      | 3         |                     |
| <i>omnipod 5 g6-g7 intro kt(gen5)</i> | 3         |                     |
| <i>omnipod 5 g6-g7 pods (gen 5)</i>   | 3         |                     |
| <i>omnipod classic pdm kit(gen 3)</i> | 3         |                     |
| <i>omnipod classic pods (gen 3)</i>   | 3         |                     |
| <i>omnipod dash intro kit (gen 4)</i> | 3         |                     |
| <i>omnipod dash pdm kit (gen 4)</i>   | 3         |                     |
| <i>omnipod dash pods (gen 4)</i>      | 3         |                     |
| <i>omnipod go pods</i>                | 3         |                     |
| TOUJEO MAX SOLOSTAR                   | 3         | QL (60 PER 30 DAYS) |
| TOUJEO SOLOSTAR                       | 3         | QL (60 PER 30 DAYS) |
| <i>v-go 20</i>                        | 3         |                     |
| <i>v-go 30</i>                        | 3         |                     |
| <i>v-go 40</i>                        | 3         |                     |
| <i>vgo 20</i>                         | 3         |                     |
| <i>vgo 30</i>                         | 3         |                     |
| <i>vgo 40</i>                         | 3         |                     |

## Blood Products and Modifiers

### Anticoagulants

|  |   |                         |
|--|---|-------------------------|
| <i>dabigatran etexilate (75 mg cap, 150 mg cp)</i> | 2 | QL (60 PER 30 DAYS)     |
| <i>dabigatran etexilate 110 mg cp</i>              | 2 | QL (120 PER 30 DAYS)    |
| ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)      | 3 | QL (74 PER 30 DAYS)     |
| ELIQUIS 2.5 MG TABLET                              | 3 | QL (60 PER 30 DAYS)     |
| <i>enoxaparin 30 mg/0.3 ml syr</i>                 | 2 | QL (9 PER 90 OVER TIME) |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>enoxaparin 40 mg/0.4 ml syr</i>   | 2                | QL (12 PER 90 OVER TIME)   |
| <i>enoxaparin 60 mg/0.6 ml syr</i>   | 2                | QL (18 PER 90 OVER TIME)   |
| <i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial)</i>  | 2                | QL (30 PER 90 OVER TIME)   |
| <i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>   | 2                | QL (24 PER 90 OVER TIME)   |
| <i>fondaparinux 10 mg/0.8 ml syr</i>   | 5                | QL (24 PER 90 OVER TIME)   |
| <i>fondaparinux 2.5 mg/0.5 ml syr</i>  | 2                | QL (15 PER 90 OVER TIME)   |
| <i>fondaparinux 5 mg/0.4 ml syr</i>  | 5                | QL (12 PER 90 OVER TIME)   |
| <i>fondaparinux 7.5 mg/0.6 ml syr</i>  | 5                | QL (18 PER 90 OVER TIME)   |
| <i>heparin 20,000 unit/500 ml-d5w</i>  | 4                |                            |
| <i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i> | 2                |                            |
| <i>jantoven</i>  | 1                |                            |
| LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)   | 5                | QL (30 PER 90 OVER TIME)   |
| LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)  | 4                | QL (24 PER 90 OVER TIME)   |
| LOVENOX 30 MG/0.3 ML SYRINGE   | 4                | QL (9 PER 90 OVER TIME)    |
| LOVENOX 300 MG/3 ML VIAL   | 4                | QL (30 PER 90 OVER TIME)   |
| LOVENOX 40 MG/0.4 ML SYRINGE   | 4                | QL (12 PER 90 OVER TIME)   |
| LOVENOX 60 MG/0.6 ML SYRINGE   | 4                | QL (18 PER 90 OVER TIME)   |
| PRADAXA (75 MG CAPSULE, 150 MG CAPSULE)  | 4                | QL (60 PER 30 DAYS)        |
| PRADAXA 110 MG CAPSULE   | 4                | QL (120 PER 30 DAYS)       |
| <i>warfarin sodium</i>   | 1                |                            |
| XARELTO (10 MG TABLET, 20 MG TABLET)   | 3                | QL (30 PER 30 DAYS)        |
| XARELTO (2.5 MG TABLET, 15 MG TABLET)  | 3                | QL (60 PER 30 DAYS)        |
| XARELTO 1 MG/ML SUSPENSION   | 3                | QL (620 PER 30 DAYS)       |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| XARELTO DVT-PE TREAT START 30D  | 3                | QL (51 PER 30 DAYS)        |
| ZONTIVITY   | 4                |                            |
| <b>Blood Products and Modifiers, Other</b>  |                  |                            |
| AGRYLIN   | 4                |                            |
| <i>anagrelide hcl</i>   | 2                |                            |
| ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE) | 4                | PA                         |
| ARANESP (100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)                                      | 5                | PA                         |
| FULPHILA  | 5                | PA                         |
| GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)  | 5                | PA                         |
| GRANIX 300 MCG/ML VIAL  | 3                | PA                         |
| LEUKINE   | 5                | PA                         |
| MOZOBIL   | 5                |                            |
| NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)  | 5                | PA                         |
| NIVESTYM 300 MCG/0.5 ML SYRING  | 3                | PA                         |
| <i>plerixafor</i>   | 5                |                            |
| PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL)   | 4                | PA                         |
| PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)  | 5                | PA                         |
| PROMACTA  | 5                | PA                         |
| RETACRIT  | 4                | PA                         |
| UDENYCA   | 5                | PA                         |
| UDENYCA AUTOINJECTOR  | 5                | PA                         |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| UDENYCA ONBODY   | 5         | PA                  |
| ZIEXTENZO  | 5         | PA                  |
| <b>Hemostasis Agents</b>   |           |                     |
| CYKLOKAPRON  | 4         |                     |
| <i>tranexamic acid (650 mg tablet, 1,000 mg/10 ml)</i>             | 2         |                     |
| <b>Platelet Modifying Agents</b>                                   |           |                     |
| <i>aspirin-dipyridamole er</i>                                     | 2         |                     |
| BRILINTA   | 3         |                     |
| CABLIVI  | 5         |                     |
| <i>cilostazol</i>  | 2         |                     |
| <i>clopidogrel 75 mg tablet</i>                                    | 1         |                     |
| <i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>     | 2         |                     |
| PLAVIX   | 4         |                     |
| <i>prasugrel hcl</i>   | 2         |                     |
| <b>Cardiovascular Agents</b>                                       |           |                     |
| <b>Alpha-adrenergic Agonists</b>                                   |           |                     |
| <i>clonidine</i>   | 2         |                     |
| <i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i> | 1         |                     |
| <i>droxidopa</i>   | 5         | PA                  |
| <i>guanfacine hcl</i>  | 2         |                     |
| <i>midodrine hcl</i>   | 2         |                     |
| NORTHERA   | 5         | PA                  |
| <b>Alpha-adrenergic Blocking Agents</b>                            |           |                     |
| CARDURA  | 4         | QL (60 PER 30 DAYS) |
| <i>doxazosin mesylate</i>  | 2         | QL (60 PER 30 DAYS) |
| MINIPRESS  | 4         |                     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>phenoxybenzamine hcl</i>                                      | 5         |                     |
| <i>prazosin hcl</i>  | 2         |                     |
| <i>terazosin 1 mg capsule</i>                                    | 1         | QL (90 PER 30 DAYS) |
| <i>terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)</i> | 1         | QL (60 PER 30 DAYS) |

### Angiotensin II Receptor Antagonists

|  |   |                     |
|--|---|---------------------|
| ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)             | 4 | QL (60 PER 30 DAYS) |
| ATACAND 32 MG TABLET   | 4 | QL (30 PER 30 DAYS) |
| AVAPRO   | 4 | QL (30 PER 30 DAYS) |
| BENICAR (20 MG TABLET, 40 MG TABLET)                         | 4 | QL (30 PER 30 DAYS) |
| BENICAR 5 MG TABLET  | 4 | QL (60 PER 30 DAYS) |
| <i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)</i>  | 1 | QL (60 PER 30 DAYS) |
| <i>candesartan cilexetil 32 mg tb</i>                        | 1 | QL (30 PER 30 DAYS) |
| COZAAR (25 MG TABLET, 50 MG TABLET)                          | 4 | QL (60 PER 30 DAYS) |
| COZAAR 100 MG TABLET   | 4 | QL (30 PER 30 DAYS) |
| DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)           | 4 | QL (60 PER 30 DAYS) |
| DIOVAN 320 MG TABLET   | 4 | QL (30 PER 30 DAYS) |
| EDARBI   | 4 | QL (30 PER 30 DAYS) |
| <i>irbesartan</i>  | 1 | QL (30 PER 30 DAYS) |
| <i>losartan potassium (25 mg tab, 50 mg tab)</i>             | 1 | QL (60 PER 30 DAYS) |
| <i>losartan potassium 100 mg tab</i>                         | 1 | QL (30 PER 30 DAYS) |
| MICARDIS   | 4 | QL (30 PER 30 DAYS) |
| <i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>           | 1 | QL (30 PER 30 DAYS) |
| <i>olmesartan medoxomil 5 mg tab</i>                         | 1 | QL (60 PER 30 DAYS) |
| <i>telmisartan</i>   | 1 | QL (30 PER 30 DAYS) |
| <i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i> | 1 | QL (60 PER 30 DAYS) |
| <i>valsartan 320 mg tablet</i>                               | 1 | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>                         |           |                     |
| ACCUPRIL  | 4         |                     |
| ALTACE  | 4         |                     |
| <i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i> | 1         |                     |
| <i>captopril</i>  | 1         |                     |
| <i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>      | 1         |                     |
| <i>fosinopril sodium</i>  | 1         |                     |
| <i>lisinopril</i>   | 1         |                     |
| LOTENSIN  | 4         |                     |
| <i>moexipril hcl</i>  | 1         |                     |
| <i>perindopril erbumine</i>   | 1         |                     |
| <i>quinapril hcl</i>  | 1         |                     |
| <i>ramipril</i>   | 1         |                     |
| <i>trandolapril</i>   | 1         |                     |
| VASOTEC   | 4         |                     |
| ZESTRIL   | 4         |                     |
| <b>Antiarrhythmics</b>  |           |                     |
| <i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>           | 2         |                     |
| <i>dofetilide</i>   | 2         |                     |
| <i>flecainide acetate</i>   | 2         |                     |
| <i>lidocaine hcl (abboject, syringe)</i>                                      | 4         |                     |
| <i>mexiletine hcl</i>   | 2         |                     |
| MULTAQ  | 3         |                     |
| <i>pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>                 | 2         |                     |
| <i>propafenone hcl</i>  | 2         |                     |
| <i>propafenone hcl er</i>   | 2         |                     |
| <i>quinidine gluc er 324 mg tab</i>   | 2         |                     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>quinidine sulfate</i>                                     | 2         |                     |
| RYTHMOL SR (225 MG CAPSULE, 325 MG CAPSULE)                  | 4         |                     |
| RYTHMOL SR 425 MG CAPSULE                                    | 5         |                     |
| <i>sorine (120 mg tablet, 160 mg tablet, 240 mg tablet)</i>  | 2         |                     |
| <i>sorine 80 mg tablet</i>                                   | 1         |                     |
| <i>sotalol (120 mg tablet, 160 mg tablet, 240 mg tablet)</i> | 2         |                     |
| <i>sotalol 80 mg tablet</i>                                  | 1         |                     |
| <i>sotalol af (120 mg tablet, 160 mg tablet)</i>             | 2         |                     |
| <i>sotalol af 80 mg tablet</i>                               | 1         |                     |
| TIKOSYN  | 4         |                     |

### Beta-adrenergic Blocking Agents

|  |   |  |
|--|---|--|
| <i>acebutolol hcl</i>  | 2 |  |
| <i>atenolol</i>  | 1 |  |
| <i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>                  | 2 |  |
| <i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>                   | 2 |  |
| BYSTOLIC   | 4 |  |
| <i>carvedilol</i>  | 1 |  |
| <i>carvedilol er</i>   | 2 |  |
| COREG CR   | 4 |  |
| CORGARD (20 MG TABLET, 40 MG TABLET)                               | 4 |  |
| INDERAL LA   | 5 |  |
| INDERAL XL   | 5 |  |
| INNOPRAN XL  | 5 |  |
| <i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i> | 2 |  |
| LOPRESSOR (50 MG TABLET, 100 MG TABLET)                            | 4 |  |
| <i>metoprolol succinate</i>  | 1 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>  | 1                |                            |
| <i>nadolol</i>  | 2                |                            |
| <i>nebivolol hcl</i>  | 2                |                            |
| <i>pindolol</i>   | 2                |                            |
| <i>propranolol hcl (1 mg/ml vial, 10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i> | 2                |                            |
| <i>propranolol hcl er</i>   | 2                |                            |
| TENORMIN  | 4                |                            |
| <i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>  | 2                |                            |
| TOPROL XL   | 4                |                            |

### **Calcium Channel Blocking Agents, Dihydropyridines**

|   |   |  |
|---|---|--|
| <i>amlodipine besylate</i>  | 1 |  |
| <i>felodipine er</i>  | 2 |  |
| <i>isradipine</i>   | 2 |  |
| <i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>                   | 2 |  |
| <i>nifedipine er</i>  | 2 |  |
| <i>nimodipine</i>   | 2 |  |
| <i>nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet)</i> | 2 |  |
| <i>nisoldipine er 25.5 mg tablet</i>                                    | 3 |  |
| NORVASC   | 4 |  |
| PROCARDIA XL  | 4 |  |
| SULAR   | 4 |  |

### **Calcium Channel Blocking Agents, Nondihydropyridines**

|                  |   |  |
|------------------|---|--|
| CARDIZEM         | 4 |  |
| CARDIZEM CD      | 4 |  |
| CARDIZEM LA      | 4 |  |
| <i>cartia xt</i> | 2 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.



| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>dilt-xr</i>   | 2         |                     |
| <i>diltiazem 12hr er</i>   | 2         |                     |
| <i>diltiazem 24hr er</i>   | 2         |                     |
| <i>diltiazem 24hr er (cd)</i>  | 2         |                     |
| <i>diltiazem 24hr er (la)</i>  | 2         |                     |
| <i>diltiazem 24hr er (xr)</i>  | 2         |                     |
| <i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i> | 2         |                     |
| <i>matzim la</i>   | 2         |                     |
| <i>taztia xt</i>   | 2         |                     |
| <i>tiadylt er</i>  | 2         |                     |
| TIAZAC   | 4         |                     |
| <i>verapamil er</i>  | 2         |                     |
| <i>verapamil er pm</i>   | 4         |                     |
| <i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>               | 1         |                     |
| <i>verapamil sr</i>  | 2         |                     |
| VERELAN  | 4         |                     |
| VERELAN PM   | 4         |                     |

### Cardiovascular Agents, Other

|  |   |                     |
|--|---|---------------------|
| ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET) | 4 |                     |
| <i>acetazolamide</i>                             | 2 |                     |
| <i>acetazolamide er</i>                          | 2 |                     |
| ALDACTAZIDE 25-25 TABLET                         | 4 |                     |
| <i>aliskiren</i>                                 | 2 | QL (30 PER 30 DAYS) |
| <i>amiloride-hydrochlorothiazide</i>             | 2 |                     |
| <i>amlodipine besylate-benazepril</i>            | 1 |                     |
| <i>amlodipine-atorvastatin</i>                   | 2 |                     |
| <i>amlodipine-olmesartan</i>                     | 1 | QL (30 PER 30 DAYS) |
| <i>amlodipine-valsartan</i>                      | 1 | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| <i>amlodipine-valsartan-hctz</i>  | 2         | QL (30 PER 30 DAYS)      |
| ATACAND HCT   | 4         | QL (30 PER 30 DAYS)      |
| <i>atenolol-chlorthalidone</i>  | 1         |                          |
| AVALIDE   | 4         | QL (30 PER 30 DAYS)      |
| AZOR  | 4         | QL (30 PER 30 DAYS)      |
| <i>benazepril-hydrochlorothiazide</i>   | 1         |                          |
| BENICAR HCT   | 4         | QL (30 PER 30 DAYS)      |
| <i>bisoprolol-hydrochlorothiazide</i>   | 1         |                          |
| <i>candesartan-hydrochlorothiazid</i>   | 2         | QL (30 PER 30 DAYS)      |
| CORLANOR (5 MG TABLET, 7.5 MG TABLET)   | 3         | PA, QL (60 PER 30 DAYS)  |
| CORLANOR 5 MG/5 ML ORAL SOLN  | 3         | PA, QL (600 PER 30 DAYS) |
| DEMSER  | 5         |                          |
| <i>digitek</i>  | 2         | QL (30 PER 30 DAYS)      |
| <i>digox</i>  | 2         | QL (30 PER 30 DAYS)      |
| <i>digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i> | 2         | QL (30 PER 30 DAYS)      |
| <i>digoxin 0.05 mg/ml solution</i>  | 2         | QL (150 PER 30 DAYS)     |
| DIOVAN HCT  | 4         | QL (30 PER 30 DAYS)      |
| EDARBYCLOR  | 4         | QL (30 PER 30 DAYS)      |
| <i>enalapril-hydrochlorothiazide</i>  | 1         |                          |
| ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)  | 3         | QL (60 PER 30 DAYS)      |
| ENTRESTO 24 MG-26 MG TABLET   | 3         | QL (180 PER 30 DAYS)     |
| EXFORGE   | 4         | QL (30 PER 30 DAYS)      |
| EXFORGE HCT   | 4         | QL (30 PER 30 DAYS)      |
| <i>fosinopril-hydrochlorothiazide</i>   | 1         |                          |
| HYZAAR  | 4         | QL (30 PER 30 DAYS)      |
| <i>irbesartan-hydrochlorothiazide</i>   | 1         | QL (30 PER 30 DAYS)      |
| LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)   | 4         | QL (30 PER 30 DAYS)      |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>lisinopril-hydrochlorothiazide</i>  | 1         |                     |
| <i>losartan-hydrochlorothiazide</i>  | 1         | QL (30 PER 30 DAYS) |
| LOTENSIN HCT   | 4         |                     |
| MAXZIDE  | 4         |                     |
| MAXZIDE-25 MG  | 4         |                     |
| <i>methazolamide</i>   | 2         |                     |
| <i>metoprolol-hydrochlorothiazide</i>  | 2         |                     |
| <i>metyrosine</i>  | 5         |                     |
| MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)                                  | 4         | QL (30 PER 30 DAYS) |
| MICARDIS HCT 80-12.5 MG TABLET   | 4         | QL (60 PER 30 DAYS) |
| <i>olmesartan-amlodipine-hctz</i>  | 2         | QL (30 PER 30 DAYS) |
| <i>olmesartan-hydrochlorothiazide</i>  | 1         | QL (30 PER 30 DAYS) |
| <i>pentoxifylline</i>  | 2         |                     |
| <i>quinapril-hydrochlorothiazide</i>   | 1         |                     |
| <i>ranolazine er</i>   | 2         | QL (60 PER 30 DAYS) |
| <i>spironolactone-hctz</i>   | 1         |                     |
| TEKTURNA   | 4         | QL (30 PER 30 DAYS) |
| <i>telmisartan-amlodipine</i>  | 2         | QL (30 PER 30 DAYS) |
| <i>telmisartan-hctz 80-12.5 mg tb</i>  | 1         | QL (60 PER 30 DAYS) |
| <i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>                | 1         | QL (30 PER 30 DAYS) |
| TENORETIC 100  | 4         |                     |
| TENORETIC 50   | 4         |                     |
| <i>trandolapril-verapamil er</i>   | 1         |                     |
| <i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i> | 1         |                     |
| TRIBENZOR  | 4         | QL (30 PER 30 DAYS) |
| <i>valsartan-hydrochlorothiazide</i>   | 1         | QL (30 PER 30 DAYS) |
| VASERETIC  | 4         |                     |
| VERQUVO  | 3         | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| ZESTORETIC  | 4         |                         |
| ZIAC  | 4         |                         |
| <b>Diuretics, Loop</b>  |           |                         |
| <i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>                   | 2         |                         |
| <i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>   | 1         |                         |
| <i>furosemide (20 mg/2 ml vial, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 100 mg/10 ml syring, 100 mg/10 ml vial)</i> | 2         |                         |
| LASIX   | 4         |                         |
| <i>torseamide</i>   | 1         |                         |
| <b>Diuretics, Potassium-sparing</b>   |           |                         |
| ALDACTONE   | 4         |                         |
| <i>amiloride hcl</i>  | 2         |                         |
| <i>eplerenone</i>   | 2         |                         |
| INSPRA  | 4         |                         |
| KERENDIA  | 3         | PA, QL (30 PER 30 DAYS) |
| <i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>   | 1         |                         |
| <b>Diuretics, Thiazide</b>  |           |                         |
| <i>chlorthalidone</i>   | 2         |                         |
| <i>hydrochlorothiazide</i>  | 1         |                         |
| <i>indapamide</i>   | 1         |                         |
| <i>metolazone</i>   | 2         |                         |
| <b>Dyslipidemics, Fibric Acid Derivatives</b>   |           |                         |
| <i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>  | 2         | QL (60 PER 30 DAYS)     |
| <i>fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>                  | 2         | QL (30 PER 30 DAYS)     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME                            | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------|-----------|---------------------|
| <i>fenofibric acid dr 135 mg cap</i> | 2         | QL (30 PER 30 DAYS) |
| <i>fenofibric acid dr 45 mg cap</i>  | 2         | QL (60 PER 30 DAYS) |
| <i>gemfibrozil</i>                   | 1         | QL (60 PER 30 DAYS) |
| LOPID                                | 4         | QL (60 PER 30 DAYS) |

### Dyslipidemics, HMG CoA Reductase Inhibitors

|  |   |                     |
|--|---|---------------------|
| <i>atorvastatin 80 mg tablet</i>                                       | 1 | QL (30 PER 30 DAYS) |
| <i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i> | 1 | QL (45 PER 30 DAYS) |
| CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)                      | 4 | QL (45 PER 30 DAYS) |
| CRESTOR 40 MG TABLET   | 4 | QL (30 PER 30 DAYS) |
| <i>fluvastatin sodium</i>  | 2 | QL (60 PER 30 DAYS) |
| LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)                     | 4 | QL (45 PER 30 DAYS) |
| LIPITOR 80 MG TABLET   | 4 | QL (30 PER 30 DAYS) |
| <i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>           | 1 | QL (60 PER 30 DAYS) |
| <i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>            | 1 | QL (45 PER 30 DAYS) |
| <i>pravastatin sodium 80 mg tab</i>                                    | 1 | QL (30 PER 30 DAYS) |
| <i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>           | 1 | QL (45 PER 30 DAYS) |
| <i>rosuvastatin calcium 40 mg tab</i>                                  | 1 | QL (30 PER 30 DAYS) |
| <i>simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)</i>           | 1 | QL (45 PER 30 DAYS) |
| <i>simvastatin 20 mg tablet</i>  | 1 | QL (60 PER 30 DAYS) |
| <i>simvastatin 80 mg tablet</i>  | 1 | QL (30 PER 30 DAYS) |
| ZOCOR (10 MG TABLET, 40 MG TABLET)                                     | 4 | QL (45 PER 30 DAYS) |
| ZOCOR 20 MG TABLET   | 4 | QL (60 PER 30 DAYS) |

### Dyslipidemics, Other

|  |   |  |
|--|---|--|
| <i>cholestyramine (packet, powder)</i>       | 2 |  |
| <i>cholestyramine light (packet, powder)</i> | 2 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS    |
|--|-----------|------------------------|
| COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET) | 4         |                        |
| <i>colestipol hcl (1 gm tablet, granules, granules packet)</i>       | 2         |                        |
| <i>ezetimibe</i>   | 2         | QL (30 PER 30 DAYS)    |
| <i>ezetimibe-simvastatin</i>   | 1         | QL (30 PER 30 DAYS)    |
| <i>icosapent ethyl (0.5 gm capsule, 500 mg capsule)</i>              | 2         | QL (240 PER 30 DAYS)   |
| <i>icosapent ethyl 1 gram capsule</i>                                | 3         | QL (120 PER 30 DAYS)   |
| JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE) | 5         | PA                     |
| LOVAZA   | 4         |                        |
| <i>niacin er (750 mg tablet, 1,000 mg tablet)</i>                    | 2         | QL (60 PER 30 DAYS)    |
| <i>niacin er 500 mg tablet</i>                                       | 2         | QL (30 PER 30 DAYS)    |
| <i>omega-3 acid ethyl esters</i>                                     | 2         |                        |
| <i>prevalite (packet, powder)</i>                                    | 2         |                        |
| REPATHA PUSHTRONEX   | 3         | PA, QL (7 PER 28 DAYS) |
| REPATHA SURECLICK  | 3         | PA, QL (2 PER 28 DAYS) |
| REPATHA SYRINGE  | 3         | PA, QL (2 PER 28 DAYS) |
| <i>triklo</i>  | 2         |                        |
| VASCEPA 0.5 GM CAPSULE   | 3         | QL (240 PER 30 DAYS)   |
| VASCEPA 1 GM CAPSULE   | 3         | QL (120 PER 30 DAYS)   |
| VYTORIN  | 4         | QL (30 PER 30 DAYS)    |
| ZETIA  | 4         | QL (30 PER 30 DAYS)    |

### Vasodilators, Direct-acting Arterial

|  |   |  |
|--|---|--|
| <i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | 1 |  |
| <i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>                                   | 2 |  |

### Vasodilators, Direct-acting Arterial/Venous

|                   |   |  |
|-------------------|---|--|
| ISORDIL TITRADOSE | 4 |  |
|-------------------|---|--|

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>                                   | 2         |                     |
| <i>isosorbide mononit 10 mg tab</i>   | 2         |                     |
| <i>isosorbide mononit 20 mg tab</i>   | 1         |                     |
| <i>isosorbide mononit er 120 mg</i>   | 2         |                     |
| <i>isosorbide mononitrate er (er 30 mg tb, er 60 mg tb)</i>   | 1         |                     |
| NITRO-BID   | 4         |                     |
| <i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i> | 2         |                     |
| <i>nitroglycerin patch</i>  | 2         |                     |
| NITROLINGUAL  | 4         |                     |
| NITROSTAT   | 4         |                     |
| RECTIV  | 4         |                     |

## Central Nervous System Agents

### Attention Deficit Hyperactivity Disorder Agents, Amphetamines

|  |   |                      |
|--|---|----------------------|
| ADDERALL XR  | 4 | QL (30 PER 30 DAYS)  |
| DEXEDRINE (10 MG, 15 MG)   | 4 | QL (120 PER 30 DAYS) |
| DEXEDRINE SPANSULE 5 MG  | 4 | QL (90 PER 30 DAYS)  |
| <i>dextroamp-amphetamin 20 mg tab</i>  | 2 | QL (90 PER 30 DAYS)  |
| <i>dextroamphetamine 10 mg tab</i>   | 2 | QL (180 PER 30 DAYS) |
| <i>dextroamphetamine 5 mg tab</i>  | 2 | QL (90 PER 30 DAYS)  |
| <i>dextroamphetamine er 5 mg cap</i>   | 2 | QL (90 PER 30 DAYS)  |
| <i>dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)</i>   | 2 | QL (120 PER 30 DAYS) |
| <i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i> | 2 | QL (30 PER 30 DAYS)  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)</i> | 2                | QL (60 PER 30 DAYS)        |
| <i>lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>   | 2                | QL (30 PER 30 DAYS)        |
| VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)  | 3                | QL (30 PER 30 DAYS)        |
| <i>zenzedi 10 mg tablet</i>  | 2                | QL (180 PER 30 DAYS)       |
| <i>zenzedi 5 mg tablet</i>   | 2                | QL (90 PER 30 DAYS)        |

### **Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines**

|   |   |                          |
|---|---|--------------------------|
| <i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i> | 2 | QL (60 PER 30 DAYS)      |
| <i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>               | 2 | QL (30 PER 30 DAYS)      |
| <i>clonidine hcl er 0.1 mg tablet</i>   | 2 | QL (120 PER 30 DAYS)     |
| <i>dexmethylphenidate hcl</i>   | 2 | PA, QL (60 PER 30 DAYS)  |
| FOCALIN   | 4 | PA, QL (60 PER 30 DAYS)  |
| <i>guanfacine hcl er</i>  | 2 | QL (30 PER 30 DAYS)      |
| <i>methylphenidate 10 mg/5 ml sol</i>   | 2 | PA, QL (900 PER 30 DAYS) |
| <i>methylphenidate 5 mg/5 ml soln</i>   | 2 | PA, QL (450 PER 30 DAYS) |
| <i>methylphenidate er 20 mg tab</i>   | 2 | PA, QL (90 PER 30 DAYS)  |
| <i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                | 2 | PA, QL (90 PER 30 DAYS)  |
| RITALIN   | 4 | PA, QL (90 PER 30 DAYS)  |
| STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)              | 4 | QL (60 PER 30 DAYS)      |
| STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)                            | 4 | QL (30 PER 30 DAYS)      |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**



| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| <b>Central Nervous System, Other</b>                    |           |                          |
| NUEDEXTA  | 5         | PA, QL (60 PER 30 DAYS)  |
| <i>riluzole</i>   | 2         |                          |
| <i>tetrabenazine 12.5 mg tablet</i>                     | 2         | PA, QL (240 PER 30 DAYS) |
| <i>tetrabenazine 25 mg tablet</i>                       | 5         | PA, QL (120 PER 30 DAYS) |
| XENAZINE 12.5 MG TABLET                                 | 5         | PA, QL (240 PER 30 DAYS) |
| XENAZINE 25 MG TABLET                                   | 5         | PA, QL (120 PER 30 DAYS) |
| <b>Multiple Sclerosis Agents</b>                        |           |                          |
| AMPYRA  | 5         | PA                       |
| AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT) | 5         | PA, QL (1 PER 28 DAYS)   |
| AVONEX PEN  | 5         | PA, QL (1 PER 28 DAYS)   |
| BETASERON   | 5         | PA, QL (15 PER 30 DAYS)  |
| COPAXONE 20 MG/ML SYRINGE                               | 5         | PA, QL (30 PER 30 DAYS)  |
| COPAXONE 40 MG/ML SYRINGE                               | 5         | PA, QL (12 PER 28 DAYS)  |
| <i>dalfampridine er</i>                                 | 2         | PA                       |
| <i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>   | 2         | PA, QL (60 PER 30 DAYS)  |
| <i>dimethyl fumarate 30d start pk</i>                   | 5         | PA, QL (60 PER 30 DAYS)  |
| <i>fingolimod</i>                                       | 5         | PA, QL (30 PER 30 DAYS)  |
| GILENYA 0.5 MG CAPSULE                                  | 5         | PA, QL (30 PER 30 DAYS)  |
| <i>glatiramer 20 mg/ml syringe</i>                      | 5         | PA, QL (30 PER 30 DAYS)  |
| <i>glatiramer 40 mg/ml syringe</i>                      | 5         | PA, QL (12 PER 28 DAYS)  |
| <i>glatopa 20 mg/ml syringe</i>                         | 5         | PA, QL (30 PER 30 DAYS)  |
| <i>glatopa 40 mg/ml syringe</i>                         | 5         | PA, QL (12 PER 28 DAYS)  |
| MAYZENT (1 MG TABLET, 2 MG TABLET)                      | 5         | PA, QL (30 PER 30 DAYS)  |
| MAYZENT 0.25 MG TABLET                                  | 5         | PA, QL (120 PER 30 DAYS) |
| MAYZENT 0.25MG START-1MG MAINT                          | 4         | PA, QL (7 PER 28 DAYS)   |
| MAYZENT 0.25MG START-2MG MAINT                          | 4         | PA, QL (12 PER 28 DAYS)  |
| PLEGRIDY  | 5         | PA, QL (1 PER 28 DAYS)   |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME    | DRUG TIER | REQUIREMENTS/LIMITS      |
|--------------|-----------|--------------------------|
| PLEGRIDY PEN | 5         | PA, QL (1 PER 28 DAYS)   |
| TECFIDERA    | 5         | PA, QL (60 PER 30 DAYS)  |
| TYSABRI      | 5         | PA                       |
| VUMERITY     | 5         | PA, QL (120 PER 30 DAYS) |

### Dental and Oral Agents

|  |   |  |
|--|---|--|
| <i>cevimeline hcl</i>  | 2 |  |
| <i>chlorhexidine gluconate (15 ml cup, 15 ml cup, rinse)</i> | 1 |  |
| KEPIVANCE  | 5 |  |
| <i>kourzeq</i>   | 2 |  |
| <i>oralone</i>   | 2 |  |
| <i>periogard</i>   | 1 |  |
| <i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>          | 2 |  |
| SALAGEN  | 4 |  |
| <i>triamcinolone 0.1% paste</i>                              | 2 |  |

### Dermatological Agents

#### Acne and Rosacea Agents

|  |   |    |
|--|---|----|
| <i>acutane</i>   | 2 |    |
| <i>acitretin</i>   | 2 |    |
| <i>amnesteem</i>   | 2 |    |
| AVITA  | 2 | PA |
| <i>azelaic acid 15% gel</i>  | 2 |    |
| AZELEX   | 4 |    |
| BENZAMYCIN   | 4 |    |
| <i>claravis</i>  | 2 |    |
| <i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i> | 2 |    |
| <i>erythromycin-benzoyl peroxide</i>   | 2 |    |
| FINACEA 15% FOAM   | 3 |    |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| FINACEA 15% GEL   | 4         |                     |
| <i>isotretinoin</i>   | 2         |                     |
| KLARON  | 4         |                     |
| <i>myorisan</i>   | 2         |                     |
| ORACEA  | 3         |                     |
| RETIN-A   | 4         | PA                  |
| <i>sulfacetamide sodium (sod top susp, sodium lotn)</i>                         | 2         |                     |
| <i>tazarotene (0.05% gel, 0.1% cream, 0.1% gel)</i>                             | 2         | PA                  |
| TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)                                      | 4         | PA                  |
| <i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i> | 2         | PA                  |
| <i>zenatane</i>   | 2         |                     |

### **Dermatitis and Pruitus Agents**

|   |   |                      |
|---|---|----------------------|
| ALA-CORT 1% CREAM                                     | 1 |                      |
| <i>ala-cort 2.5% cream</i>                            | 1 | QL (454 PER 30 DAYS) |
| <i>alclometasone dipropionate</i>                     | 2 | QL (120 PER 30 DAYS) |
| <i>ammonium lactate</i>                               | 2 |                      |
| <i>betamethasone diprop augmented (crm, oin)</i>      | 2 | QL (200 PER 28 DAYS) |
| <i>betamethasone dipropionate (crm, oint)</i>         | 2 | QL (135 PER 30 DAYS) |
| <i>betamethasone dp 0.05% lot</i>                     | 2 | QL (120 PER 30 DAYS) |
| <i>betamethasone dp aug 0.05% gel</i>                 | 3 | QL (200 PER 28 DAYS) |
| <i>betamethasone dp aug 0.05% lot</i>                 | 2 | QL (210 PER 30 DAYS) |
| <i>betamethasone va 0.1% lotion</i>                   | 2 | QL (120 PER 30 DAYS) |
| <i>betamethasone valerate (va cream, valer ointm)</i> | 2 | QL (135 PER 30 DAYS) |
| <i>clobetasol 0.05% shampoo</i>                       | 2 | QL (236 PER 30 DAYS) |
| <i>clobetasol emollient 0.05% crm</i>                 | 2 | QL (210 PER 28 DAYS) |
| <i>clobetasol propionate (cream, gel, ointment)</i>   | 2 | QL (210 PER 28 DAYS) |
| <i>clobetasol propionate (prop foam, solution)</i>    | 2 | QL (200 PER 28 DAYS) |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>clodan</i>  | 2                | QL (236 PER 30 DAYS)       |
| <i>desonide (cream, ointment)</i>  | 2                | QL (120 PER 30 DAYS)       |
| <i>desonide 0.05% lotion</i>   | 2                | QL (118 PER 30 DAYS)       |
| <i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>  | 2                | QL (120 PER 30 DAYS)       |
| DIPROLENE  | 4                | QL (200 PER 28 DAYS)       |
| <i>doxepin 5% cream</i>  | 2                | PA                         |
| ELIDEL   | 4                | PA                         |
| <i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>   | 2                | QL (120 PER 30 DAYS)       |
| <i>fluocinolone acetonide (body oil, scalp oil)</i>  | 2                | QL (118.28 PER 30 DAYS)    |
| <i>fluocinonide (cream, gel, ointment, solution)</i>   | 2                | QL (120 PER 30 DAYS)       |
| <i>fluocinonide-e</i>  | 2                | QL (120 PER 30 DAYS)       |
| <i>fluticasone propionate (0.005% oint, 0.05% cream)</i>   | 2                | QL (120 PER 30 DAYS)       |
| <i>halobetasol propionate (cream, ointmnt)</i>   | 2                | QL (200 PER 28 DAYS)       |
| <i>hydrocortisone (cream, ointment)</i>  | 1                |                            |
| <i>hydrocortisone 2.5% lotion</i>  | 2                | QL (118 PER 30 DAYS)       |
| <i>hydrocortisone 2.5% ointment</i>  | 1                | QL (454 PER 30 DAYS)       |
| <i>hydrocortisone butyr 0.1% soln</i>  | 2                | QL (120 PER 30 DAYS)       |
| <i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i> | 2                | QL (135 PER 30 DAYS)       |
| <i>hydrocortisone valerate</i>   | 2                | QL (120 PER 30 DAYS)       |
| LOCOID LIPOCREAM   | 4                | QL (135 PER 30 DAYS)       |
| <i>mometasone furoate (cream, oint)</i>  | 2                | QL (135 PER 30 DAYS)       |
| <i>mometasone furoate 0.1% soln</i>  | 2                | QL (120 PER 30 DAYS)       |
| <i>pimecrolimus</i>  | 2                | PA                         |
| <i>prednicarbate 0.1% ointment</i>   | 4                | QL (120 PER 30 DAYS)       |
| PRUDOXIN   | 4                | PA                         |
| <i>selenium sulfide 2.5% lotion</i>  | 2                |                            |
| <i>tacrolimus (0.03%, 0.1%)</i>  | 2                | PA                         |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS  |
|---|-----------|----------------------|
| <i>triamcinolone 0.025% cream</i>   | 1         | QL (454 PER 30 DAYS) |
| <i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>          | 2         | QL (120 PER 30 DAYS) |
| <i>triamcinolone acetonide (0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i> | 2         | QL (454 PER 30 DAYS) |
| <i>triderm</i>  | 2         | QL (454 PER 30 DAYS) |
| ZONALON   | 4         | PA                   |

### Dermatological Agents, Other

|  |   |                         |
|--|---|-------------------------|
| <i>calcipotriene (cream, ointment, solution)</i> | 2 | QL (120 PER 30 DAYS)    |
| <i>calcitrene</i>                                | 2 | QL (120 PER 30 DAYS)    |
| <i>clotrimazole-betamethasone (crm, lot)</i>     | 2 |                         |
| <i>diclofenac sodium 3% gel</i>                  | 2 | PA                      |
| <i>fluorouracil (2% soln, 5% soln)</i>           | 3 |                         |
| <i>fluorouracil 0.5% cream</i>                   | 5 |                         |
| <i>fluorouracil 5% cream</i>                     | 2 |                         |
| <i>imiquimod 5% cream packet</i>                 | 2 | PA                      |
| <i>methoxsalen</i>                               | 5 |                         |
| <i>nystatin-triamcinolone</i>                    | 2 |                         |
| OTEZLA (28 DAY STARTER PACK, 30 MG TABLET)       | 5 | PA                      |
| <i>podofilox 0.5% topical soln</i>               | 2 |                         |
| REGRANEX   | 5 | PA, QL (15 PER 30 DAYS) |
| SANTYL   | 3 | QL (180 PER 30 DAYS)    |
| SILVADENE  | 4 |                         |
| <i>silver sulfadiazine</i>                       | 2 |                         |
| SSD  | 2 |                         |

### Pediculicides/Scabicides

|                            |   |    |
|----------------------------|---|----|
| <i>ivermectin 1% cream</i> | 2 | PA |
| <i>lindane</i>             | 3 |    |
| <i>malathion</i>           | 2 |    |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME         | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------|-----------|---------------------|
| OVIDE             | 4         |                     |
| <i>permethrin</i> | 2         |                     |
| SOOLANTRA         | 3         | PA                  |

### Topical Anti-infectives

|   |   |                          |
|---|---|--------------------------|
| <i>gentamicin sulfate (cream, ointment)</i>   | 2 |                          |
| METROCREAM  | 4 |                          |
| METROGEL  | 4 |                          |
| METROLOTION   | 4 |                          |
| <i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i> | 2 |                          |
| <i>mupirocin</i>  | 2 | QL (30 PER 30 OVER TIME) |
| <i>rosadan</i>  | 2 |                          |

### Electrolytes/Minerals/ Metals/ Vitamins

#### Electrolyte/Mineral Replacement

|                                      |   |    |
|--------------------------------------|---|----|
| <i>aqua care sodium chloride</i>     | 2 |    |
| CARBAGLU                             | 5 | PA |
| <i>carglumic acid</i>                | 5 | PA |
| <i>dextrose 2.5%-0.45% nacl</i>      | 2 |    |
| <i>dextrose 5%-0.2% nacl</i>         | 1 |    |
| <i>dextrose 5%-0.225% nacl</i>       | 1 |    |
| <i>dextrose 5%-0.3% nacl</i>         | 1 |    |
| <i>dextrose 5%-0.33% nacl</i>        | 1 |    |
| <i>dextrose 5%-0.45% nacl</i>        | 2 |    |
| <i>dextrose 5%-0.9% nacl</i>         | 2 |    |
| <i>dextrose in lactated ringers</i>  | 2 |    |
| <i>kcl 20 meq in d5w-lact ringer</i> | 3 |    |
| <i>kcl 20 meq/l in d5w solution</i>  | 2 |    |
| <i>kcl-d5w-0.2% nacl</i>             | 2 |    |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)</i>   | 2         |                     |
| <i>kcl-d5w-0.45% nacl</i>   | 2         |                     |
| KLOR-CON 10   | 2         |                     |
| KLOR-CON 8  | 2         |                     |
| <i>klor-con m10</i>   | 2         |                     |
| KLOR-CON M15  | 2         |                     |
| <i>klor-con m20</i>   | 2         |                     |
| <i>lactated ringers injection</i>   | 2         |                     |
| <i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>  | 2         |                     |
| <i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i> | 2         |                     |
| <i>potassium chloride proamp</i>  | 2         |                     |
| <i>potassium chloride-0.45% nacl</i>  | 2         |                     |
| <i>potassium citrate er</i>   | 2         |                     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| <i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)</i> | 2         |                          |
| <i>sodium chloride-water</i>  | 2         |                          |
| <b>Electrolyte/Mineral/Metal Modifiers</b>  |           |                          |
| CHEMET  | 4         |                          |
| <i>deferasirox (90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>  | 5         | PA                       |
| <i>deferasirox (90 mg tablet, 125 mg tb for susp)</i>   | 2         | PA                       |
| EXJADE  | 5         | PA                       |
| JADENU  | 5         | PA                       |
| JADENU SPRINKLE   | 5         | PA                       |
| SAMSCA  | 5         | PA                       |
| SYPRINE   | 5         | PA, QL (240 PER 30 DAYS) |
| <i>tolvaptan</i>  | 5         | PA                       |
| <i>trientine hcl 250 mg capsule</i>   | 5         | PA, QL (240 PER 30 DAYS) |
| <i>dextrose 10%-water iv solution</i>   | 1         |                          |
| <i>dextrose in water (50 ml, 100 ml, iv soln, vial)</i>   | 2         |                          |
| <i>fomepizole</i>   | 5         |                          |
| <i>glucose in water</i>   | 2         |                          |
| INTRALIPID 20% IV FAT EMUL  | 4         | PA                       |
| NUTRILIPID  | 4         | PA                       |
| <i>sterile water for irrigation</i>   | 2         |                          |
| TRAVASOL  | 4         | PA                       |
| TROPHAMINE  | 4         | PA                       |

You can find information on what the symbols and abbreviations mean by going to the cover pages.



| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| <b>Phosphate Binders</b>  |           |                          |
| AURYXIA   | 5         | PA, QL (360 PER 30 DAYS) |
| <i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i> | 2         |                          |
| FOSRENOL (750 MG POWDER PACKET, 750 MG TABLET CHEW)                   | 5         | QL (180 PER 30 DAYS)     |
| FOSRENOL (MG POWDER PACK, MG TABLET CHEW)                             | 5         | QL (120 PER 30 DAYS)     |
| FOSRENOL 500 MG TABLET CHEW   | 5         | QL (90 PER 30 DAYS)      |
| <i>lanthanum carb 1,000 mg tb chw</i>                                 | 4         | QL (120 PER 30 DAYS)     |
| <i>lanthanum carb 500 mg tab chew</i>                                 | 4         | QL (90 PER 30 DAYS)      |
| <i>lanthanum carb 750 mg tab chew</i>                                 | 5         | QL (180 PER 30 DAYS)     |
| REVELA 0.8 GM POWDER PACKET   | 5         | QL (270 PER 30 DAYS)     |
| REVELA 2.4 GM POWDER PACKET   | 4         | QL (90 PER 30 DAYS)      |
| REVELA 800 MG TABLET  | 5         |                          |
| <i>sevelamer 0.8 gm powder packet</i>                                 | 2         | QL (270 PER 30 DAYS)     |
| <i>sevelamer 2.4 gm powder packet</i>                                 | 2         | QL (90 PER 30 DAYS)      |
| <i>sevelamer carbonate 800 mg tab</i>                                 | 2         |                          |
| VELPHORO  | 5         | QL (180 PER 30 DAYS)     |
| <b>Potassium Binders</b>  |           |                          |
| <i>sodium polystyrene sulf powder</i>                                 | 2         |                          |
| SPS   | 2         |                          |
| VELTASSA  | 3         |                          |

## Gastrointestinal Agents

### Anti-Constipation Agents

|   |   |  |
|---|---|--|
| <i>constulose</i>   | 2 |  |
| <i>enulose</i>  | 2 |  |
| <i>generlac</i>   | 2 |  |
| <i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i> | 2 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS  |
|--|-----------|----------------------|
| LINZESS  | 3         | QL (30 PER 30 DAYS)  |
| <i>lubiprostone 24 mcg capsule</i>   | 2         | QL (60 PER 30 DAYS)  |
| <i>lubiprostone 8 mcg capsule</i>  | 2         | QL (120 PER 30 DAYS) |
| MOVANTIK   | 3         |                      |
| RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET) | 5         | PA                   |

### Anti-Diarrheal Agents

|                                      |   |                         |
|--------------------------------------|---|-------------------------|
| <i>alosetron hcl 0.5 mg tablet</i>   | 2 | PA, QL (60 PER 30 DAYS) |
| <i>alosetron hcl 1 mg tablet</i>     | 5 | PA, QL (60 PER 30 DAYS) |
| <i>diphenoxylate-atrop 2.5-0.025</i> | 2 | PA                      |
| <i>loperamide 2 mg capsule</i>       | 2 |                         |
| LOTRONEX                             | 5 | PA, QL (60 PER 30 DAYS) |
| VIBERZI                              | 5 | PA, QL (60 PER 30 DAYS) |
| XERMELO                              | 5 | PA, QL (90 PER 30 DAYS) |

### Antispasmodics, Gastrointestinal

|   |   |    |
|---|---|----|
| <i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i> | 2 | PA |
| <i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>                      | 2 |    |
| <i>methscopolamine bromide</i>  | 2 | PA |

### Gastrointestinal Agents, Other

|   |   |    |
|---|---|----|
| <i>bismuth-metronidazole-tetracyc</i>   | 2 |    |
| CHENODAL  | 5 | PA |
| GATTEX  | 5 | PA |
| <i>gavilyte-c</i>   | 2 |    |
| <i>gavilyte-g</i>   | 1 |    |
| <i>gavilyte-n</i>   | 1 |    |
| GOLYTELY  | 4 |    |
| <i>metoclopramide hcl (5 mg tablet, 10 mg tablet)</i>   | 1 |    |
| <i>metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial)</i> | 2 |    |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS     |
|--|-----------|-------------------------|
| MOVIPREP   | 4         |                         |
| MYALEPT  | 5         | PA                      |
| NULYTELY   | 4         |                         |
| OICALIVA   | 5         | PA, QL (30 PER 30 DAYS) |
| <i>peg 3350-electrolyte solution</i>                           | 1         |                         |
| <i>peg-3350 and electrolytes</i>                               | 1         |                         |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i>                          | 1         |                         |
| PYLERA   | 3         |                         |
| REGLAN   | 4         |                         |
| <i>sod sulf-potass sulf-mag sulf</i>                           | 2         |                         |
| SUPREP   | 4         |                         |
| SUTAB  | 4         |                         |
| <i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i> | 2         |                         |
| XIFAXAN 550 MG TABLET  | 5         | PA, QL (90 PER 30 DAYS) |

### Histamine2 (H2) Receptor Antagonists

|  |   |  |
|--|---|--|
| <i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>             | 2 |  |
| <i>famotidine (20 mg tablet, 20 mg/2 ml vial, 40 mg tablet)</i>                            | 1 |  |
| <i>famotidine (40 mg/4 ml vial, 40 mg/5 ml susp, 200 mg/20 ml vial, 500 mg/50 ml vial)</i> | 2 |  |
| <i>nizatidine 150 mg capsule</i>   | 4 |  |
| <i>nizatidine 300 mg capsule</i>   | 2 |  |

### Protectants

|   |   |  |
|---|---|--|
| CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)                               | 4 |  |
| CYTOTEC   | 4 |  |
| <i>misoprostol</i>  | 2 |  |
| <i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i> | 2 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <b>Proton Pump Inhibitors</b>   |           |                     |
| <i>esomeprazole magnesium (dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)</i> | 2         | QL (30 PER 30 DAYS) |
| <i>esomeprazole sodium 40 mg vial</i>   | 2         |                     |
| <i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>  | 2         | QL (30 PER 30 DAYS) |
| NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)                        | 4         | QL (30 PER 30 DAYS) |
| NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)   | 4         | QL (30 PER 30 DAYS) |
| NEXIUM I.V.   | 4         |                     |
| <i>omeprazole (dr 20 mg capsule, dr 40 mg capsule)</i>  | 1         | QL (60 PER 30 DAYS) |
| <i>omeprazole dr 10 mg capsule</i>  | 1         | QL (30 PER 30 DAYS) |
| <i>pantoprazole sod dr 20 mg tab</i>  | 1         | QL (30 PER 30 DAYS) |
| <i>pantoprazole sod dr 40 mg tab</i>  | 1         | QL (60 PER 30 DAYS) |
| <i>pantoprazole sodium 40 mg vial</i>   | 2         |                     |
| PREVACID DR 30 MG CAPSULE   | 4         | QL (30 PER 30 DAYS) |
| PROTONIX DR 20 MG TABLET  | 4         | QL (30 PER 30 DAYS) |
| PROTONIX DR 40 MG TABLET  | 4         | QL (60 PER 30 DAYS) |
| <i>rabeprazole sod dr 20 mg tab</i>   | 2         | QL (30 PER 30 DAYS) |

### Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

|   |   |    |
|---|---|----|
| ALDURAZYME                                    | 5 |    |
| <i>betaine anhydrous</i>                      | 5 |    |
| BUPHENYL 500 MG TABLET                        | 5 | PA |
| CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET) | 4 |    |
| CARNITOR SF                                   | 4 |    |
| CEREZYME                                      | 5 | PA |
| CREON   | 3 |    |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS     |
|--|-----------|-------------------------|
| <i>cromolyn 100 mg/5 ml oral conc</i>  | 2         |                         |
| CRYSVITA   | 5         | PA                      |
| CYSTADANE  | 5         |                         |
| CYSTAGON   | 4         | PA                      |
| ELAPRASE   | 5         |                         |
| ELELYSO  | 5         | PA                      |
| ENDARI   | 5         | PA                      |
| FABRAZYME  | 5         |                         |
| <i>javygtor (100 mg powder packet, 500 mg powder packet)</i>                           | 5         | PA                      |
| <i>javygtor 100 mg tablet</i>  | 2         | PA                      |
| KUVAN  | 5         | PA                      |
| <i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>   | 2         |                         |
| <i>levocarnitine st</i>  | 2         |                         |
| LUMIZYME   | 5         |                         |
| <i>miglustat</i>   | 5         | PA, QL (90 PER 30 DAYS) |
| NAGLAZYME  | 5         |                         |
| <i>nitisinone</i>  | 5         |                         |
| ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE) | 5         |                         |
| PALYNZIQ   | 5         | PA                      |
| PROLASTIN C  | 5         | PA                      |
| REVCOVI  | 5         |                         |
| <i>sapropterin 100 mg tablet</i>   | 2         | PA                      |
| <i>sapropterin dihydrochloride (100 mg powder pkt, 500 mg powder pkt)</i>              | 5         | PA                      |
| <i>sodium phenylbutyrate (500mg tb, powder)</i>  | 5         | PA                      |
| STRENSIQ   | 5         | PA                      |
| VPRIV  | 5         | PA                      |
| VYNDAMAX   | 5         | PA, QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME      | DRUG TIER | REQUIREMENTS/LIMITS      |
|----------------|-----------|--------------------------|
| VYNDAQEL       | 5         | PA, QL (120 PER 30 DAYS) |
| <i>yargesa</i> | 5         | PA, QL (90 PER 30 DAYS)  |
| ZENPEP         | 3         |                          |
| ZOKINVY        | 5         | PA, QL (120 PER 30 DAYS) |

## Genitourinary Agents

### Antispasmodics, Urinary

|  |   |                      |
|--|---|----------------------|
| <i>darifenacin er</i>  | 2 | QL (30 PER 30 DAYS)  |
| DETROL   | 4 | QL (60 PER 30 DAYS)  |
| DETROL LA  | 4 | QL (30 PER 30 DAYS)  |
| <i>fesoterodine fumarate er</i>                                  | 2 | QL (30 PER 30 DAYS)  |
| GEMTESA  | 3 | QL (30 PER 30 DAYS)  |
| MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)                     | 3 | QL (30 PER 30 DAYS)  |
| MYRBETRIQ ER 8 MG/ML SUSP  | 3 | QL (300 PER 28 DAYS) |
| <i>oxybutynin 5 mg tablet</i>                                    | 2 | QL (120 PER 30 DAYS) |
| <i>oxybutynin chloride (5 mg/5 ml solution, 5 mg/5 ml syrup)</i> | 2 | QL (600 PER 30 DAYS) |
| <i>oxybutynin cl er 10 mg tablet</i>                             | 2 | QL (90 PER 30 DAYS)  |
| <i>oxybutynin cl er 15 mg tablet</i>                             | 2 | QL (60 PER 30 DAYS)  |
| <i>oxybutynin cl er 5 mg tablet</i>                              | 2 | QL (30 PER 30 DAYS)  |
| <i>solifenacin succinate</i>                                     | 2 | QL (30 PER 30 DAYS)  |
| <i>tolterodine tartrate</i>                                      | 2 | QL (60 PER 30 DAYS)  |
| <i>tolterodine tartrate er</i>                                   | 2 | QL (30 PER 30 DAYS)  |
| TOVIAZ   | 4 | QL (30 PER 30 DAYS)  |
| <i>trospium chloride</i>   | 2 | QL (60 PER 30 DAYS)  |
| <i>trospium chloride er</i>                                      | 2 | QL (30 PER 30 DAYS)  |

### Benign Prostatic Hypertrophy Agents

|                         |   |                     |
|-------------------------|---|---------------------|
| <i>alfuzosin hcl er</i> | 1 | QL (30 PER 30 DAYS) |
| AVODART                 | 4 | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME                         | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------|-----------|---------------------|
| <i>dutasteride 0.5 mg capsule</i> | 2         | QL (30 PER 30 DAYS) |
| <i>dutasteride-tamsulosin</i>     | 2         | QL (30 PER 30 DAYS) |
| <i>finasteride 5 mg tablet</i>    | 1         | QL (30 PER 30 DAYS) |
| FLOMAX                            | 4         | QL (60 PER 30 DAYS) |
| PROSCAR                           | 4         | QL (30 PER 30 DAYS) |
| RAPAFLO                           | 4         | QL (30 PER 30 DAYS) |
| <i>silodosin</i>                  | 2         | QL (30 PER 30 DAYS) |
| <i>tamsulosin hcl</i>             | 1         | QL (60 PER 30 DAYS) |

### Genitourinary Agents, Other

|                                       |   |  |
|---------------------------------------|---|--|
| <i>bethanechol chloride</i>           | 2 |  |
| DEPEN                                 | 5 |  |
| <i>methylergonovine 0.2 mg tablet</i> | 5 |  |
| <i>penicillamine 250 mg tablet</i>    | 5 |  |

### Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

|  |   |    |
|--|---|----|
| ACTHAR   | 5 | PA |
| CORTEF   | 4 |    |
| <i>decadron (0.75 mg tablet, 4 mg tablet, 6 mg tablet)</i>   | 2 |    |
| <i>decadron 0.5 mg tablet</i>  | 1 |    |
| <i>dexamethasone (0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)</i> | 2 |    |
| <i>dexamethasone 0.5 mg tablet</i>   | 1 |    |
| <i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 20 mg/5 ml vial, 120 mg/30 ml vl)</i>  | 2 |    |
| <i>fludrocortisone acetate</i>   | 2 |    |
| HEMADY   | 4 |    |
| <i>hidex</i>   | 2 |    |
| <i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>  | 2 |    |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)  | 4         |                     |
| <i>methylprednisolone</i>  | 2         |                     |
| <i>methylprednisolone sodium succ</i>  | 2         |                     |
| <i>prednisolone 15 mg/5 ml soln</i>  | 2         |                     |
| <i>prednisolone sodium phosphate (5 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml)</i>  | 2         |                     |
| <i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i> | 1         |                     |
| <i>prednisone 5 mg/5 ml solution</i>   | 2         |                     |
| SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL)   | 4         |                     |
| <i>taperdex 6 day 1.5 mg tablet</i>  | 2         |                     |

### Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

|  |   |    |
|--|---|----|
| CHORIONIC GONADOTROPIN   | 4 | PA |
| DDAVP (0.1 MG TABLET, 0.2 MG TABLET)   | 4 |    |
| <i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i> | 2 |    |
| INCRELEX   | 5 |    |
| OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL)  | 3 | PA |
| OMNITROPE 10 MG/1.5 ML CRTG  | 5 | PA |
| PREGNYL  | 4 | PA |

### Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

#### Androgens

|   |   |                          |
|---|---|--------------------------|
| ANDROGEL (1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT) | 4 | PA, QL (150 PER 30 DAYS) |
|---|---|--------------------------|

You can find information on what the symbols and abbreviations mean by going to the cover pages.



| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS       |
|--|-----------|---------------------------|
| <i>danazol</i>   | 2         | PA                        |
| DEPO-TESTOSTERONE  | 2         | PA                        |
| <i>methyltestosterone 10 mg cap</i>  | 5         | PA                        |
| <i>testosterone ((2.5 g) pkt, gel pump)</i>  | 2         | PA, QL (150 PER 30 DAYS)  |
| <i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>   | 2         | PA, QL (300 PER 30 DAYS)  |
| <i>testosterone 1% (25mg/2.5g) pk</i>  | 2         | PA, QL (225 PER 30 DAYS)  |
| <i>testosterone 1.62%(1.25 g) pkt</i>  | 2         | PA, QL (37.5 PER 30 DAYS) |
| <i>testosterone 30 mg/1.5 ml pump</i>  | 2         | PA, QL (180 PER 30 DAYS)  |
| <i>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i> | 2         | PA                        |
| <i>testosterone enanthate</i>  | 3         | PA                        |

## Estrogens

|   |   |  |
|---|---|--|
| DEPO-ESTRADIOL  | 4 |  |
| DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)  | 4 |  |
| <i>dotti</i>  | 2 |  |
| ESTRACE 0.01% CREAM   | 4 |  |
| <i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 10 mcg vaginal insrt)</i> | 2 |  |
| <i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>  | 1 |  |
| <i>estradiol (once weekly)</i>  | 2 |  |
| <i>estradiol (twice weekly)</i>   | 2 |  |
| <i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>  | 2 |  |
| ESTRING   | 4 |  |
| <i>lyllana</i>  | 2 |  |
| MENEST  | 4 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL) | 3         |                     |
| VAGIFEM  | 4         |                     |
| <i>yuvafem</i>   | 2         |                     |

### Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

|                       |   |  |
|-----------------------|---|--|
| <i>afirmelle</i>      | 2 |  |
| <i>altavera</i>       | 2 |  |
| <i>alyacen</i>        | 2 |  |
| <i>amabelz</i>        | 2 |  |
| <i>amethia</i>        | 2 |  |
| <i>amethyst</i>       | 2 |  |
| <i>apri</i>           | 2 |  |
| <i>aranelle</i>       | 2 |  |
| <i>ashlyna</i>        | 2 |  |
| <i>aubra</i>          | 2 |  |
| <i>aubra eq</i>       | 2 |  |
| <i>aurovela</i>       | 2 |  |
| <i>aurovela 24 fe</i> | 2 |  |
| <i>aurovela fe</i>    | 2 |  |
| <i>aviane</i>         | 2 |  |
| <i>ayuna</i>          | 2 |  |
| <i>azurette</i>       | 2 |  |
| <i>balziva</i>        | 2 |  |
| <i>blisovi 24 fe</i>  | 2 |  |
| <i>blisovi fe</i>     | 2 |  |
| <i>briellyn</i>       | 2 |  |
| <i>camrese</i>        | 2 |  |
| <i>camrese lo</i>     | 2 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME                             | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------|-----------|---------------------|
| <i>chateal</i>                        | 2         |                     |
| <i>chateal eq</i>                     | 2         |                     |
| COMBIPATCH                            | 4         |                     |
| <i>cryselle</i>                       | 2         |                     |
| <i>cyclafem</i>                       | 2         |                     |
| <i>cyred</i>                          | 2         |                     |
| <i>cyred eq</i>                       | 2         |                     |
| <i>dasetta</i>                        | 2         |                     |
| <i>daysee</i>                         | 2         |                     |
| <i>desogestr-eth estrad eth estra</i> | 2         |                     |
| <i>desogestrel-ethinyl estradiol</i>  | 2         |                     |
| <i>dolishale</i>                      | 2         |                     |
| <i>drospirenone-eth estra-levomet</i> | 2         |                     |
| <i>drospirenone-ethinyl estradiol</i> | 2         |                     |
| <i>elinest</i>                        | 2         |                     |
| <i>eluryng</i>                        | 2         |                     |
| <i>emoquette</i>                      | 2         |                     |
| <i>enpresse</i>                       | 2         |                     |
| <i>enskyce</i>                        | 2         |                     |
| <i>estarylla</i>                      | 2         |                     |
| <i>estradiol-norethindrone acetat</i> | 2         |                     |
| <i>ethynodiol-ethinyl estradiol</i>   | 2         |                     |
| <i>etonogestrel-ethinyl estradiol</i> | 2         |                     |
| <i>falmina</i>                        | 2         |                     |
| <i>femynor</i>                        | 2         |                     |
| <i>gemmily</i>                        | 2         |                     |
| <i>hailey</i>                         | 2         |                     |
| <i>hailey 24 fe</i>                   | 2         |                     |
| <i>hailey fe</i>                      | 2         |                     |
| <i>haloette</i>                       | 2         |                     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <i>iclevia</i>   | 2                |                            |
| <i>introvale</i>   | 2                |                            |
| <i>isibloom</i>  | 2                |                            |
| <i>jaimiess</i>  | 2                |                            |
| <i>jasmiel</i>   | 2                |                            |
| <i>jolessa</i>   | 2                |                            |
| <i>juleber</i>   | 2                |                            |
| <i>junel</i>   | 2                |                            |
| <i>junel fe</i>  | 2                |                            |
| <i>junel fe 24</i>   | 2                |                            |
| <i>kaitlib fe</i>  | 2                |                            |
| <i>kalliga</i>   | 2                |                            |
| <i>kariva</i>  | 2                |                            |
| <i>kelnor 1-35</i>   | 2                |                            |
| <i>kelnor 1-50</i>   | 2                |                            |
| <i>kurvelo</i>   | 2                |                            |
| <i>larin</i>   | 2                |                            |
| <i>larin 24 fe</i>   | 2                |                            |
| <i>larin fe</i>  | 2                |                            |
| <i>larissia</i>  | 2                |                            |
| LAYOLIS FE   | 2                |                            |
| <i>leena</i>   | 2                |                            |
| <i>lessina</i>   | 2                |                            |
| <i>levonest</i>  | 2                |                            |
| <i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i> | 2                |                            |
| <i>levonorgestrel-eth estradiol</i>  | 2                |                            |
| <i>levora-28</i>   | 2                |                            |
| <i>lillow</i>  | 2                |                            |
| <i>lo-zumandimine</i>  | 2                |                            |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| LOESTRIN   | 2         |                     |
| LOESTRIN FE  | 2         |                     |
| <i>lojaimiess</i>  | 2         |                     |
| <i>loryna</i>  | 2         |                     |
| LOSEASONIQUE   | 4         |                     |
| <i>low-ogestrel</i>  | 2         |                     |
| <i>lutra</i>   | 2         |                     |
| <i>marlissa</i>  | 2         |                     |
| <i>merzee</i>  | 2         |                     |
| <i>microgestin</i>   | 2         |                     |
| <i>microgestin 24 fe</i>   | 2         |                     |
| <i>microgestin fe</i>  | 2         |                     |
| <i>mili</i>  | 2         |                     |
| <i>mimvey</i>  | 2         |                     |
| MIRCETTE   | 4         |                     |
| <i>mono-linyah</i>   | 2         |                     |
| <i>necon</i>   | 2         |                     |
| <i>nikki</i>   | 2         |                     |
| <i>norethin-eth estra-ferrous fum</i>  | 2         |                     |
| <i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)</i>             | 2         |                     |
| <i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)</i> | 2         |                     |
| <i>norgestimate-ethinyl estradiol</i>  | 2         |                     |
| <i>nortrel</i>   | 2         |                     |
| NUVARING   | 4         |                     |
| <i>nylia</i>   | 2         |                     |
| <i>nymyo</i>   | 2         |                     |
| <i>ocella</i>  | 2         |                     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>         | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--------------------------|------------------|----------------------------|
| <i>orsythia</i>          | 2                |                            |
| <i>philith</i>           | 2                |                            |
| <i>pimtrea</i>           | 2                |                            |
| <i>pirmella</i>          | 2                |                            |
| <i>portia</i>            | 2                |                            |
| PREMPHASE                | 3                |                            |
| PREMPRO                  | 3                |                            |
| <i>previfem</i>          | 2                |                            |
| <i>reclipsen</i>         | 2                |                            |
| SEASONIQUE               | 4                |                            |
| <i>setlakin</i>          | 2                |                            |
| <i>simliya</i>           | 2                |                            |
| <i>simpesse</i>          | 2                |                            |
| <i>sprintec</i>          | 2                |                            |
| <i>sronyx</i>            | 2                |                            |
| <i>syeda</i>             | 2                |                            |
| <i>tarina 24 fe</i>      | 2                |                            |
| <i>tarina fe</i>         | 2                |                            |
| <i>tarina fe 1-20 eq</i> | 2                |                            |
| <i>tilia fe</i>          | 2                |                            |
| <i>tri femynor</i>       | 2                |                            |
| <i>tri-estarylla</i>     | 2                |                            |
| <i>tri-legest fe</i>     | 2                |                            |
| <i>tri-linyah</i>        | 2                |                            |
| <i>tri-lo-estarylla</i>  | 2                |                            |
| <i>tri-lo-marzia</i>     | 2                |                            |
| <i>tri-lo-mili</i>       | 2                |                            |
| <i>tri-lo-sprintec</i>   | 2                |                            |
| <i>tri-mili</i>          | 2                |                            |
| <i>tri-nymyo</i>         | 2                |                            |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>      | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|-----------------------|------------------|----------------------------|
| <i>tri-previfem</i>   | 2                |                            |
| <i>tri-sprintec</i>   | 2                |                            |
| <i>tri-vylibra</i>    | 2                |                            |
| <i>tri-vylibra lo</i> | 2                |                            |
| <i>trivora-28</i>     | 2                |                            |
| TYBLUME               | 3                |                            |
| <i>tydemy</i>         | 2                |                            |
| <i>velivet</i>        | 2                |                            |
| <i>vestura</i>        | 2                |                            |
| <i>vienva</i>         | 2                |                            |
| <i>viorele</i>        | 2                |                            |
| <i>volnea</i>         | 2                |                            |
| <i>vyfemla</i>        | 2                |                            |
| <i>vylibra</i>        | 2                |                            |
| <i>wera</i>           | 2                |                            |
| <i>wymzya fe</i>      | 2                |                            |
| YASMIN 28             | 4                |                            |
| YAZ                   | 4                |                            |
| <i>zarah</i>          | 2                |                            |
| <i>zovia 1-35</i>     | 2                |                            |
| <i>zovia 1-35e</i>    | 2                |                            |
| <i>zumandimine</i>    | 2                |                            |
| <i>enilloring</i>     | 2                |                            |
| <i>taysofy</i>        | 2                |                            |
| <i>turqoz</i>         | 2                |                            |
| <b>Progestins</b>     |                  |                            |
| AYGESTIN              | 4                |                            |
| <i>camila</i>         | 2                |                            |
| <i>deblitane</i>      | 2                |                            |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL)   | 4         |                     |
| DEPO-SUBQ PROVERA 104  | 4         |                     |
| <i>errin</i>   | 2         |                     |
| <i>heather</i>   | 2         |                     |
| <i>hydroxyprogesterone 1.25 g/5ml</i>  | 5         |                     |
| <i>incassia</i>  | 2         |                     |
| <i>jencycla</i>  | 2         |                     |
| <i>lyleq</i>   | 2         |                     |
| <i>lyza</i>  | 2         |                     |
| <i>medroxyprogesterone 150 mg/ml</i>   | 2         |                     |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>   | 1         |                     |
| <i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i> | 2         |                     |
| <i>nora-be</i>   | 2         |                     |
| <i>norethindrone</i>   | 2         |                     |
| <i>norethindrone ac (lupaneta)</i>   | 2         |                     |
| <i>norethindrone acetate</i>   | 2         |                     |
| <i>norlyda</i>   | 2         |                     |
| <i>progesterone (100 mg capsule, 200 mg capsule)</i>   | 2         |                     |
| PROVERA  | 4         |                     |
| <i>sharobel</i>  | 2         |                     |
| <i>tulana</i>  | 2         |                     |

### Selective Estrogen Receptor Modifying Agents

|                       |   |  |
|-----------------------|---|--|
| DUAVEE                | 4 |  |
| EVISTA                | 4 |  |
| <i>raloxifene hcl</i> | 2 |  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.



| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS      |
|--|-----------|--------------------------|
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>  |           |                          |
| CYTOMEL  | 4         |                          |
| EUTHYROX   | 1         |                          |
| LEVO-T   | 1         |                          |
| <i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i> | 1         |                          |
| LEVOXYL  | 1         |                          |
| <i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>   | 2         |                          |
| SYNTHROID  | 3         |                          |
| TIROSINT   | 4         |                          |
| TIROSINT-SOL   | 4         |                          |
| UNITHROID  | 1         |                          |
| <b>Hormonal Agents, Suppressant (Adrenal)</b>  |           |                          |
| KORLYM   | 5         | PA, QL (120 PER 30 DAYS) |
| LYSODREN   | 5         |                          |
| <i>mifepristone 300 mg tablet</i>  | 5         | PA, QL (120 PER 30 DAYS) |
| <b>Hormonal Agents, Suppressant (Pituitary)</b>  |           |                          |
| <i>cabergoline</i>   | 2         |                          |
| ELIGARD  | 4         | PA                       |
| FIRMAGON   | 4         |                          |
| <i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>   | 2         | PA                       |
| <i>leuprolide depot</i>  | 4         | PA                       |
| LUPRON DEPOT   | 5         | PA                       |
| LUPRON DEPOT (LUPANETA)  | 5         | PA                       |
| LUPRON DEPOT-PED   | 5         | PA                       |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS     |
|---|-----------|-------------------------|
| <i>octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)</i>   | 5         | PA                      |
| <i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i> | 2         | PA                      |
| ORGOVYX   | 5         | PA, QL (90 PER 30 DAYS) |
| SANDOSTATIN LAR DEPOT   | 5         | PA                      |
| SIGNIFOR  | 5         | PA                      |
| SIGNIFOR LAR  | 5         | PA                      |
| SOMATULINE DEPOT  | 5         | PA                      |
| SOMAVERT  | 5         | PA                      |
| SYNAREL   | 5         |                         |
| TRELSTAR  | 4         | PA                      |

## Hormonal Agents, Suppressant (Thyroid)

### Antithyroid Agents

|                         |   |  |
|-------------------------|---|--|
| <i>methimazole</i>      | 1 |  |
| <i>propylthiouracil</i> | 2 |  |

## Immunological Agents

### Angioedema Agents

|                          |   |                         |
|--------------------------|---|-------------------------|
| CINRYZE                  | 5 | PA, QL (20 PER 30 DAYS) |
| FIRAZYR                  | 5 | PA, QL (18 PER 30 DAYS) |
| HAEGARDA 2,000 UNIT VIAL | 5 | PA, QL (27 PER 30 DAYS) |
| HAEGARDA 3,000 UNIT VIAL | 5 | PA, QL (18 PER 30 DAYS) |
| <i>icatibant</i>         | 5 | PA, QL (18 PER 30 DAYS) |
| <i>sajazir</i>           | 5 | PA, QL (18 PER 30 DAYS) |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| <b>Immunoglobulins</b>   |                  |                            |
| ATGAM  | 5                | PA                         |
| GAMMAGARD LIQUID   | 5                | PA                         |
| GAMMAGARD S-D  | 5                | PA                         |
| GAMMAPLEX  | 5                | PA                         |
| GAMUNEX-C  | 5                | PA                         |
| SYNAGIS  | 5                |                            |
| THYMOGLOBULIN  | 5                | PA                         |
| <b>Immunological Agents, Other</b>   |                  |                            |
| ARCALYST   | 5                | PA                         |
| BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)           | 5                | PA                         |
| COSENTYX (2 SYRINGES)  | 5                | PA                         |
| COSENTYX SENSOREADY (2 PENS)   | 5                | PA                         |
| COSENTYX SENSOREADY PEN  | 5                | PA                         |
| COSENTYX SYRINGE   | 5                | PA                         |
| COSENTYX UNOREADY PEN  | 5                | PA                         |
| DUPIXENT PEN   | 5                | PA                         |
| DUPIXENT SYRINGE   | 5                | PA                         |
| ILARIS   | 5                | PA                         |
| KINERET  | 5                | PA                         |
| NULOJIX  | 5                | PA                         |
| ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL) | 5                | PA                         |
| ORENCIA CLICKJECT  | 5                | PA                         |
| RIDAURA  | 5                |                            |
| RINVOQ   | 5                | PA                         |
| SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)   | 5                | PA                         |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| SKYRIZI ON-BODY  | 5         | PA                  |
| SKYRIZI PEN  | 5         | PA                  |
| STELARA  | 5         | PA                  |
| TREMFYA  | 5         | PA                  |
| XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)  | 5         | PA                  |
| XELJANZ XR   | 5         | PA                  |
| XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE) | 5         | PA                  |

### Immunostimulants

|                                |   |                        |
|--------------------------------|---|------------------------|
| ACTIMMUNE                      | 5 | PA                     |
| BESREMI                        | 5 | PA, QL (2 PER 28 DAYS) |
| INTRON A 10 MILLION UNITS VIAL | 3 |                        |
| INTRON A 18 MILLION UNITS VIAL | 4 |                        |
| INTRON A 50 MILLION UNITS VIAL | 5 |                        |
| PEGASYS                        | 5 | PA                     |

### Immunosuppressants

|  |   |    |
|--|---|----|
| ASTAGRAF XL  | 4 | PA |
| AZASAN   | 2 | PA |
| <i>azathioprine</i>  | 2 | PA |
| <i>azathioprine sodium</i>   | 3 | PA |
| CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)          | 5 | PA |
| CELLCEPT 500 MG VIAL   | 4 | PA |
| <i>cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5 ml ampul)</i> | 2 | PA |
| <i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>          | 2 | PA |
| CYLTEZO(CF)  | 5 | PA |
| CYLTEZO(CF) PEN  | 5 | PA |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| CYLTEZO(CF) PEN CROHN'S-UC-HS   | 5         | PA                  |
| CYLTEZO(CF) PEN PSORIASIS-UV  | 5         | PA                  |
| ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)             | 5         | PA                  |
| ENBREL MINI   | 5         | PA                  |
| ENBREL SURECLICK  | 5         | PA                  |
| <i>everolimus (0.25 mg tablet, 0.5 mg tablet)</i>   | 2         | PA                  |
| <i>everolimus (0.75 mg tablet, 1 mg tablet)</i>   | 5         | PA                  |
| <i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>                        | 2         | PA                  |
| HUMIRA 40 MG/0.8 ML SYRINGE   | 5         | PA                  |
| HUMIRA PEN  | 5         | PA                  |
| HUMIRA PEN CROHN'S-UC-HS  | 5         | PA                  |
| HUMIRA PEN PSOR-UVEITS-ADOL HS  | 5         | PA                  |
| HUMIRA(CF)  | 5         | PA                  |
| HUMIRA(CF) PEDIATRIC CROHN'S  | 5         | PA                  |
| HUMIRA(CF) PEN  | 5         | PA                  |
| HUMIRA(CF) PEN CROHN'S-UC-HS  | 5         | PA                  |
| HUMIRA(CF) PEN PEDIATRIC UC   | 5         | PA                  |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS  | 5         | PA                  |
| IMURAN  | 4         | PA                  |
| <i>leflunomide (10 mg tablet, 20 mg tablet)</i>   | 2         |                     |
| <i>methotrexate (1 gm vial, 2.5 mg tablet)</i>  | 2         |                     |
| <i>methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)</i>                                  | 1         |                     |
| <i>methotrexate sodium</i>  | 1         |                     |
| <i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet, 500 mg vial)</i> | 2         | PA                  |
| <i>mycophenolic acid</i>  | 2         | PA                  |
| MYFORTIC 180 MG TABLET  | 4         | PA                  |
| NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)                | 4         | PA                  |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG/ML AMPULE) | 4         | PA                  |
| PROGRAF 5 MG CAPSULE   | 5         | PA                  |
| RAPAMUNE 1 MG/ML ORAL SOLN   | 5         | PA                  |
| RENFLEXIS  | 5         | PA                  |
| SANDIMMUNE (25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN)                         | 4         | PA                  |
| SIMULECT   | 5         | PA                  |
| <i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>                       | 2         | PA                  |
| <i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>                      | 2         | PA                  |
| XATMEP   | 4         | PA                  |
| ZORTRESS   | 5         | PA                  |

## Vaccines

|   |   |    |
|---|---|----|
| ABRYSVO   | 3 |    |
| ACTHIB  | 3 |    |
| ADACEL TDAP   | 3 |    |
| AREXVY  | 3 |    |
| BCG VACCINE (TICE STRAIN)                               | 3 |    |
| BEXSERO   | 3 |    |
| BOOSTRIX TDAP   | 3 |    |
| DAPTACEL DTAP   | 3 |    |
| DENGVAXIA   | 3 |    |
| DIPHTHERIA-TETANUS TOXOIDS-PED                          | 3 |    |
| ENGERIX-B ADULT   | 3 | PA |
| ENGERIX-B PEDIATRIC-ADOLESCENT                          | 3 | PA |
| GARDASIL 9  | 3 |    |
| HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE) | 3 |    |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| HEPLISAV-B 20 MCG/0.5 ML SYRNG   | 3                | PA                         |
| HIBERIX  | 3                |                            |
| IMOVAX RABIES VACCINE  | 3                | PA                         |
| INFANRIX DTAP  | 3                |                            |
| IPOL   | 3                |                            |
| IXCHIQ   | 3                |                            |
| IXIARO   | 3                |                            |
| JYNNEOS  | 3                | PA                         |
| JYNNEOS (NATIONAL STOCKPILE)   | 3                | PA                         |
| KINRIX   | 3                |                            |
| M-M-R II VACCINE   | 3                |                            |
| MENACTRA   | 3                |                            |
| MENQUADFI  | 3                |                            |
| MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS)) | 3                |                            |
| PEDIARIX   | 3                |                            |
| PEDVAXHIB  | 3                |                            |
| PENBRAYA   | 3                |                            |
| PENTACEL   | 3                |                            |
| PREHEVBRIO   | 3                | PA                         |
| PRIORIX  | 3                |                            |
| PROQUAD  | 3                |                            |
| QUADRACEL DTAP-IPV   | 3                |                            |
| RABAVERT   | 3                | PA                         |
| RECOMBIVAX HB  | 3                | PA                         |
| ROTARIX  | 3                |                            |
| ROTATEQ  | 3                |                            |
| SHINGRIX   | 3                | QL (2 PER 999 OVER TIME)   |
| STAMARIL   | 3                |                            |
| TDVAX  | 3                | PA                         |

**You can find information on what the symbols and abbreviations mean by going to the cover pages.**

| DRUG NAME       | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------|-----------|---------------------|
| TENIVAC         | 3         | PA                  |
| TICOVAC         | 3         |                     |
| TRUMENBA        | 3         |                     |
| TWINRIX         | 3         |                     |
| TYPHIM VI       | 3         |                     |
| VAQTA           | 3         |                     |
| VARIVAX VACCINE | 3         |                     |
| YF-VAX          | 3         |                     |

## Inflammatory Bowel Disease Agents

### Aminosalicylates

|   |   |                      |
|---|---|----------------------|
| APRISO  | 4 | QL (120 PER 30 DAYS) |
| ASACOL HD   | 5 | QL (180 PER 30 DAYS) |
| AZULFIDINE  | 4 |                      |
| <i>balsalazide disodium</i>   | 2 |                      |
| CANASA  | 5 |                      |
| COLAZAL   | 4 |                      |
| DELZICOL  | 4 | QL (180 PER 30 DAYS) |
| DIPENTUM  | 5 |                      |
| LIALDA  | 4 | QL (120 PER 30 DAYS) |
| <i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)</i> | 2 |                      |
| <i>mesalamine 800 mg dr tablet</i>                                  | 2 | QL (180 PER 30 DAYS) |
| <i>mesalamine dr</i>  | 2 | QL (180 PER 30 DAYS) |
| <i>mesalamine dr 1.2 gm tablet</i>                                  | 2 | QL (120 PER 30 DAYS) |
| <i>mesalamine er 0.375 gram cap</i>                                 | 2 | QL (120 PER 30 DAYS) |
| <i>mesalamine er 500 mg capsule</i>                                 | 2 | QL (240 PER 30 DAYS) |
| PENTASA 250 MG CAPSULE  | 4 | QL (480 PER 30 DAYS) |
| PENTASA 500 MG CAPSULE  | 4 | QL (240 PER 30 DAYS) |
| ROWASA 4 GM/60 ML ENEMA KIT   | 4 |                      |

You can find information on what the symbols and abbreviations mean by going to the cover pages.



| DRUG NAME               | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------|-----------|---------------------|
| SFROWASA                | 4         |                     |
| <i>sulfasalazine</i>    | 2         |                     |
| <i>sulfasalazine dr</i> | 2         |                     |

### Glucocorticoids

|                                    |   |                         |
|------------------------------------|---|-------------------------|
| <i>budesonide dr</i>               | 2 | PA, QL (90 PER 30 DAYS) |
| <i>budesonide ec</i>               | 2 | PA, QL (90 PER 30 DAYS) |
| <i>budesonide er</i>               | 5 | PA, QL (30 PER 30 DAYS) |
| <i>hydrocortisone 100 mg/60 ml</i> | 2 |                         |
| <i>hydrocortisone 2.5% cream</i>   | 1 | QL (454 PER 30 DAYS)    |
| <i>procto-med hc</i>               | 1 | QL (454 PER 30 DAYS)    |
| <i>procto-pak</i>                  | 1 |                         |
| <i>proctosol-hc</i>                | 1 | QL (454 PER 30 DAYS)    |
| <i>proctozone-hc</i>               | 1 | QL (454 PER 30 DAYS)    |

### Metabolic Bone Disease Agents

|  |   |                      |
|--|---|----------------------|
| <i>alendronate sodium (35 mg tab, 70 mg tab)</i>                         | 1 | QL (4 PER 28 DAYS)   |
| <i>alendronate sodium 10 mg tab</i>                                      | 1 | QL (120 PER 30 DAYS) |
| ATELVIA  | 4 | QL (4 PER 28 DAYS)   |
| <i>calcitonin-salmon 200 unit spr</i>                                    | 2 |                      |
| <i>calcitonin-salmon 400 unit/2ml</i>                                    | 5 |                      |
| <i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i> | 2 |                      |
| <i>calcitriol (1 mcg/ml ampul, 1 mcg/ml vial)</i>                        | 4 |                      |
| <i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>                       | 2 | PA                   |
| <i>cinacalcet hcl 90 mg tablet</i>                                       | 5 | PA                   |
| FORTEO   | 5 | PA                   |
| FOSAMAX  | 4 | QL (4 PER 28 DAYS)   |
| <i>ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)</i>            | 2 |                      |
| <i>ibandronate sodium 150 mg tab</i>                                     | 2 | QL (1 PER 28 DAYS)   |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS    |
|---|-----------|------------------------|
| MIACALCIN   | 5         |                        |
| NATPARA   | 5         | PA, QL (2 PER 28 DAYS) |
| <i>paricalcitol (1 mcg capsule, 2 mcg capsule, 2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial, 10 mcg/2 ml vial)</i> | 2         |                        |
| PROLIA  | 4         | PA                     |
| <i>risedronate sodium (5 mg tablet, 30 mg tab)</i>  | 2         | QL (30 PER 30 DAYS)    |
| <i>risedronate sodium 150 mg tab</i>  | 2         | QL (1 PER 28 DAYS)     |
| <i>risedronate sodium 35 mg tab</i>   | 2         | QL (4 PER 28 DAYS)     |
| <i>risedronate sodium dr</i>  | 2         | QL (4 PER 28 DAYS)     |
| ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)   | 4         |                        |
| SENSIPAR (60 MG TABLET, 90 MG TABLET)   | 5         | PA                     |
| SENSIPAR 30 MG TABLET   | 4         | PA                     |
| <i>teriparatide (600 mcg/2.4ml pen, 620 mcg/2.48 ml)</i>  | 5         | PA                     |
| TYMLOS  | 5         | PA                     |
| XGEVA   | 5         | PA                     |
| ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)  | 4         |                        |
| <i>zoledronic acid (4 mg/5 ml vial, 5 mg/100 ml)</i>  | 2         |                        |

## Ophthalmic Agents

### Ophthalmic Agents, Other

|                                      |   |    |
|--------------------------------------|---|----|
| <i>atropine 1% eye drops</i>         | 3 |    |
| <i>brimonidine tartrate-timolol</i>  | 2 |    |
| COMBIGAN                             | 3 |    |
| COSOPT                               | 4 |    |
| CYSTADROPS                           | 5 | PA |
| CYSTARAN                             | 5 | PA |
| <i>dorzolamide-timolol eye drops</i> | 1 |    |
| MAXITROL EYE OINTMENT                | 4 |    |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>neo-polycin hc</i>   | 2         |                     |
| <i>neomycin-bacitracin-poly-hc</i>  | 2         |                     |
| <i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i> | 2         |                     |
| RESTASIS  | 3         | QL (60 PER 30 DAYS) |
| RESTASIS MULTIDOSE  | 3         | QL (11 PER 30 DAYS) |
| <i>sulfacetamide-prednisolone</i>   | 2         |                     |
| TOBRADEX (DROPS, OINTMENT)  | 4         |                     |
| <i>tobramycin-dexamethasone</i>   | 2         |                     |
| <b>Ophthalmic Anti-Infectives</b>   |           |                     |
| <i>ak-poly-bac</i>  | 2         |                     |
| <i>bacitracin 500 unit/gm ophth</i>   | 3         |                     |
| <i>bacitracin-polymyxin</i>   | 2         |                     |
| BESIVANCE   | 3         |                     |
| <i>ciprofloxacin 0.3% eye drop</i>  | 2         |                     |
| <i>erythromycin 0.5% eye ointment</i>   | 2         |                     |
| <i>gentamicin 0.3% eye drop</i>   | 2         |                     |
| LACRISERT   | 4         |                     |
| MOXEZA  | 4         |                     |
| <i>moxifloxacin (drops, drp-visc)</i>   | 2         |                     |
| NATACYN   | 4         |                     |
| <i>neo-polycin</i>  | 2         |                     |
| <i>neomycin-bacitracin-polymyxin</i>  | 2         |                     |
| <i>neomycin-polymyxin-gramicidin</i>  | 3         |                     |
| OCUFLOX   | 4         |                     |
| <i>ofloxacin 0.3% eye drops</i>   | 2         |                     |
| <i>polycin</i>  | 2         |                     |
| <i>polymyxin b sul-trimethoprim</i>   | 1         |                     |
| <i>sulfacetamide 10% eye drops</i>  | 2         |                     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>sulfacetamide 10% eye ointment</i>                        | 3         |                     |
| <i>tobramycin 0.3% eye drop</i>                              | 2         |                     |
| <i>trifluridine</i>  | 3         |                     |
| VIGAMOX  | 4         |                     |
| <b>Ophthalmic Anti-allergy Agents</b>                        |           |                     |
| <i>azelastine hcl 0.05% drops</i>                            | 2         |                     |
| <i>cromolyn 4% eye drops</i>                                 | 2         |                     |
| <i>epinastine hcl</i>  | 2         |                     |
| <i>olopatadine hcl (0.1% drops, 0.2% drop)</i>               | 2         |                     |
| <b>Ophthalmic Anti-inflammatories</b>                        |           |                     |
| ACULAR   | 4         |                     |
| ACULAR LS  | 4         |                     |
| <i>bromfenac sodium (0.07% drp, 0.09% drp)</i>               | 2         |                     |
| <i>dexamethasone 0.1% eye drop</i>                           | 2         |                     |
| <i>diclofenac 0.1% eye drops</i>                             | 2         |                     |
| <i>difluprednate</i>   | 2         |                     |
| DUREZOL  | 4         |                     |
| EYSUVIS  | 3         | PA                  |
| <i>fluorometholone</i>                                       | 2         |                     |
| <i>flurbiprofen sodium</i>                                   | 2         |                     |
| FML  | 4         |                     |
| ILEVRO   | 4         |                     |
| INVELTYS   | 3         |                     |
| <i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i> | 2         |                     |
| PRED FORTE   | 4         |                     |
| PRED MILD  | 4         |                     |
| <i>prednisolone acetate</i>                                  | 3         |                     |
| <i>prednisolone sod 1% eye drop</i>                          | 3         |                     |
| PROLENSA   | 3         |                     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---|-----------|--------------------------|
| <b>Ophthalmic Beta-Adrenergic Blocking Agents</b>   |           |                          |
| <i>betaxolol hcl 0.5% eye drop</i>  | 2         |                          |
| BETOPTIC S  | 4         |                          |
| <i>carteolol hcl</i>  | 2         |                          |
| ISTALOL   | 4         |                          |
| <i>levobunolol hcl</i>  | 2         |                          |
| <i>timolol maleate (0.25% drop, 0.5% drops)</i>   | 1         |                          |
| <i>timolol maleate (0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)</i> | 2         |                          |
| TIMOPTIC  | 4         |                          |
| TIMOPTIC OCUDOSE  | 4         |                          |
| <b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>   |           |                          |
| ALPHAGAN P  | 3         |                          |
| AZOPT   | 4         |                          |
| <i>brimonidine tartrate (0.15% drp, 0.2% eye drop)</i>  | 2         |                          |
| <i>brimonidine tartrate 0.1% drop</i>   | 3         |                          |
| <i>brinzolamide</i>   | 2         |                          |
| <i>dorzolamide hcl</i>  | 2         |                          |
| <i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>   | 2         |                          |
| RHOPRESSA   | 3         | QL (15 PER 75 OVER TIME) |
| ROCKLATAN   | 3         | QL (15 PER 75 OVER TIME) |
| SIMBRINZA   | 3         |                          |
| <b>Ophthalmic Prostaglandin and Prostanamide Analogs</b>  |           |                          |
| <i>bimatoprost 0.03% eye drops</i>  | 2         | QL (15 PER 75 OVER TIME) |
| <i>latanoprost 0.005% eye drops</i>   | 1         | QL (15 PER 75 OVER TIME) |
| LUMIGAN   | 3         | QL (15 PER 75 OVER TIME) |
| TRAVATAN Z  | 4         | QL (15 PER 75 OVER TIME) |
| <i>travoprost</i>   | 2         | QL (15 PER 75 OVER TIME) |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS   |
|---|-----------|-----------------------|
| <b>Otic Agents</b>  |           |                       |
| <i>acetic acid 2% ear solution</i>  | 2         |                       |
| CIPRODEX  | 4         |                       |
| <i>ciprofloxacin-dexamethasone</i>  | 2         |                       |
| <i>flac otic oil</i>  | 2         |                       |
| <i>fluocinolone acetonide oil</i>   | 2         |                       |
| <i>hydrocortisone-acetic acid</i>   | 2         |                       |
| <i>neomycin-polymyxin-hc ear susp</i>                                       | 2         |                       |
| <i>neomycin-polymyxin-hydrocort</i>   | 2         |                       |
| <i>ofloxacin 0.3% ear drops</i>   | 2         |                       |
| <b>Respiratory Tract/ Pulmonary Agents</b>                                  |           |                       |
| <b>Anti-inflammatories, Inhaled Corticosteroids</b>                         |           |                       |
| ARNUITY ELLIPTA   | 3         | QL (30 PER 30 DAYS)   |
| ASMANEX   | 3         | QL (1 PER 30 DAYS)    |
| ASMANEX HFA   | 3         | QL (13 PER 30 DAYS)   |
| <i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i> | 2         | PA                    |
| <i>flunisolide</i>  | 2         | QL (75 PER 30 DAYS)   |
| <i>fluticasone prop 50 mcg spray</i>  | 2         | QL (16 PER 30 DAYS)   |
| <i>fluticasone prop hfa 110 mcg</i>   | 3         | QL (12 PER 30 DAYS)   |
| <i>fluticasone prop hfa 220 mcg</i>   | 3         | QL (24 PER 30 DAYS)   |
| <i>fluticasone prop hfa 44 mcg</i>  | 3         | QL (10.6 PER 30 DAYS) |
| <i>mometasone furoate 50 mcg spry</i>                                       | 2         | QL (34 PER 30 DAYS)   |
| QVAR REDHALER 40 MCG  | 3         | QL (10.6 PER 30 DAYS) |
| QVAR REDHALER 80 MCG  | 3         | QL (21.2 PER 30 DAYS) |
| XHANCE  | 4         | QL (32 PER 30 DAYS)   |
| <b>Antihistamines</b>   |           |                       |
| <i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>              | 2         | QL (60 PER 30 DAYS)   |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS   |
|--|-----------|-----------------------|
| <i>clemastine fum 2.68 mg tab</i>  | 4         | PA                    |
| <i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syr)</i> | 2         | PA                    |
| <i>desloratadine 5 mg tablet</i>   | 2         |                       |
| <i>diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)</i>               | 2         |                       |
| <i>levocetirizine 5 mg tablet</i>  | 1         |                       |
| <i>olopatadine 665 mcg nasal spry</i>  | 2         | QL (30.5 PER 30 DAYS) |

### Antileukotrienes

|   |   |  |
|---|---|--|
| ACCOLATE  | 4 |  |
| <i>montelukast sod 10 mg tablet</i>                                     | 1 |  |
| <i>montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew)</i> | 2 |  |
| SINGULAIR   | 4 |  |
| <i>zafirlukast</i>  | 2 |  |

### Bronchodilators, Anticholinergic

|                                  |   |                       |
|----------------------------------|---|-----------------------|
| ATROVENT HFA                     | 4 | QL (25.8 PER 30 DAYS) |
| INCRUSE ELLIPTA                  | 3 | QL (30 PER 30 DAYS)   |
| <i>ipratropium 0.03% spray</i>   | 2 | QL (60 PER 30 DAYS)   |
| <i>ipratropium 0.06% spray</i>   | 2 | QL (45 PER 30 DAYS)   |
| <i>ipratropium br 0.02% soln</i> | 2 | PA                    |
| SPIRIVA HANDIHALER               | 3 | QL (30 PER 30 DAYS)   |
| SPIRIVA RESPIMAT                 | 3 | QL (4 PER 30 DAYS)    |

### Bronchodilators, Sympathomimetic

|   |   |                     |
|---|---|---------------------|
| <i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>            | 2 | QL (36 PER 30 DAYS) |
| <i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>         | 2 | QL (36 PER 30 DAYS) |
| <i>albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)</i> | 2 |                     |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------|---------------------|
| <i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i> | 2         | PA                  |
| <i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>   | 2         |                     |
| PROAIR HFA   | 4         | QL (36 PER 30 DAYS) |
| PROAIR RESPICLICK  | 4         | QL (2 PER 30 DAYS)  |
| SEREVENT DISKUS  | 3         | QL (60 PER 30 DAYS) |
| <i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>  | 2         |                     |
| VENTOLIN HFA   | 3         | QL (36 PER 30 DAYS) |
| XOPENEX HFA  | 4         | QL (30 PER 30 DAYS) |

### Cystic Fibrosis Agents

|  |   |                          |
|--|---|--------------------------|
| KALYDECO   | 5 | PA, QL (60 PER 30 DAYS)  |
| ORKAMBI (100 MG TABLET, 200 MG TABLET)   | 5 | PA, QL (120 PER 30 DAYS) |
| ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT) | 5 | PA, QL (60 PER 30 DAYS)  |
| PULMOZYME  | 5 | PA                       |
| <i>tobramycin 300 mg/5 ml ampule</i>   | 2 | PA                       |
| TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)                            | 5 | PA, QL (90 PER 30 DAYS)  |
| TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)                        | 5 | PA, QL (60 PER 30 DAYS)  |

### Mast Cell Stabilizers

|                                     |   |    |
|-------------------------------------|---|----|
| <i>cromolyn 20 mg/2 ml neb soln</i> | 2 | PA |
|-------------------------------------|---|----|

### Phosphodiesterase Inhibitors, Airways Disease

|                                     |   |                         |
|-------------------------------------|---|-------------------------|
| <i>caffeine cit 60 mg/3 ml oral</i> | 2 |                         |
| DALIRESP                            | 4 | PA, QL (30 PER 30 DAYS) |
| <i>roflumilast</i>                  | 2 | PA, QL (30 PER 30 DAYS) |
| THEO-24                             | 4 |                         |

You can find information on what the symbols and abbreviations mean by going to the cover pages.



| DRUG NAME   | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------|---------------------|
| <i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>                        | 2         |                     |
| <i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i> | 2         |                     |

### Pulmonary Antihypertensives

|  |   |                          |
|--|---|--------------------------|
| ADCIRCA                                  | 5 | PA, QL (60 PER 30 DAYS)  |
| ADEMPAS                                  | 5 | PA, QL (90 PER 30 DAYS)  |
| <i>alyq</i>                              | 5 | PA, QL (60 PER 30 DAYS)  |
| <i>ambrisentan</i>                       | 2 | PA, QL (30 PER 30 DAYS)  |
| <i>bosentan</i>                          | 2 | PA, QL (60 PER 30 DAYS)  |
| LETAIRIS                                 | 5 | PA, QL (30 PER 30 DAYS)  |
| OPSUMIT                                  | 5 | PA, QL (30 PER 30 DAYS)  |
| REMODULIN                                | 5 | PA                       |
| <i>sildenafil 20 mg tablet</i>           | 2 | PA, QL (90 PER 30 DAYS)  |
| <i>tadalafil 20 mg tablet</i>            | 5 | PA, QL (60 PER 30 DAYS)  |
| TRACLEER (62.5 MG TABLET, 125 MG TABLET) | 5 | PA, QL (60 PER 30 DAYS)  |
| TRACLEER 32 MG TABLET FOR SUSP           | 5 | PA, QL (120 PER 30 DAYS) |
| <i>treprostinil</i>                      | 5 | PA                       |
| VENTAVIS                                 | 5 | PA, QL (270 PER 30 DAYS) |

### Pulmonary Fibrosis Agents

|  |   |                          |
|--|---|--------------------------|
| ESBRIET (267 MG CAPSULE, 267 MG TABLET)            | 5 | PA, QL (270 PER 30 DAYS) |
| ESBRIET 801 MG TABLET                              | 5 | PA, QL (90 PER 30 DAYS)  |
| OFEV   | 5 | PA, QL (60 PER 30 DAYS)  |
| <i>pirfenidone (267 mg capsule, 267 mg tablet)</i> | 5 | PA, QL (270 PER 30 DAYS) |
| <i>pirfenidone 801 mg tablet</i>                   | 5 | PA, QL (90 PER 30 DAYS)  |

### Respiratory Tract Agents, Other

|  |   |                     |
|--|---|---------------------|
| <i>acetylcysteine (10% vial, 20% vial)</i> | 2 | PA                  |
| ADVAIR HFA                                 | 3 | QL (12 PER 30 DAYS) |
| ANORO ELLIPTA                              | 3 | QL (60 PER 30 DAYS) |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME  | DRUG TIER | REQUIREMENTS/LIMITS      |
|--|-----------|--------------------------|
| BREO ELLIPTA   | 3         | QL (60 PER 30 DAYS)      |
| <i>brey-na</i>   | 2         | QL (10.3 PER 30 DAYS)    |
| BREZTRI AEROSPHERE   | 3         | QL (10.7 PER 30 DAYS)    |
| <i>budesonide-formoterol fumarate</i>  | 2         | QL (10.3 PER 30 DAYS)    |
| COMBIVENT RESPIMAT   | 4         | QL (8 PER 30 DAYS)       |
| DULERA   | 3         | QL (13 PER 30 DAYS)      |
| FASENRA  | 5         | PA                       |
| FASENRA PEN  | 5         | PA                       |
| <i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>                       | 2         | QL (60 PER 30 DAYS)      |
| <i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>                        | 3         | QL (1 PER 30 DAYS)       |
| <i>ipratropium-albuterol</i>   | 2         | PA                       |
| LAGEVRIO (COMMERCIAL)  | 5         | QL (40 PER 30 OVER TIME) |
| LAGEVRIO (USG DIST.)   | 4         |                          |
| ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB) | 4         | PA, QL (30 PER 30 DAYS)  |
| PAXLOVID 150-100 MG DOSE PACK  | 3         | QL (20 PER 30 OVER TIME) |
| PAXLOVID 300-100 MG DOSE PACK  | 3         | QL (30 PER 30 OVER TIME) |
| <i>ribavirin 6 gm inhalation vial</i>  | 5         |                          |
| STIOLTO RESPIMAT   | 3         | QL (4 PER 30 DAYS)       |
| TRELEGY ELLIPTA  | 3         | QL (60 PER 30 DAYS)      |
| <i>wixela inhub</i>  | 2         | QL (60 PER 30 DAYS)      |

### Skeletal Muscle Relaxants

|  |   |
|--|---|
| <i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i> | 2 |
| <i>methocarbamol (500 mg tablet, 750 mg tablet)</i>    | 2 |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

## Sleep Disorder Agents

### Sleep Promoting Agents

|  |   |                         |
|--|---|-------------------------|
| BELSOMRA   | 3 | PA, QL (30 PER 30 DAYS) |
| DAYVIGO  | 3 | PA, QL (30 PER 30 DAYS) |
| <i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>        | 2 | QL (30 PER 30 DAYS)     |
| HETLIOZ  | 5 | PA, QL (30 PER 30 DAYS) |
| <i>ramelteon</i>                                     | 2 | QL (30 PER 30 DAYS)     |
| ROZEREM  | 4 | QL (30 PER 30 DAYS)     |
| SILENOR  | 4 | QL (30 PER 30 DAYS)     |
| <i>tasimelteon</i>                                   | 5 | PA, QL (30 PER 30 DAYS) |
| <i>temazepam (15 mg capsule, 30 mg capsule)</i>      | 1 | QL (30 PER 30 DAYS)     |
| <i>zaleplon 10 mg capsule</i>                        | 2 | QL (60 PER 30 DAYS)     |
| <i>zaleplon 5 mg capsule</i>                         | 2 | QL (30 PER 30 DAYS)     |
| <i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i> | 2 | QL (30 PER 30 DAYS)     |

### Wakefulness Promoting Agents

|                       |   |                          |
|-----------------------|---|--------------------------|
| <i>armodafinil</i>    | 2 | PA, QL (30 PER 30 DAYS)  |
| <i>modafinil</i>      | 2 | PA, QL (30 PER 30 DAYS)  |
| NUVIGIL               | 4 | PA, QL (30 PER 30 DAYS)  |
| <i>sodium oxybate</i> | 5 | PA, QL (540 PER 30 DAYS) |

You can find information on what the symbols and abbreviations mean by going to the cover pages.

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| ZEJULA        | 41  | ZTALMY               | 19  |
| ZELBORAF      | 41  | ZTLIDO               | 7   |
| ZEMPLAR       | 112 | zumandimine          | 101 |
| zenatane      | 81  | ZURZUVAE             | 21  |
| ZENPEP        | 92  | ZYDELIG              | 41  |
| zenzedi       | 78  | ZYKADIA              | 41  |
| ZEPATIER      | 56  | ZYLOPRIM             | 27  |
| ZEPZELCA      | 30  | ZYNLONTA             | 43  |
|               |     | ZYPREXA              | 50  |
|               |     | ZYPREXA RELPREVV     | 50  |
|               |     | ZYPREXA ZYDIS        | 50  |
|               |     | ZYVOX                | 10  |

## Retiree RxCare

This formulary was updated on 3/26/2024 . For more recent information or other questions, please call Retiree RxCare at 855-693-3921(TTY 711) anytime, Monday through Friday 8:00 am to 8:00 pm, or visit <http://retireerxcare.amwins.com>.