

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>ANALGESICS</b>                                                                        |                            |           |
| <b>GOUT</b>                                                                              |                            |           |
| <i>allopurinol</i> TABS 100mg, 300mg                                                     | 1                          |           |
| <i>allopurinol</i> TABS 200mg                                                            | 1                          | ST        |
| <i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg                                | 3                          | NDS       |
| <i>colchicine</i> (generic of MITIGARE) CAPS .6mg<br>QL (60 caps / 30 days)              | 1                          | QL        |
| <i>colchicine</i> TABS .6mg<br>QL (120 tabs / 30 days)                                   | 1                          | QL        |
| <i>colchicine w/ probenecid tab</i> 0.5-500 mg                                           | 1                          |           |
| <i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg                                    | 1                          | PA        |
| GLOPERBA SOLN .6mg/5ml<br>QL (300 mL / 30 days)                                          | 3                          | QL        |
| KRYSTEXXA SOLN 8mg/50ml, 8mg/ml                                                          | 3                          | NDS NM PA |
| <i>probenecid</i> TABS 500mg                                                             | 1                          |           |
| <b>MISCELLANEOUS</b>                                                                     |                            |           |
| JOURNAVX TABS 50mg<br>QL (29 tabs / 14 days)                                             | 2                          | QL PA     |
| <i>lidocaine hcl</i> (local anesth.) SOLN 4%                                             | 1                          | B/D       |
| <i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%   | 1                          | B/D       |
| <i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%             | 1                          | B/D       |
| <b>NSAIDS</b>                                                                            |                            |           |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg<br>QL (60 caps / 30 days) | 1                          | QL        |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 400mg<br>QL (30 caps / 30 days)              | 1                          | QL        |
| <i>diclofenac potassium</i> TABS 50mg<br>QL (120 tabs / 30 days)                         | 1                          | QL        |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg                               | 1                          |           |

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| <i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg (generic of ARTHROTEC 50)              | 1                          |        |
| <i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg (generic of ARTHROTEC 75)              | 1                          |        |
| <i>diflunisal</i> TABS 500mg                                                                          | 1                          |        |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg                               | 1                          |        |
| <i>etodolac</i> (generic of LODINE) TABS 400mg                                                        | 1                          |        |
| <i>flurbiprofen</i> TABS 100mg                                                                        | 1                          |        |
| <i>ibu</i> TABS 400mg, 600mg, 800mg                                                                   | 1                          |        |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg                                             | 1                          |        |
| <i>ketorolac tromethamine</i> TABS 10mg<br>QL (20 tabs / 30 days)<br>PA applies if 65 years and older | 1                          | QL PA  |
| <i>meclofenamate sodium</i> CAPS 50mg, 100mg                                                          | 1                          |        |
| <i>meloxicam</i> TABS 7.5mg, 15mg                                                                     | 1                          |        |
| <i>nabumetone</i> TABS 500mg, 750mg                                                                   | 1                          |        |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg                                                              | 1                          |        |
| <i>naproxen</i> TBEC 375mg<br>QL (120 tabs / 30 days)                                                 | 1                          | QL     |
| <i>naproxen dr</i> TBEC 500mg<br>QL (90 tabs / 30 days)                                               | 1                          | QL     |
| <i>naproxen sodium</i> TABS 275mg, 550mg                                                              | 1                          |        |
| <i>oxaprozin</i> TABS 600mg                                                                           | 1                          |        |
| <i>piroxicam</i> CAPS 10mg, 20mg                                                                      | 1                          |        |
| <i>sulindac</i> TABS 150mg, 200mg                                                                     | 1                          |        |
| <i>tolmetin sodium</i> CAPS 400mg                                                                     | 3                          | NDS    |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                                 |                            |        |
| BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg<br>QL (60 buccal films / 30 days)                  | 3                          | QL PA  |

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| BELBUCA FILM 750mcg, 900mcg<br>QL (60 buccal films / 30 days)                                                                           | 3                          | NDS QL PA |
| <i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr<br>QL (4 patches / 28 days)             | 1                          | QL PA     |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr<br>QL (10 patches / 30 days) | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg<br>QL (60 caps / 30 days)                                         | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg<br>QL (30 tabs / 30 days)                                               | 1                          | QL PA     |
| <i>hydrocodone bitartrate</i> T24A 100mg, 120mg<br>QL (30 tabs / 30 days)                                                               | 3                          | NDS QL PA |
| <i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg<br>QL (30 tabs / 30 days)                                                           | 1                          | QL PA     |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml<br>QL (450 mL / 30 days)                                                                    | 1                          | QL PA     |
| <i>methadone hcl</i> TABS 5mg, 10mg<br>QL (90 tabs / 30 days)                                                                           | 1                          | QL PA     |
| METHADONE HCL INJ SOLN 10mg/ml                                                                                                          | 3                          |           |
| <i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml<br>QL (90 mL / 30 days)                                            | 1                          | QL PA     |
| <i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg<br>QL (60 caps / 30 days)                                        | 1                          | QL PA     |

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| <i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg<br>QL (90 tabs / 30 days)   | 1                          | QL PA  |
| <i>morphine sulfate</i> TBCR 100mg, 200mg<br>QL (90 tabs / 30 days)                              | 1                          | QL PA  |
| <i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>tramadol hcl</i> TB24 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days)                           | 1                          | QL PA  |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                           |                            |        |
| <i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml<br>QL (2700 mL / 30 days)                     | 1                          | QL     |
| <i>acetaminophen w/ codeine tab</i> 300-15 mg<br>QL (400 tabs / 30 days)                         | 1                          | QL     |
| <i>acetaminophen w/ codeine tab</i> 300-30 mg<br>QL (360 tabs / 30 days)                         | 1                          | QL     |
| <i>acetaminophen w/ codeine tab</i> 300-60 mg<br>QL (180 tabs / 30 days)                         | 1                          | QL     |
| <i>acetaminophen-caffeine-dihydrocodeine cap</i> 320.5-30-16 mg<br>QL (300 caps / 30 days)       | 1                          | QL     |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml                                                  | 3                          |        |
| <i>butorphanol tartrate</i> SOLN 10mg/ml<br>QL (10 mL / 30 days)                                 | 1                          | QL     |
| CODEINE SULFATE TABS 15mg, 60mg<br>QL (180 tabs / 30 days)                                       | 3                          | QL     |
| <i>codeine sulfate</i> TABS 30mg<br>QL (180 tabs / 30 days)                                      | 1                          | QL     |
| <i>endocet tab</i> 2.5-325mg<br>QL (360 tabs / 30 days)                                          | 1                          | QL     |
| <i>endocet tab</i> 5-325mg (generic of PERCOCET)<br>QL (360 tabs / 30 days)                      | 1                          | QL     |

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| <i>endocet tab 7.5-325mg</i><br>(generic of PERCOCET)<br>QL (240 tabs / 30 days)    | 1                          | QL     |
| <i>endocet tab 10-325mg</i><br>(generic of PERCOCET)<br>QL (180 tabs / 30 days)     | 1                          | QL     |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i><br>QL (2700 mL / 30 days)     | 1                          | QL     |
| <i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i><br>QL (2700 mL / 30 days)      | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 2.5-325 mg</i><br>QL (240 tabs / 30 days)          | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 5-300 mg</i><br>QL (240 tabs / 30 days)            | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i><br>QL (240 tabs / 30 days)            | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg</i><br>QL (180 tabs / 30 days)          | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i><br>QL (180 tabs / 30 days)          | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 10-300 mg</i><br>QL (180 tabs / 30 days)           | 1                          | QL     |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i><br>QL (180 tabs / 30 days)           | 1                          | QL     |
| <i>hydrocodone-ibuprofen tab 5-200 mg</i><br>QL (150 tabs / 30 days)                | 1                          | QL     |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i><br>QL (150 tabs / 30 days)              | 1                          | QL     |
| <i>hydrocodone-ibuprofen tab 10-200 mg</i><br>QL (150 tabs / 30 days)               | 1                          | QL     |
| <i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml<br>QL (600 mL / 30 days) | 1                          | QL     |
| HYDROMORPHONE HCL SOLN 4mg/ml                                                       | 3                          | B/D    |

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| <i>hydromorphone hcl</i> (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/ml, 50mg/5ml        | 3                          | B/D    |
| <i>hydromorphone hcl</i> (generic of DILAUDID) SOLN .2mg/ml, 1mg/ml, 2mg/ml                   | 3                          | B/D    |
| <i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg<br>QL (180 tabs / 30 days)  | 1                          | QL     |
| HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml                            | 3                          | B/D    |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml                        | 3                          | B/D    |
| <i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml                                  | 3                          | B/D    |
| <i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml<br>QL (900 mL / 30 days)                      | 1                          | QL     |
| <i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 100mg/5ml<br>QL (180 mL / 30 days) | 1                          | QL     |
| <i>morphine sulfate</i> TABS 15mg, 30mg<br>QL (180 tabs / 30 days)                            | 1                          | QL     |
| MORPHINE SULFATE/SODIUM C SOLN 1mg/ml                                                         | 3                          | B/D    |
| <i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml                                                   | 3                          |        |
| <i>oxycodone hcl</i> CAPS 5mg<br>QL (180 caps / 30 days)                                      | 1                          | QL     |
| <i>oxycodone hcl</i> CONC 100mg/5ml<br>QL (180 mL / 30 days)                                  | 1                          | QL     |
| <i>oxycodone hcl</i> SOLN 5mg/5ml<br>QL (900 mL / 30 days)                                    | 1                          | QL     |
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg<br>QL (180 tabs / 30 days)                          | 1                          | QL     |

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|---------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg<br>QL (180 tabs / 30 days)           | 1                          | QL        |
| <i>oxycodone w/ acetaminophen soln</i> 5-325 mg/5ml<br>QL (1800 mL / 30 days)                     | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg<br>QL (360 tabs / 30 days)                       | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab</i> 5-325 mg (generic of PERCOCET)<br>QL (360 tabs / 30 days)   | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg (generic of PERCOCET)<br>QL (240 tabs / 30 days) | 1                          | QL        |
| <i>oxycodone w/ acetaminophen tab</i> 10-325 mg (generic of PERCOCET)<br>QL (180 tabs / 30 days)  | 1                          | QL        |
| <i>oxymorphone hcl</i> TABS 5mg, 10mg<br>QL (180 tabs / 30 days)                                  | 1                          | QL        |
| <i>tramadol hcl</i> TABS 50mg<br>QL (240 tabs / 30 days)                                          | 1                          | QL        |
| <i>tramadol-acetaminophen tab</i> 37.5-325 mg<br>QL (240 tabs / 30 days)                          | 1                          | QL        |
| <i>trexix</i><br>QL (300 caps / 30 days)                                                          | 1                          | QL        |
| <b>ANTI-INFECTIVES</b>                                                                            |                            |           |
| <b>ANTI-INFECTIVES - MISCELLANEOUS</b>                                                            |                            |           |
| <i>albendazole</i> TABS 200mg<br>QL (672 tabs / year)                                             | 1                          | QL PA     |
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml                                                   | 1                          |           |
| ARIKAYCE SUSP 590mg/8.4ml                                                                         | 3                          | NDS NM PA |
| <i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml<br>QL (300 mL / 30 days)                     | 1                          | QL PA     |
| <i>aztreonam</i> SOLR 1gm, 2gm                                                                    | 1                          |           |
| BLUJEPa TABS 750mg                                                                                | 2                          |           |
| CAYSTON SOLR 75mg                                                                                 | 3                          | NDS NM PA |

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|--------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg                              | 1                          |        |
| <i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml  | 1                          |        |
| <i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml                                          | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml                                          | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml                                          | 1                          |        |
| CLINDMYC/NAC INJ 300/50ML                                                                        | 3                          |        |
| CLINDMYC/NAC INJ 600/50ML                                                                        | 3                          |        |
| CLINDMYC/NAC INJ 900/50ML                                                                        | 3                          |        |
| <i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg                                | 1                          |        |
| CONTEPO SOLR 6gm                                                                                 | 3                          | NDS    |
| <i>dalbavancin hcl</i> (generic of DALVANCE) SOLR 500mg                                          | 3                          | NDS    |
| DALVANCE SOLR 500mg                                                                              | 3                          | NDS    |
| <i>dapsone</i> TABS 25mg, 100mg                                                                  | 1                          |        |
| DAPTOMY/NACL INJ 350/50ML                                                                        | 3                          |        |
| DAPTOMY/NACL INJ 500/50ML                                                                        | 3                          |        |
| DAPTOMYCIN SOLR 350mg                                                                            | 3                          | NDS    |
| <i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg                                             | 3                          | NDS    |
| <i>daptomycin</i> SOLR 500mg                                                                     | 3                          | NDS    |
| EMBLAVEO INJ 2GM                                                                                 | 3                          | NDS    |
| EMVERM CHEW 100mg<br>QL (12 tabs / year)                                                         | 3                          | NDS QL |
| <i>ertapenem sodium</i> SOLR 1gm                                                                 | 1                          |        |
| <i>fosfomycin tromethamine</i> PACK 3gm                                                          | 1                          |        |

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|---------------------------------------------------------------------------------|-----------------------------------|
| <i>gentamicin in saline inj 0.8 mg/ml</i>                                       | 1                                 |
| <i>gentamicin in saline inj 1 mg/ml</i>                                         | 1                                 |
| <i>gentamicin in saline inj 1.2 mg/ml</i>                                       | 1                                 |
| <i>gentamicin in saline inj 1.6 mg/ml</i>                                       | 1                                 |
| <i>gentamicin in saline inj 2 mg/ml</i>                                         | 1                                 |
| <i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml                                 | 1                                 |
| HUMATIN CAPS 250mg                                                              | 3 NDS                             |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i>                          | 1                                 |
| <i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i> | 1                                 |
| <i>ivermectin (generic of STROMEKTOL) TABS 3mg QL (20 tabs / 90 days)</i>       | 1 QL PA                           |
| <i>ivermectin TABS 6mg QL (10 tabs / 90 days)</i>                               | 1 QL PA                           |
| KIMYRSA SOLR 1200mg                                                             | 3 NDS                             |
| LIKMEZ SUSP 500mg/5ml                                                           | 3                                 |
| <i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>                            | 1                                 |
| <i>linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)</i>                          | 3 NDS QL                          |
| <i>linezolid TABS 600mg QL (60 tabs / 30 days)</i>                              | 1 QL                              |
| LINEZOLID INJ 2MG/ML                                                            | 3                                 |
| MEROP/NACL INJ 1GM/50ML                                                         | 3                                 |
| MEROP/NACL INJ 500/50ML                                                         | 3                                 |
| <i>meropenem SOLR 1gm, 500mg</i>                                                | 1                                 |
| <i>meropenem (generic of MEROPENEM) SOLR 2gm</i>                                | 1                                 |
| <i>methenamine hippurate TABS 1gm</i>                                           | 1                                 |
| <i>metronidazole CAPS 375mg; TABS 125mg, 250mg, 500mg</i>                       | 1                                 |
| <i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>                | 1                                 |
| <i>neomycin sulfate TABS 500mg</i>                                              | 1                                 |

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| <i>nitazoxanide TABS 500mg QL (6 tabs / 30 days)</i>                        | 3 NDS QL                          |
| <i>nitrofurantoin macrocrystal CAPS 25mg, 50mg, 100mg</i>                   | 2                                 |
| <i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>        | 2                                 |
| ORBACTIV SOLR 400mg                                                         | 3 NDS                             |
| ORLYNVAH TAB 500-500                                                        | 3 NDS NM                          |
| <i>pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg</i>         | 1 B/D                             |
| <i>pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg</i>       | 1                                 |
| <i>polymyxin b sulfate SOLR 500000unit</i>                                  | 1                                 |
| <i>praziquantel TABS 600mg</i>                                              | 1                                 |
| <i>pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)</i> | 3 NDS QL PA                       |
| RECARBRIO INJ 1.25GM                                                        | 3 NDS                             |
| SIVEXTRO SOLR 200mg; TABS 200mg                                             | 3 NDS                             |
| SOLOSEC PACK 2gm                                                            | 3                                 |
| <i>streptomycin sulfate SOLR 1gm</i>                                        | 3 NDS                             |
| <i>sulfadiazine TABS 500mg</i>                                              | 3 NDS                             |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>                  | 1                                 |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>                     | 1                                 |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>     | 1                                 |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i> | 1                                 |
| <i>tinidazole TABS 250mg, 500mg</i>                                         | 1                                 |
| TOBI PODHALER CAPS 28mg                                                     | 3 NDS NM PA                       |
| <i>tobramycin (generic of BETHKIS) NEBU 300mg/4ml</i>                       | 3 NDS NM PA                       |

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| <i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml                                                                                       | 3                          | NDS NM PA |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml                                                                                    | 1                          |           |
| <i>trimethoprim</i> TABS 100mg                                                                                                                  | 1                          |           |
| TYZAVAN SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml                                     | 3                          |           |
| VABOMERE INJ 2GM(1-1)                                                                                                                           | 3                          | NDS       |
| VANCOMYC/D5W INJ 1.5/300                                                                                                                        | 3                          |           |
| VANCOMYC/D5W INJ 1.25/250                                                                                                                       | 3                          |           |
| <i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)                                                                  | 1                          | QL        |
| <i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)                                                                 | 1                          | QL        |
| <i>vancomycin hcl</i> SOLN 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg | 1                          |           |
| <i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg                                                                  | 1                          |           |
| <i>vancomycin hcl</i> (generic of FIRVANQ) SOLR 25mg/ml QL (1800 mL / 180 days)                                                                 | 1                          | QL        |
| <i>vancomycin hcl</i> SOLR 250mg/5ml QL (1800 mL / 180 days)                                                                                    | 1                          | QL        |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits  |
|-------------------------------------------------------------------------------------------|----------------------------|---------|
| VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml; SOLR 1gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg | 3                          |         |
| VANCOMYCIN INJ 1 GM                                                                       | 3                          |         |
| VANCOMYCIN INJ 500MG                                                                      | 3                          |         |
| VANCOMYCIN INJ 750MG                                                                      | 3                          |         |
| VIBATIV SOLR 750mg                                                                        | 3                          | NDS     |
| XACDURO INJ 1-1GM                                                                         | 3                          | NDS     |
| XIFAXAN TABS 200mg QL (9 tabs / 30 days)                                                  | 3                          | QL      |
| ZEMDRI SOLN 500mg/10ml                                                                    | 3                          | NDS     |
| <b>ANTIFUNGALS</b>                                                                        |                            |         |
| <i>amphotericin b</i> SOLR 50mg                                                           | 1                          | B/D     |
| <i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg                            | 3                          | NDS B/D |
| <i>caspofungin acetate</i> (generic of CASPOFUNGIN ACETATE) SOLR 50mg, 70mg               | 1                          |         |
| CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg                                                   | 3                          | NDS PA  |
| ERAXIS SOLR 50mg                                                                          | 3                          |         |
| ERAXIS SOLR 100mg                                                                         | 3                          | NDS     |
| <i>fluconazole</i> SUSR 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg                           | 1                          |         |
| <i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml                                     | 1                          |         |
| <i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml                                          | 1                          |         |
| <i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml                                          | 1                          |         |
| <i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg                                 | 3                          | NDS PA  |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg                                  | 1                          |         |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg                                      | 1                          |         |
| <i>griseofulvin ultramicrosize</i> TABS 165mg                                             | 3                          | NDS     |
| <i>itraconazole</i> (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)              | 1                          | QL      |
| <i>itraconazole</i> SOLN 10mg/ml                                                          | 3                          | NDS     |

| Drug Name                                                                                                       | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>ketoconazole</i> TABS 200mg                                                                                  | 1 PA                              |
| <i>micafungin sodium</i> SOLR 50mg, 100mg                                                                       | 1                                 |
| MICAFUNGIN/NACL INJ 50MG/50ML                                                                                   | 3 NDS                             |
| MICAFUNGIN/NACL INJ 100MG/100ML                                                                                 | 3 NDS                             |
| MICAFUNGIN/NACL INJ 150MG/150ML                                                                                 | 3 NDS                             |
| NOXAFIL PACK 300mg QL (32 packets / 30 days)                                                                    | 3 NDS QL PA                       |
| <i>nystatin</i> TABS 500000unit                                                                                 | 1                                 |
| <i>posaconazole</i> SOLN 300mg/16.7ml                                                                           | 3 NDS                             |
| <i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)                                                          | 3 NDS QL PA                       |
| <i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)                                                           | 3 NDS QL PA                       |
| REZZAYO SOLR 200mg                                                                                              | 3 NDS                             |
| <i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days)<br>PA applies after a 90 day supply in a calendar year | 1 QL PA                           |
| TOLSURA CAPS 65mg QL (120 caps / 30 days)                                                                       | 3 NDS QL PA                       |
| VIVJOA CPPK 150mg QL (18 caps / 84 days)                                                                        | 3 NDS QL NM<br>PA                 |
| <i>voriconazole</i> (generic of VFEND IV) SOLR 200mg                                                            | 1 PA                              |
| <i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)                                       | 3 NDS QL PA                       |
| <i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)                                                           | 1 QL                              |
| <i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)                                                          | 1 QL                              |
| <b>ANTIMALARIALS</b>                                                                                            |                                   |
| <i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)                                            | 1                                 |
| <i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)                                            | 1                                 |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg                                                                  | 1                                 |
| COARTEM TAB 20-120MG                                                                                            | 3                                 |

| Drug Name                                                                 | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------|-----------------------------------|
| KRINTAFEL TABS 150mg                                                      | 3                                 |
| <i>mefloquine hcl</i> TABS 250mg                                          | 1                                 |
| PRIMAQUINE PHOSPHATE TABS 26.3mg                                          | 2                                 |
| <i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg | 1                                 |
| <i>quinine sulfate</i> CAPS 324mg                                         | 1 PA                              |
| <b>ANTIRETROVIRAL AGENTS</b>                                              |                                   |
| <i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml                  | 1 NM                              |
| <i>abacavir sulfate</i> TABS 300mg                                        | 1 NM                              |
| APTIVUS CAPS 250mg                                                        | 3 NDS NM                          |
| <i>atazanavir sulfate</i> CAPS 150mg                                      | 1 NM                              |
| <i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg          | 1 NM                              |
| <i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)  | 1 QL NM                           |
| <i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)  | 1 QL NM                           |
| EDURANT TABS 25mg                                                         | 3 NDS NM                          |
| EDURANT PED TBSO 2.5mg                                                    | 3 NDS NM                          |
| <i>efavirenz</i> TABS 600mg                                               | 1 NM                              |
| <i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg                      | 1 NM                              |
| EMTRIVA SOLN 10mg/ml                                                      | 3 NM                              |
| <i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg                | 3 NDS NM                          |
| <i>fosamprenavir calcium</i> TABS 700mg                                   | 3 NDS NM                          |
| INTELENCE TABS 25mg                                                       | 3 NM                              |
| ISENTRESS CHEW 25mg                                                       | 3 NM                              |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg                              | 3 NDS NM                          |
| ISENTRESS HD TABS 600mg                                                   | 3 NDS NM                          |
| <i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg     | 1 NM                              |
| <i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg                 | 3 NDS NM                          |

| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------|----------------------------|-----------|
| <i>nevirapine</i> SUSP 50mg/5ml;<br>TABS 200mg; TB24 400mg                | 1                          | NM        |
| NORVIR PACK 100mg                                                         | 3                          | NM        |
| PIFELTRO TABS 100mg                                                       | 3                          | NDS NM    |
| PREZISTA SUSP 100mg/ml<br>QL (400 mL / 30 days)                           | 3                          | NDS QL NM |
| PREZISTA TABS 75mg<br>QL (480 tabs / 30 days)                             | 3                          | QL NM     |
| PREZISTA TABS 150mg<br>QL (240 tabs / 30 days)                            | 3                          | NDS QL NM |
| REYATAZ PACK 50mg                                                         | 3                          | NDS NM    |
| <i>rilpivirine hcl</i> (generic of<br>EDURANT) TABS 25mg                  | 3                          | NDS NM    |
| <i>ritonavir</i> (generic of NORVIR)<br>TABS 100mg                        | 1                          | NM        |
| RUKOBIA TB12 600mg                                                        | 3                          | NDS NM    |
| SELZENTRY SOLN 20mg/ml                                                    | 3                          | NDS NM    |
| SUNLENCA TABS 300mg;<br>TBPK 300mg                                        | 3                          | NDS NM    |
| <i>tenofovir disoproxil fumarate</i><br>(generic of VIREAD) TABS<br>300mg | 1                          | NM        |
| TIVICAY TABS 50mg                                                         | 3                          | NDS NM    |
| TIVICAY PD TBSO 5mg                                                       | 3                          | NDS NM    |
| TROGARZO SOLN<br>200mg/1.33ml                                             | 3                          | NDS NM    |
| TYBOST TABS 150mg                                                         | 2                          | NM        |
| VIRACEPT TABS 250mg,<br>625mg                                             | 3                          | NDS NM    |
| VIREAD POWD 40mg/gm;<br>TABS 150mg, 200mg, 250mg                          | 3                          | NDS NM    |
| <i>zidovudine</i> (generic of<br>RETROVIR) CAPS 100mg;<br>SYRP 50mg/5ml   | 1                          | NM        |
| <i>zidovudine</i> TABS 300mg                                              | 1                          | NM        |
| <b>ANTIRETROVIRAL COMBINATION<br/>AGENTS</b>                              |                            |           |
| <i>abacavir sulfate-lamivudine</i><br><i>tab 600-300 mg</i>               | 1                          | NM        |
| BIKTARVY TAB 30-120-15<br>MG                                              | 3                          | NDS NM    |
| BIKTARVY TAB 50-200-25<br>MG                                              | 3                          | NDS NM    |
| CIMDUO TAB 300-300                                                        | 3                          | NDS NM    |
| DELSTRIGO TAB                                                             | 3                          | NDS NM    |
| DESCOVY TAB 120-15MG                                                      | 3                          | NDS NM    |
| DESCOVY TAB 200/25MG                                                      | 3                          | NDS NM    |
| DOVATO TAB 50-300MG                                                       | 3                          | NDS NM    |

| Drug Name                                                                                          | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>efavirenz-emtricitabine-<br/>tenofovir df tab 600-200-300<br/>mg</i>                            | 1                          | NM     |
| <i>efavirenz-lamivudine-tenofovir<br/>df tab 400-300-300 mg</i>                                    | 3                          | NDS NM |
| <i>efavirenz-lamivudine-tenofovir<br/>df tab 600-300-300 mg</i><br>(generic of SYMFI)              | 3                          | NDS NM |
| <i>emtricitabine-rilpivirine-<br/>tenofovir df tab 200-25-300<br/>mg</i> (generic of COMPLERA)     | 3                          | NDS NM |
| <i>emtricitabine-tenofovir<br/>disoproxil fumarate tab 100-<br/>150 mg</i> (generic of<br>TRUVADA) | 1                          | NM     |
| <i>emtricitabine-tenofovir<br/>disoproxil fumarate tab 133-<br/>200 mg</i> (generic of<br>TRUVADA) | 3                          | NDS NM |
| <i>emtricitabine-tenofovir<br/>disoproxil fumarate tab 167-<br/>250 mg</i> (generic of<br>TRUVADA) | 1                          | NM     |
| <i>emtricitabine-tenofovir<br/>disoproxil fumarate tab 200-<br/>300 mg</i> (generic of<br>TRUVADA) | 1                          | NM     |
| EVOTAZ TAB 300-150                                                                                 | 3                          | NDS NM |
| GENVOYA TAB                                                                                        | 3                          | NDS NM |
| IDVYNZO TAB 100-0.25                                                                               | 3                          | NDS NM |
| JULUCA TAB 50-25MG                                                                                 | 3                          | NDS NM |
| KALETRA SOL                                                                                        | 3                          | NM     |
| <i>lamivudine-zidovudine tab<br/>150-300 mg</i>                                                    | 1                          | NM     |
| <i>lopinavir-ritonavir tab 100-25<br/>mg</i> (generic of KALETRA)                                  | 1                          | NM     |
| <i>lopinavir-ritonavir tab 200-50<br/>mg</i> (generic of KALETRA)                                  | 1                          | NM     |
| ODEFSEY TAB                                                                                        | 3                          | NDS NM |
| PREZCOBIX TAB 675/150                                                                              | 3                          | NDS NM |
| PREZCOBIX TAB 800-150                                                                              | 3                          | NDS NM |
| STRIBILD TAB                                                                                       | 3                          | NDS NM |
| SYMTUZA TAB                                                                                        | 3                          | NDS NM |
| TRIUMEQ PD TAB                                                                                     | 3                          | NM     |
| TRIUMEQ TAB                                                                                        | 3                          | NDS NM |
| <b>ANTITUBERCULAR AGENTS</b>                                                                       |                            |        |
| <i>cycloserine</i> CAPS 250mg                                                                      | 3                          | NDS    |

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

| Drug Name                                                       | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------|----------------------------|--------------|
| <i>ethambutol hcl</i> TABS 100mg, 400mg                         | 1                          |              |
| <i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg               | 1                          |              |
| PRETOMANID TABS 200mg                                           | 3                          |              |
| PRIFTIN TABS 150mg                                              | 3                          |              |
| <i>pyrazinamide</i> TABS 500mg                                  | 1                          |              |
| <i>rifabutin</i> CAPS 150mg                                     | 1                          |              |
| <i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg                   | 1                          |              |
| <i>rifapentine</i> (generic of PRIFTIN) TABS 150mg              | 1                          |              |
| SIRTURO TABS 20mg, 100mg                                        | 3                          | NDS NM PA    |
| <b>ANTIVIRALS</b>                                               |                            |              |
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg  | 1                          |              |
| <i>acyclovir sodium</i> SOLN 50mg/ml                            | 1                          | B/D          |
| <i>adefovir dipivoxil</i> TABS 10mg                             | 1                          | NM           |
| BARACLUDE SOLN .05mg/ml                                         | 3                          | NDS NM ST    |
| <i>cidofovir</i> SOLN 75mg/ml                                   | 1                          |              |
| <i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg          | 1                          | NM           |
| EPCLUSA PAK 150-37.5                                            | 3                          | NDS NM PA    |
| EPCLUSA PAK 200-50MG                                            | 3                          | NDS NM PA    |
| EPCLUSA TAB 200-50MG                                            | 3                          | NDS NM PA    |
| EPCLUSA TAB 400-100                                             | 3                          | NDS NM PA    |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg                     | 1                          |              |
| <i>foscarnet sodium</i> (generic of FOSCAVIR) SOLN 6000mg/250ml | 3                          | NDS B/D      |
| GANCICLOVIR SOLN 500mg/10ml                                     | 3                          | B/D          |
| <i>ganciclovir sodium</i> SOLR 500mg                            | 1                          | B/D          |
| HARVONI PAK 33.75-150MG                                         | 3                          | NDS NM PA    |
| HARVONI PAK 45-200MG                                            | 3                          | NDS NM PA    |
| HARVONI TAB 45-200MG                                            | 3                          | NDS NM PA    |
| HARVONI TAB 90-400MG                                            | 3                          | NDS NM PA    |
| HEPCLUDEX SOLR 8.5mg QL (30 vials / 30 days)                    | 3                          | NDS QL NM PA |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------|----------------------------|--------------|
| <i>lamivudine (hbv)</i> TABS 100mg                                                | 1                          | NM           |
| LIVTENCITY TABS 200mg QL (336 tabs / 28 days)                                     | 3                          | NDS QL NM PA |
| MAVYRET PAK 50-20MG                                                               | 3                          | NDS NM PA    |
| MAVYRET TAB 100-40MG                                                              | 3                          | NDS NM PA    |
| <i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)                       | 1                          | QL           |
| <i>oseltamivir phosphate</i> CAPS 45mg QL (84 caps / year)                        | 1                          | QL           |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 75mg QL (84 caps / year)   | 1                          | QL           |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year) | 1                          | QL           |
| PAXLOVID PAK QL (22 tabs / 90 days)                                               | 1                          | QL           |
| PAXLOVID TAB 150-100 QL (40 tabs / 90 days)                                       | 1                          | QL           |
| PAXLOVID TAB 300-100 QL (60 tabs / 90 days)                                       | 1                          | QL           |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml                                         | 3                          | NDS NM PA    |
| PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)                              | 3                          | NDS QL PA    |
| PREVYMIS SOLN 240mg/12ml, 480mg/24ml                                              | 3                          | NDS          |
| PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)                                 | 3                          | NDS QL PA    |
| RAPIVAB SOLN 200mg/20ml                                                           | 3                          | NDS          |
| RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)                         | 2                          | QL           |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg                             | 1                          | NM           |
| <i>rimantadine hydrochloride</i> TABS 100mg                                       | 1                          |              |
| <i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg                      | 1                          |              |

| Drug Name                                                         | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------|----------------------------|-----------|
| <i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml       | 3                          | NDS       |
| <i>valganciclovir hcl</i> TABS 450mg                              | 1                          |           |
| VOSEVI TAB                                                        | 3                          | NDS NM PA |
| XOFLUZA TBPk 40mg, 80mg                                           | 3                          | QL        |
| QL (1 tab / 180 days)                                             |                            |           |
| <b>CEPHALOSPORINS</b>                                             |                            |           |
| AVYCAZ INJ 2-0.5GM                                                | 3                          | NDS       |
| <i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml                 | 1                          |           |
| CEFACTOR ER TB12 500mg                                            | 3                          |           |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm | 1                          |           |
| CEFAZOLIN SOLR 2gm, 3gm                                           | 3                          |           |
| CEFAZOLIN INJ 1GM/50ML                                            | 3                          |           |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg           | 1                          |           |
| CEFAZOLIN SOLN 2GM/100ML-4%                                       | 3                          |           |
| CEFAZOLIN/DEX SOL 1GM/50ML-4%                                     | 3                          |           |
| CEFAZOLIN/DEX SOL 2GM/50ML-3%                                     | 3                          |           |
| CEFAZOLIN/DEX SOL 3GM/50ML-2%                                     | 3                          |           |
| CEFAZOLIN/DEX SOL 3GM/150ML-4%                                    | 3                          |           |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml             | 1                          |           |
| CEFEPIME SOLN 1gm/50ml, 2gm/100ml                                 | 3                          |           |
| <i>cefepime hcl</i> SOLR 1gm, 2gm                                 | 1                          |           |
| CEFEPIME/DEX INJ 1GM                                              | 3                          |           |
| CEFEPIME/DEX INJ 2GM                                              | 3                          |           |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml; TABS 400mg | 1                          |           |
| <i>cefotetan disodium</i> SOLR 1gm                                | 1                          |           |
| <i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 2gm           | 1                          |           |
| CEFOXITIN INJ 1GM                                                 | 3                          |           |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------|----------------------------|--------|
| CEFOXITIN INJ 2GM                                                                        | 3                          |        |
| <i>cefroxitin sodium</i> SOLR 1gm, 2gm, 10gm                                             | 1                          |        |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg                  | 1                          |        |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg                            | 1                          |        |
| <i>ceftaroline fosamil</i> (generic of TEFLARO) SOLR 400mg, 600mg                        | 3                          | NDS    |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm                                                    | 1                          |        |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg                              | 1                          |        |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg                                               | 1                          |        |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg                                               | 1                          |        |
| <i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1                          |        |
| FETROJA SOLR 1gm                                                                         | 3                          | NDS    |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                                        | 1                          |        |
| TEFLARO SOLR 400mg, 600mg                                                                | 3                          | NDS    |
| ZERBAXA INJ 1.5GM                                                                        | 3                          | NDS    |
| ZEVTERA SOLR 667mg                                                                       | 3                          | NDS    |
| <b>ERYTHROMYCINS/MACROLIDES</b>                                                          |                            |        |
| <i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml; TABS 600mg                               | 1                          |        |
| <i>azithromycin</i> (generic of ZITHROMAX) SUSR 200mg/5ml; TABS 250mg, 500mg             | 1                          |        |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg                       | 1                          |        |
| <i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg                                  | 1                          |        |
| DIFICID SUSR 40mg/ml                                                                     | 3                          | NDS    |
| e.e.s. 400 TABS 400mg                                                                    | 1                          |        |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------|----------------------------|--------|
| ERYTHROCIN<br>LACTOBIONATE SOLR<br>500mg                                                  | 3                          |        |
| <i>erythromycin base</i> CPEP<br>250mg; TABS 250mg, 500mg;<br>TBEC 250mg, 333mg, 500mg    | 1                          |        |
| <i>erythromycin ethylsuccinate</i><br>(generic of E.E.S.<br>GRANULES) SUSR<br>200mg/5ml   | 1                          |        |
| <i>erythromycin ethylsuccinate</i><br>(generic of ERYPED 400)<br>SUSR 400mg/5ml           | 3                          | NDS    |
| <i>erythromycin ethylsuccinate</i><br>TABS 400mg                                          | 1                          |        |
| <i>erythromycin lactobionate</i><br>(generic of ERYTHROCIN<br>LACTOBIONATE) SOLR<br>500mg | 1                          |        |
| <i>fidaxomicin</i> (generic of<br>DIFICID) TABS 200mg                                     | 3                          | NDS    |
| <b>FLUOROQUINOLONES</b>                                                                   |                            |        |
| BAXDELA SOLR 300mg;<br>TABS 450mg                                                         | 3                          | NDS    |
| CIPRO SUSR 5gm/100ml,<br>500mg/5ml                                                        | 3                          |        |
| <i>ciprofloxacin 200 mg/100ml in<br/>d5w</i>                                              | 1                          |        |
| <i>ciprofloxacin 400 mg/200ml in<br/>d5w</i>                                              | 1                          |        |
| <i>ciprofloxacin hcl</i> (generic of<br>CIPRO) TABS 250mg,<br>500mg                       | 1                          |        |
| <i>ciprofloxacin hcl</i> TABS<br>750mg                                                    | 1                          |        |
| <i>levofloxacin</i> SOLN 25mg/ml;<br>TABS 250mg, 500mg, 750mg                             | 1                          |        |
| <i>levofloxacin in d5w iv soln 250<br/>mg/50ml</i>                                        | 1                          |        |
| <i>levofloxacin in d5w iv soln 500<br/>mg/100ml</i>                                       | 1                          |        |
| <i>levofloxacin in d5w iv soln 750<br/>mg/150ml</i>                                       | 1                          |        |
| <i>moxifloxacin hcl</i> TABS<br>400mg                                                     | 1                          |        |
| <i>moxifloxacin hcl 400<br/>mg/250ml in sodium chloride<br/>0.8% inj</i>                  | 1                          |        |

| Drug Name                                                                                                                                  | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| MOXIFLOXACIN<br>HYDROCHLORID SOLN<br>400mg/250ml                                                                                           | 3                          |        |
| <b>PENICILLINS</b>                                                                                                                         |                            |        |
| AMOX/K CLAV CHW<br>200/28.5                                                                                                                | 3                          |        |
| AMOX/K CLAV CHW 400/57                                                                                                                     | 3                          |        |
| <i>amoxicillin</i> CAPS 250mg,<br>500mg; CHEW 125mg,<br>250mg; SUSR 125mg/5ml,<br>200mg/5ml, 250mg/5ml,<br>400mg/5ml; TABS 500mg,<br>875mg | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for<br/>susp 200-28.5 mg/5ml</i>                                                                        | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for<br/>susp 250-62.5 mg/5ml</i>                                                                        | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for<br/>susp 400-57 mg/5ml</i>                                                                          | 1                          |        |
| <i>amoxicillin &amp; k clavulanate for<br/>susp 600-42.9 mg/5ml</i><br>(generic of AUGMENTIN ES-<br>600)                                   | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab<br/>250-125 mg</i>                                                                                  | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab<br/>500-125 mg</i>                                                                                  | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab<br/>875-125 mg</i>                                                                                  | 1                          |        |
| <i>amoxicillin &amp; k clavulanate tab<br/>er 12hr 1000-62.5 mg</i>                                                                        | 1                          |        |
| <i>ampicillin</i> CAPS 500mg                                                                                                               | 1                          |        |
| <i>ampicillin &amp; sulbactam sodium<br/>for inj 1.5 (1-0.5) gm</i> (generic<br>of UNASYN)                                                 | 1                          |        |
| <i>ampicillin &amp; sulbactam sodium<br/>for inj 3 (2-1) gm</i> (generic of<br>UNASYN)                                                     | 1                          |        |
| <i>ampicillin &amp; sulbactam sodium<br/>for iv soln 3 (2-1) gm</i>                                                                        | 1                          |        |
| <i>ampicillin &amp; sulbactam sodium<br/>for iv soln 15 (10-5) gm</i><br>(generic of UNASYN BULK<br>PACK)                                  | 1                          |        |
| <i>ampicillin sodium</i> SOLR 1gm, 1<br>2gm, 10gm, 250mg, 500mg                                                                            | 1                          |        |
| AUGMENTIN SUS 125/5ML                                                                                                                      | 3                          |        |
| BICILLIN C-R INJ 900/300                                                                                                                   | 3                          |        |

| Drug Name                                                                  | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------|-----------------------------------|
| BICILLIN C-R INJ 1200000                                                   | 3                                 |
| BICILLIN L-A SUSY<br>600000unit/ml,<br>1200000unit/2ml,<br>2400000unit/4ml | 3                                 |
| dicloxacillin sodium CAPS<br>250mg, 500mg                                  | 1                                 |
| NAFCILLIN INJ 2GM/100                                                      | 3 NDS                             |
| nafcillin sodium SOLR 1gm,<br>2gm                                          | 1                                 |
| nafcillin sodium SOLR 10gm                                                 | 3 NDS                             |
| OXACILLIN INJ 2GM                                                          | 3                                 |
| oxacillin sodium SOLR 1gm,<br>2gm, 10gm                                    | 1                                 |
| PEN GK/DEXTR INJ<br>40000/ML                                               | 3                                 |
| PEN GK/DEXTR INJ<br>60000/ML                                               | 3                                 |
| penicillin g potassium SOLR<br>5000000unit, 20000000unit                   | 1                                 |
| penicillin g sodium SOLR<br>5000000unit                                    | 1                                 |
| penicillin v potassium SOLR<br>125mg/5ml, 250mg/5ml;<br>TABS 250mg, 500mg  | 1                                 |
| pfizerpen SOLR 5000000unit, 1<br>20000000unit                              | 1                                 |
| PIP/TAZ/NACL INJ 2-0.25GM                                                  | 3                                 |
| PIP/TAZ/NACL INJ 3-0.375G                                                  | 3                                 |
| PIP/TAZ/NACL INJ 4-0.5GM                                                   | 3                                 |
| piperacillin sod-tazobactam na<br>for inj 3.375 gm (3-0.375 gm)            | 1                                 |
| piperacillin sod-tazobactam<br>sod for inj 2.25 gm (2-0.25<br>gm)          | 1                                 |
| piperacillin sod-tazobactam<br>sod for inj 4.5 gm (4-0.5 gm)               | 1                                 |
| piperacillin sod-tazobactam<br>sod for inj 13.5 gm (12-1.5<br>gm)          | 1                                 |
| piperacillin sod-tazobactam<br>sod for inj 40.5 gm (36-4.5<br>gm)          | 1                                 |
| ZOSYN SOL 2-0.25GM                                                         | 3                                 |
| ZOSYN SOL 3-0.375G                                                         | 3                                 |
| ZOSYN SOL 4-0.50GM                                                         | 3                                 |

| Drug Name                                                                                         | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>TETRACYCLINES</b>                                                                              |                                   |
| demeclocycline hcl TABS<br>150mg, 300mg                                                           | 1                                 |
| doxy 100 SOLR 100mg                                                                               | 1                                 |
| doxycycline (monohydrate)<br>CAPS 50mg, 100mg; SUSR<br>25mg/5ml; TABS 50mg,<br>75mg, 100mg, 150mg | 1                                 |
| doxycycline hyclate CAPS<br>50mg, 100mg; SOLR 100mg;<br>TABS 20mg, 100mg                          | 1                                 |
| minocycline hcl CAPS 50mg,<br>75mg, 100mg; TABS 50mg,<br>75mg, 100mg                              | 1                                 |
| NUZYRA SOLR 100mg                                                                                 | 3 NDS NM                          |
| NUZYRA TABS 150mg<br>QL (30 tabs / 14 days)                                                       | 3 NDS QL NM                       |
| tetracycline hcl CAPS 250mg,<br>500mg                                                             | 1                                 |
| tigecycline (generic of<br>TYGACIL) SOLR 50mg                                                     | 1                                 |
| XERAVA SOLR 50mg,<br>100mg                                                                        | 3                                 |
| <b>ANTINEOPLASTIC AGENTS<br/>ALKYLATING AGENTS</b>                                                |                                   |
| bendamustine hcl (generic of<br>TREANDA) SOLR 25mg,<br>100mg                                      | 3 NDS B/D NM                      |
| BENDAMUSTINE<br>HYDROCHLORID SOLN<br>100mg/4ml                                                    | 3 NDS B/D NM                      |
| BENDEKA SOLN 100mg/4ml                                                                            | 3 NDS B/D NM                      |
| carboplatin SOLN 50mg/5ml,<br>150mg/15ml, 450mg/45ml,<br>600mg/60ml                               | 1 B/D                             |
| cisplatin SOLN 50mg/50ml,<br>100mg/100ml                                                          | 1 B/D                             |
| cisplatin (generic of<br>CISPLATIN) SOLN<br>200mg/200ml                                           | 1 B/D                             |
| cyclophosphamide CAPS<br>25mg, 50mg; SOLR 1gm,<br>500mg                                           | 1 B/D                             |
| CYCLOPHOSPHAMIDE<br>SOLN 1gm/2ml, 2gm/4ml,<br>500mg/ml                                            | 3 NDS B/D NM                      |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits     |
|---------------------------------------------------------------------------------|----------------------------|------------|
| <i>cyclophosphamide</i> (generic of CYCLOPHOSPHAMIDE) SOLN 1gm/5ml              | 3                          | NDS B/D    |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml | 3                          | NDS B/D    |
| <i>cyclophosphamide</i> (generic of CYCLOPHOSPHAMIDE) SOLN 500mg/2.5ml          | 1                          | B/D        |
| <i>cyclophosphamide</i> SOLR 2gm                                                | 3                          | NDS B/D    |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg                                                | 3                          | B/D        |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml                                         | 3                          | NDS B/D    |
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml                                       | 3                          | NDS B/D NM |
| GLEOSTINE CAPS 10mg, 40mg                                                       | 3                          | NM         |
| GLEOSTINE CAPS 100mg                                                            | 3                          | NDS NM     |
| GRAFAPEX SOLR 1gm, 5gm                                                          | 3                          | NDS B/D NM |
| IFEX SOLR 3gm                                                                   | 3                          | B/D        |
| <i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml                                       | 1                          | B/D        |
| IFOSFAMIDE SOLR 3gm                                                             | 3                          | B/D        |
| KYXATA SOLN 80mg/8ml, 500mg/50ml                                                | 3                          | NDS B/D NM |
| LEUKERAN TABS 2mg                                                               | 3                          | NDS PA     |
| <i>lomustine</i> (generic of GLEOSTINE) CAPS 10mg, 40mg                         | 1                          | NM         |
| <i>lomustine</i> (generic of GLEOSTINE) CAPS 100mg                              | 3                          | NDS NM     |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml                       | 1                          | B/D        |
| <i>oxaliplatin</i> SOLR 50mg, 100mg                                             | 3                          | NDS B/D    |
| VIVIMUSTA SOLN 100mg/4ml                                                        | 3                          | NDS B/D NM |
| ZEPZELCA SOLR 4mg                                                               | 3                          | NDS NM PA  |
| <b>ANTIMETABOLITES</b>                                                          |                            |            |
| AXTLE SOLR 100mg, 500mg                                                         | 3                          | NDS B/D NM |
| <i>azacitidine</i> (generic of VIDAZA) SUSR 100mg                               | 3                          | NDS B/D NM |
| <i>cytarabine</i> SOLN 20mg/ml, 100mg/ml                                        | 1                          | B/D        |

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>decitabine</i> SOLR 50mg                                                                             | 3                          | NDS B/D NM   |
| FAVLYXA SOLN 2.5gm/100ml, 250mg/10ml                                                                    | 3                          | NDS B/D NM   |
| <i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg                                                   | 1                          | B/D          |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml                                    | 1                          | B/D          |
| FOLOTYN SOLN 20mg/ml, 40mg/2ml                                                                          | 3                          | NDS NM PA    |
| <i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1                          | B/D          |
| <i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg                                                             | 1                          | B/D          |
| GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml                                            | 3                          | B/D          |
| INQOVI TAB 35-100MG QL (5 tabs / 28 days)                                                               | 3                          | NDS QL NM PA |
| LONSURF TAB 15-6.14 QL (100 tabs / 28 days)                                                             | 3                          | NDS QL NM PA |
| LONSURF TAB 20-8.19 QL (80 tabs / 28 days)                                                              | 3                          | NDS QL NM PA |
| <i>mercaptopurine</i> (generic of PURIXAN) SUSP 2000mg/100ml                                            | 3                          | NDS NM       |
| <i>mercaptopurine</i> TABS 50mg                                                                         | 1                          |              |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm                                | 1                          | B/D          |
| ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)                                                         | 3                          | NDS QL NM PA |
| PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml                                                         | 3                          | NDS B/D      |
| <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg                                             | 3                          | NDS B/D      |
| PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml                                                                 | 3                          | NDS B/D      |
| <i>pralatrexate</i> (generic of FOLOTYN) SOLN 20mg/ml, 40mg/2ml                                         | 3                          | NDS NM PA    |

| Drug Name                                                                            | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------------|----------------------------|--------------|
| TABLOID TABS 40mg                                                                    | 3                          | NDS PA       |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                                |                            |              |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg<br>QL (120 tabs / 30 days) | 3                          | NDS QL NM PA |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg<br>QL (60 tabs / 30 days)  | 3                          | NDS QL NM PA |
| <i>abirtega</i> (generic of ZYTIGA) TABS 250mg<br>QL (120 tabs / 30 days)            | 1                          | QL NM PA     |
| AKEEGA TAB 50/500MG<br>QL (60 tabs / 30 days)                                        | 3                          | NDS QL NM PA |
| AKEEGA TAB 100/500<br>QL (60 tabs / 30 days)                                         | 3                          | NDS QL NM PA |
| <i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg                                    | 1                          |              |
| <i>bicalutamide</i> (generic of CASODEX) TABS 50mg                                   | 1                          |              |
| CAMCEVI PRSY 42mg                                                                    | 3                          | NM PA        |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg                                                | 2                          | NM PA        |
| ERLEADA TABS 60mg<br>QL (120 tabs / 30 days)                                         | 3                          | NDS QL NM PA |
| ERLEADA TABS 240mg<br>QL (30 tabs / 30 days)                                         | 3                          | NDS QL NM PA |
| EULEXIN CAPS 125mg                                                                   | 3                          | NDS          |
| <i>exemestane</i> (generic of AROMASIN) TABS 25mg                                    | 1                          |              |
| FIRMAGON SOLR 80mg                                                                   | 3                          | NM PA        |
| FIRMAGON SOLR 120mg/vial                                                             | 3                          | NDS NM PA    |
| <i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml                              | 3                          | NDS B/D      |
| INLURIYO TABS 200mg<br>QL (56 tabs / 28 days)                                        | 3                          | NDS QL NM PA |
| <i>letrozole</i> (generic of FEMARA) TABS 2.5mg                                      | 1                          |              |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml                                              | 1                          | NM PA        |
| <i>leuprolide acetate</i> (3 month) INJ 22.5mg                                       | 1                          | NM PA        |
| LIFYORLI CAP 125MG DS<br>QL (18 caps / 28 days)                                      | 3                          | NDS QL NM PA |
| LIFYORLI CAP 150MG DS<br>QL (27 caps / 28 days)                                      | 3                          | NDS QL NM PA |

| Drug Name                                                       | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------|----------------------------|--------------|
| LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg                        | 3                          | NDS NM PA    |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg                      | 3                          | NDS NM PA    |
| LUPRON DEPOT (4-MONTH) KIT 30mg                                 | 3                          | NDS NM PA    |
| LUPRON DEPOT (6-MONTH) KIT 45mg                                 | 3                          | NDS NM PA    |
| LUTRATE DEPOT INJ 22.5mg                                        | 3                          | NM PA        |
| LYSODREN TABS 500mg<br><i>megestrol acetate</i> TABS 20mg, 40mg | 3                          | NDS NM       |
| <i>nilutamide</i> TABS 150mg                                    | 3                          | NDS          |
| NUBEQA TABS 300mg<br>QL (120 tabs / 30 days)                    | 3                          | NDS QL NM PA |
| ORGOVYX TABS 120mg                                              | 3                          | NDS NM PA    |
| ORSERDU TABS 86mg<br>QL (90 tabs / 30 days)                     | 3                          | NDS QL NM PA |
| ORSERDU TABS 345mg<br>QL (30 tabs / 30 days)                    | 3                          | NDS QL NM PA |
| SOLTAMOX SOLN 10mg/5ml                                          | 3                          | NDS          |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg                        | 1                          |              |
| <i>toremifene citrate</i> (generic of FARESTON) TABS 60mg       | 1                          | PA           |
| TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg                   | 2                          | NM PA        |
| VABRINTY KIT 7.5mg, 22.5mg, 30mg, 45mg                          | 3                          | NDS NM PA    |
| VEPPANU TABS 100mg<br>QL (90 tabs / 30 days)                    | 3                          | NDS QL NM PA |
| VEPPANU TABS 200mg<br>QL (30 tabs / 30 days)                    | 3                          | NDS QL NM PA |
| XTANDI CAPS 40mg<br>QL (120 caps / 30 days)                     | 3                          | NDS QL NM PA |
| XTANDI TABS 40mg<br>QL (120 tabs / 30 days)                     | 3                          | NDS QL NM PA |
| XTANDI TABS 80mg<br>QL (60 tabs / 30 days)                      | 3                          | NDS QL NM PA |
| YONSA TABS 125mg<br>QL (120 tabs / 30 days)                     | 3                          | NDS QL NM PA |
| ZOLADEX IMPL 3.6mg, 10.8mg                                      | 3                          | NM PA        |

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <b>IMMUNOMODULATORS</b>                                                                         |                            |                 |
| <i>lenalidomide</i> (generic of REVLIMID) CAPS 2.5mg, 5mg, 10mg, 15mg<br>QL (28 caps / 28 days) | 3                          | NDS QL NM<br>PA |
| <i>lenalidomide</i> (generic of REVLIMID) CAPS 20mg, 25mg<br>QL (21 caps / 28 days)             | 3                          | NDS QL NM<br>PA |
| <i>pomalidomide</i> (generic of POMALYST) CAPS 1mg, 2mg, 3mg, 4mg<br>QL (21 caps / 28 days)     | 3                          | NDS QL NM<br>PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg<br>QL (21 caps / 28 days)                                      | 3                          | NDS QL NM<br>PA |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg<br>QL (28 caps / 28 days)                                  | 3                          | NDS QL NM<br>PA |
| REVLIMID CAPS 20mg, 25mg<br>QL (21 caps / 28 days)                                              | 3                          | NDS QL NM<br>PA |
| THALOMID CAPS 50mg<br>QL (84 caps / 28 days)                                                    | 3                          | NDS QL NM<br>PA |
| THALOMID CAPS 100mg<br>QL (112 caps / 28 days)                                                  | 3                          | NDS QL NM<br>PA |
| ZENBEXUS CAPS .75mg, 1mg<br>QL (21 caps / 28 days)                                              | 3                          | NDS QL NM<br>PA |
| <b>MISCELLANEOUS</b>                                                                            |                            |                 |
| ASPARLAS SOLN 3750unit/5ml                                                                      | 3                          | NDS NM PA       |
| BESREMI SOSY 500mcg/ml<br>QL (2 syringes / 28 days)                                             | 3                          | NDS QL NM<br>PA |
| BESREMI PEN SOPN 500mcg/0.5ml<br>QL (2 pens / 28 days)                                          | 3                          | NDS QL NM<br>PA |
| <i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg<br>QL (300 caps / 30 days)                   | 3                          | NDS QL NM<br>PA |
| <i>bleomycin sulfate</i> SOLR 15unit, 30unit                                                    | 1                          | B/D             |
| <i>dacarbazine</i> SOLR 100mg                                                                   | 1                          | B/D             |
| <i>dexrazoxane hcl</i> SOLR 250mg, 500mg                                                        | 3                          | NDS B/D         |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml         | 1                          | B/D             |
| <i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml                   | 3                          | NDS B/D         |
| ELITEK SOLR 1.5mg, 7.5mg                                                          | 3                          | NDS B/D         |
| ELLECE SOLN 50mg/25ml, 200mg/100ml                                                | 3                          | B/D             |
| ETHYOL SOLR 500mg                                                                 | 3                          | NDS B/D         |
| <i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg                                 | 1                          |                 |
| <i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 1                          | B/D             |
| <i>irinotecan hcl</i> SOLN 500mg/25ml                                             | 1                          | B/D             |
| IWILFIN TABS 192mg<br>QL (240 tabs / 30 days)                                     | 3                          | NDS QL NM<br>PA |
| KHAPZORY SOLR 175mg                                                               | 3                          | NDS B/D NM      |
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg  | 1                          | B/D             |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg                              | 1                          |                 |
| <i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg            | 1                          | B/D NM          |
| MATULANE CAPS 50mg                                                                | 3                          | NDS NM          |
| <i>mesna</i> (generic of MESNEX) TABS 400mg                                       | 3                          | NDS             |
| <i>mitomycin</i> SOLR 5mg                                                         | 1                          | B/D             |
| <i>mitomycin</i> SOLR 20mg, 40mg                                                  | 3                          | NDS B/D         |
| <i>mitoxantrone hcl</i> CONC 20mg/10ml, 25mg/12.5ml, 30mg/15ml                    | 1                          | B/D NM          |
| MODEYSO CAPS 125mg<br>QL (20 caps / 28 days)                                      | 3                          | NDS QL NM<br>PA |
| NIPENT SOLR 10mg                                                                  | 3                          | NDS B/D         |
| ONCASPAR SOLN 750unit/ml                                                          | 3                          | NDS NM PA       |
| ONIVYDE SUSP 43mg/10ml                                                            | 3                          | NDS B/D NM      |
| RYLAZE SOLN 10mg/0.5ml                                                            | 3                          | NDS NM PA       |

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml                                | 1                          | B/D          |
| <i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg                                         | 3                          | NDS B/D      |
| <i>tretinoin</i> (chemotherapy) CAPS 10mg                                                   | 3                          | NDS          |
| <i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml                                         | 3                          | NDS B/D NM   |
| VYKOURA SOLN 50mg/5ml                                                                       | 3                          | B/D NM       |
| VYKOURA SOLN 350mg/35ml, 500mg/50ml                                                         | 3                          | NDS B/D NM   |
| WELIREG TABS 40mg QL (90 tabs / 30 days)                                                    | 3                          | NDS QL NM PA |
| <b>MITOTIC INHIBITORS</b>                                                                   |                            |              |
| AVOPEF SOLN 100mg/5ml, 500mg/25ml                                                           | 3                          | NDS B/D NM   |
| BEIZRAY CONC 20mg/ml                                                                        | 3                          | B/D NM       |
| BEIZRAY INJ 80MG/4ML                                                                        | 3                          | NDS B/D NM   |
| BEIZRAY INJ 160/8ML                                                                         | 3                          | NDS B/D NM   |
| <i>docetaxel</i> CONC 20mg/ml                                                               | 1                          | B/D          |
| DOCETAXEL CONC 20mg/ml                                                                      | 3                          | B/D          |
| <i>docetaxel</i> CONC 80mg/4ml                                                              | 3                          | NDS B/D      |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml                     | 3                          | NDS B/D      |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 3                          | NDS B/D      |
| DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml                                                 | 3                          | NDS B/D NM   |
| <i>eribulin mesylate</i> (generic of HALAVEN) SOLN 1mg/2ml                                  | 3                          | NDS B/D NM   |
| ETOPOPHOS SOLR 100mg                                                                        | 3                          | B/D          |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml                                       | 1                          | B/D          |
| IXEMPRA KIT SOLR 15mg, 45mg                                                                 | 3                          | NDS B/D NM   |
| JEVTANA SOLN 60mg/1.5ml                                                                     | 3                          | NDS NM PA    |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml                             | 1                          | B/D          |
| <i>paclitaxel inj 100mg</i> (generic of ABRAXANE)                                           | 3                          | NDS B/D NM   |

| Drug Name                                                           | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------|----------------------------|--------------|
| <i>vinblastine sulfate</i> SOLN 1mg/ml                              | 1                          | B/D          |
| <i>vincristine sulfate</i> SOLN 1mg/ml                              | 1                          | B/D          |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml                  | 1                          | B/D          |
| <b>MOLECULAR TARGET AGENTS</b>                                      |                            |              |
| ALECENSA CAPS 150mg QL (240 caps / 30 days)                         | 3                          | NDS QL NM PA |
| ALUNBRIG TABS 30mg QL (120 tabs / 30 days)                          | 3                          | NDS QL NM PA |
| ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)                    | 3                          | NDS QL NM PA |
| ALUNBRIG PAK QL (30 tabs / 30 days)                                 | 3                          | NDS QL NM PA |
| AUGTYRO CAPS 40mg QL (240 caps / 30 days)                           | 3                          | NDS QL NM PA |
| AUGTYRO CAPS 160mg QL (60 caps / 30 days)                           | 3                          | NDS QL NM PA |
| AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)                          | 3                          | NDS QL NM PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days) | 3                          | NDS QL NM PA |
| BALVERSA TABS 3mg QL (84 tabs / 28 days)                            | 3                          | NDS QL NM PA |
| BALVERSA TABS 4mg QL (56 tabs / 28 days)                            | 3                          | NDS QL NM PA |
| BALVERSA TABS 5mg QL (28 tabs / 28 days)                            | 3                          | NDS QL NM PA |
| BAVENCIO SOLN 200mg/10ml                                            | 3                          | NDS NM PA    |
| BELEODAQ SOLR 500mg                                                 | 3                          | NDS NM PA    |
| BESPONSA SOLR .9mg                                                  | 3                          | NDS NM PA    |
| BLNREP SOLR 70mg                                                    | 3                          | NDS NM PA    |
| BORTEZOMIB SOLR 1mg, 2.5mg                                          | 3                          | NM PA        |
| <i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg                   | 3                          | NDS NM PA    |
| BORUZU SOLN 3.5mg/1.4ml                                             | 3                          | NDS NM PA    |
| BOSULIF CAPS 50mg QL (30 caps / 30 days)                            | 3                          | NDS QL NM PA |
| BOSULIF CAPS 100mg QL (300 caps / 30 days)                          | 3                          | NDS QL NM PA |
| BOSULIF TABS 100mg QL (180 tabs / 30 days)                          | 3                          | NDS QL NM PA |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------|----------------------------|--------------|
| BOSULIF TABS 400mg, 500mg<br>QL (30 tabs / 30 days)                               | 3                          | NDS QL NM PA |
| <i>bosutinib</i> (generic of BOSULIF) TABS 100mg<br>QL (180 tabs / 30 days)       | 3                          | NDS QL NM PA |
| <i>bosutinib</i> (generic of BOSULIF) TABS 400mg, 500mg<br>QL (30 tabs / 30 days) | 3                          | NDS QL NM PA |
| BRAFTOVI CAPS 75mg<br>QL (180 caps / 30 days)                                     | 3                          | NDS QL NM PA |
| BRUKINSA CAPS 80mg<br>QL (120 caps / 30 days)                                     | 3                          | NDS QL NM PA |
| BRUKINSA TABS 160mg<br>QL (60 tabs / 30 days)                                     | 3                          | NDS QL NM PA |
| CABOMETYX TABS 20mg, 40mg, 60mg<br>QL (30 tabs / 30 days)                         | 3                          | NDS QL NM PA |
| CALQUENCE TABS 100mg<br>QL (60 tabs / 30 days)                                    | 3                          | NDS QL NM PA |
| CAPRELSA TABS 100mg<br>QL (60 tabs / 30 days)                                     | 3                          | NDS QL NM PA |
| CAPRELSA TABS 300mg<br>QL (30 tabs / 30 days)                                     | 3                          | NDS QL NM PA |
| CAVHANZA TBDP 60mg, 80mg<br>QL (112 tabs / 28 days)                               | 3                          | NDS QL NM PA |
| COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml                                               | 3                          | NDS NM PA    |
| COMETRIQ (60MG DOSE) KIT 20mg<br>QL (84 caps / 28 days)                           | 3                          | NDS QL NM PA |
| COMETRIQ KIT 100MG<br>QL (56 caps / 28 days)                                      | 3                          | NDS QL NM PA |
| COMETRIQ KIT 140MG<br>QL (112 caps / 28 days)                                     | 3                          | NDS QL NM PA |
| COPIKTRA CAPS 15mg, 25mg<br>QL (56 caps / 28 days)                                | 3                          | NDS QL NM PA |
| COTELLIC TABS 20mg<br>QL (63 tabs / 28 days)                                      | 3                          | NDS QL NM PA |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml                                               | 3                          | NDS NM PA    |
| DANZITEN TABS 71mg, 95mg<br>QL (112 tabs / 28 days)                               | 3                          | NDS QL NM PA |

| Drug Name                                                                                           | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------------|
| DARZALEX SOLN 100mg/5ml, 400mg/20ml                                                                 | 3                          | NDS NM PA    |
| DARZALEX INJ FASPRO<br><i>dasatinib</i> (generic of SPRYCEL) TABS 20mg<br>QL (90 tabs / 30 days)    | 3                          | NDS QL NM PA |
| <i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg<br>QL (30 tabs / 30 days) | 3                          | NDS QL NM PA |
| DATROWAY SOLR 100mg                                                                                 | 3                          | NDS NM PA    |
| DAURISMO TABS 25mg<br>QL (60 tabs / 30 days)                                                        | 3                          | NDS QL NM PA |
| DAURISMO TABS 100mg<br>QL (30 tabs / 30 days)                                                       | 3                          | NDS QL NM PA |
| ELAHERE SOLN 100mg/20ml                                                                             | 3                          | NDS NM PA    |
| EMPLICITI SOLR 300mg, 400mg                                                                         | 3                          | NDS NM PA    |
| EMRELIS SOLR 20mg, 100mg                                                                            | 3                          | NDS NM PA    |
| ENHERTU SOLR 100mg                                                                                  | 3                          | NDS NM PA    |
| ENSACOVE CAPS 25mg<br>QL (270 caps / 30 days)                                                       | 3                          | NDS QL NM PA |
| ENSACOVE CAPS 100mg<br>QL (60 caps / 30 days)                                                       | 3                          | NDS QL NM PA |
| EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml                                                                  | 3                          | NDS NM PA    |
| ERBITUX SOLN 100mg/50ml, 200mg/100ml                                                                | 3                          | NDS B/D NM   |
| ERIVEDGE CAPS 150mg<br>QL (30 caps / 30 days)                                                       | 3                          | NDS QL NM PA |
| <i>erlotinib hcl</i> TABS 25mg<br>QL (90 tabs / 30 days)                                            | 3                          | NDS QL NM PA |
| <i>erlotinib hcl</i> TABS 100mg, 150mg<br>QL (30 tabs / 30 days)                                    | 3                          | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days)      | 3                          | NDS QL NM PA |
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg<br>QL (60 tabs / 30 days)             | 3                          | NDS QL NM PA |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg<br>QL (90 tabs / 30 days) | 3                          | NDS QL NM<br>PA |
| FOTIVDA CAPS .89mg, 1.34mg<br>QL (21 caps / 28 days)                               | 3                          | NDS QL NM<br>PA |
| FRUZAQLA CAPS 1mg<br>QL (84 caps / 28 days)                                        | 3                          | NDS QL NM<br>PA |
| FRUZAQLA CAPS 5mg<br>QL (21 caps / 28 days)                                        | 3                          | NDS QL NM<br>PA |
| FYARRO SUSR 100mg                                                                  | 3                          | NDS NM PA       |
| GAVRETO CAPS 100mg<br>QL (120 caps / 30 days)                                      | 3                          | NDS QL NM<br>PA |
| GAZYVA SOLN 1000mg/40ml                                                            | 3                          | NDS NM PA       |
| <i>gefitinib</i> (generic of IRESSA) TABS 250mg<br>QL (60 tabs / 30 days)          | 3                          | NDS QL NM<br>PA |
| GILOTRIF TABS 20mg, 30mg, 40mg<br>QL (30 tabs / 30 days)                           | 3                          | NDS QL NM<br>PA |
| GOMEKLI CAPS 1mg<br>QL (168 caps / 28 days)                                        | 3                          | NDS QL NM<br>PA |
| GOMEKLI CAPS 2mg<br>QL (84 caps / 28 days)                                         | 3                          | NDS QL NM<br>PA |
| GOMEKLI TBSO 1mg<br>QL (168 tabs / 28 days)                                        | 3                          | NDS QL NM<br>PA |
| HERCEP HYLEC SOL 60-10000                                                          | 3                          | NDS NM PA       |
| HERCEPTIN SOLR 150mg                                                               | 3                          | NDS NM PA       |
| HERCESSI SOLR 150mg, 420mg                                                         | 3                          | NDS NM PA       |
| HERNEXEOS TABS 60mg<br>QL (120 tabs / 30 days)                                     | 3                          | NDS QL NM<br>PA |
| HERZUMA SOLR 150mg, 420mg                                                          | 3                          | NDS NM PA       |
| HYRNUO TABS 10mg<br>QL (120 tabs / 30 days)                                        | 3                          | NDS QL NM<br>PA |
| IBRANCE CAPS 75mg, 100mg, 125mg<br>QL (21 caps / 28 days)                          | 3                          | NDS QL NM<br>PA |
| IBRANCE TABS 75mg, 100mg, 125mg<br>QL (21 tabs / 28 days)                          | 3                          | NDS QL NM<br>PA |
| IBTROZI CAPS 200mg<br>QL (90 caps / 30 days)                                       | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------|----------------------------|-----------------|
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days)                      | 3                          | NDS QL NM<br>PA |
| IDHIFA TABS 50mg, 100mg<br>QL (30 tabs / 30 days)                                  | 3                          | NDS QL NM<br>PA |
| <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg<br>QL (90 tabs / 30 days) | 1                          | QL NM PA        |
| <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg<br>QL (60 tabs / 30 days) | 3                          | NDS QL NM<br>PA |
| IMBRUVICA CAPS 70mg<br>QL (30 caps / 30 days)                                      | 3                          | NDS QL NM<br>PA |
| IMBRUVICA CAPS 140mg<br>QL (120 caps / 30 days)                                    | 3                          | NDS QL NM<br>PA |
| IMBRUVICA SUSP 70mg/ml<br>QL (216 mL / 27 days)                                    | 3                          | NDS QL NM<br>PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg<br>QL (30 tabs / 30 days)                       | 3                          | NDS QL NM<br>PA |
| IMDELLTRA SOLR 1mg, 10mg                                                           | 3                          | NDS NM PA       |
| IMFINZI SOLN 120mg/2.4ml, 500mg/10ml                                               | 3                          | NDS NM PA       |
| IMJUDO SOLN 25mg/1.25ml, 300mg/15ml                                                | 3                          | NDS NM PA       |
| IMKELDI SOLN 80mg/ml<br>QL (280 mL / 28 days)                                      | 3                          | NDS QL NM<br>PA |
| INLYTA TABS 1mg<br>QL (180 tabs / 30 days)                                         | 3                          | NDS QL NM<br>PA |
| INLYTA TABS 5mg<br>QL (120 tabs / 30 days)                                         | 3                          | NDS QL NM<br>PA |
| INREBIC CAPS 100mg<br>QL (120 caps / 30 days)                                      | 3                          | NDS QL NM<br>PA |
| ITOVEBI TABS 3mg<br>QL (56 tabs / 28 days)                                         | 3                          | NDS QL NM<br>PA |
| ITOVEBI TABS 9mg<br>QL (28 tabs / 28 days)                                         | 3                          | NDS QL NM<br>PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg<br>QL (60 tabs / 30 days)                  | 3                          | NDS QL NM<br>PA |
| JAKAFI XR TB24 11mg, 22mg, 33mg, 44mg, 55mg<br>QL (30 tabs / 30 days)              | 3                          | NDS QL NM<br>PA |
| JAYPIRCA TABS 50mg<br>QL (30 tabs / 30 days)                                       | 3                          | NDS QL NM<br>PA |
| JAYPIRCA TABS 100mg<br>QL (60 tabs / 30 days)                                      | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------------------------|-----------------------------------|
| JEMPERLI SOLN 500mg/10ml                                                                 | 3 NDS NM PA                       |
| JIDEYTRO TABS 25mg<br>QL (90 tabs / 30 days)                                             | 3 NDS QL NM<br>PA                 |
| JIDEYTRO TABS 100mg<br>QL (30 tabs / 30 days)                                            | 3 NDS QL NM<br>PA                 |
| KADCYLA SOLR 100mg,<br>160mg                                                             | 3 NDS B/D NM                      |
| KANJINTI SOLR 150mg,<br>420mg                                                            | 3 NDS NM PA                       |
| KEYTRUDA SOLN 100mg/4ml                                                                  | 3 NDS NM PA                       |
| KEYTRUDA INJ QLEX 395-<br>4800 MG-UNIT/2.4ML<br>QL (1 vial / 21 days)                    | 3 NDS QL NM<br>PA                 |
| KEYTRUDA INJ QLEX 790-<br>9600 MG-UNIT/4.8ML<br>QL (1 vial / 42 days)                    | 3 NDS QL NM<br>PA                 |
| KIMMTRAK SOLN 100mcg/0.5ml                                                               | 3 NDS NM PA                       |
| KISQALI 200 DOSE TBPK<br>200mg<br>QL (21 tabs / 28 days)                                 | 3 NDS QL NM<br>PA                 |
| KISQALI 400 DOSE TBPK<br>200mg<br>QL (42 tabs / 28 days)                                 | 3 NDS QL NM<br>PA                 |
| KISQALI 600 DOSE TBPK<br>200mg<br>QL (63 tabs / 28 days)                                 | 3 NDS QL NM<br>PA                 |
| KOMZIFTI CAPS 200mg<br>QL (90 caps / 30 days)                                            | 3 NDS QL NM<br>PA                 |
| KOSELUGO CAPS 10mg<br>QL (240 caps / 30 days)                                            | 3 NDS QL NM<br>PA                 |
| KOSELUGO CAPS 25mg<br>QL (120 caps / 30 days)                                            | 3 NDS QL NM<br>PA                 |
| KOSELUGO CPSP 5mg<br>QL (600 caps / 30 days)                                             | 3 NDS QL NM<br>PA                 |
| KOSELUGO CPSP 7.5mg<br>QL (360 caps / 30 days)                                           | 3 NDS QL NM<br>PA                 |
| KRAZATI TABS 200mg<br>QL (180 tabs / 30 days)                                            | 3 NDS QL NM<br>PA                 |
| KYPROLIS SOLR 10mg,<br>30mg, 60mg                                                        | 3 NDS NM PA                       |
| <i>lapatinib ditosylate</i> (generic of<br>TYKERB) TABS 250mg<br>QL (180 tabs / 30 days) | 3 NDS QL NM<br>PA                 |
| LAZCLUZE TABS 80mg<br>QL (60 tabs / 30 days)                                             | 3 NDS QL NM<br>PA                 |

| Drug Name                                                        | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------|-----------------------------------|
| LAZCLUZE TABS 240mg<br>QL (30 tabs / 30 days)                    | 3 NDS QL NM<br>PA                 |
| LENVIMA 4 MG DAILY DOSE<br>CPPK 4mg<br>QL (30 caps / 30 days)    | 3 NDS QL NM<br>PA                 |
| LENVIMA 8 MG DAILY DOSE<br>CPPK 4mg<br>QL (60 caps / 30 days)    | 3 NDS QL NM<br>PA                 |
| LENVIMA 10 MG DAILY<br>DOSE CPPK 10mg<br>QL (30 caps / 30 days)  | 3 NDS QL NM<br>PA                 |
| LENVIMA 12MG DAILY<br>DOSE CPPK 4mg<br>QL (90 caps / 30 days)    | 3 NDS QL NM<br>PA                 |
| LENVIMA 20 MG DAILY<br>DOSE CPPK 10mg<br>QL (60 caps / 30 days)  | 3 NDS QL NM<br>PA                 |
| LENVIMA CAP 14 MG<br>QL (60 caps / 30 days)                      | 3 NDS QL NM<br>PA                 |
| LENVIMA CAP 18 MG<br>QL (90 caps / 30 days)                      | 3 NDS QL NM<br>PA                 |
| LENVIMA CAP 24 MG<br>QL (90 caps / 30 days)                      | 3 NDS QL NM<br>PA                 |
| LIBTAYO SOLN 350mg/7ml                                           | 3 NDS NM PA                       |
| LOQTORZI SOLN 240mg/6ml                                          | 3 NDS NM PA                       |
| LORBRENA TABS 25mg<br>QL (90 tabs / 30 days)                     | 3 NDS QL NM<br>PA                 |
| LORBRENA TABS 100mg<br>QL (30 tabs / 30 days)                    | 3 NDS QL NM<br>PA                 |
| LUMAKRAS TABS 120mg<br>QL (240 tabs / 30 days)                   | 3 NDS QL NM<br>PA                 |
| LUMAKRAS TABS 240mg<br>QL (120 tabs / 30 days)                   | 3 NDS QL NM<br>PA                 |
| LUMAKRAS TABS 320mg<br>QL (90 tabs / 30 days)                    | 3 NDS QL NM<br>PA                 |
| LUNSUMIO SOLN 1mg/ml,<br>30mg/30ml                               | 3 NDS NM PA                       |
| LUNSUMIO VELO SOLN<br>5mg/0.5ml, 45mg/ml                         | 3 NDS NM PA                       |
| LYNOZYFIC SOLN 5mg/2.5ml,<br>200mg/10ml                          | 3 NDS NM PA                       |
| LYNPARZA TABS 100mg,<br>150mg<br>QL (120 tabs / 30 days)         | 3 NDS QL NM<br>PA                 |
| LYTGOBI (12 MG DAILY<br>DOSE) TBPK 4mg<br>QL (84 tabs / 28 days) | 3 NDS QL NM<br>PA                 |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------------|----------------------------|-----------------|
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg<br>QL (112 tabs / 28 days)                         | 3                          | NDS QL NM<br>PA |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg<br>QL (140 tabs / 28 days)                         | 3                          | NDS QL NM<br>PA |
| MARGENZA SOLN 250mg/10ml                                                               | 3                          | NDS NM PA       |
| MEKINIST SOLR .05mg/ml<br>QL (1260 mL / 30 days)                                       | 3                          | NDS QL NM<br>PA |
| MEKINIST TABS 2mg<br>QL (30 tabs / 30 days)                                            | 3                          | NDS QL NM<br>PA |
| MEKINIST TABS .5mg<br>QL (90 tabs / 30 days)                                           | 3                          | NDS QL NM<br>PA |
| MEKTOVI TABS 15mg<br>QL (180 tabs / 30 days)                                           | 3                          | NDS QL NM<br>PA |
| MONJUVI SOLR 200mg                                                                     | 3                          | NDS NM PA       |
| MYLOTARG SOLR 4.5mg                                                                    | 3                          | NDS NM PA       |
| NERLYNX TABS 40mg<br>QL (180 tabs / 30 days)                                           | 3                          | NDS QL NM<br>PA |
| NILOTINIB D-TARTRATE CAPS 50mg<br>QL (120 caps / 30 days)                              | 3                          | NDS QL NM<br>PA |
| NILOTINIB D-TARTRATE CAPS 150mg, 200mg<br>QL (112 caps / 28 days)                      | 3                          | NDS QL NM<br>PA |
| <i>nilotinib hcl</i> (generic of TASIGNA) CAPS 50mg<br>QL (120 caps / 30 days)         | 3                          | NDS QL NM<br>PA |
| <i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg<br>QL (112 caps / 28 days) | 3                          | NDS QL NM<br>PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg<br>QL (3 caps / 28 days)                                  | 3                          | NDS QL NM<br>PA |
| ODOMZO CAPS 200mg<br>QL (30 caps / 30 days)                                            | 3                          | NDS QL NM<br>PA |
| OGIVRI SOLR 150mg, 420mg                                                               | 3                          | NDS NM PA       |
| OGSIVEO TABS 100mg, 150mg<br>QL (56 tabs / 28 days)                                    | 3                          | NDS QL NM<br>PA |
| OJEMDA SUSR 25mg/ml<br>QL (96 mL / 28 days)                                            | 3                          | NDS QL NM<br>PA |
| OJEMDA TABS 100mg<br>QL (24 tabs / 28 days)                                            | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| OJJAARA TABS 100mg, 150mg, 200mg<br>QL (30 tabs / 30 days)                                                 | 3                          | NDS QL NM<br>PA |
| ONTRUZANT SOLR 150mg, 420mg                                                                                | 3                          | NDS NM PA       |
| OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml                                                   | 3                          | NDS NM PA       |
| OPDIVO INJ QVANTIG                                                                                         | 3                          | NDS NM PA       |
| OPDUALAG INJ                                                                                               | 3                          | NDS NM PA       |
| PADCEV SOLR 20mg, 30mg<br><i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg<br>QL (120 tabs / 30 days) | 3                          | NDS QL NM<br>PA |
| <i>pazopanib hcl</i> TABS 400mg<br>QL (60 tabs / 30 days)                                                  | 3                          | NDS QL NM<br>PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg<br>QL (28 tabs / 28 days)                                                 | 3                          | NDS QL NM<br>PA |
| PERJETA SOLN 420mg/14ml                                                                                    | 3                          | NDS NM PA       |
| PHESGO SOL                                                                                                 | 3                          | NDS NM PA       |
| PIQRAY 200MG DAILY DOSE TBPK 200mg<br>QL (28 tabs / 28 days)                                               | 3                          | NDS QL NM<br>PA |
| PIQRAY 250MG TAB DOSE<br>QL (56 tabs / 28 days)                                                            | 3                          | NDS QL NM<br>PA |
| PIQRAY 300MG DAILY DOSE TBPK 150mg<br>QL (56 tabs / 28 days)                                               | 3                          | NDS QL NM<br>PA |
| POLIVY SOLR 30mg, 140mg                                                                                    | 3                          | NDS NM PA       |
| POTELIGEO SOLN 20mg/5ml                                                                                    | 3                          | NDS NM PA       |
| QINLOCK TABS 50mg<br>QL (90 tabs / 30 days)                                                                | 3                          | NDS QL NM<br>PA |
| RETEVMO TABS 40mg<br>QL (90 tabs / 30 days)                                                                | 3                          | NDS QL NM<br>PA |
| RETEVMO TABS 80mg<br>QL (120 tabs / 30 days)                                                               | 3                          | NDS QL NM<br>PA |
| RETEVMO TABS 120mg, 160mg<br>QL (60 tabs / 30 days)                                                        | 3                          | NDS QL NM<br>PA |
| REVUFORJ TABS 25mg<br>QL (240 tabs / 30 days)                                                              | 3                          | NDS QL NM<br>PA |
| REVUFORJ TABS 110mg<br>QL (120 tabs / 30 days)                                                             | 3                          | NDS QL NM<br>PA |
| REVUFORJ TABS 160mg<br>QL (60 tabs / 30 days)                                                              | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier Limits |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------|
| REZLIDHIA CAPS 150mg<br>QL (60 caps / 30 days)                                                              | 3 NDS QL NM<br>PA                 |
| ROMVIMZA CAPS 14mg,<br>20mg, 30mg<br>QL (8 caps / 28 days)                                                  | 3 NDS QL NM<br>PA                 |
| ROZLYTREK CAPS 100mg<br>QL (180 caps / 30 days)                                                             | 3 NDS QL NM<br>PA                 |
| ROZLYTREK CAPS 200mg<br>QL (90 caps / 30 days)                                                              | 3 NDS QL NM<br>PA                 |
| ROZLYTREK PACK 50mg<br>QL (336 packets / 28<br>days)                                                        | 3 NDS QL NM<br>PA                 |
| RUBRACA TABS 200mg,<br>250mg, 300mg<br>QL (120 tabs / 30 days)                                              | 3 NDS QL NM<br>PA                 |
| RYBREVANT SOLN<br>350mg/7ml                                                                                 | 3 NDS NM PA                       |
| RYBREVANT INJ FASPRO                                                                                        | 3 NDS NM PA                       |
| RYDAPT CAPS 25mg<br>QL (224 caps / 28 days)                                                                 | 3 NDS QL NM<br>PA                 |
| SARCLISA SOLN<br>100mg/5ml, 500mg/25ml                                                                      | 3 NDS NM PA                       |
| SARCLISA ESCENA SOLN<br>1400mg/10ml                                                                         | 3 NDS NM PA                       |
| SCEMBLIX TABS 20mg<br>QL (60 tabs / 30 days)                                                                | 3 NDS QL NM<br>PA                 |
| SCEMBLIX TABS 40mg<br>QL (300 tabs / 30 days)                                                               | 3 NDS QL NM<br>PA                 |
| SCEMBLIX TABS 100mg<br>QL (120 tabs / 30 days)                                                              | 3 NDS QL NM<br>PA                 |
| <i>sorafenib tosylate</i> (generic of<br>NEXAVAR) TABS 200mg<br>QL (120 tabs / 30 days)                     | 3 NDS QL NM<br>PA                 |
| STIVARGA TABS 40mg<br>QL (84 tabs / 28 days)                                                                | 3 NDS QL NM<br>PA                 |
| <i>sunitinib malate</i> (generic of<br>SUTENT) CAPS 12.5mg,<br>25mg, 37.5mg, 50mg<br>QL (30 caps / 30 days) | 3 NDS QL NM<br>PA                 |
| TABRECTA TABS 150mg,<br>200mg<br>QL (112 tabs / 28 days)                                                    | 3 NDS QL NM<br>PA                 |
| TAFINLAR CAPS 50mg,<br>75mg<br>QL (120 caps / 30 days)                                                      | 3 NDS QL NM<br>PA                 |
| TAFINLAR TBSO 10mg<br>QL (840 tabs / 28 days)                                                               | 3 NDS QL NM<br>PA                 |

| Drug Name                                                                                         | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------------|-----------------------------------|
| TAGRISSE TABS 40mg,<br>80mg<br>QL (30 tabs / 30 days)                                             | 3 NDS QL NM<br>PA                 |
| TALZENNA CAPS .1mg,<br>.35mg, .5mg, .75mg, 1mg<br>QL (30 caps / 30 days)                          | 3 NDS QL NM<br>PA                 |
| TALZENNA CAPS .25mg<br>QL (90 caps / 30 days)                                                     | 3 NDS QL NM<br>PA                 |
| TECENTRIQ SOLN<br>840mg/14ml, 1200mg/20ml                                                         | 3 NDS NM PA                       |
| TECENTRIQ INJ HYBREZA<br>QL (1 vial / 21 days)                                                    | 3 NDS QL NM<br>PA                 |
| TECVAYLI SOLN 30mg/3ml,<br>153mg/1.7ml                                                            | 3 NDS NM PA                       |
| <i>temsirolimus</i> (generic of<br>TORISEL) SOLN 25mg/ml                                          | 3 NDS B/D NM                      |
| TEPMETKO TABS 225mg<br>QL (60 tabs / 30 days)                                                     | 3 NDS QL NM<br>PA                 |
| TEVIMBRA SOLN<br>100mg/10ml, 150mg/15ml                                                           | 3 NDS NM PA                       |
| TIBSOVO TABS 250mg<br>QL (60 tabs / 30 days)                                                      | 3 NDS QL NM<br>PA                 |
| TIVDAK SOLR 40mg                                                                                  | 3 NDS NM PA                       |
| <i>torpenz</i> (generic of<br>AFINITOR) TABS 2.5mg,<br>5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days) | 3 NDS QL NM<br>PA                 |
| TRAZIMERA SOLR 150mg,<br>420mg                                                                    | 3 NDS NM PA                       |
| TRODELVY SOLR 180mg                                                                               | 3 NDS NM PA                       |
| TRUQAP TABS 160mg,<br>200mg<br>QL (64 tabs / 28 days)                                             | 3 NDS QL NM<br>PA                 |
| TRUQAP TBPK 160mg,<br>200mg<br>QL (4 packs / 28 days)                                             | 3 NDS QL NM<br>PA                 |
| TRUXIMA SOLN<br>100mg/10ml, 500mg/50ml                                                            | 3 NDS NM PA                       |
| TUKYSA TABS 50mg,<br>150mg<br>QL (120 tabs / 30 days)                                             | 3 NDS QL NM<br>PA                 |
| TURALIO CAPS 125mg<br>QL (120 caps / 30 days)                                                     | 3 NDS QL NM<br>PA                 |
| UNLOXCYT SOLN<br>300mg/5ml                                                                        | 3 NDS NM PA                       |
| VANFLYTA TABS 17.7mg,<br>26.5mg<br>QL (56 tabs / 28 days)                                         | 3 NDS QL NM<br>PA                 |

| Drug Name                                                                | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------|-----------------------------------|
| VECTIBIX SOLN 100mg/5ml, 400mg/20ml                                      | 3 NDS B/D NM                      |
| VENCLEXTA TABS 10mg<br>QL (112 tabs / 28 days)                           | 2 QL NM PA                        |
| VENCLEXTA TABS 50mg<br>QL (112 tabs / 28 days)                           | 3 NDS QL NM<br>PA                 |
| VENCLEXTA TABS 100mg<br>QL (180 tabs / 30 days)                          | 3 NDS QL NM<br>PA                 |
| VENCLEXTA TAB START PK<br>QL (42 tabs / 28 days)                         | 3 NDS QL NM<br>PA                 |
| VERZENIO TABS 50mg,<br>100mg, 150mg, 200mg<br>QL (56 tabs / 28 days)     | 3 NDS QL NM<br>PA                 |
| VITRAKVI CAPS 25mg<br>QL (180 caps / 30 days)                            | 3 NDS QL NM<br>PA                 |
| VITRAKVI CAPS 100mg<br>QL (60 caps / 30 days)                            | 3 NDS QL NM<br>PA                 |
| VITRAKVI SOLN 20mg/ml<br>QL (300 mL / 30 days)                           | 3 NDS QL NM<br>PA                 |
| VIZIMPRO TABS 15mg,<br>30mg, 45mg<br>QL (30 tabs / 30 days)              | 3 NDS QL NM<br>PA                 |
| VONJO CAPS 100mg<br>QL (120 caps / 30 days)                              | 3 NDS QL NM<br>PA                 |
| VORANIGO TABS 10mg<br>QL (60 tabs / 30 days)                             | 3 NDS QL NM<br>PA                 |
| VORANIGO TABS 40mg<br>QL (30 tabs / 30 days)                             | 3 NDS QL NM<br>PA                 |
| VYLOY SOLR 100mg,<br>300mg                                               | 3 NDS NM PA                       |
| XALKORI CAPS 200mg,<br>250mg; CPSP 20mg, 50mg<br>QL (120 caps / 30 days) | 3 NDS QL NM<br>PA                 |
| XALKORI CPSP 150mg<br>QL (180 caps / 30 days)                            | 3 NDS QL NM<br>PA                 |
| XOSPATA TABS 40mg<br>QL (90 tabs / 30 days)                              | 3 NDS QL NM<br>PA                 |
| XPOVIO PAK (40 MG ONCE<br>WEEKLY) TBPk 10mg<br>QL (16 tabs / 28 days)    | 3 NDS QL NM<br>PA                 |
| XPOVIO PAK (40 MG ONCE<br>WEEKLY) TBPk 40mg<br>QL (4 tabs / 28 days)     | 3 NDS QL NM<br>PA                 |
| XPOVIO PAK (40 MG TWICE<br>WEEKLY) TBPk 40mg<br>QL (8 tabs / 28 days)    | 3 NDS QL NM<br>PA                 |

| Drug Name                                                                                           | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------|-----------------------------------|
| XPOVIO PAK (60 MG ONCE<br>WEEKLY) TBPk 60mg<br>QL (4 tabs / 28 days)                                | 3 NDS QL NM<br>PA                 |
| XPOVIO PAK (60 MG TWICE<br>WEEKLY) TBPk 20mg<br>QL (24 tabs / 28 days)                              | 3 NDS QL NM<br>PA                 |
| XPOVIO PAK (80 MG ONCE<br>WEEKLY) TBPk 40mg<br>QL (8 tabs / 28 days)                                | 3 NDS QL NM<br>PA                 |
| XPOVIO PAK (80 MG ONCE<br>WEEKLY) TBPk 80mg<br>QL (4 tabs / 28 days)                                | 3 NDS QL NM<br>PA                 |
| XPOVIO PAK (80 MG TWICE<br>WEEKLY) TBPk 20mg<br>QL (32 tabs / 28 days)                              | 3 NDS QL NM<br>PA                 |
| XPOVIO PAK (100 MG ONCE<br>WEEKLY) TBPk 50mg<br>QL (8 tabs / 28 days)                               | 3 NDS QL NM<br>PA                 |
| YERVOY SOLN 50mg/10ml,<br>200mg/40ml                                                                | 3 NDS NM PA                       |
| <i>yulithira</i> (generic of<br>AFINITOR) TABS 2.5mg,<br>5mg, 7.5mg, 10mg<br>QL (30 tabs / 30 days) | 1 QL NM PA                        |
| ZALTRAP SOLN 100mg/4ml,<br>200mg/8ml                                                                | 3 NDS NM PA                       |
| ZEJULA TABS 100mg,<br>200mg, 300mg<br>QL (30 tabs / 30 days)                                        | 3 NDS QL NM<br>PA                 |
| ZELBORAF TABS 240mg<br>QL (240 tabs / 30 days)                                                      | 3 NDS QL NM<br>PA                 |
| ZIIHERA SOLR 300mg                                                                                  | 3 NDS NM PA                       |
| ZIRABEV SOLN 100mg/4ml,<br>400mg/16ml                                                               | 3 NDS NM PA                       |
| ZOLINZA CAPS 100mg<br>QL (120 caps / 30 days)                                                       | 3 NDS QL NM<br>PA                 |
| ZYDELIG TABS 100mg,<br>150mg<br>QL (60 tabs / 30 days)                                              | 3 NDS QL NM<br>PA                 |
| ZYKADIA TABS 150mg<br>QL (84 tabs / 28 days)                                                        | 3 NDS QL NM<br>PA                 |
| ZYNLONTA SOLR 10mg                                                                                  | 3 NDS NM PA                       |
| ZYNYZ SOLN 500mg/20ml                                                                               | 3 NDS NM PA                       |

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

|                                                                                              |      |
|----------------------------------------------------------------------------------------------|------|
| <i>amlodipine besylate-</i><br><i>benazepril hcl cap 2.5-10 mg</i><br>QL (30 caps / 30 days) | 1 QL |
|----------------------------------------------------------------------------------------------|------|

| Drug Name                                                                                                    | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amlodipine besylate-<br/>benazepril hcl cap 5-10 mg</i><br>QL (30 caps / 30 days)                         | 1                          | QL     |
| <i>amlodipine besylate-<br/>benazepril hcl cap 5-20 mg</i><br>QL (30 caps / 30 days)                         | 1                          | QL     |
| <i>amlodipine besylate-<br/>benazepril hcl cap 5-40 mg</i><br>QL (30 caps / 30 days)                         | 1                          | QL     |
| <i>amlodipine besylate-<br/>benazepril hcl cap 10-20 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days) | 1                          | QL     |
| <i>amlodipine besylate-<br/>benazepril hcl cap 10-40 mg</i><br>QL (30 caps / 30 days)                        | 1                          | QL     |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 5-<br/>6.25mg</i>                                            | 1                          |        |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 10-<br/>12.5 mg</i> (generic of<br>LOTENSIN HCT)             | 1                          |        |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 20-<br/>12.5 mg</i> (generic of<br>LOTENSIN HCT)             | 1                          |        |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 20-25<br/>mg</i> (generic of LOTENSIN<br>HCT)                | 1                          |        |
| <i>captopril &amp;<br/>hydrochlorothiazide tab 25-15<br/>mg</i>                                              | 1                          |        |
| <i>captopril &amp;<br/>hydrochlorothiazide tab 25-25<br/>mg</i>                                              | 1                          |        |
| <i>captopril &amp;<br/>hydrochlorothiazide tab 50-15<br/>mg</i>                                              | 1                          |        |
| <i>captopril &amp;<br/>hydrochlorothiazide tab 50-25<br/>mg</i>                                              | 1                          |        |
| <i>enalapril maleate &amp;<br/>hydrochlorothiazide tab 5-12.5<br/>mg</i>                                     | 1                          |        |
| <i>enalapril maleate &amp;<br/>hydrochlorothiazide tab 10-25<br/>mg</i> (generic of VASERETIC)               | 1                          |        |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fosinopril sodium &amp;<br/>hydrochlorothiazide tab 10-<br/>12.5 mg</i>               | 1                          |        |
| <i>fosinopril sodium &amp;<br/>hydrochlorothiazide tab 20-<br/>12.5 mg</i>               | 1                          |        |
| <i>lisinopril &amp; hydrochlorothiazide</i><br>tab 10-12.5 mg (generic of<br>ZESTORETIC) | 1                          |        |
| <i>lisinopril &amp; hydrochlorothiazide</i><br>tab 20-12.5 mg (generic of<br>ZESTORETIC) | 1                          |        |
| <i>lisinopril &amp; hydrochlorothiazide</i><br>tab 20-25 mg (generic of<br>ZESTORETIC)   | 1                          |        |
| <i>quinapril-hydrochlorothiazide</i><br>tab 10-12.5 mg                                   | 1                          |        |
| <i>quinapril-hydrochlorothiazide</i><br>tab 20-12.5 mg                                   | 1                          |        |
| <i>quinapril-hydrochlorothiazide</i><br>tab 20-25 mg                                     | 1                          |        |
| <i>trandolapril-verapamil hcl tab</i><br>er 1-240 mg                                     | 1                          |        |
| <i>trandolapril-verapamil hcl tab</i><br>er 2-180 mg                                     | 1                          |        |
| <i>trandolapril-verapamil hcl tab</i><br>er 2-240 mg                                     | 1                          |        |
| <i>trandolapril-verapamil hcl tab</i><br>er 4-240 mg                                     | 1                          |        |
| <b>ACE INHIBITORS</b>                                                                    |                            |        |
| <i>benazepril hcl</i> TABS 5mg                                                           | 1                          |        |
| <i>benazepril hcl</i> (generic of<br>LOTENSIN) TABS 10mg,<br>20mg, 40mg                  | 1                          |        |
| <i>captopril</i> TABS 12.5mg,<br>25mg, 50mg, 100mg                                       | 1                          |        |
| <i>enalapril maleate</i> (generic of<br>EPANED) SOLN 1mg/ml                              | 1                          |        |
| <i>enalapril maleate</i> (generic of<br>VASOTEC) TABS 2.5mg,<br>5mg, 10mg, 20mg          | 1                          |        |
| <i>fosinopril sodium</i> TABS<br>10mg, 20mg, 40mg                                        | 1                          |        |
| <i>lisinopril</i> TABS 2.5mg, 5mg,<br>10mg, 20mg, 30mg, 40mg                             | 1                          |        |
| <i>moexipril hcl</i> TABS 7.5mg,<br>15mg                                                 | 1                          |        |

| Drug Name                                                                                                                    | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg                                                                               | 1                          |        |
| QBRELIS SOLN 1mg/ml                                                                                                          | 3                          | NDS    |
| <i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg                                                                              | 1                          |        |
| <i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg                                                                                | 1                          |        |
| <i>trandolapril</i> TABS 1mg, 2mg, 4mg                                                                                       | 1                          |        |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>                                                                                      |                            |        |
| <i>eplerenone</i> TABS 25mg, 50mg                                                                                            | 1                          |        |
| KERENDIA TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days)                                                                     | 2                          | QL     |
| <i>spironolactone</i> (generic of CAROSPIR) SUSP 25mg/5ml                                                                    | 1                          |        |
| <i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg                                                          | 1                          |        |
| <b>ALPHA BLOCKERS</b>                                                                                                        |                            |        |
| <i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg                                                       | 1                          |        |
| <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg                                                                                       | 1                          |        |
| <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg                                                                                | 1                          |        |
| TEZRULY SOLN 1mg/ml<br>QL (600 mL / 30 days)                                                                                 | 3                          | QL ST  |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>                                                                       |                            |        |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1                          | QL     |

| Drug Name                                                                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)<br>QL (30 tabs / 30 days)                              | 1                          | QL     |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)<br>QL (30 tabs / 30 days)                              | 1                          | QL     |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)<br>QL (30 tabs / 30 days)                             | 1                          | QL     |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)<br>QL (30 tabs / 30 days)                             | 1                          | QL     |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days)          | 1                          | QL     |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days)            | 1                          | QL     |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days)         | 1                          | QL     |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days)           | 1                          | QL     |

| Drug Name                                                                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i><br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i><br>QL (60 tabs / 30 days)  | 1                          | QL     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i><br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i><br>QL (30 tabs / 30 days)    | 1                          | QL     |
| EDARBYCLOR TAB 40-12.5<br>QL (30 tabs / 30 days)                                                                    | 3                          | QL ST  |
| EDARBYCLOR TAB 40-25MG<br>QL (30 tabs / 30 days)                                                                    | 3                          | QL ST  |
| ENTRESTO CAP 6-6MG<br>QL (240 caps / 30 days)                                                                       | 2                          | QL     |
| ENTRESTO CAP 15-16MG<br>QL (240 caps / 30 days)                                                                     | 2                          | QL     |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i><br>QL (60 tabs / 30 days)                | 1                          | QL     |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i><br>QL (30 tabs / 30 days)                | 1                          | QL     |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>                              | 1                          |        |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>                             | 1                          |        |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>                               | 1                          |        |

| Drug Name                                                                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i><br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i><br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i><br>QL (30 tabs / 30 days)     | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i><br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i><br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i><br>QL (30 tabs / 30 days)    | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i><br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i><br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>sacubitril-valsartan tab 24-26 mg (generic of ENTRESTO)</i><br>QL (180 tabs / 30 days)                           | 1                          | QL     |
| <i>sacubitril-valsartan tab 49-51 mg (generic of ENTRESTO)</i><br>QL (60 tabs / 30 days)                            | 1                          | QL     |
| <i>sacubitril-valsartan tab 97-103 mg (generic of ENTRESTO)</i><br>QL (60 tabs / 30 days)                           | 1                          | QL     |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>telmisartan-amlodipine tab 40-5 mg</i><br>QL (30 tabs / 30 days)                                       | 1                          | QL     |
| <i>telmisartan-amlodipine tab 40-10 mg</i><br>QL (30 tabs / 30 days)                                      | 1                          | QL     |
| <i>telmisartan-amlodipine tab 80-5 mg</i><br>QL (30 tabs / 30 days)                                       | 1                          | QL     |
| <i>telmisartan-amlodipine tab 80-10 mg</i><br>QL (30 tabs / 30 days)                                      | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT)<br>QL (60 tabs / 30 days) | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT)<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)     | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)      | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)      | 1                          | QL     |
| WIDAPLIK TAB 10-1.25-0.625<br>QL (30 tabs / 30 days)                                                      | 3                          | QL     |

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------|----------------------------|--------|
| WIDAPLIK TAB 20-2.5-1.25<br>QL (30 tabs / 30 days)                                              | 3                          | QL     |
| WIDAPLIK TAB 40-5-2.5<br>QL (30 tabs / 30 days)                                                 | 3                          | QL     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                                                      |                            |        |
| ARBLI SUSP 10mg/ml<br>QL (330 mL / 30 days)                                                     | 3                          | QL     |
| <i>azilsartan medoxomil</i> (generic of EDARBI) TABS 40mg, 80mg<br>QL (30 tabs / 30 days)       | 3                          | QL ST  |
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg<br>QL (60 tabs / 30 days) | 1                          | QL     |
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg<br>QL (30 tabs / 30 days)           | 1                          | QL     |
| EDARBI TABS 40mg, 80mg<br>QL (30 tabs / 30 days)                                                | 3                          | QL ST  |
| <i>irbesartan</i> TABS 75mg<br>QL (30 tabs / 30 days)                                           | 1                          | QL     |
| <i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg<br>QL (30 tabs / 30 days)               | 1                          | QL     |
| <i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg                            | 1                          |        |
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg<br>QL (60 tabs / 30 days)             | 1                          | QL     |
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg<br>QL (30 tabs / 30 days)      | 1                          | QL     |
| <i>telmisartan</i> TABS 20mg, 80mg<br>QL (30 tabs / 30 days)                                    | 1                          | QL     |
| <i>telmisartan</i> (generic of MICARDIS) TABS 40mg<br>QL (30 tabs / 30 days)                    | 1                          | QL     |
| <i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg<br>QL (60 tabs / 30 days)           | 1                          | QL     |

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------|----------------------------|--------|
| <i>valsartan</i> (generic of DIOVAN) TABS 320mg<br>QL (30 tabs / 30 days)           | 1                          | QL     |
| <b>ANTIARRHYTHMICS</b>                                                              |                            |        |
| <i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg | 1                          |        |
| <i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg                | 3                          |        |
| <i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg                  | 1                          | NM     |
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg                                   | 1                          |        |
| MULTAQ TABS 400mg<br>QL (60 tabs / 30 days)                                         | 3                          | QL     |
| <i>pacerone</i> TABS 100mg, 200mg, 400mg                                            | 1                          |        |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg           | 1                          |        |
| <i>quinidine sulfate</i> TABS 200mg, 300mg                                          | 1                          |        |
| <i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg                    | 1                          |        |
| <i>sotalol hcl</i> TABS 240mg                                                       | 1                          |        |
| <i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg       | 1                          |        |
| SOTYLIZE SOLN 5mg/ml                                                                | 3                          |        |
| <b>ANTILIPEMICS, FIBRATES</b>                                                       |                            |        |
| <i>choline fenofibrate</i> CPDR 45mg, 135mg                                         | 1                          |        |
| <i>fenofibrate</i> TABS 48mg, 54mg, 160mg                                           | 1                          |        |
| <i>fenofibrate</i> (generic of TRICOR) TABS 145mg                                   | 1                          |        |
| <i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg                         | 1                          |        |
| <i>gemfibrozil</i> (generic of LOPID) TABS 600mg                                    | 1                          |        |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                                                      |                            |        |
| ATORVALIQ SUSP 20mg/5ml<br>QL (600 mL / 30 days)                                                       | 3                          | QL ST  |
| <i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| FLOLIPID SUSP 20mg/5ml, 40mg/5ml<br>QL (300 mL / 30 days)                                              | 3                          | QL ST  |
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg<br>QL (60 caps / 30 days)                                    | 1                          | QL ST  |
| <i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg<br>QL (30 tabs / 30 days)                   | 1                          | QL ST  |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg<br>QL (60 tabs / 30 days)                                      | 1                          | QL     |
| <i>pitavastatin calcium</i> (generic of LIVALO) TABS 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)           | 1                          | QL ST  |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days)                        | 1                          | QL     |
| <i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days)  | 1                          | QL     |
| <i>simvastatin</i> TABS 5mg, 80mg<br>QL (30 tabs / 30 days)                                            | 1                          | QL     |
| <i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days)                  | 1                          | QL     |
| ZYPITAMAG TABS 2mg, 4mg<br>QL (30 tabs / 30 days)                                                      | 3                          | QL ST  |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                                                                     |                            |        |
| <i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose                                    | 1                          |        |
| <i>cholestyramine light</i> PACK 4gm                                                                   | 1                          |        |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose                    | 1                          |           |
| <i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg                      | 1                          |           |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm                                                 | 1                          |           |
| <i>colestipol hcl</i> (generic of COLESTID) TABS 1gm                                     | 1                          |           |
| EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml                                                     | 3                          | NDS NM PA |
| <i>ezetimibe</i> (generic of ZETIA) TABS 10mg<br>QL (30 tabs / 30 days)                  | 1                          | QL        |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN)<br>QL (30 tabs / 30 days) | 1                          | QL        |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN)<br>QL (30 tabs / 30 days) | 1                          | QL        |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN)<br>QL (30 tabs / 30 days) | 1                          | QL        |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)<br>QL (30 tabs / 30 days) | 1                          | QL        |
| JUXTAPID CAPS 2mg, 5mg, 10mg, 20mg, 30mg                                                 | 3                          | NDS NM PA |
| NEXLETOL TABS 180mg<br>QL (30 tabs / 30 days)                                            | 2                          | QL        |
| NEXLIZET TAB 180/10MG<br>QL (30 tabs / 30 days)                                          | 2                          | QL        |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg<br>QL (60 tabs / 30 days)   | 1                          | QL        |
| <i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)                            | 1                          |           |
| <i>prevalite</i> PACK 4gm                                                                | 1                          |           |
| <i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose                               | 1                          |           |
| REPATHA SOSY 140mg/ml<br>QL (6 syringes / 28 days)                                       | 2                          | QL NM PA  |

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits   |
|---------------------------------------------------------------------------------------------------------|----------------------------|----------|
| REPATHA SURECLICK SOAJ 140mg/ml<br>QL (6 autoinjectors / 28 days)                                       | 2                          | QL NM PA |
| VASCEPA CAPS .5gm, 1gm                                                                                  | 2                          |          |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                                                               |                            |          |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>                                                       | 1                          |          |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>                                                      | 1                          |          |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>                                             | 1                          |          |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>                                               | 1                          |          |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>                                              | 1                          |          |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>                                                | 1                          |          |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>                                               | 1                          |          |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>                                               | 1                          |          |
| <b>BETA-BLOCKERS</b>                                                                                    |                            |          |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg                                                                 | 1                          |          |
| <i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg                                            | 1                          |          |
| <i>betaxolol hcl</i> TABS 10mg, 20mg                                                                    | 1                          |          |
| <i>bisoprolol fumarate</i> TABS 2.5mg, 5mg, 10mg                                                        | 1                          |          |
| <i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg                                 | 1                          |          |
| <i>carvedilol phosphate</i> (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg<br>QL (30 caps / 30 days) | 1                          | QL       |

| Drug Name                                                                                          | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------|----------------------------|--------|
| KAPSPARGO SPRINKLE<br>CS24 25mg, 50mg, 100mg,<br>200mg                                             | 3                          |        |
| <i>labetalol hcl</i> SOLN 5mg/ml;<br>TABS 100mg, 200mg, 300mg,<br>400mg                            | 1                          |        |
| LOPRESSOR SOLN<br>10mg/ml; TABS 12.5mg                                                             | 3                          |        |
| <i>metoprolol succinate</i> (generic<br>of TOPROL XL) TB24 25mg,<br>50mg, 100mg, 200mg             | 1                          |        |
| <i>metoprolol tartrate</i> SOLN<br>5mg/5ml; TABS 12.5mg,<br>25mg, 37.5mg, 75mg                     | 1                          |        |
| <i>metoprolol tartrate</i> (generic of<br>LOPRESSOR) TABS 50mg,<br>100mg                           | 1                          |        |
| <i>nadolol</i> TABS 20mg, 40mg,<br>80mg                                                            | 1                          |        |
| <i>nebivolol hcl</i> (generic of<br>BYSTOLIC) TABS 2.5mg,<br>5mg, 10mg<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>nebivolol hcl</i> (generic of<br>BYSTOLIC) TABS 20mg<br>QL (60 tabs / 30 days)                  | 1                          | QL     |
| <i>pindolol</i> TABS 5mg, 10mg                                                                     | 1                          |        |
| <i>propranolol hcl</i> (generic of<br>INDERAL LA) CP24 60mg,<br>80mg, 120mg, 160mg                 | 1                          |        |
| <i>propranolol hcl</i> SOLN<br>1mg/ml, 20mg/5ml, 40mg/5ml;<br>TABS 10mg, 20mg, 40mg,<br>60mg, 80mg | 1                          |        |
| <i>timolol maleate</i> TABS 5mg,<br>10mg, 20mg                                                     | 1                          |        |
| <b>CALCIUM CHANNEL BLOCKERS</b>                                                                    |                            |        |
| <i>amlodipine besylate</i> (generic<br>of NORVASC) TABS 2.5mg,<br>5mg, 10mg                        | 1                          |        |
| CARDAMYST SOLN<br>70mg/dose                                                                        | 3                          | NDS    |
| <i>cartia xt</i> (generic of<br>CARDIZEM CD) CP24<br>120mg, 180mg, 240mg,<br>300mg                 | 1                          |        |
| <i>dilt-xr</i> CP24 120mg, 180mg,<br>240mg                                                         | 1                          |        |

| Drug Name                                                                                                                          | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>diltiazem hcl</i> CP12 60mg,<br>90mg, 120mg; CP24 120mg,<br>180mg, 240mg; SOLN<br>25mg/5ml, 50mg/10ml,<br>125mg/25ml; TABS 90mg | 1                          |        |
| <i>diltiazem hcl</i> (generic of<br>CARDIZEM) TABS 30mg,<br>60mg, 120mg                                                            | 1                          |        |
| <i>diltiazem hcl</i> (generic of<br>CARDIZEM LA) TB24<br>120mg, 180mg, 240mg,<br>300mg, 360mg, 420mg                               | 1                          |        |
| <i>diltiazem hcl coated beads</i><br>(generic of CARDIZEM CD)<br>CP24 120mg, 180mg, 240mg,<br>300mg, 360mg                         | 1                          |        |
| <i>diltiazem hcl extended release<br/>beads</i> (generic of TIAZAC)<br>CP24 120mg, 180mg, 240mg,<br>300mg, 360mg, 420mg            | 1                          |        |
| <i>felodipine</i> TB24 2.5mg, 5mg,<br>10mg                                                                                         | 1                          |        |
| <i>isradipine</i> CAPS 2.5mg, 5mg                                                                                                  | 1                          |        |
| KATERZIA SUSP 1mg/ml                                                                                                               | 3                          |        |
| <i>matzim la</i> (generic of<br>CARDIZEM LA) TB24<br>180mg, 240mg, 300mg,<br>360mg, 420mg                                          | 1                          |        |
| <i>nicardipine hcl</i> CAPS 20mg,<br>30mg                                                                                          | 1                          |        |
| <i>nicardipine hcl iv soln 20<br/>mg/200ml in sodium chloride<br/>0.9%</i> (generic of<br>NICARDIPINE<br>HYDROCHLORIDE)            | 1                          |        |
| <i>nicardipine hcl iv soln 40<br/>mg/200ml in sodium chloride<br/>0.9%</i> (generic of<br>NICARDIPINE<br>HYDROCHLORIDE)            | 1                          |        |
| NICARDIPINE SOL 20/200ML                                                                                                           | 3                          |        |
| NICARDIPINE SOL 40/200ML                                                                                                           | 3                          |        |
| <i>nifedipine</i> (generic of<br>PROCARDIA XL) TB24<br>30mg, 60mg                                                                  | 1                          |        |
| <i>nifedipine</i> TB24 30mg, 60mg,<br>90mg                                                                                         | 1                          |        |
| <i>nimodipine</i> CAPS 30mg                                                                                                        | 1                          |        |

| Drug Name                                                                                                                                  | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>nimodipine</i> SOLN 60mg/20ml                                                                                                           | 3                          | NDS       |
| <i>nisoldipine</i> (generic of SULAR) TB24 8.5mg                                                                                           | 1                          |           |
| <i>nisoldipine</i> TB24 17mg, 34mg                                                                                                         | 1                          |           |
| NORLIQVA SOLN 1mg/ml                                                                                                                       | 3                          |           |
| NYMALIZE SOLN 6mg/ml                                                                                                                       | 3                          | NDS       |
| <i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                                                        | 1                          |           |
| <i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1                          |           |
| <b>DIURETICS</b>                                                                                                                           |                            |           |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg                                                                                         | 1                          |           |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>                                                                                     | 1                          |           |
| <i>amiloride hcl</i> TABS 5mg                                                                                                              | 1                          |           |
| <i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg                                                                                       | 1                          |           |
| <i>chlorthalidone</i> TABS 25mg, 50mg                                                                                                      | 1                          |           |
| <i>dichlorphenamide</i> (generic of KEVEYIS) TABS 50mg                                                                                     | 3                          | NDS NM PA |
| DIURIL SUSP 250mg/5ml                                                                                                                      | 3                          |           |
| ENBUMYST SOLN .5mg/0.1ml                                                                                                                   | 3                          | NDS       |
| <i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg                                                                                      | 1                          |           |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml                                                                                                   | 1                          |           |
| <i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg                                                                                 | 1                          |           |
| <i>furosemide inj</i> SOLN 10mg/ml                                                                                                         | 1                          |           |
| HEMICLOR TABS 12.5mg                                                                                                                       | 3                          |           |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg                                                                            | 1                          |           |
| <i>indapamide</i> TABS 1.25mg, 2.5mg                                                                                                       | 1                          |           |
| INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)                                                                                                 | 3                          | QL        |

| Drug Name                                                                               | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>methazolamide</i> TABS 25mg, 50mg                                                    | 1                          |           |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg                                                 | 1                          |           |
| <i>ormarvi</i> (generic of KEVEYIS) TABS 50mg                                           | 3                          | NDS NM PA |
| SOAANZ TABS 40mg                                                                        | 3                          |           |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>                            | 1                          |           |
| THALITONE TABS 15mg                                                                     | 3                          |           |
| <i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg                                           | 1                          |           |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>                             | 1                          |           |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>                             | 1                          |           |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>                               | 1                          |           |
| <b>MISCELLANEOUS</b>                                                                    |                            |           |
| <i>aliskiren fumarate</i> (generic of TEKTURN) TABS 150mg, 300mg QL (30 tabs / 30 days) | 1                          | QL        |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>                           | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>                           | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>                           | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)         | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)         | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)         | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)         | 1                          |           |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------|----------------------------|--------------|
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET) | 1                          |              |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET) | 1                          |              |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET) | 1                          |              |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET) | 1                          |              |
| ATTRUBY TBPK 356mg QL (112 tabs / 28 days)                                       | 3                          | NDS QL NM PA |
| BAXFENDY TABS 1mg, 2mg QL (30 tabs / 30 days)                                    | 3                          | QL PA        |
| CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)                       | 3                          | NDS QL NM PA |
| <i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr                      | 1                          |              |
| <i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr                      | 1                          |              |
| <i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr                      | 1                          |              |
| <i>clonidine</i> TB24 .17mg                                                      | 1                          |              |
| <i>clonidine hcl</i> TABS .05mg, .1mg, .2mg, .3mg                                | 1                          |              |
| CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)                                      | 2                          | QL           |
| <i>digoxin</i> SOLN .05mg/ml                                                     | 1                          |              |
| <i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml; TABS 62.5mcg                  | 1                          |              |
| <i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)   | 1                          | QL           |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)         | 1                          | QL NM PA     |
| <i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days) | 3                          | NDS QL NM PA |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>epinephrine</i> (generic of ADRENALIN) SOLN 1mg/ml                              | 1                          |              |
| <i>epinephrine</i> (generic of EPINEPHRINE HCL) SOLN 1mg/ml                        | 1                          |              |
| <i>guanfacine hcl</i> TABS 1mg, 2mg<br>PA applies if 65 years and older            | 2                          | PA           |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg                  | 1                          |              |
| INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days)                                    | 3                          | QL           |
| <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)      | 1                          |              |
| <i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days) | 1                          | QL           |
| JAVADIN SOLN .02mg/ml                                                              | 3                          |              |
| LANOXIN PEDIATRIC SOLN .1mg/ml                                                     | 3                          |              |
| LODOCO TABS .5mg QL (30 tabs / 30 days)                                            | 3                          | QL PA        |
| <i>methyldopa</i> TABS 250mg, 500mg<br>PA applies if 65 years and older            | 3                          | PA           |
| <i>metirosine</i> CAPS 250mg                                                       | 3                          | NDS NM PA    |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg                                         | 1                          |              |
| <i>minoxidil</i> TABS 2.5mg, 10mg                                                  | 1                          |              |
| MYQORZO TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)                          | 3                          | NDS QL NM PA |
| <i>phenoxybenzamine hcl</i> CAPS 10mg                                              | 3                          | NDS PA       |
| <i>ranolazine</i> TB12 500mg, 1000mg                                               | 1                          |              |
| REDEMPLO SOSY 25mg/0.5ml QL (1 syringe / 90 days)                                  | 3                          | NDS QL NM PA |
| TRYNGOLZA SOAJ 50mg/0.8ml QL (1 pen / 30 days)                                     | 3                          | NDS QL NM PA |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------|----------------------------|-----------------|
| TRYNGOLZA SOAJ<br>80mg/0.8ml<br>QL (1 autoinjector / 30 days)                            | 3                          | NDS QL NM<br>PA |
| TRYVIO TABS 12.5mg<br>QL (30 tabs / 30 days)                                             | 3                          | QL PA           |
| VERQUVO TABS 2.5mg,<br>5mg, 10mg<br>QL (30 tabs / 30 days)                               | 2                          | QL PA           |
| VYNDAMAX CAPS 61mg<br>QL (30 caps / 30 days)                                             | 3                          | NDS QL NM<br>PA |
| VYNDAQEL CAPS 20mg<br>QL (120 caps / 30 days)                                            | 3                          | NDS QL NM<br>PA |
| <b>NITRATES</b>                                                                          |                            |                 |
| <i>isosorbide dinitrate</i> TABS<br>5mg, 10mg, 20mg, 30mg                                | 1                          |                 |
| <i>isosorbide mononitrate</i> TABS<br>10mg, 20mg; TB24 30mg,<br>60mg, 120mg              | 1                          |                 |
| <i>nitro-bid</i> OINT 2%                                                                 | 1                          |                 |
| NITRO-DUR PT24 .3mg/hr,<br>.8mg/hr                                                       | 3                          | NDS             |
| <i>nitroglycerin</i> OINT 2%; PT24<br>.1mg/hr, .2mg/hr, .4mg/hr,<br>.6mg/hr              | 1                          |                 |
| <i>nitroglycerin</i> (generic of<br>NITROLINGUAL) SOLN<br>.4mg/spray                     | 1                          |                 |
| <i>nitroglycerin</i> (generic of<br>NITROSTAT) SUBL .3mg,<br>.4mg, .6mg                  | 1                          |                 |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                                                   |                            |                 |
| ADEMPAS TABS .5mg, 1mg,<br>1.5mg, 2mg, 2.5mg<br>QL (90 tabs / 30 days)                   | 3                          | NDS QL NM<br>PA |
| <i>alyq</i> (generic of ADCIRCA)<br>TABS 20mg<br>QL (60 tabs / 30 days)                  | 3                          | NDS QL NM<br>PA |
| <i>ambrisentan</i> (generic of<br>LETAIRIS) TABS 5mg, 10mg<br>QL (30 tabs / 30 days)     | 3                          | NDS QL NM<br>PA |
| <i>bosentan</i> (generic of<br>TRACLEER) TABS 62.5mg,<br>125mg<br>QL (60 tabs / 30 days) | 3                          | NDS QL NM<br>PA |
| <i>bosentan</i> (generic of<br>TRACLEER) TBSO 32mg<br>QL (120 tabs / 30 days)            | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                                          | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>epoprostenol sodium</i> (generic<br>of VELETRI) SOLR .5mg,<br>1.5mg                                             | 3                          | NDS B/D NM      |
| <i>macitentan</i> (generic of<br>OPSUMIT) TABS 10mg<br>QL (30 tabs / 30 days)                                      | 3                          | NDS QL NM<br>PA |
| OPSUMIT TABS 10mg<br>QL (30 tabs / 30 days)                                                                        | 3                          | NDS QL NM<br>PA |
| ORENITRAM TBCR .25mg,<br>1mg, 2.5mg, 5mg                                                                           | 3                          | NDS NM PA       |
| ORENITRAM TBCR .125mg                                                                                              | 3                          | NM PA           |
| ORENITRAM TAB MONTH 1                                                                                              | 3                          | NDS NM PA       |
| ORENITRAM TAB MONTH 2                                                                                              | 3                          | NDS NM PA       |
| ORENITRAM TAB MONTH 3                                                                                              | 3                          | NDS NM PA       |
| REMODULIN SOLN<br>8mg/20ml, 20mg/20ml,<br>50mg/20ml, 100mg/20ml,<br>200mg/20ml                                     | 3                          | NDS NM PA       |
| <i>sildenafil citrate</i> (pulmonary<br>hypertension) (generic of<br>REVATIO) SOLN<br>10mg/12.5ml                  | 3                          | NDS NM PA       |
| <i>sildenafil citrate</i> (pulmonary<br>hypertension) SUSR 10mg/ml<br>QL (784 mL / 30 days)                        | 3                          | NDS QL NM<br>PA |
| <i>sildenafil citrate</i> (pulmonary<br>hypertension) (generic of<br>REVATIO) TABS 20mg<br>QL (360 tabs / 30 days) | 1                          | QL NM PA        |
| <i>tadalafil</i> (pulmonary<br>hypertension) (generic of<br>ADCIRCA) TABS 20mg<br>QL (60 tabs / 30 days)           | 1                          | QL NM PA        |
| TADLIQ SUSP 20mg/5ml<br>QL (300 mL / 30 days)                                                                      | 3                          | NDS QL NM<br>PA |
| TRACLEER TBSO 32mg<br>QL (120 tabs / 30 days)                                                                      | 3                          | NDS QL NM<br>PA |
| <i>treprostinil</i> SOLN 20mg/20ml,<br>50mg/20ml, 100mg/20ml,<br>200mg/20ml                                        | 3                          | NDS NM PA       |
| TYVASO SOLN .6mg/ml                                                                                                | 3                          | NDS NM PA       |
| TYVASO DPI<br>INSTITUTIONAL POWD<br>80mcg<br>QL (112 cartridges / 28<br>days)                                      | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------|
| TYVASO DPI<br>MAINTENANCE KI POWD<br>16mcg, 32mcg, 48mcg,<br>64mcg, 80mcg<br>QL (112 cartridges / 28<br>days) | 3 NDS QL NM<br>PA                 |
| TYVASO DPI POW 16-32-48<br>QL (252 cartridges / 28<br>days)                                                   | 3 NDS QL NM<br>PA                 |
| TYVASO DPI POW 48-<br>80MCG<br>QL (224 cartridges / 28<br>days)                                               | 3 NDS QL NM<br>PA                 |
| TYVASO DPI POW MAIN KIT<br>32-64MCG<br>QL (224 cartridges / 28<br>days)                                       | 3 NDS QL NM<br>PA                 |
| TYVASO DPI POW MAIN KIT<br>48-64MCG<br>QL (224 cartridges / 28<br>days)                                       | 3 NDS QL NM<br>PA                 |
| TYVASO REFILL KIT SOLN<br>.6mg/ml                                                                             | 3 NDS NM PA                       |
| TYVASO STARTER KIT<br>SOLN .6mg/ml                                                                            | 3 NDS NM PA                       |
| UPTRAVI SOLR 1800mcg                                                                                          | 3 NDS NM PA                       |
| UPTRAVI TABS 100mcg,<br>150mcg<br>QL (280 tabs / 28 days)                                                     | 3 NDS QL NM<br>PA                 |
| UPTRAVI TABS 200mcg<br>QL (140 tabs / 28 days)                                                                | 3 NDS QL NM<br>PA                 |
| UPTRAVI TABS 400mcg,<br>600mcg, 800mcg, 1000mcg,<br>1200mcg, 1400mcg, 1600mcg<br>QL (60 tabs / 30 days)       | 3 NDS QL NM<br>PA                 |
| UPTRAVI PACK TAB 200/800<br>QL (1 pack / 28 days)                                                             | 3 NDS QL NM<br>PA                 |
| WINREVAIR KIT 45mg,<br>60mg<br>QL (2 vials / 21 days)                                                         | 3 NDS QL NM<br>PA                 |
| YUTREPIA CAPS 26.5mcg,<br>53mcg, 79.5mcg<br>QL (140 caps / 28 days)                                           | 3 NDS QL NM<br>PA                 |
| YUTREPIA CAPS 106mcg<br>QL (224 caps / 28 days)                                                               | 3 NDS QL NM<br>PA                 |

| Drug Name                                                                                                             | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>CENTRAL NERVOUS SYSTEM<br/>ANTI-ANXIETY</b>                                                                        |                                   |
| <i>alprazolam</i> (generic of<br>XANAX) TABS .25mg, .5mg,<br>1mg, 2mg<br>QL (150 tabs / 30 days)                      | 1 QL                              |
| <i>alprazolam</i> TB24 2mg, 3mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and<br>older                      | 1 QL PA                           |
| <i>alprazolam</i> TB24 .5mg, 1mg<br>QL (150 tabs / 30 days)<br>PA applies if 65 years and<br>older                    | 1 QL PA                           |
| <i>alprazolam</i> TBDP .5mg, 1mg,<br>2mg<br>QL (150 tabs / 30 days)                                                   | 1 QL                              |
| <i>alprazolam</i> TBDP .25mg<br>QL (120 tabs / 30 days)                                                               | 1 QL                              |
| ALPRAZOLAM INTENSOL<br>CONC 1mg/ml<br>QL (300 mL / 30 days)                                                           | 3 QL                              |
| <i>buspirone hcl</i> TABS 5mg,<br>7.5mg, 10mg, 15mg, 30mg                                                             | 1                                 |
| <i>chlordiazepoxide hcl</i> CAPS<br>5mg, 10mg, 25mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and<br>older | 1 QL PA                           |
| <i>fluvoxamine maleate</i> CP24<br>100mg, 150mg<br>QL (60 caps / 30 days)                                             | 1 QL                              |
| <i>fluvoxamine maleate</i> TABS<br>25mg, 50mg, 100mg                                                                  | 1                                 |
| <i>lorazepam</i> CONC 2mg/ml<br>QL (150 mL / 30 days)                                                                 | 1 QL                              |
| <i>lorazepam</i> (generic of<br>ATIVAN) SOLN 4mg/ml,<br>20mg/10ml                                                     | 1                                 |
| <i>lorazepam</i> (generic of<br>ATIVAN) TABS .5mg, 1mg,<br>2mg<br>QL (150 tabs / 30 days)                             | 1 QL                              |
| <i>lorazepam intensol</i> CONC<br>2mg/ml<br>QL (150 mL / 30 days)                                                     | 1 QL                              |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| oxazepam CAPS 10mg, 15mg, 30mg<br>QL (120 caps / 30 days)<br>PA applies if 65 years and older               | 1                          | QL PA  |
| <b>ANTIDEMENTIA</b>                                                                                         |                            |        |
| donepezil hydrochloride (generic of ARICEPT) TABS 5mg<br>QL (30 tabs / 30 days)                             | 1                          | QL     |
| donepezil hydrochloride (generic of ARICEPT) TABS 10mg, 23mg                                                | 1                          |        |
| donepezil hydrochloride TBDP 5mg<br>QL (30 tabs / 30 days)                                                  | 1                          | QL     |
| donepezil hydrochloride TBDP 10mg                                                                           | 1                          |        |
| galantamine hydrobromide CP24 8mg, 16mg, 24mg<br>QL (30 caps / 30 days)                                     | 1                          | QL     |
| galantamine hydrobromide SOLN 4mg/ml<br>QL (200 mL / 30 days)                                               | 1                          | QL     |
| galantamine hydrobromide TABS 4mg, 8mg, 12mg<br>QL (60 tabs / 30 days)                                      | 1                          | QL     |
| memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg<br>PA applies if 29 years and younger | 1                          | PA     |
| memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack<br>PA applies if 29 years and younger               | 1                          | PA     |
| memantine hcl-donepezil hcl cap er 24hr 14-10 mg (generic of NAMZARIC)                                      | 1                          |        |
| memantine hcl-donepezil hcl cap er 24hr 21-10 mg (generic of NAMZARIC)                                      | 1                          |        |
| memantine hcl-donepezil hcl cap er 24hr 28-10 mg (generic of NAMZARIC)                                      | 1                          |        |
| NAMZARIC CAP 7-10MG                                                                                         | 3                          |        |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr<br>QL (30 patches / 30 days) | 1                          | QL     |
| rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg<br>QL (60 caps / 30 days)                            | 1                          | QL     |
| ZUNVEYL TBEC 5mg, 10mg, 15mg<br>QL (60 tabs / 30 days)                                                 | 3                          | QL PA  |
| <b>ANTIDEPRESSANTS</b>                                                                                 |                            |        |
| amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg<br>PA applies if 65 years and older        | 2                          | PA     |
| amoxapine TABS 25mg, 50mg, 100mg, 150mg<br>PA applies if 65 years and older                            | 2                          | PA     |
| AUVELITY TAB 45-105MG<br>QL (60 tabs / 30 days)                                                        | 3                          | QL     |
| AUVELITY TAB TITRATIO<br>QL (2 packs / year)                                                           | 3                          | NDS QL |
| bupropion hcl TABS 75mg, 100mg                                                                         | 1                          |        |
| bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg<br>QL (60 tabs / 30 days)            | 1                          | QL     |
| bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg<br>QL (60 tabs / 30 days)                          | 1                          | QL     |
| bupropion hcl (generic of WELLBUTRIN XL) TB24 300mg<br>QL (30 tabs / 30 days)                          | 1                          | QL     |
| citalopram hydrobromide SOLN 10mg/5ml                                                                  | 1                          |        |
| citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg                                      | 1                          |        |
| clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg                                          | 3                          | PA     |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg<br>PA applies if 65 years and older           | 3                          | PA        |
| DESVENLAFAXINE ER TB24 50mg, 100mg<br>QL (30 tabs / 30 days)                                                   | 3                          | QL        |
| <i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)          | 1                          | QL        |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml<br>PA applies if 65 years and older | 2                          | PA        |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg<br>QL (60 caps / 30 days)                                        | 3                          | QL PA     |
| <i>duloxetine hcl</i> CPEP 20mg<br>QL (120 caps / 30 days)                                                     | 1                          | QL        |
| <i>duloxetine hcl</i> CPEP 30mg<br>QL (90 caps / 30 days)                                                      | 1                          | QL        |
| <i>duloxetine hcl</i> CPEP 40mg, 60mg<br>QL (60 caps / 30 days)                                                | 1                          | QL        |
| DULOXETINE HYDROCHLORIDE CPEP 80mg, 90mg, 120mg<br>QL (30 caps / 30 days)                                      | 3                          | QL        |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr<br>QL (30 patches / 30 days)                                          | 3                          | NDS QL PA |
| ESCITALOPRAM OXALATE CAPS 15mg<br>QL (30 caps / 30 days)                                                       | 3                          | QL        |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml                                                                       | 1                          |           |
| <i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg                                          | 1                          |           |
| EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg<br>QL (30 tabs / 30 days)                                            | 3                          | NDS QL PA |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------|----------------------------|-----------|
| EXXUA TITRATION PACK TB24 18.2mg<br>QL (2 packs / year)                                          | 3                          | NDS QL PA |
| FETZIMA CP24 20mg, 40mg<br>QL (60 caps / 30 days)                                                | 3                          | QL PA     |
| FETZIMA CP24 80mg, 120mg<br>QL (30 caps / 30 days)                                               | 3                          | QL PA     |
| FETZIMA CAP TITRATIO<br>QL (2 packs / year)                                                      | 3                          | QL PA     |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml                                       | 1                          |           |
| <i>fluoxetine hcl</i> CPDR 90mg<br>QL (4 caps / 28 days)                                         | 1                          | QL        |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg<br>PA applies if 65 years and older                  | 1                          | PA        |
| <i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg<br>PA applies if 65 years and older     | 3                          | PA        |
| MARPLAN TABS 10mg<br>QL (180 tabs / 30 days)                                                     | 3                          | QL        |
| <i>mirtazapine</i> TABS 7.5mg, 45mg                                                              | 1                          |           |
| <i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg                                          | 1                          |           |
| <i>mirtazapine</i> (generic of REMERON SOLTAB) TBP 15mg, 30mg, 45mg                              | 1                          |           |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg                                      | 1                          |           |
| <i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg                        | 1                          |           |
| <i>nortriptyline hcl</i> SOLN 10mg/5ml                                                           | 3                          |           |
| <i>paroxetine hcl</i> SUSP 10mg/5ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older | 3                          | QL PA     |

| Drug Name                                                                                                                           | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg<br>PA applies if 65 years and older                            | 1                          | PA        |
| <i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older | 3                          | QL PA     |
| <i>perphenazine-amitriptyline tab</i> 2-10 mg<br>PA applies if 65 years and older                                                   | 2                          | PA        |
| <i>perphenazine-amitriptyline tab</i> 2-25 mg<br>PA applies if 65 years and older                                                   | 2                          | PA        |
| <i>perphenazine-amitriptyline tab</i> 4-10 mg<br>PA applies if 65 years and older                                                   | 2                          | PA        |
| <i>perphenazine-amitriptyline tab</i> 4-25 mg<br>PA applies if 65 years and older                                                   | 2                          | PA        |
| <i>perphenazine-amitriptyline tab</i> 4-50 mg<br>PA applies if 65 years and older                                                   | 2                          | PA        |
| <i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg                                                                             | 1                          |           |
| <i>protriptyline hcl</i> TABS 5mg, 10mg                                                                                             | 3                          |           |
| RALDESY SOLN 10mg/ml<br>QL (1800 mL / 30 days)                                                                                      | 3                          | QL PA     |
| <i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg                                                      | 1                          |           |
| SPRAVATO 56MG DOSE SOPK 28mg/device                                                                                                 | 3                          | NDS NM PA |
| SPRAVATO 84MG DOSE SOPK 28mg/device                                                                                                 | 3                          | NDS NM PA |
| <i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg                                                                       | 1                          |           |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg                                                                                 | 1                          |           |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>trimipramine maleate</i> CAPS 25mg, 50mg<br>QL (120 caps / 30 days)                     | 3                          | QL           |
| <i>trimipramine maleate</i> CAPS 100mg<br>QL (60 caps / 30 days)                           | 3                          | QL           |
| TRINTELLIX TABS 5mg, 10mg, 20mg<br>QL (30 tabs / 30 days)                                  | 3                          | QL PA        |
| <i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg                    | 1                          |              |
| <i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg                                | 1                          |              |
| <i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 1                          | QL           |
| ZURZUVAE CAPS 20mg, 25mg<br>QL (28 caps / 14 days)                                         | 3                          | NDS QL NM PA |
| ZURZUVAE CAPS 30mg<br>QL (14 caps / 14 days)                                               | 3                          | NDS QL NM PA |
| <b>ANTIPARKINSONIAN AGENTS</b>                                                             |                            |              |
| <i>amantadine hcl</i> CAPS 100mg<br>QL (120 caps / 30 days)                                | 1                          | QL           |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg                                            | 1                          |              |
| <i>benztropine mesylate</i> SOLN 1mg/ml                                                    | 1                          |              |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg<br>PA applies if 65 years and older        | 1                          | PA           |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg                                         | 1                          |              |
| <i>carb/levo orally disintegrating tab</i> 10-100mg                                        | 1                          |              |
| <i>carb/levo orally disintegrating tab</i> 25-100mg                                        | 1                          |              |
| <i>carb/levo orally disintegrating tab</i> 25-250mg                                        | 1                          |              |
| <i>carbidopa</i> (generic of LODOSYN) TABS 25mg                                            | 1                          |              |
| <i>carbidopa &amp; levodopa cap er</i> 23.75-95 mg                                         | 1                          |              |
| <i>carbidopa &amp; levodopa cap er</i> 36.25-145 mg                                        | 1                          |              |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits     |
|----------------------------------------------------------------------------------|----------------------------|------------|
| <i>carbidopa &amp; levodopa cap er</i><br>48.75-195 mg                           | 1                          |            |
| <i>carbidopa &amp; levodopa cap er</i><br>61.25-245 mg                           | 1                          |            |
| <i>carbidopa &amp; levodopa tab 10-</i><br>100 mg (generic of SINEMET)           | 1                          |            |
| <i>carbidopa &amp; levodopa tab 25-</i><br>100 mg (generic of SINEMET)           | 1                          |            |
| <i>carbidopa &amp; levodopa tab 25-</i><br>250 mg                                | 1                          |            |
| <i>carbidopa &amp; levodopa tab er</i><br>25-100 mg                              | 1                          |            |
| <i>carbidopa &amp; levodopa tab er</i><br>50-200 mg                              | 1                          |            |
| <i>carbidopa-levodopa-</i><br><i>entacapone tabs 12.5-50-200</i><br><i>mg</i>    | 1                          |            |
| <i>carbidopa-levodopa-</i><br><i>entacapone tabs 18.75-75-</i><br><i>200 mg</i>  | 1                          |            |
| <i>carbidopa-levodopa-</i><br><i>entacapone tabs 25-100-200</i><br><i>mg</i>     | 1                          |            |
| <i>carbidopa-levodopa-</i><br><i>entacapone tabs 31.25-125-</i><br><i>200 mg</i> | 1                          |            |
| <i>carbidopa-levodopa-</i><br><i>entacapone tabs 37.5-150-</i><br><i>200 mg</i>  | 1                          |            |
| <i>carbidopa-levodopa-</i><br><i>entacapone tabs 50-200-200</i><br><i>mg</i>     | 1                          |            |
| CREXONT CAP 35-140MG                                                             | 3                          | ST         |
| CREXONT CAP 52.5-210                                                             | 3                          | ST         |
| CREXONT CAP 70-280MG                                                             | 3                          | ST         |
| CREXONT CAP 87.5-350                                                             | 3                          | ST         |
| DUOPA SUS 4.63-20                                                                | 3                          | NDS B/D NM |
| <i>entacapone TABS 200mg</i>                                                     | 1                          |            |
| GOCOVRI CP24 68.5mg                                                              | 3                          | NDS QL NM  |
| QL (30 caps / 30 days)                                                           |                            | PA         |
| GOCOVRI CP24 137mg                                                               | 3                          | NDS QL NM  |
| QL (60 caps / 30 days)                                                           |                            | PA         |
| INBRIJA CAPS 42mg                                                                | 3                          | NDS QL NM  |
| QL (300 caps / 30 days)                                                          |                            | PA         |
| NOURIANZ TABS 20mg,                                                              | 3                          | NDS QL NM  |
| 40mg                                                                             |                            |            |
| QL (30 tabs / 30 days)                                                           |                            |            |

| Drug Name                           | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------|----------------------------|-----------|
| ONGENTYS CAPS 25mg,                 | 3                          | QL PA     |
| 50mg                                |                            |           |
| QL (30 caps / 30 days)              |                            |           |
| <i>pramipexole dihydrochloride</i>  | 1                          |           |
| TABS .125mg, .25mg, .5mg,           |                            |           |
| .75mg, 1mg, 1.5mg; TB24             |                            |           |
| .375mg, .75mg, 1.5mg,               |                            |           |
| 2.25mg, 3mg, 3.75mg, 4.5mg          |                            |           |
| <i>rasagiline mesylate</i> (generic | 1                          | QL        |
| of AZILECT) TABS .5mg,              |                            |           |
| 1mg                                 |                            |           |
| QL (30 tabs / 30 days)              |                            |           |
| <i>ropinirole hydrochloride</i>     | 1                          |           |
| TABS .25mg, .5mg, 1mg,              |                            |           |
| 2mg, 3mg, 4mg, 5mg; TB24            |                            |           |
| 2mg, 4mg, 6mg, 8mg, 12mg            |                            |           |
| RYTARY CAP 95MG                     | 3                          | ST        |
| RYTARY CAP 145MG                    | 3                          | ST        |
| RYTARY CAP 195MG                    | 3                          | ST        |
| RYTARY CAP 245MG                    | 3                          | ST        |
| <i>selegiline hcl</i> CAPS 5mg;     | 1                          |           |
| TABS 5mg                            |                            |           |
| <i>trihexyphenidyl hcl</i> SOLN     | 2                          |           |
| .4mg/ml                             |                            |           |
| <i>trihexyphenidyl hcl</i> TABS     | 1                          |           |
| 2mg, 5mg                            |                            |           |
| VYALEV INJ 12-240MG                 | 3                          | NDS NM PA |
| XADAGO TABS 50mg,                   | 3                          | NDS       |
| 100mg                               |                            |           |
| ZELAPAR TBDP 1.25mg                 | 3                          | NDS       |
| <b>ANTIPSYCHOTICS</b>               |                            |           |
| ABILIFY ASIMTUFI PRSY               | 3                          | NDS QL    |
| 720mg/2.4ml, 960mg/3.2ml            |                            |           |
| QL (1 syringe / 56 days)            |                            |           |
| ABILIFY MAINTENA PRSY               | 3                          | NDS QL    |
| 300mg, 400mg                        |                            |           |
| QL (1 syringe / 28 days)            |                            |           |
| ABILIFY MAINTENA SRER               | 3                          | NDS QL    |
| 300mg, 400mg                        |                            |           |
| QL (1 injection / 28                |                            |           |
| days)                               |                            |           |
| <i>aripiprazole</i> SOLN 1mg/ml     | 1                          | QL        |
| QL (900 mL / 30 days)               |                            |           |
| <i>aripiprazole</i> (generic of     | 1                          | QL        |
| ABILIFY) TABS 2mg, 5mg,             |                            |           |
| 10mg, 15mg, 20mg, 30mg              |                            |           |
| QL (30 tabs / 30 days)              |                            |           |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>aripiprazole</i> TBDP 10mg, 15mg<br>QL (60 tabs / 30 days)                                                 | 1                          | QL ST     |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml<br>QL (1 syringe / 28 days)                               | 3                          | NDS QL    |
| ARISTADA PRSY 1064mg/3.9ml<br>QL (1 syringe / 56 days)                                                        | 3                          | NDS QL    |
| ARISTADA INITIO PRSY 675mg/2.4ml                                                                              | 3                          | NDS       |
| <i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days)                 | 1                          | QL        |
| BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days)                                    | 3                          | NDS QL PA |
| BYSANTI TAB PACK A<br>QL (2 packs / year)                                                                     | 3                          | QL PA     |
| BYSANTI TAB PACK B<br>QL (2 packs / year)                                                                     | 3                          | QL PA     |
| BYSANTI TAB PACK C<br>QL (2 packs / year)                                                                     | 3                          | QL PA     |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg<br>QL (30 caps / 30 days)                                                     | 3                          | NDS QL    |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1                          |           |
| <i>clozapine</i> (generic of CLOZARIL) TABS 25mg                                                              | 1                          |           |
| <i>clozapine</i> TABS 50mg                                                                                    | 1                          |           |
| <i>clozapine</i> (generic of CLOZARIL) TABS 100mg<br>QL (270 tabs / 30 days)                                  | 1                          | QL        |
| <i>clozapine</i> TABS 200mg<br>QL (120 tabs / 30 days)                                                        | 1                          | QL        |
| <i>clozapine</i> TBDP 12.5mg, 25mg                                                                            | 1                          | PA        |
| <i>clozapine</i> TBDP 100mg<br>QL (270 tabs / 30 days)                                                        | 1                          | QL PA     |
| <i>clozapine</i> TBDP 150mg<br>QL (180 tabs / 30 days)                                                        | 1                          | QL PA     |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>clozapine</i> TBDP 200mg<br>QL (120 tabs / 30 days)                                         | 1                          | QL PA     |
| COBENFY CAP 50-20MG<br>QL (60 caps / 30 days)                                                  | 3                          | NDS QL    |
| COBENFY CAP 100-20MG<br>QL (60 caps / 30 days)                                                 | 3                          | NDS QL    |
| COBENFY CAP 125-30MG<br>QL (60 caps / 30 days)                                                 | 3                          | NDS QL    |
| COBENFY STRT CAP PACK<br>QL (2 packs / year)                                                   | 3                          | NDS QL    |
| ERZOFRI SUSY 39mg/0.25ml<br>QL (1 syringe / 28 days)                                           | 3                          | QL        |
| ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml<br>QL (1 syringe / 28 days)       | 3                          | NDS QL    |
| ERZOFRI SUSY 351mg/2.25ml<br>QL (2 syringes / year)                                            | 3                          | NDS QL    |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days)                      | 3                          | NDS QL PA |
| FANAPT PAK PACK A<br>QL (2 packs / year)                                                       | 3                          | QL PA     |
| FANAPT PAK PACK B<br>QL (2 packs / year)                                                       | 3                          | QL PA     |
| FANAPT PAK PACK C<br>QL (2 packs / year)                                                       | 3                          | QL PA     |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml                                                     | 1                          |           |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 1                          |           |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg                                        | 1                          |           |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml                                            | 1                          |           |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml                                            | 1                          |           |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml<br>QL (1 injection / 180 days)                    | 3                          | NDS QL    |
| INVEGA SUSTENNA SUSY 39mg/0.25ml<br>QL (1 syringe / 28 days)                                   | 3                          | QL        |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml<br>QL (1 syringe / 28 days)      | 3                          | NDS QL       |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml<br>QL (1 syringe / 90 days) | 3                          | NDS QL       |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg                                                  | 1                          |              |
| <i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg<br>QL (30 tabs / 30 days)      | 1                          | QL           |
| <i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg<br>QL (60 tabs / 30 days)                         | 1                          | QL           |
| LYBALVI TAB 5-10MG<br>QL (30 tabs / 30 days)                                                          | 3                          | NDS QL       |
| LYBALVI TAB 10-10MG<br>QL (30 tabs / 30 days)                                                         | 3                          | NDS QL       |
| LYBALVI TAB 15-10MG<br>QL (30 tabs / 30 days)                                                         | 3                          | NDS QL       |
| LYBALVI TAB 20-10MG<br>QL (30 tabs / 30 days)                                                         | 3                          | NDS QL       |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg                                                             | 1                          |              |
| NUPLAZID CAPS 34mg<br>QL (30 caps / 30 days)                                                          | 3                          | NDS QL NM PA |
| NUPLAZID TABS 10mg<br>QL (30 tabs / 30 days)                                                          | 3                          | NDS QL NM PA |
| <i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg<br>QL (3 vials / 1 day)                              | 1                          | QL           |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days)                | 1                          | QL           |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg<br>QL (30 tabs / 30 days)               | 1                          | QL           |
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg<br>QL (30 tabs / 30 days)           | 1                          | QL ST        |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg<br>QL (60 tabs / 30 days)                      | 1                          | QL ST     |
| OPIPZA FILM 2mg, 5mg<br>QL (30 films / 30 days)                                                       | 3                          | NDS QL PA |
| OPIPZA FILM 10mg<br>QL (90 films / 30 days)                                                           | 3                          | NDS QL PA |
| <i>paliperidone</i> TB24 1.5mg<br>QL (30 tabs / 30 days)                                              | 1                          | QL        |
| <i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg<br>QL (30 tabs / 30 days)                       | 1                          | QL        |
| <i>paliperidone</i> (generic of INVEGA) TB24 6mg<br>QL (60 tabs / 30 days)                            | 1                          | QL        |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg                                                          | 1                          |           |
| PERSERIS PRSY 90mg,<br>QL (1 syringe / 30 days)                                                       | 3                          | NDS QL    |
| <i>pimozide</i> TABS 1mg, 2mg                                                                         | 1                          |           |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg<br>QL (180 tabs / 30 days)                 | 1                          | QL        |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg<br>QL (90 tabs / 30 days)    | 1                          | QL        |
| <i>quetiapine fumarate</i> TABS 150mg<br>QL (90 tabs / 30 days)                                       | 1                          | QL        |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg<br>QL (60 tabs / 30 days)          | 1                          | QL        |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg<br>QL (60 tabs / 30 days) | 1                          | QL PA     |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg<br>QL (30 tabs / 30 days)       | 1                          | QL PA     |
| REXULTI TABS 3mg, 4mg<br>QL (30 tabs / 30 days)                                                       | 3                          | NDS QL    |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| REXULTI TABS .25mg, .5mg, 1mg, 2mg<br>QL (60 tabs / 30 days)                                                   | 3                          | NDS QL    |
| <i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml<br>QL (240 mL / 30 days)                                 | 1                          | QL        |
| <i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg                                        | 1                          |           |
| <i>risperidone</i> TABS .25mg                                                                                  | 1                          |           |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg<br>QL (60 tabs / 30 days)                                                | 1                          | QL ST     |
| <i>risperidone</i> TBDP 4mg<br>QL (120 tabs / 30 days)                                                         | 1                          | QL ST     |
| <i>risperidone</i> TBDP .25mg, .5mg<br>QL (90 tabs / 30 days)                                                  | 1                          | QL ST     |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg<br>QL (2 injections / 28 days) | 1                          | QL        |
| <i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg<br>QL (2 injections / 28 days) | 3                          | NDS QL    |
| RYKINDO SRER 25mg<br>QL (2 vials / 28 days)                                                                    | 3                          | NDS QL PA |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr<br>QL (30 patches / 30 days)                                   | 3                          | NDS QL    |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg                                                           | 1                          |           |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg                                                                    | 1                          |           |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg                                                            | 1                          |           |
| UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml<br>QL (1 syringe / 30 days)                    | 3                          | NDS QL    |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits       |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml<br>QL (1 syringe / 60 days)                         | 3                          | NDS QL       |
| VERSACLOZ SUSP 50mg/ml<br>QL (600 mL / 30 days)                                                        | 3                          | NDS QL PA    |
| VRAYLAR CAPS 1.5mg<br>QL (60 caps / 30 days)                                                           | 3                          | NDS QL       |
| VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg<br>QL (30 caps / 30 days)                                    | 3                          | NDS QL       |
| <i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg<br>QL (60 caps / 30 days)       | 1                          | QL           |
| <i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg<br>QL (6 injections / 3 days)                | 1                          | QL           |
| ZYPREXA RELPREVV SUSR 210mg<br>QL (2 vials / 28 days)                                                  | 3                          | QL NM PA     |
| ZYPREXA RELPREVV SUSR 300mg<br>QL (2 vials / 28 days)                                                  | 3                          | NDS QL NM PA |
| ZYPREXA RELPREVV SUSR 405mg<br>QL (1 vial / 28 days)                                                   | 3                          | NDS QL NM PA |
| <b>ANTISEIZURE AGENTS</b>                                                                              |                            |              |
| APTOM TABS 200mg, 400mg<br>QL (30 tabs / 30 days)                                                      | 3                          | NDS QL       |
| APTOM TABS 600mg, 800mg<br>QL (60 tabs / 30 days)                                                      | 3                          | NDS QL       |
| <i>brivaracetam</i> (generic of BRIVIACT) SOLN 10mg/ml<br>QL (600 mL / 30 days)                        | 1                          | QL PA        |
| <i>brivaracetam</i> (generic of BRIVIACT) SOLN 50mg/5ml                                                | 1                          | PA           |
| <i>brivaracetam</i> (generic of BRIVIACT) TABS 10mg, 25mg, 50mg, 75mg, 100mg<br>QL (60 tabs / 30 days) | 1                          | QL PA        |
| BRIVIACT SOLN 10mg/ml<br>QL (600 mL / 30 days)                                                         | 3                          | NDS QL PA    |
| BRIVIACT SOLN 50mg/5ml                                                                                 | 3                          | PA           |

| Drug Name                                                                                                              | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg<br>QL (60 tabs / 30 days)                                                  | 3                          | NDS QL PA    |
| <i>carbamazepine</i> CHEW 100mg, 200mg                                                                                 | 1                          |              |
| <i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg                                                   | 1                          |              |
| <i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg                                                  | 1                          |              |
| <i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg                                                 | 1                          |              |
| <i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml<br>QL (480 mL / 30 days)                                               | 1                          | QL PA        |
| <i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg<br>QL (60 tabs / 30 days)                                            | 1                          | QL PA        |
| <i>clonazepam</i> (generic of KLONOPIN) TABS 2mg<br>QL (300 tabs / 30 days)                                            | 1                          | QL           |
| <i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg<br>QL (90 tabs / 30 days)                                       | 1                          | QL           |
| <i>clonazepam</i> TBDP 2mg<br>QL (300 tabs / 30 days)                                                                  | 1                          | QL           |
| <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg<br>QL (90 tabs / 30 days)                                              | 1                          | QL           |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg<br>QL (180 tabs / 30 days)<br>PA applies if 65 years and older | 1                          | QL PA        |
| DIACOMIT CAPS 250mg<br>QL (360 caps / 30 days)                                                                         | 3                          | NDS QL NM PA |
| DIACOMIT CAPS 500mg<br>QL (180 caps / 30 days)                                                                         | 3                          | NDS QL NM PA |
| DIACOMIT PACK 250mg<br>QL (360 packets / 30 days)                                                                      | 3                          | NDS QL NM PA |
| DIACOMIT PACK 500mg<br>QL (180 packets / 30 days)                                                                      | 3                          | NDS QL NM PA |

| Drug Name                                                                                                                                             | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>diazepam</i> SOLN 5mg/5ml<br>QL (1200 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply                             | 1                          | QL PA        |
| <i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply | 1                          | QL PA        |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg                                                                                                | 1                          |              |
| <i>diazepam inj</i> SOLN 5mg/ml                                                                                                                       | 1                          |              |
| <i>diazepam intensol</i> CONC 5mg/ml<br>QL (240 mL / 30 days)<br>PA applies if 65 years and older when greater than 5 day supply                      | 1                          | QL PA        |
| DILANTIN CAPS 30mg                                                                                                                                    | 3                          |              |
| <i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg                                                                                   | 1                          |              |
| <i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg                                                                                   | 1                          |              |
| <i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg                                                                               | 1                          |              |
| ELEPSIA XR TB24 1000mg                                                                                                                                | 3                          |              |
| ELEPSIA XR TB24 1500mg                                                                                                                                | 3                          | NDS          |
| EPIDIOLEX SOLN 100mg/ml<br>QL (600 mL / 30 days)                                                                                                      | 3                          | NDS QL NM PA |
| <i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg<br>QL (30 tabs / 30 days)                                                        | 1                          | QL           |
| <i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg<br>QL (60 tabs / 30 days)                                                        | 1                          | QL           |
| <i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml                                                                                  | 1                          |              |
| <i>felbamate</i> SUSP 600mg/5ml                                                                                                                       | 1                          |              |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg                                  | 1                          |              |
| FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)                                              | 3                          | NDS QL NM PA |
| FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)                                                | 3                          | NDS QL PA    |
| FYCOMPA TABS 2mg QL (60 tabs / 30 days)                                                   | 3                          | QL PA        |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)                             | 3                          | NDS QL PA    |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)        | 1                          | QL           |
| <i>gabapentin</i> CAPS 200mg QL (60 caps / 30 days)                                       | 1                          | QL           |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)               | 1                          | QL           |
| <i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days) | 1                          | QL           |
| <i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)               | 1                          | QL           |
| <i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)               | 1                          | QL           |
| <i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml                                     | 1                          |              |
| <i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)                   | 1                          | QL           |
| <i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)     | 1                          | QL           |
| <i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)            | 1                          | QL           |
| LAMICTAL XR KIT                                                                           | 3                          |              |
| <i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg                  | 1                          |              |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg                                | 1                          |        |
| <i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg                | 1                          | ST     |
| <i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg                             | 1                          | ST     |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)  | 1                          |        |
| <i>lamotrigine tab 35 x 25 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg          | 1                          |        |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C) | 3                          | NDS    |
| <i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i> (generic of LAMICTAL ODT)       | 1                          |        |
| <i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> (generic of LAMICTAL ODT)  | 1                          |        |
| <i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i> (generic of LAMICTAL ODT)       | 1                          |        |
| <i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg    | 1                          |        |
| <i>levetiracetam</i> TB3D 250mg QL (360 tabs / 30 days)                                                | 1                          | QL     |
| <i>levetiracetam</i> TB3D 500mg QL (180 tabs / 30 days)                                                | 1                          | QL     |
| <i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg                                          | 1                          |        |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)    | 1                          |        |

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

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO) | 1                          |           |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO) | 1                          |           |
| <i>methsuximide</i> (generic of CELONTIN) CAPS 300mg                                                 | 1                          |           |
| MOTPOLY XR CP24 100mg QL (60 caps / 30 days)                                                         | 3                          | QL PA     |
| MOTPOLY XR CP24 150mg, 200mg QL (60 caps / 30 days)                                                  | 3                          | NDS QL PA |
| NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)                                                | 3                          | QL        |
| <i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg                 | 1                          |           |
| <i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 150mg, 300mg                                      | 1                          | PA        |
| <i>oxcarbazepine</i> (generic of OXTELLAR XR) TB24 600mg                                             | 3                          | NDS PA    |
| <i>perampanel</i> (generic of FYCOMPA) SUSP .5mg/ml QL (680 mL / 28 days)                            | 3                          | NDS QL PA |
| <i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)                               | 1                          | QL PA     |
| <i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)         | 1                          | QL PA     |
| <i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days)<br>PA applies if 65 years and older        | 3                          | QL PA     |

| Drug Name                                                                                                                                        | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and older | 2                          | QL PA  |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml<br>PA applies if 65 years and older                                                           | 3                          | PA     |
| <i>phenytek</i> CAPS 200mg, 300mg                                                                                                                | 1                          |        |
| <i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg                                                                                        | 1                          |        |
| <i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml                                                                                        | 1                          |        |
| <i>phenytoin sodium</i> SOLN 50mg/ml                                                                                                             | 1                          |        |
| <i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg                                                                                | 1                          |        |
| <i>phenytoin sodium extended</i> CAPS 200mg, 300mg                                                                                               | 1                          |        |
| <i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg<br>QL (120 caps / 30 days)                                             | 1                          | QL     |
| <i>pregabalin</i> (generic of LYRICA) CAPS 200mg<br>QL (90 caps / 30 days)                                                                       | 1                          | QL     |
| <i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg<br>QL (60 caps / 30 days)                                                                | 1                          | QL     |
| <i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml<br>QL (900 mL / 30 days)<br>PA applies if 65 years and older                                  | 1                          | QL PA  |
| <i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg                                                                                          | 1                          |        |
| <i>primidone</i> TABS 125mg                                                                                                                      | 1                          |        |
| <i>relgaabi</i> CAPS 200mg<br>QL (60 caps / 30 days)                                                                                             | 1                          | QL     |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>relgaabi</i> (generic of NEURONTIN) CAPS 300mg<br>QL (360 caps / 30 days)              | 1                          | QL        |
| <i>relgaabi</i> (generic of NEURONTIN) CAPS 400mg<br>QL (270 caps / 30 days)              | 1                          | QL        |
| <i>roweepra</i> (generic of KEPPRA) TABS 500mg                                            | 1                          |           |
| <i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml<br>QL (2400 mL / 30 days)              | 3                          | NDS QL PA |
| <i>rufinamide</i> (generic of BANZEL) TABS 200mg<br>QL (480 tabs / 30 days)               | 1                          | QL PA     |
| <i>rufinamide</i> (generic of BANZEL) TABS 400mg<br>QL (240 tabs / 30 days)               | 3                          | NDS QL PA |
| SPRITAM TB3D 250mg<br>QL (360 tabs / 30 days)                                             | 3                          | QL        |
| SPRITAM TB3D 500mg<br>QL (180 tabs / 30 days)                                             | 3                          | QL        |
| SPRITAM TB3D 750mg<br>QL (120 tabs / 30 days)                                             | 3                          | QL        |
| SPRITAM TB3D 1000mg<br>QL (90 tabs / 30 days)                                             | 3                          | QL        |
| SUBVENITE SUSP 10mg/ml                                                                    | 3                          | NDS ST    |
| <i>subvenite</i> (generic of LAMICTAL) TABS 25mg,<br>100mg, 150mg, 200mg                  | 1                          |           |
| <i>subvenite starter kit/blu</i><br>(generic of LAMICTAL<br>STARTER/TAKING V) KIT<br>25mg | 1                          |           |
| <i>subvenite starter kit/gre</i><br>(generic of LAMICTAL<br>STARTER/TAKING C)             | 3                          | NDS       |
| <i>subvenite starter kit/ora</i><br>(generic of LAMICTAL<br>STARTER/NOT TAKI)             | 1                          |           |
| SYMPAZAN FILM 5mg,<br>10mg, 20mg<br>QL (60 films / 30 days)                               | 3                          | NDS QL PA |
| <i>tiagabine hcl</i> TABS 2mg,<br>4mg, 12mg, 16mg                                         | 1                          |           |
| <i>topiramate</i> (generic of TOPAMAX SPRINKLE)<br>CPSP 15mg, 25mg                        | 1                          |           |
| <i>topiramate</i> CPSP 50mg                                                               | 1                          |           |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml<br>QL (480 mL / 30 days)     | 1                          | QL PA           |
| <i>topiramate</i> (generic of TOPAMAX) TABS 25mg,<br>50mg, 100mg, 200mg           | 1                          |                 |
| <i>valproate sodium</i> SOLN<br>100mg/ml, 250mg/5ml                               | 1                          |                 |
| <i>valproic acid</i> CAPS 250mg                                                   | 1                          |                 |
| VALTOCO 5 MG DOSE LIQD<br>5mg/0.1ml<br>QL (10 blister packs / 30<br>days)         | 3                          | QL              |
| VALTOCO 10 MG DOSE<br>LIQD 10mg/0.1ml<br>QL (10 blister packs / 30<br>days)       | 3                          | QL              |
| VALTOCO 15 MG DOSE<br>LQPK 7.5mg/0.1ml<br>QL (10 blister packs / 30<br>days)      | 3                          | QL              |
| VALTOCO 20 MG DOSE<br>LQPK 10mg/0.1ml<br>QL (10 blister packs / 30<br>days)       | 3                          | QL              |
| <i>vigabatrin</i> (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30<br>days) | 3                          | NDS QL NM<br>PA |
| <i>vigabatrin</i> (generic of SABRIL) TABS 500mg<br>QL (180 tabs / 30 days)       | 3                          | NDS QL NM<br>PA |
| <i>vigadrone</i> (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30<br>days)  | 3                          | NDS QL NM<br>PA |
| <i>vigadrone</i> (generic of SABRIL) TABS 500mg<br>QL (180 tabs / 30 days)        | 3                          | NDS QL NM<br>PA |
| VIGAFYDE SOLN 100mg/ml<br>QL (900 mL / 30 days)                                   | 3                          | NDS QL NM<br>PA |
| XCOPRI TABS 25mg, 50mg,<br>100mg<br>QL (30 tabs / 30 days)                        | 3                          | NDS QL          |
| XCOPRI TABS 150mg,<br>200mg<br>QL (60 tabs / 30 days)                             | 3                          | NDS QL          |

| Drug Name                                                                                                                  | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| XCOPRI PAK 12.5-25<br>QL (28 tabs / 28 days)                                                                               | 3                          | QL              |
| XCOPRI PAK 50-100MG<br>QL (28 tabs / 28 days)                                                                              | 3                          | NDS QL          |
| XCOPRI PAK 100-150<br>QL (56 tabs / 28 days)                                                                               | 3                          | NDS QL          |
| XCOPRI PAK 150-200MG<br>(MAINTENANCE)<br>QL (56 tabs / 28 days)                                                            | 3                          | NDS QL          |
| XCOPRI PAK 150-200MG<br>(TITRATION)<br>QL (28 tabs / 28 days)                                                              | 3                          | NDS QL          |
| ZONISADE SUSP<br>100mg/5ml<br>QL (900 mL / 30 days)                                                                        | 3                          | NDS QL PA       |
| <i>zonisamide</i> (generic of<br>ZONEGRAN) CAPS 25mg,<br>100mg                                                             | 1                          |                 |
| <i>zonisamide</i> CAPS 50mg                                                                                                | 1                          |                 |
| ZTALMY SUSP 50mg/ml<br>QL (1100 mL / 30 days)                                                                              | 3                          | NDS QL NM<br>PA |
| <b>ATTENTION DEFICIT HYPERACTIVITY<br/>DISORDER</b>                                                                        |                            |                 |
| ADZENYS XR-ODT TBED<br>3.1mg, 6.3mg, 9.4mg<br>QL (60 tabs / 30 days)                                                       | 3                          | QL PA           |
| ADZENYS XR-ODT TBED<br>12.5mg, 15.7mg, 18.8mg<br>QL (30 tabs / 30 days)                                                    | 3                          | QL PA           |
| <i>amphetamine</i> (generic of<br>ADZENYS XR-ODT) TBED<br>3.1mg, 6.3mg, 9.4mg<br>QL (60 tabs / 30 days)                    | 1                          | QL PA           |
| <i>amphetamine</i> (generic of<br>ADZENYS XR-ODT) TBED<br>12.5mg, 15.7mg, 18.8mg<br>QL (30 tabs / 30 days)                 | 1                          | QL PA           |
| <i>amphetamine-<br/>dextroamphetamine 3-bead<br/>cap er 24hr 12.5 mg</i> (generic<br>of MYDAYIS)<br>QL (30 caps / 30 days) | 1                          | QL PA           |
| <i>amphetamine-<br/>dextroamphetamine 3-bead<br/>cap er 24hr 25 mg</i> (generic of<br>MYDAYIS)<br>QL (30 caps / 30 days)   | 1                          | QL PA           |

| Drug Name                                                                                                                  | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amphetamine-<br/>dextroamphetamine 3-bead<br/>cap er 24hr 37.5 mg</i> (generic<br>of MYDAYIS)<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine 3-bead<br/>cap er 24hr 50 mg</i> (generic of<br>MYDAYIS)<br>QL (30 caps / 30 days)   | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine cap er<br/>24hr 5 mg</i> (generic of<br>ADDERALL XR)<br>QL (30 caps / 30 days)       | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine cap er<br/>24hr 10 mg</i> (generic of<br>ADDERALL XR)<br>QL (30 caps / 30 days)      | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine cap er<br/>24hr 15 mg</i> (generic of<br>ADDERALL XR)<br>QL (30 caps / 30 days)      | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine cap er<br/>24hr 20 mg</i> (generic of<br>ADDERALL XR)<br>QL (30 caps / 30 days)      | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine cap er<br/>24hr 25 mg</i> (generic of<br>ADDERALL XR)<br>QL (30 caps / 30 days)      | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine cap er<br/>24hr 30 mg</i> (generic of<br>ADDERALL XR)<br>QL (30 caps / 30 days)      | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine tab 5 mg</i><br>(generic of ADDERALL)<br>QL (60 tabs / 30 days)                      | 1                          | QL PA  |
| <i>amphetamine-<br/>dextroamphetamine tab 7.5<br/>mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)                   | 1                          | QL PA  |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)                | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)              | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)                | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL)<br>QL (90 tabs / 30 days)                | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)                | 1                          | QL PA  |
| ARYNTA SOLN 10mg/ml<br>QL (240 mL / 30 days)                                                                  | 3                          | QL PA  |
| <i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg<br>QL (120 caps / 30 days)                                       | 1                          | QL     |
| <i>atomoxetine hcl</i> CAPS 40mg<br>QL (60 caps / 30 days)                                                    | 1                          | QL     |
| <i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg<br>QL (30 caps / 30 days)                                       | 1                          | QL     |
| <i>atomoxetine hcl</i> SOLN 4mg/ml<br>QL (700 mL / 28 days)                                                   | 1                          | QL     |
| ATONCY SOLN 4mg/ml<br>QL (700 mL / 28 days)                                                                   | 3                          | QL     |
| AZSTARYS CAP 26.1-5.2<br>QL (30 caps / 30 days)                                                               | 3                          | QL PA  |
| AZSTARYS CAP 39.2-7.8<br>QL (30 caps / 30 days)                                                               | 3                          | QL PA  |
| AZSTARYS CAP 52.3-10.<br>QL (30 caps / 30 days)                                                               | 3                          | QL PA  |
| COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg<br>QL (60 tabs / 30 days)                                          | 3                          | QL PA  |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN XR)<br>CP24 5mg, 10mg, 15mg, 20mg<br>QL (60 caps / 30 days) | 1                          | QL PA  |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN XR)<br>CP24 25mg, 30mg, 35mg, 40mg<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days)                  | 1                          | QL PA  |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg<br>QL (60 tabs / 30 days)                         | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> CP24 5mg<br>QL (150 caps / 30 days)                                           | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 10mg<br>QL (150 caps / 30 days)                   | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 15mg<br>QL (120 caps / 30 days)                   | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg<br>QL (180 tabs / 30 days)                       | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> TABS 15mg<br>QL (120 tabs / 30 days)                                          | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> TABS 20mg<br>QL (90 tabs / 30 days)                                           | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> TABS 30mg<br>QL (60 tabs / 30 days)                                           | 1                          | QL PA  |
| DYANAVEL XR SUER 2.5mg/ml<br>QL (240 mL / 30 days)                                                             | 3                          | QL PA  |
| DYANAVEL XR TBCR 5mg<br>QL (60 tabs / 30 days)                                                                 | 3                          | QL PA  |
| DYANAVEL XR TBCR 10mg, 15mg, 20mg<br>QL (30 tabs / 30 days)                                                    | 3                          | QL PA  |

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

| Drug Name                                                                                                                          | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older | 2                          | QL PA  |
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older           | 2                          | QL PA  |
| JORNAY PM CP24 20mg, 40mg<br>QL (60 caps / 30 days)                                                                                | 3                          | QL PA  |
| JORNAY PM CP24 60mg, 80mg, 100mg<br>QL (30 caps / 30 days)                                                                         | 3                          | QL PA  |
| <i>lisdexamfetamine dimesylate</i> (generic of VYVANSE) CAPS 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                            | 1                          | QL PA  |
| <i>lisdexamfetamine dimesylate</i> (generic of VYVANSE) CAPS 40mg, 50mg, 60mg, 70mg<br>QL (30 caps / 30 days)                      | 1                          | QL PA  |
| <i>lisdexamfetamine dimesylate</i> (generic of VYVANSE) CHEW 10mg, 20mg, 30mg<br>QL (60 tabs / 30 days)                            | 1                          | QL PA  |
| <i>lisdexamfetamine dimesylate</i> (generic of VYVANSE) CHEW 40mg, 50mg, 60mg<br>QL (30 tabs / 30 days)                            | 1                          | QL PA  |
| <i>methylphenidate</i> (generic of DAYTRANA) PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr<br>QL (30 patches / 30 days)              | 1                          | QL PA  |
| METHYLPHENIDATE ER ODT TBED 8.6mg, 17.3mg, 25.9mg<br>QL (60 tabs / 30 days)                                                        | 3                          | QL PA  |
| <i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg<br>QL (180 tabs / 30 days)                                                        | 1                          | QL PA  |
| <i>methylphenidate hcl</i> CP24 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                                                         | 1                          | QL PA  |

| Drug Name                                                                                           | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg<br>QL (30 caps / 30 days)              | 1                          | QL PA  |
| <i>methylphenidate hcl</i> CP24 60mg<br>QL (30 caps / 30 days)                                      | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 10mg, 20mg, 30mg<br>QL (60 caps / 30 days) | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of METADATE CD) CPCR 40mg, 50mg, 60mg<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml<br>QL (1800 mL / 30 days)             | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml<br>QL (900 mL / 30 days)             | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg<br>QL (180 tabs / 30 days)           | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg<br>QL (90 tabs / 30 days)                 | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 27mg, 36mg<br>QL (60 tabs / 30 days)         | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg<br>QL (30 tabs / 30 days)         | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TBCR 10mg, 20mg<br>QL (90 tabs / 30 days)                                | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg<br>QL (60 tabs / 30 days)    | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg<br>QL (30 tabs / 30 days)                | 1                          | QL PA  |
| QELBREE CP24 100mg<br>QL (180 caps / 30 days)                                                       | 3                          | QL PA  |

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

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------|----------------------------|--------|
| QELBREE CP24 150mg<br>QL (60 caps / 30 days)                                                 | 3                          | QL PA  |
| QELBREE CP24 200mg<br>QL (90 caps / 30 days)                                                 | 3                          | QL PA  |
| QUILLICHEW ER CHER<br>20mg, 30mg<br>QL (60 tabs / 30 days)                                   | 3                          | QL PA  |
| QUILLICHEW ER CHER<br>40mg<br>QL (30 tabs / 30 days)                                         | 3                          | QL PA  |
| QUILLIVANT XR SRER<br>25mg/5ml<br>QL (360 mL / 30 days)                                      | 3                          | QL PA  |
| VYVANSE CAPS 10mg,<br>20mg, 30mg<br>QL (60 caps / 30 days)                                   | 3                          | QL PA  |
| VYVANSE CAPS 40mg,<br>50mg, 60mg, 70mg<br>QL (30 caps / 30 days)                             | 3                          | QL PA  |
| VYVANSE CHEW 10mg,<br>20mg, 30mg<br>QL (60 tabs / 30 days)                                   | 3                          | QL PA  |
| VYVANSE CHEW 40mg,<br>50mg, 60mg<br>QL (30 tabs / 30 days)                                   | 3                          | QL PA  |
| XELSTRYM PTCH<br>4.5mg/9hr, 9mg/9hr,<br>13.5mg/9hr, 18mg/9hr<br>QL (30 patches / 30<br>days) | 3                          | QL PA  |
| zenzedi TABS 2.5mg, 5mg,<br>7.5mg, 10mg<br>QL (180 tabs / 30 days)                           | 1                          | QL PA  |
| zenzedi TABS 15mg<br>QL (120 tabs / 30 days)                                                 | 1                          | QL PA  |
| zenzedi TABS 20mg<br>QL (90 tabs / 30 days)                                                  | 1                          | QL PA  |
| zenzedi TABS 30mg<br>QL (60 tabs / 30 days)                                                  | 1                          | QL PA  |
| <b>HYPNOTICS</b>                                                                             |                            |        |
| BELSOMRA TABS 5mg,<br>10mg, 15mg, 20mg<br>QL (30 tabs / 30 days)                             | 2                          | QL     |
| DAYVIGO TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                             | 2                          | QL     |
| doxepin hcl (sleep) (generic of<br>SILENOR) TABS 3mg, 6mg<br>QL (30 tabs / 30 days)          | 1                          | QL     |

| Drug Name                                                                                                                                                              | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| EDLUAR SUBL 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                                     | 3                          | QL PA           |
| estazolam TABS 1mg, 2mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                                   | 1                          | QL PA           |
| eszopiclone (generic of<br>LUNESTA) TABS 1mg, 2mg,<br>3mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year | 3                          | QL PA           |
| HETLIOZ LQ SUSP 4mg/ml<br>QL (158 ml / 30 days)                                                                                                                        | 3                          | NDS QL NM<br>PA |
| QUVIVIQ TABS 25mg, 50mg<br>QL (30 tabs / 30 days)                                                                                                                      | 3                          | QL              |
| ramelteon (generic of<br>ROZEREM) TABS 8mg<br>QL (30 tabs / 30 days)                                                                                                   | 1                          | QL              |
| tasimelteon (generic of<br>HETLIOZ) CAPS 20mg<br>QL (30 caps / 30 days)                                                                                                | 3                          | NDS QL NM<br>PA |
| temazepam (generic of<br>RESTORIL) CAPS 7.5mg,<br>22.5mg, 30mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and<br>older                                        | 1                          | QL PA           |
| temazepam (generic of<br>RESTORIL) CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and<br>older                                                          | 1                          | QL PA           |
| triazolam TABS .25mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                                      | 2                          | QL PA           |
| triazolam TABS .125mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                                     | 2                          | QL PA           |

| Drug Name                                                                                                                                                                  | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>zaleplon</i> CAPS 5mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year                                            | 2                          | QL PA        |
| <i>zaleplon</i> CAPS 10mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year                                           | 2                          | QL PA        |
| ZOLPIDEM TARTRATE CAPS 7.5mg<br>QL (30 caps / 30 days)                                                                                                                     | 3                          | QL PA        |
| <i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year         | 1                          | QL PA        |
| <i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year | 2                          | QL PA        |
| <b>MIGRAINE</b>                                                                                                                                                            |                            |              |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml<br>QL (1 pen / 30 days)                                                                                                                     | 2                          | QL NM PA     |
| <i>almotriptan malate</i> TABS 6.25mg, 12.5mg<br>QL (12 tabs / 30 days)                                                                                                    | 1                          | QL ST        |
| BREKIYA SOAJ 1mg/ml<br>QL (24 pens / 28 days)                                                                                                                              | 3                          | NDS QL NM PA |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml                                                                                                                              | 3                          | NDS          |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml<br>QL (8 mL / 30 days)                                                                                                       | 3                          | NDS QL PA    |
| <i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg<br>QL (12 tabs / 30 days)                                                                               | 1                          | QL ST        |
| EMGALITY SOAJ 120mg/ml<br>QL (2 pens / 30 days)                                                                                                                            | 2                          | QL NM PA     |
| EMGALITY SOSY 100mg/ml<br>QL (3 syringes / 30 days)                                                                                                                        | 2                          | QL NM PA     |

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| EMGALITY SOSY 120mg/ml<br>QL (2 syringes / 30 days)                                                              | 2                          | QL NM PA  |
| ERGOMAR SUBL 2mg<br>QL (20 tabs / 28 days)                                                                       | 3                          | NDS QL PA |
| <i>ergotamine w/ caffeine tab 1-100 mg</i><br>QL (40 tabs / 28 days)                                             | 1                          | QL PA     |
| <i>frovatriptan succinate</i> TABS 2.5mg<br>QL (18 tabs / 30 days)                                               | 1                          | QL ST     |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg<br>QL (12 tabs / 30 days)                                                 | 1                          | QL        |
| NURTEC TBDP 75mg<br>QL (16 tabs / 30 days)                                                                       | 2                          | QL PA     |
| QULIPTA TABS 10mg, 30mg, 60mg<br>QL (30 tabs / 30 days)                                                          | 2                          | QL PA     |
| RIZAFILM FILM 5mg, 10mg<br>QL (18 films / 30 days)                                                               | 3                          | QL        |
| <i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg<br>QL (18 tabs / 30 days)                                         | 1                          | QL        |
| <i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg<br>QL (18 tabs / 30 days)                              | 1                          | QL        |
| <i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg<br>QL (18 tabs / 30 days)                          | 1                          | QL        |
| <i>sumatriptan</i> SOLN 5mg/act<br>QL (24 units / 30 days)                                                       | 1                          | QL        |
| <i>sumatriptan</i> SOLN 20mg/act<br>QL (12 units / 30 days)                                                      | 1                          | QL        |
| <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml<br>QL (12 injections / 30 days) | 1                          | QL        |
| <i>sumatriptan succinate</i> SOLN 6mg/0.5ml<br>QL (12 injections / 30 days)                                      | 1                          | QL        |
| <i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg<br>QL (12 tabs / 30 days)               | 1                          | QL        |

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

| Drug Name                                                                  | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------|----------------------------|-----------------|
| UBRELVY TABS 50mg,<br>100mg<br>QL (16 tabs / 30 days)                      | 2                          | QL PA           |
| ZEMBRACE SYMTOUCH<br>SOAJ 3mg/0.5ml<br>QL (24 pens / 30 days)              | 3                          | NDS QL ST       |
| zolmitriptan SOLN 2.5mg<br>QL (12 units / 30 days)                         | 1                          | QL ST           |
| zolmitriptan (generic of<br>ZOMIG) SOLN 5mg<br>QL (12 units / 30 days)     | 1                          | QL ST           |
| zolmitriptan TABS 2.5mg,<br>5mg; TBDP 2.5mg, 5mg<br>QL (12 tabs / 30 days) | 1                          | QL ST           |
| zomig TABS 2.5mg, 5mg<br>QL (12 tabs / 30 days)                            | 1                          | QL ST           |
| <b>MISCELLANEOUS</b>                                                       |                            |                 |
| AMVUTTRA SOSY<br>25mg/0.5ml<br>QL (1 syringe / 90 days)                    | 3                          | NDS QL NM<br>PA |
| AUSTEDO TABS 6mg<br>QL (60 tabs / 30 days)                                 | 3                          | NDS QL NM<br>PA |
| AUSTEDO TABS 9mg, 12mg<br>QL (120 tabs / 30 days)                          | 3                          | NDS QL NM<br>PA |
| AUSTEDO XR TB24 6mg<br>QL (90 tabs / 30 days)                              | 3                          | NDS QL NM<br>PA |
| AUSTEDO XR TB24 12mg<br>QL (120 tabs / 30 days)                            | 3                          | NDS QL NM<br>PA |
| AUSTEDO XR TB24 18mg,<br>30mg, 36mg, 42mg, 48mg<br>QL (30 tabs / 30 days)  | 3                          | NDS QL NM<br>PA |
| AUSTEDO XR TB24 24mg<br>QL (60 tabs / 30 days)                             | 3                          | NDS QL NM<br>PA |
| AUSTEDO XR TAB TITR KIT<br>QL (2 packs / year)                             | 3                          | NDS QL NM<br>PA |
| DAYBUE SOLN 200mg/ml<br>QL (3600 mL / 30 days)                             | 3                          | NDS QL NM<br>PA |
| DAYBUE STIX PACK<br>5000mg, 6000mg<br>QL (120 packets / 30<br>days)        | 3                          | NDS QL NM<br>PA |
| DAYBUE STIX PACK<br>8000mg<br>QL (60 packets / 30<br>days)                 | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| dextromethorphan hbr-<br>quinidine sulfate cap 20-10<br>mg (generic of NUEDEXTA)<br>QL (60 caps / 30 days) | 3                          | NDS QL PA       |
| DUVYZAT SUSP 8.86mg/ml<br>QL (420 mL / 30 days)                                                            | 3                          | NDS QL NM<br>PA |
| edaravone SOLN<br>30mg/100ml                                                                               | 3                          | NDS NM PA       |
| ENSPRYNG SOSY<br>120mg/ml                                                                                  | 3                          | NDS NM PA       |
| EQUETRO CP12 100mg,<br>200mg, 300mg                                                                        | 3                          |                 |
| EVRYSDI SOLR .75mg/ml;<br>TABS 5mg                                                                         | 3                          | NDS NM PA       |
| FIRDAPSE TABS 10mg<br>QL (300 tabs / 30 days)                                                              | 3                          | NDS QL NM<br>PA |
| gabapentin (once-daily)<br>(generic of GRALISE) TABS<br>300mg<br>QL (180 tabs / 30 days)                   | 1                          | QL PA           |
| gabapentin (once-daily)<br>(generic of GRALISE) TABS<br>450mg, 600mg<br>QL (90 tabs / 30 days)             | 1                          | QL PA           |
| gabapentin (once-daily)<br>(generic of GRALISE) TABS<br>750mg, 900mg<br>QL (60 tabs / 30 days)             | 1                          | QL PA           |
| GRALISE TABS 450mg<br>QL (90 tabs / 30 days)                                                               | 3                          | QL PA           |
| GRALISE TABS 750mg,<br>900mg<br>QL (60 tabs / 30 days)                                                     | 3                          | QL PA           |
| HORIZANT TBCR 300mg,<br>600mg<br>QL (60 tabs / 30 days)                                                    | 3                          | QL PA           |
| lithium SOLN 8meq/5ml                                                                                      | 1                          |                 |
| lithium carbonate CAPS<br>150mg, 300mg, 600mg; TABS<br>300mg; TBCR 450mg                                   | 1                          |                 |
| lithium carbonate (generic of<br>LITHOBID) TBCR 300mg                                                      | 1                          |                 |
| milnacipran hcl (generic of<br>SAVELLA) TABS 12.5mg,<br>25mg, 50mg, 100mg<br>QL (60 tabs / 30 days)        | 1                          | QL PA           |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------|----------------------------|--------------|
| <i>milnacipran hcl tab 12.5 mg (5) &amp; 25 mg (8) &amp; 50 mg (42) pak</i> | 1                          | QL PA        |
| QL (2 packs / year)                                                         |                            |              |
| NUDEXTA CAP 20-10MG                                                         | 3                          | NDS QL PA    |
| QL (60 caps / 30 days)                                                      |                            |              |
| <i>pregabalin (once-daily) (generic of LYRICA CR)</i>                       | 1                          | QL PA        |
| TB24 82.5mg, 165mg                                                          |                            |              |
| QL (90 tabs / 30 days)                                                      |                            |              |
| <i>pregabalin (once-daily) (generic of LYRICA CR)</i>                       | 1                          | QL PA        |
| TB24 330mg                                                                  |                            |              |
| QL (60 tabs / 30 days)                                                      |                            |              |
| <i>pyridostigmine bromide (generic of MESTINON)</i>                         | 1                          |              |
| SOLN 60mg/5ml; TABS 60mg                                                    |                            |              |
| <i>pyridostigmine bromide TABS</i>                                          | 1                          |              |
| 30mg                                                                        |                            |              |
| <i>pyridostigmine bromide (generic of MESTINON TIMESPAN)</i>                | 1                          |              |
| TBCR 180mg                                                                  |                            |              |
| RADICAVA ORS SUSP                                                           | 3                          | NDS QL NM PA |
| 105mg/5ml                                                                   |                            |              |
| QL (70 mL / 28 days)                                                        |                            |              |
| RADICAVA ORS STARTER KIT SUSP 105mg/5ml                                     | 3                          | NDS QL NM PA |
| QL (70 mL / 28 days)                                                        |                            |              |
| <i>riluzole TABS</i>                                                        | 1                          |              |
| 50mg                                                                        |                            |              |
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg                                      | 3                          | QL PA        |
| QL (60 tabs / 30 days)                                                      |                            |              |
| SAVELLA MIS TITR PAK                                                        | 3                          | QL PA        |
| QL (2 packs / year)                                                         |                            |              |
| SKYCLARYS CAPS 50mg                                                         | 3                          | NDS QL NM PA |
| QL (90 caps / 30 days)                                                      |                            |              |
| <i>tetrabenazine (generic of XENAZINE)</i>                                  | 1                          | QL NM PA     |
| TABS 12.5mg                                                                 |                            |              |
| QL (90 tabs / 30 days)                                                      |                            |              |
| <i>tetrabenazine (generic of XENAZINE)</i>                                  | 3                          | NDS QL NM PA |
| TABS 25mg                                                                   |                            |              |
| QL (120 tabs / 30 days)                                                     |                            |              |
| TIGLUTIK SUSP 50mg/10ml                                                     | 3                          | NDS QL NM PA |
| QL (600 mL / 30 days)                                                       |                            |              |
| TONMYA SUBL 2.8mg                                                           | 3                          | NDS QL PA    |
| QL (60 tabs / 30 days)                                                      |                            |              |
| UPLIZNA SOLN 100mg/10ml                                                     | 3                          | NDS NM PA    |

| Drug Name                                          | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------|----------------------------|--------------|
| WAINUA SOAJ 45mg/0.8ml                             | 3                          | NDS QL NM PA |
| QL (1 pen / 30 days)                               |                            |              |
| WAINUA SOSY 45mg/0.8ml                             | 3                          | NDS QL NM PA |
| QL (1 syringe / 30 days)                           |                            |              |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                   |                            |              |
| AVONEX PSKT 30mcg/0.5ml                            | 3                          | NDS QL NM PA |
| QL (4 syringes / 28 days)                          |                            |              |
| AVONEX PEN AJKT                                    | 3                          | NDS QL NM PA |
| 30mcg/0.5ml                                        |                            |              |
| QL (4 injections / 28 days)                        |                            |              |
| BAFIERTAM CPDR 95mg                                | 3                          | NDS QL NM PA |
| QL (120 caps / 30 days)                            |                            |              |
| BETASERON KIT .3mg                                 | 3                          | NDS QL NM PA |
| QL (14 kits / 28 days)                             |                            |              |
| <i>cladribine (4 tabs) (generic of MAVENCLAD)</i>  | 3                          | NDS QL NM PA |
| TBPK 10mg                                          |                            |              |
| QL (16 tabs per lifetime)                          |                            |              |
| <i>cladribine (5 tabs) (generic of MAVENCLAD)</i>  | 3                          | NDS QL NM PA |
| TBPK 10mg                                          |                            |              |
| QL (20 tabs per lifetime)                          |                            |              |
| <i>cladribine (6 tabs) (generic of MAVENCLAD)</i>  | 3                          | NDS QL NM PA |
| TBPK 10mg                                          |                            |              |
| QL (24 tabs per lifetime)                          |                            |              |
| <i>cladribine (7 tabs) (generic of MAVENCLAD)</i>  | 3                          | NDS QL NM PA |
| TBPK 10mg                                          |                            |              |
| QL (28 tabs per lifetime)                          |                            |              |
| <i>cladribine (8 tabs) (generic of MAVENCLAD)</i>  | 3                          | NDS QL NM PA |
| TBPK 10mg                                          |                            |              |
| QL (32 tabs per lifetime)                          |                            |              |
| <i>cladribine (9 tabs) (generic of MAVENCLAD)</i>  | 3                          | NDS QL NM PA |
| TBPK 10mg                                          |                            |              |
| QL (36 tabs per lifetime)                          |                            |              |
| <i>cladribine (10 tabs) (generic of MAVENCLAD)</i> | 3                          | NDS QL NM PA |
| TBPK 10mg                                          |                            |              |
| QL (40 tabs per lifetime)                          |                            |              |
| COPAXONE SOSY 20mg/ml                              | 3                          | NDS QL NM PA |
| QL (30 syringes / 30 days)                         |                            |              |
| COPAXONE SOSY 40mg/ml                              | 3                          | NDS QL NM PA |
| QL (12 syringes / 28 days)                         |                            |              |
| <i>dalfampridine (generic of AMPYRA)</i>           | 1                          | QL NM PA     |
| TB12 10mg                                          |                            |              |
| QL (60 tabs / 30 days)                             |                            |              |

| Drug Name                                                                                                                          | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg<br>QL (14 caps / 7 days)                                                | 3                          | NDS QL NM<br>PA |
| <i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 240mg<br>QL (60 caps / 30 days)                                               | 3                          | NDS QL NM<br>PA |
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i><br>(generic of TECFIDERA STARTER PACK)<br>QL (2 packs / year) | 3                          | NDS QL NM<br>PA |
| <i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg<br>QL (30 caps / 30 days)                                                    | 3                          | NDS QL NM<br>PA |
| GILENYA CAPS .25mg<br>QL (30 caps / 30 days)                                                                                       | 3                          | NDS QL NM<br>PA |
| <i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml<br>QL (30 syringes / 30 days)                                         | 3                          | NDS QL NM<br>PA |
| <i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml<br>QL (12 syringes / 28 days)                                         | 3                          | NDS QL NM<br>PA |
| <i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml<br>QL (30 syringes / 30 days)                                                    | 3                          | NDS QL NM<br>PA |
| <i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml<br>QL (12 syringes / 28 days)                                                    | 3                          | NDS QL NM<br>PA |
| MAVENCLAD (4 TABS)<br>TBPK 10mg<br>QL (16 tabs per lifetime)                                                                       | 3                          | NDS QL NM<br>PA |
| MAVENCLAD (5 TABS)<br>TBPK 10mg<br>QL (20 tabs per lifetime)                                                                       | 3                          | NDS QL NM<br>PA |
| MAVENCLAD (6 TABS)<br>TBPK 10mg<br>QL (24 tabs per lifetime)                                                                       | 3                          | NDS QL NM<br>PA |
| MAVENCLAD (7 TABS)<br>TBPK 10mg<br>QL (28 tabs per lifetime)                                                                       | 3                          | NDS QL NM<br>PA |
| MAVENCLAD (8 TABS)<br>TBPK 10mg<br>QL (32 tabs per lifetime)                                                                       | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------|----------------------------|-----------------|
| MAVENCLAD (9 TABS)<br>TBPK 10mg<br>QL (36 tabs per lifetime)                       | 3                          | NDS QL NM<br>PA |
| MAVENCLAD (10 TABS)<br>TBPK 10mg<br>QL (40 tabs per lifetime)                      | 3                          | NDS QL NM<br>PA |
| MAYZENT TABS 1mg, 2mg<br>QL (30 tabs / 30 days)                                    | 3                          | NDS QL NM<br>PA |
| MAYZENT TABS .25mg<br>QL (112 tabs / 28 days)                                      | 3                          | NDS QL NM<br>PA |
| MAYZENT STARTER PACK (7) TBPK .25mg<br>QL (2 packs / year)                         | 3                          | NDS QL NM<br>PA |
| MAYZENT STARTER PACK (12) TBPK .25mg<br>QL (2 packs / year)                        | 3                          | NDS QL NM<br>PA |
| OCREVUS SOLN<br>300mg/10ml                                                         | 3                          | NDS NM PA       |
| OCREVUS INJ ZUNOVO<br>QL (23 mL / 180 days)                                        | 3                          | NDS QL NM<br>PA |
| PLEGRIDY SOAJ<br>125mcg/0.5ml<br>QL (2 pens / 28 days)                             | 3                          | NDS QL NM<br>PA |
| PLEGRIDY SOSY<br>125mcg/0.5ml<br>QL (2 syringes / 28 days)                         | 3                          | NDS QL NM<br>PA |
| PLEGRIDY INJ STARTER<br>QL (2 packs / year)                                        | 3                          | NDS QL NM<br>PA |
| PLEGRIDY PEN INJ<br>STARTER<br>QL (2 packs / year)                                 | 3                          | NDS QL NM<br>PA |
| PONVORY TABS 20mg<br>QL (30 tabs / 30 days)                                        | 3                          | NDS QL NM<br>PA |
| PONVORY TAB STARTER<br>QL (2 packs / year)                                         | 3                          | NDS QL NM<br>PA |
| TASCENSO ODT TBDP<br>.25mg, .5mg<br>QL (30 tabs / 30 days)                         | 3                          | NDS QL NM<br>PA |
| <i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg<br>QL (30 tabs / 30 days) | 3                          | NDS QL NM<br>PA |
| VUMERITY CPDR 231mg<br>QL (120 caps / 30 days)                                     | 3                          | NDS QL NM<br>PA |
| ZEPOSIA CAPS .92mg<br>QL (30 caps / 30 days)                                       | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                                                                                         | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| ZEPOSIA 7DAY CAP STR<br>PACK<br>QL (2 packs / year)                                                                                                               | 3                          | NDS QL NM<br>PA |
| ZEPOSIA CAP STR KIT<br>QL (2 packs / year)                                                                                                                        | 3                          | NDS QL NM<br>PA |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                                                                                                             |                            |                 |
| <i>baclofen</i> SOLN 5mg/5ml                                                                                                                                      | 1                          | PA              |
| <i>baclofen</i> (generic of OZOBAX<br>DS) SOLN 10mg/5ml                                                                                                           | 1                          | PA              |
| <i>baclofen</i> (generic of<br>FLEQSUVY) SUSP<br>25mg/5ml                                                                                                         | 3                          | NDS PA          |
| <i>baclofen</i> TABS 5mg<br>QL (90 tabs / 30 days)                                                                                                                | 1                          | QL              |
| <i>baclofen</i> TABS 10mg, 15mg,<br>20mg                                                                                                                          | 1                          |                 |
| BOTOX SOLR 100unit,<br>200unit                                                                                                                                    | 3                          | NDS PA          |
| <i>carisoprodol</i> (generic of<br>SOMA) TABS 350mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year | 2                          | QL PA           |
| <i>cyclobenzaprine hcl</i> TABS<br>5mg, 10mg<br>QL (90 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year         | 2                          | QL PA           |
| <i>dantrolene sodium</i> (generic of<br>DANTRIUM) CAPS 25mg                                                                                                       | 1                          |                 |
| <i>dantrolene sodium</i> CAPS<br>50mg, 100mg                                                                                                                      | 1                          |                 |
| DAXXIFY SOLR 100unit                                                                                                                                              | 3                          | NM PA           |
| DYSPORT SOLR 300unit                                                                                                                                              | 3                          | NM PA           |
| DYSPORT SOLR 500unit                                                                                                                                              | 3                          | NDS NM PA       |
| <i>metaxalone</i> TABS 800mg<br>QL (120 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                        | 3                          | QL PA           |
| <i>methocarbamol</i> TABS 500mg<br>QL (360 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year                     | 2                          | QL PA           |

| Drug Name                                                                                                                                     | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>methocarbamol</i> TABS 750mg<br>QL (240 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year | 2                          | QL PA           |
| MYOBLOC SOLN<br>2500unit/0.5ml, 5000unit/ml                                                                                                   | 3                          | NM PA           |
| MYOBLOC SOLN<br>10000unit/2ml                                                                                                                 | 3                          | NDS NM PA       |
| ONTRALFY SOLN 2mg/5ml                                                                                                                         | 3                          |                 |
| <i>tizanidine hcl</i> (generic of<br>ZANAFLEX) CAPS 2mg,<br>4mg, 6mg; TABS 4mg                                                                | 1                          |                 |
| <i>tizanidine hcl</i> CAPS 8mg                                                                                                                | 3                          | NDS             |
| <i>tizanidine hcl</i> TABS 2mg                                                                                                                | 1                          |                 |
| XEOMIN SOLR 50unit                                                                                                                            | 3                          | NM PA           |
| XEOMIN SOLR 100unit,<br>200unit                                                                                                               | 3                          | NDS NM PA       |
| ZANAFLEX CAPS 8mg                                                                                                                             | 3                          | NDS             |
| <b>NARCOLEPSY/CATAPLEXY</b>                                                                                                                   |                            |                 |
| <i>armodafinil</i> (generic of<br>NUVIGIL) TABS 50mg<br>QL (60 tabs / 30 days)                                                                | 1                          | QL PA           |
| <i>armodafinil</i> (generic of<br>NUVIGIL) TABS 150mg,<br>200mg, 250mg<br>QL (30 tabs / 30 days)                                              | 1                          | QL PA           |
| LUMRYZ PACK 4.5gm, 6gm,<br>7.5gm, 9gm<br>QL (30 packets / 30<br>days)                                                                         | 3                          | NDS QL NM<br>PA |
| LUMRYZ PAK STARTER<br>QL (2 packs / year)                                                                                                     | 3                          | NDS QL NM<br>PA |
| <i>modafinil</i> (generic of<br>PROVIGIL) TABS 100mg<br>QL (30 tabs / 30 days)                                                                | 1                          | QL PA           |
| <i>modafinil</i> (generic of<br>PROVIGIL) TABS 200mg<br>QL (60 tabs / 30 days)                                                                | 1                          | QL PA           |
| <i>sodium oxybate</i> (generic of<br>XYREM) SOLN 500mg/ml<br>QL (540 mL / 30 days)                                                            | 3                          | NDS QL NM<br>PA |
| SUNOSI TABS 75mg, 150mg<br>QL (30 tabs / 30 days)                                                                                             | 3                          | QL PA           |
| WAKIX TABS 4.45mg,<br>17.8mg<br>QL (60 tabs / 30 days)                                                                                        | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                                                         | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| XYREM SOLN 500mg/ml<br>QL (540 mL / 30 days)                                                                                      | 3                          | NDS QL NM<br>PA |
| XYWAV SOL 0.5GM/ML<br>QL (540 mL / 30 days)                                                                                       | 3                          | NDS QL NM<br>PA |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                                                                                     |                            |                 |
| <i>acamprosate calcium</i> TBEC 333mg                                                                                             | 1                          |                 |
| BRIXADI SOSY 8mg/0.16ml,<br>16mg/0.32ml, 24mg/0.48ml,<br>32mg/0.64ml, 64mg/0.18ml,<br>96mg/0.27ml, 128mg/0.36ml                   | 3                          | NDS NM          |
| <i>buprenorphine hcl</i> SUBL 2mg<br>QL (180 tabs / 30 days)                                                                      | 1                          | QL              |
| <i>buprenorphine hcl</i> SUBL 8mg<br>QL (120 tabs / 30 days)                                                                      | 1                          | QL              |
| <i>buprenorphine hcl-naloxone<br/>hcl sl film 2-0.5 mg (base<br/>equiv) (generic of<br/>SUBOXONE)</i><br>QL (180 films / 30 days) | 1                          | QL              |
| <i>buprenorphine hcl-naloxone<br/>hcl sl film 4-1 mg (base equiv)<br/>(generic of SUBOXONE)</i><br>QL (90 films / 30 days)        | 1                          | QL              |
| <i>buprenorphine hcl-naloxone<br/>hcl sl film 8-2 mg (base equiv)<br/>(generic of SUBOXONE)</i><br>QL (120 films / 30 days)       | 1                          | QL              |
| <i>buprenorphine hcl-naloxone<br/>hcl sl film 12-3 mg (base<br/>equiv) (generic of<br/>SUBOXONE)</i><br>QL (90 films / 30 days)   | 1                          | QL              |
| <i>buprenorphine hcl-naloxone<br/>hcl sl tab 2-0.5 mg (base<br/>equiv)</i><br>QL (180 tabs / 30 days)                             | 1                          | QL              |
| <i>buprenorphine hcl-naloxone<br/>hcl sl tab 8-2 mg (base equiv)</i><br>QL (120 tabs / 30 days)                                   | 1                          | QL              |
| <i>bupropion hcl (smoking<br/>deterrent)</i> TB12 150mg<br>QL (60 tabs / 30 days)                                                 | 1                          | QL              |
| <i>disulfiram</i> TABS 250mg,<br>500mg                                                                                            | 1                          |                 |
| KLOXXADO LIQD 8mg/0.1ml                                                                                                           | 2                          |                 |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>lofexidine hcl</i> (generic of<br>LUCEMYRA) TABS .18mg<br>QL (228 tabs / 14 days)              | 3                          | NDS QL PA |
| <i>naloxone hcl</i> SOCT .4mg/ml;<br>SOLN .4mg/ml, 4mg/10ml;<br>SOSY .4mg/ml, 2mg/2ml             | 1                          |           |
| <i>naltrexone hcl</i> TABS 50mg                                                                   | 1                          |           |
| NICOTROL NS SOLN<br>10mg/ml                                                                       | 3                          |           |
| OPVEE SOLN 2.7mg/0.1ml                                                                            | 3                          |           |
| REXTOVY LIQD 4mg/0.25ml                                                                           | 3                          |           |
| REZENOPY LIQD<br>10mg/0.11ml                                                                      | 3                          |           |
| SUBLOCADE SOSY<br>100mg/0.5ml, 300mg/1.5ml                                                        | 3                          | NDS NM    |
| <i>varenicline tartrate</i> (generic of<br>CHANTIX) TABS .5mg, 1mg<br>QL (56 tabs / 28 days)      | 1                          | QL        |
| <i>varenicline tartrate tab 11 x<br/>0.5 mg &amp; 42 x 1 mg start pack</i><br>QL (2 packs / year) | 1                          | QL        |
| VIVITROL SUSR 380mg                                                                               | 3                          | NDS NM    |
| ZUBSOLV SUB 0.7-0.18<br>QL (90 tabs / 30 days)                                                    | 3                          | QL        |
| ZUBSOLV SUB 1.4-0.36<br>QL (90 tabs / 30 days)                                                    | 3                          | QL        |
| ZUBSOLV SUB 2.9-0.71<br>QL (90 tabs / 30 days)                                                    | 3                          | QL        |
| ZUBSOLV SUB 5.7-1.4<br>QL (90 tabs / 30 days)                                                     | 3                          | QL        |
| ZUBSOLV SUB 8.6-2.1<br>QL (60 tabs / 30 days)                                                     | 3                          | QL        |
| ZUBSOLV SUB 11.4-2.9<br>QL (30 tabs / 30 days)                                                    | 3                          | QL        |
| ZURNAI SOAJ 1.5mg/0.5ml                                                                           | 3                          |           |
| <b>ENDOCRINE AND METABOLIC<br/>ANDROGENS</b>                                                      |                            |           |
| AVEED SOLN 750mg/3ml                                                                              | 3                          | NDS NM PA |
| AZMIRO SOSY 200mg/ml                                                                              | 3                          | PA        |
| <i>danazol</i> CAPS 50mg, 100mg,<br>200mg                                                         | 1                          |           |
| <i>depo-testosterone</i> SOLN<br>100mg/ml, 200mg/ml                                               | 1                          | PA        |
| JATENZO CAPS 158mg,<br>198mg<br>QL (120 caps / 30 days)                                           | 3                          | QL PA     |

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| JATENZO CAPS 237mg<br>QL (60 caps / 30 days)                                                             | 3                          | NDS QL PA |
| KYZATREX CAPS 150mg,<br>200mg<br>QL (120 caps / 30 days)                                                 | 3                          | QL PA     |
| testosterone GEL<br>12.5mg/act, 25mg/2.5gm,<br>50mg/5gm<br>QL (300 gm / 30 days)                         | 1                          | QL PA     |
| testosterone GEL<br>20.25mg/1.25gm,<br>40.5mg/2.5gm<br>QL (150 gm / 30 days)                             | 1                          | QL PA     |
| testosterone SOLN 30mg/act<br>QL (180 mL / 30 days)                                                      | 1                          | QL PA     |
| testosterone cypionate SOLN<br>100mg/ml, 200mg/ml                                                        | 1                          | PA        |
| testosterone enanthate SOLN<br>200mg/ml                                                                  | 1                          | PA        |
| testosterone pump (generic of<br>ANDROGEL PUMP) GEL<br>20.25mg/act<br>QL (150 gm / 30 days)              | 1                          | QL PA     |
| TLANDO CAPS 112.5mg<br>QL (120 caps / 30 days)                                                           | 3                          | QL PA     |
| XYOSTED SOAJ<br>50mg/0.5ml, 75mg/0.5ml,<br>100mg/0.5ml                                                   | 3                          | PA        |
| <b>ANTIDIABETICS</b>                                                                                     |                            |           |
| acarbose TABS 25mg, 50mg, 1<br>100mg                                                                     | 1                          |           |
| dapagliflozin (generic of<br>FARXIGA) TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                           | 1                          | QL        |
| dapagliflozin-metformin hcl<br>tab er 24hr 5-500 mg (generic<br>of XIGDUO XR)<br>QL (60 tabs / 30 days)  | 1                          | QL        |
| dapagliflozin-metformin hcl<br>tab er 24hr 5-1000 mg<br>(generic of XIGDUO XR)<br>QL (60 tabs / 30 days) | 1                          | QL        |
| dapagliflozin-metformin hcl<br>tab er 24hr 10-500 mg<br>(generic of XIGDUO XR)<br>QL (30 tabs / 30 days) | 1                          | QL        |

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| dapagliflozin-metformin hcl<br>tab er 24hr 10-1000 mg<br>(generic of XIGDUO XR)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| FARXIGA TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                                          | 2                          | QL     |
| glimepiride TABS 1mg, 2mg<br>QL (90 tabs / 30 days)                                                       | 1                          | QL     |
| glimepiride TABS 4mg<br>QL (60 tabs / 30 days)                                                            | 1                          | QL     |
| glipizide TABS 5mg<br>QL (240 tabs / 30 days)                                                             | 1                          | QL     |
| glipizide TABS 10mg<br>QL (120 tabs / 30 days)                                                            | 1                          | QL     |
| glipizide TB24 2.5mg<br>QL (90 tabs / 30 days)                                                            | 1                          | QL     |
| glipizide (generic of<br>GLUCOTROL XL) TB24 5mg<br>QL (90 tabs / 30 days)                                 | 1                          | QL     |
| glipizide TB24 10mg<br>QL (60 tabs / 30 days)                                                             | 1                          | QL     |
| glipizide-metformin hcl tab<br>2.5-250 mg<br>QL (240 tabs / 30 days)                                      | 1                          | QL     |
| glipizide-metformin hcl tab<br>2.5-500 mg<br>QL (120 tabs / 30 days)                                      | 1                          | QL     |
| glipizide-metformin hcl tab 5-<br>500 mg<br>QL (120 tabs / 30 days)                                       | 1                          | QL     |
| GLYXAMBI TAB 10-5 MG<br>QL (30 tabs / 30 days)                                                            | 2                          | QL     |
| GLYXAMBI TAB 25-5 MG<br>QL (30 tabs / 30 days)                                                            | 2                          | QL     |
| JANUMET TAB 50-500MG<br>QL (60 tabs / 30 days)                                                            | 2                          | QL     |
| JANUMET TAB 50-1000<br>QL (60 tabs / 30 days)                                                             | 2                          | QL     |
| JANUMET XR TAB 50-<br>500MG<br>QL (60 tabs / 30 days)                                                     | 2                          | QL     |
| JANUMET XR TAB 50-1000<br>QL (60 tabs / 30 days)                                                          | 2                          | QL     |
| JANUMET XR TAB 100-1000<br>QL (30 tabs / 30 days)                                                         | 2                          | QL     |
| JANUVIA TABS 25mg, 50mg, 2<br>100mg<br>QL (30 tabs / 30 days)                                             | 2                          | QL     |

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| JARDIANCE TABS 10mg, 25mg<br>QL (30 tabs / 30 days)                                                              | 2                          | QL     |
| JENTADUETO TAB 2.5-500<br>QL (60 tabs / 30 days)                                                                 | 2                          | QL     |
| JENTADUETO TAB 2.5-850<br>QL (60 tabs / 30 days)                                                                 | 2                          | QL     |
| JENTADUETO TAB 2.5-1000<br>QL (60 tabs / 30 days)                                                                | 2                          | QL     |
| JENTADUETO TAB XR 2.5-1000MG<br>QL (60 tabs / 30 days)                                                           | 2                          | QL     |
| JENTADUETO TAB XR 5-1000MG<br>QL (30 tabs / 30 days)                                                             | 2                          | QL     |
| <i>liraglutide</i> (generic of VICTOZA) SOPN 6mg/ml<br>QL (3 pens / 30 days)                                     | 1                          | QL PA  |
| <i>metformin hcl</i> (generic of RIOMET) SOLN 500mg/5ml<br>QL (765 mL / 30 days)                                 | 1                          | QL ST  |
| <i>metformin hcl</i> TABS 500mg<br>QL (150 tabs / 30 days)                                                       | 1                          | QL     |
| <i>metformin hcl</i> TABS 850mg<br>QL (90 tabs / 30 days)                                                        | 1                          | QL     |
| <i>metformin hcl</i> TABS 1000mg<br>QL (75 tabs / 30 days)                                                       | 1                          | QL     |
| <i>metformin hcl</i> TB24 500mg<br>QL (120 tabs / 30 days)<br>(generic of GLUCOPHAGE XR)                         | 1                          | QL     |
| <i>metformin hcl</i> TB24 750mg<br>QL (60 tabs / 30 days)<br>(generic of GLUCOPHAGE XR)                          | 1                          | QL     |
| <i>miglitol</i> TABS 25mg, 50mg, 100mg                                                                           | 1                          |        |
| MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml<br>QL (4 pens / 28 days) | 2                          | QL PA  |
| <i>nateglinide</i> TABS 60mg, 120mg<br>QL (90 tabs / 30 days)                                                    | 1                          | QL     |
| OZEMPIC TABS 1.5mg, 4mg, 9mg<br>QL (30 tabs / 30 days)                                                           | 2                          | QL PA  |

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml<br>QL (1 pen / 28 days)                                        | 2                          | QL PA  |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml<br>QL (1 pen / 28 days)                                                  | 2                          | QL PA  |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml<br>QL (1 pen / 28 days)                                                  | 2                          | QL PA  |
| <i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days)               | 1                          | QL     |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT)<br>QL (30 tabs / 30 days)           | 1                          | QL     |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT)<br>QL (30 tabs / 30 days)           | 1                          | QL     |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i><br>QL (90 tabs / 30 days)                            | 1                          | QL     |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET)<br>QL (90 tabs / 30 days)  | 1                          | QL     |
| <i>repaglinide</i> TABS 2mg<br>QL (240 tabs / 30 days)                                                   | 1                          | QL     |
| <i>repaglinide</i> TABS .5mg, 1mg<br>QL (120 tabs / 30 days)                                             | 1                          | QL     |
| RYBELSUS TABS 3mg, 7mg, 14mg<br>QL (30 tabs / 30 days)                                                   | 2                          | QL PA  |
| <i>sitagliptin phosphate</i> (generic of JANUVIA) TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)       | 1                          | QL     |
| <i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i> (generic of JANUMET)<br>QL (60 tabs / 30 days)  | 1                          | QL     |
| <i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i> (generic of JANUMET)<br>QL (60 tabs / 30 days) | 1                          | QL     |

| Drug Name                                                                                                            | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg</i> (generic of JANUMET XR)<br>QL (60 tabs / 30 days)   | 1                          | QL     |
| <i>sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg</i> (generic of JANUMET XR)<br>QL (60 tabs / 30 days)  | 1                          | QL     |
| <i>sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg</i> (generic of JANUMET XR)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| SYMLINPEN 60 SOPN 1500mcg/1.5ml                                                                                      | 3                          | NDS PA |
| SYMLINPEN 120 SOPN 2700mcg/2.7ml                                                                                     | 3                          | NDS PA |
| SYNJARDY TAB 5-500MG<br>QL (120 tabs / 30 days)                                                                      | 2                          | QL     |
| SYNJARDY TAB 5-1000MG<br>QL (60 tabs / 30 days)                                                                      | 2                          | QL     |
| SYNJARDY TAB 12.5-500<br>QL (60 tabs / 30 days)                                                                      | 2                          | QL     |
| SYNJARDY TAB 12.5-1000MG<br>QL (60 tabs / 30 days)                                                                   | 2                          | QL     |
| SYNJARDY XR TAB 5-1000MG<br>QL (60 tabs / 30 days)                                                                   | 2                          | QL     |
| SYNJARDY XR TAB 10-1000<br>QL (60 tabs / 30 days)                                                                    | 2                          | QL     |
| SYNJARDY XR TAB 12.5-1000<br>QL (60 tabs / 30 days)                                                                  | 2                          | QL     |
| SYNJARDY XR TAB 25-1000<br>QL (30 tabs / 30 days)                                                                    | 2                          | QL     |
| TRADJENTA TABS 5mg<br>QL (30 tabs / 30 days)                                                                         | 2                          | QL     |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG<br>QL (60 tabs / 30 days)                                                       | 2                          | QL     |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG<br>QL (30 tabs / 30 days)                                                        | 2                          | QL     |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------|----------------------------|-----------|
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG<br>QL (60 tabs / 30 days)                        | 2                          | QL        |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG<br>QL (30 tabs / 30 days)                            | 2                          | QL        |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml<br>QL (4 pens / 28 days) | 2                          | QL PA     |
| TZIELD SOLN 2mg/2ml                                                                      | 3                          | NDS NM PA |
| XIGDUO XR TAB 2.5-1000<br>QL (60 tabs / 30 days)                                         | 2                          | QL        |
| XIGDUO XR TAB 5-500MG<br>QL (60 tabs / 30 days)                                          | 2                          | QL        |
| XIGDUO XR TAB 5-1000MG<br>QL (60 tabs / 30 days)                                         | 2                          | QL        |
| XIGDUO XR TAB 10-500MG<br>QL (30 tabs / 30 days)                                         | 2                          | QL        |
| XIGDUO XR TAB 10-1000<br>QL (30 tabs / 30 days)                                          | 2                          | QL        |
| <b>ANTIDIABETICS, INSULINS</b>                                                           |                            |           |
| ADMELOG SOLN 100unit/ml                                                                  | 2                          | B/D       |
| ADMELOG SOLOSTAR SOPN 100unit/ml                                                         | 2                          |           |
| ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY                                                      | 2                          | PA        |
| CEQUR EXT WR MIS INSERTER<br>QL (2 inserters / year)                                     | 3                          | QL PA     |
| CEQUR SIMPL KIT 1U EXTND<br>QL (8 patches / 24 days)                                     | 3                          | QL PA     |
| CEQUR SIMPL KIT 2U EXTND<br>QL (10 patches / 30 days)                                    | 3                          | QL PA     |
| CEQUR SIMPL KIT PATCH 2U (3-DAY)<br>QL (10 patches / 30 days)                            | 3                          | QL PA     |
| CEQUR SIMPL KIT PATCH 2U (4-DAY)<br>QL (8 patches / 24 days)                             | 3                          | QL PA     |
| CEQUR SIMPL MIS INSERTER<br>QL (2 inserters / year)                                      | 3                          | QL PA     |
| FIASP SOLN 100unit/ml                                                                    | 2                          | B/D       |

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

| Drug Name                                                | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------|-----------------------------------|
| NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)       | 2                                 |
| NOVOLOG PENFILL SOCT 100unit/ml                          | 2                                 |
| NOVOLOG RELION SOLN 100unit/ml                           | 2 B/D                             |
| OMNIPOD5 LIB KIT INTRO QL (1 kit / year)                 | 3 QL PA                           |
| OMNIPOD5 LIB MIS PODS QL (15 pods / 30 days)             | 3 QL PA                           |
| OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)              | 3 QL PA                           |
| OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)         | 3 QL PA                           |
| OMNIPOD DASH KIT INTRO QL (1 kit / year)                 | 3 QL PA                           |
| OMNIPOD DASH MIS PODS QL (15 pods / 30 days)             | 3 QL PA                           |
| SOLQUA INJ 100/33 QL (5 pens / 25 days)                  | 2 QL                              |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml                      | 2                                 |
| TOUJEO SOLOSTAR SOPN 300unit/ml                          | 2                                 |
| XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)               | 2 QL                              |
| <b>CALCIUM REGULATORS</b>                                |                                   |
| <i>alendronate sodium</i> SOLN 70mg/75ml                 | 1 ST                              |
| <i>alendronate sodium</i> TABS 10mg, 35mg                | 1                                 |
| <i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg | 1                                 |
| BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)           | 3 QL NM                           |
| BINOSTO TBEF 70mg                                        | 3 ST                              |
| BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)          | 3 NDS QL NM PA                    |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act        | 1 B/D                             |
| EVENITY SOSY 105mg/1.17ml                                | 3 NDS NM PA                       |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------|----------------------------|--------------|
| FOSAMAX + D TAB 70-2800                                                            | 3                          | ST           |
| FOSAMAX + D TAB 70-5600                                                            | 3                          | ST           |
| <i>ibandronate sodium</i> SOLN 3mg/3ml<br>QL (1 injection / 90 days)               | 1                          | B/D QL       |
| <i>ibandronate sodium</i> TABS 150mg                                               | 1                          | B/D          |
| OSPOMYV SOSY 60mg/ml<br>QL (1 syringe / 180 days)                                  | 3                          | QL NM        |
| PAMIDRONATE DISODIUM SOLN 6mg/ml                                                   | 2                          | B/D          |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml                              | 1                          | B/D          |
| PROLIA SOSY 60mg/ml<br>QL (1 syringe / 180 days)                                   | 3                          | QL NM        |
| <i>risedronate sodium</i> TABS 5mg, 30mg                                           | 1                          |              |
| <i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg, 150mg                    | 1                          |              |
| <i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg                           | 1                          | ST           |
| TERIPARATIDE SOPN 560mcg/2.24ml<br>QL (1 pen / 28 days)<br>(ALVOGEN product)       | 3                          | NDS QL NM PA |
| <i>teriparatide</i> (generic of FORTEO) SOPN 560mcg/2.24ml<br>QL (1 pen / 28 days) | 3                          | NDS QL NM PA |
| TYMLOS SOPN 3120mcg/1.56ml<br>QL (1 pen / 30 days)                                 | 3                          | NDS QL NM PA |
| WYOST SOLN 120mg/1.7ml                                                             | 3                          | NDS NM PA    |
| XTRENBO SOLN 120mg/1.7ml                                                           | 3                          | NM PA        |
| YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml                          | 3                          | NDS NM PA    |
| <i>zoledronic acid</i> CONC 4mg/5ml                                                | 1                          | B/D NM       |
| ZOLEDRONIC ACID SOLN 4mg/100ml                                                     | 3                          | B/D NM       |

| Drug Name                                                               | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------|----------------------------|-----------|
| <i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml              | 1                          | B/D NM    |
| <b>CHELATING AGENTS</b>                                                 |                            |           |
| CHEMET CAPS 100mg                                                       | 3                          | NDS       |
| CUVRIOR TABS 300mg                                                      | 3                          | NDS NM PA |
| <i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg | 3                          | NDS NM PA |
| <i>deferasirox</i> (generic of JADENU) TABS 90mg                        | 1                          | NM PA     |
| <i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg                | 3                          | NM PA     |
| <i>deferasirox</i> (generic of EXJADE) TBSO 125mg                       | 1                          | NM PA     |
| <i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg                | 3                          | NDS NM PA |
| <i>deferiprone</i> TABS 500mg                                           | 3                          | NDS NM PA |
| <i>deferiprone</i> (generic of FERRIPROX) TABS 1000mg                   | 3                          | NDS NM PA |
| <i>deferoxamine mesylate</i> SOLR 2gm                                   | 1                          | NM PA     |
| <i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg           | 1                          | NM PA     |
| FERRIPROX SOLN 100mg/ml                                                 | 3                          | NDS NM PA |
| FERRIPROX TWICE-A-DAY TABS 1000mg                                       | 3                          | NDS NM PA |
| <i>kionex</i> SUSP 15gm/60ml                                            | 1                          |           |
| LOKELMA PACK 5gm, 10gm                                                  | 2                          |           |
| <i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg            | 3                          | NDS NM    |
| <i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml                      | 1                          |           |
| <i>sodium polystyrene sulfonate powder</i>                              | 1                          |           |
| <i>sps</i> SUSP 15gm/60ml                                               | 1                          |           |
| <i>sps rectal</i> SUSP 15gm/60ml                                        | 1                          |           |
| <i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg                    | 3                          | NDS NM PA |
| <i>trientine hcl</i> CAPS 500mg                                         | 3                          | NDS NM PA |
| VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm                                | 2                          |           |

| Drug Name                                                                                       | Drug Requirements/<br>Tier Limits |
|-------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>CONTRACEPTIVES</b>                                                                           |                                   |
| <i>afirmelle</i>                                                                                | 1                                 |
| <i>altavera</i>                                                                                 | 1                                 |
| <i>alyacen 1/35</i>                                                                             | 1                                 |
| <i>alyacen 7/7/7</i>                                                                            | 1                                 |
| <i>amethyst</i>                                                                                 | 1                                 |
| ANNOVERA MIS                                                                                    | 3                                 |
| <i>apri</i>                                                                                     | 1                                 |
| <i>aranelle</i>                                                                                 | 1                                 |
| <i>ashlyna</i>                                                                                  | 1                                 |
| <i>aubra eq</i>                                                                                 | 1                                 |
| <i>aurovela 1/20</i>                                                                            | 1                                 |
| <i>aurovela 24 fe</i>                                                                           | 1                                 |
| <i>aurovela fe 1.5/30</i>                                                                       | 1                                 |
| <i>aurovela fe 1/20</i>                                                                         | 1                                 |
| <i>aviane</i>                                                                                   | 1                                 |
| <i>ayuna</i>                                                                                    | 1                                 |
| <i>azurette</i>                                                                                 | 1                                 |
| <i>balziva</i>                                                                                  | 1                                 |
| <i>blisovi 24 fe</i>                                                                            | 1                                 |
| <i>blisovi fe 1.5/30</i>                                                                        | 1                                 |
| <i>blisovi fe 1/20</i>                                                                          | 1                                 |
| <i>briellyn</i>                                                                                 | 1                                 |
| <i>camila</i> TABS .35mg                                                                        | 1                                 |
| <i>camrese</i>                                                                                  | 1                                 |
| <i>camrese lo</i>                                                                               | 1                                 |
| <i>chateal eq</i>                                                                               | 1                                 |
| <i>cryselle</i>                                                                                 | 1                                 |
| <i>cyred eq</i>                                                                                 | 1                                 |
| <i>dasetta 1/35</i>                                                                             | 1                                 |
| <i>dasetta 7/7/7</i>                                                                            | 1                                 |
| <i>daysee</i>                                                                                   | 1                                 |
| <i>deblitane</i> TABS .35mg                                                                     | 1                                 |
| DEPO-SUBQ PROVERA 104<br>SUSY 104mg/0.65ml                                                      | 2                                 |
| <i>desogest-eth estrad &amp; eth<br/>estradiol tab 0.15-0.02/0.01<br/>mg(21/5)</i>              | 1                                 |
| <i>dolishale</i>                                                                                | 1                                 |
| <i>drospirenone-ethinyl estrad-<br/>levomefolate tab 3-0.02-0.451<br/>mg (generic of BEYAZ)</i> | 1                                 |

| Drug Name                                                                                         | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>drospirenone-ethinyl estrad-<br/>levomefolate tab 3-0.03-0.451<br/>mg (generic of SAFYRAL)</i> | 1                                 |
| <i>drospirenone-ethinyl estradiol<br/>tab 3-0.02 mg (generic of<br/>YAZ)</i>                      | 1                                 |
| <i>drospirenone-ethinyl estradiol<br/>tab 3-0.03 mg (generic of<br/>YASMIN 28)</i>                | 1                                 |
| <i>elinest</i>                                                                                    | 1                                 |
| <i>eluryng</i> (generic of<br>NUVARING)                                                           | 1                                 |
| <i>emzahh</i> TABS .35mg                                                                          | 1                                 |
| <i>enilloring</i> (generic of<br>NUVARING)                                                        | 1                                 |
| <i>enskyce</i>                                                                                    | 1                                 |
| <i>errin</i> TABS .35mg                                                                           | 1                                 |
| <i>estarylla</i>                                                                                  | 1                                 |
| <i>ethynodiol diacetate &amp; ethinyl<br/>estradiol tab 1 mg-50 mcg</i>                           | 1                                 |
| <i>etonogestrel-ethinyl estradiol<br/>va ring 0.12-0.015 mg/24hr<br/>(generic of NUVARING)</i>    | 1                                 |
| <i>falmina</i>                                                                                    | 1                                 |
| <i>feirza 1.5/30</i>                                                                              | 1                                 |
| <i>feirza 1/20</i>                                                                                | 1                                 |
| FEMLYV TAB 1/0.02MG                                                                               | 3                                 |
| <i>finzala</i>                                                                                    | 1                                 |
| <i>galbriela</i>                                                                                  | 1                                 |
| <i>gemmily</i> (generic of<br>TAYTULLA)                                                           | 1                                 |
| <i>hailey 1.5/30</i>                                                                              | 1                                 |
| <i>hailey 24 fe</i>                                                                               | 1                                 |
| <i>hailey fe 1/20</i>                                                                             | 1                                 |
| <i>heather</i> TABS .35mg                                                                         | 1                                 |
| <i>iclevia</i>                                                                                    | 1                                 |
| <i>incassia</i> TABS .35mg                                                                        | 1                                 |
| <i>introvale</i>                                                                                  | 1                                 |
| <i>isibloom</i>                                                                                   | 1                                 |
| <i>jaimiess</i>                                                                                   | 1                                 |
| <i>jasmie</i> (generic of YAZ)                                                                    | 1                                 |
| <i>jencycla</i> TABS .35mg                                                                        | 1                                 |
| <i>jolessa</i>                                                                                    | 1                                 |
| <i>juleber</i>                                                                                    | 1                                 |
| <i>junel 1.5/30</i>                                                                               | 1                                 |

| Drug Name                                                                        | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------|-----------------------------------|
| <i>june1 1/20</i>                                                                | 1                                 |
| <i>june1 fe 1.5/30</i>                                                           | 1                                 |
| <i>june1 fe 1/20</i>                                                             | 1                                 |
| <i>june1 fe 24</i>                                                               | 1                                 |
| <i>kaitlib fe</i>                                                                | 1                                 |
| <i>kariva</i>                                                                    | 1                                 |
| <i>kelnor 1/35</i>                                                               | 1                                 |
| <i>kurvelo</i>                                                                   | 1                                 |
| <i>larin 1.5/30</i>                                                              | 1                                 |
| <i>larin 1/20</i>                                                                | 1                                 |
| <i>larin 24 fe</i>                                                               | 1                                 |
| <i>larin fe 1.5/30</i>                                                           | 1                                 |
| <i>larin fe 1/20</i>                                                             | 1                                 |
| <i>lessina</i>                                                                   | 1                                 |
| <i>levonest</i>                                                                  | 1                                 |
| <i>levonor-eth est tab 0.15-<br/>0.02/0.025/0.03 mg &amp;eth est<br/>0.01 mg</i> | 1                                 |
| <i>levonorg-eth est tab 0.1-<br/>0.02mg(84) &amp; eth est tab<br/>0.01mg(7)</i>  | 1                                 |
| <i>levonorgestrel &amp; ethinyl<br/>estradiol (91-day) tab 0.15-<br/>0.03 mg</i> | 1                                 |
| <i>levonorgestrel &amp; ethinyl<br/>estradiol tab 0.1 mg-20 mcg</i>              | 1                                 |
| <i>levonorgestrel-eth estra tab<br/>0.05-30/0.075-40/0.125-<br/>30mg-mcg</i>     | 1                                 |
| <i>levonorgestrel-ethinyl<br/>estradiol (continuous) tab 90-<br/>20 mcg</i>      | 1                                 |
| <i>levora 0.15/30-28</i>                                                         | 1                                 |
| <i>LILETTA IUD 20.1mcg/day</i>                                                   | 2 NM                              |
| <i>LO LOESTRIN TAB 1-10-10</i>                                                   | 3                                 |
| <i>loestrin 1.5/30-21</i>                                                        | 1                                 |
| <i>loestrin 1/20-21</i>                                                          | 1                                 |
| <i>loestrin fe 1.5/30</i>                                                        | 1                                 |
| <i>loestrin fe 1/20</i>                                                          | 1                                 |
| <i>lojaimiess</i>                                                                | 1                                 |
| <i>loryna (generic of YAZ)</i>                                                   | 1                                 |
| <i>low-ogestrel</i>                                                              | 1                                 |
| <i>luizza 1.5/30</i>                                                             | 1                                 |
| <i>luizza 1/20</i>                                                               | 1                                 |
| <i>lutra</i>                                                                     | 1                                 |

| Drug Name                                                                                                                              | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>lyleq TABS .35mg</i>                                                                                                                | 1                                 |
| <i>lyza TABS .35mg</i>                                                                                                                 | 1                                 |
| <i>marlissa</i>                                                                                                                        | 1                                 |
| <i>medroxyprogesterone acetate<br/>(contraceptive) (generic of<br/>DEPO-PROVERA<br/>CONTRACEPTIV) SUSP<br/>150mg/ml; SUSY 150mg/ml</i> | 1                                 |
| <i>meleya TABS .35mg</i>                                                                                                               | 1                                 |
| <i>mibelas 24 fe</i>                                                                                                                   | 1                                 |
| <i>microgestin 1.5/30</i>                                                                                                              | 1                                 |
| <i>microgestin 1/20</i>                                                                                                                | 1                                 |
| <i>microgestin fe 1.5/30</i>                                                                                                           | 1                                 |
| <i>microgestin fe 1/20</i>                                                                                                             | 1                                 |
| <i>mili</i>                                                                                                                            | 1                                 |
| <i>mono-linyah</i>                                                                                                                     | 1                                 |
| <i>NATAZIA TAB</i>                                                                                                                     | 3                                 |
| <i>necon 0.5/35-28</i>                                                                                                                 | 1                                 |
| <i>NEXPLANON IMPL 68mg</i>                                                                                                             | 2 NM                              |
| <i>NEXTSTELLIS TAB 3-<br/>14.2MG</i>                                                                                                   | 3                                 |
| <i>nikki (generic of YAZ)</i>                                                                                                          | 1                                 |
| <i>nora-be TABS .35mg</i>                                                                                                              | 1                                 |
| <i>norelgestromin-ethinyl<br/>estradiol td ptwk 150-35<br/>mcg/24hr</i>                                                                | 1                                 |
| <i>norethindrone (contraceptive)<br/>TABS .35mg</i>                                                                                    | 1                                 |
| <i>norethindrone ac-ethinyl<br/>estradiol-fe tab 1-20/1-30/1-35<br/>mg-mcg</i>                                                         | 1                                 |
| <i>norethindrone ace &amp; ethinyl<br/>estradiol tab 1 mg-20 mcg</i>                                                                   | 1                                 |
| <i>norethindrone ace &amp; ethinyl<br/>estradiol tab 1.5 mg-30 mcg</i>                                                                 | 1                                 |
| <i>norethindrone ace &amp; ethinyl<br/>estradiol-fe tab 1 mg-20 mcg</i>                                                                | 1                                 |
| <i>norethindrone ace-eth<br/>estradiol-fe chew tab 1 mg-20<br/>mcg (24)</i>                                                            | 1                                 |
| <i>norethindrone ace-ethinyl<br/>estradiol-fe cap 1 mg-20 mcg<br/>(24) (generic of TAYTULLA)</i>                                       | 1                                 |
| <i>norgestimate &amp; ethinyl<br/>estradiol tab 0.25 mg-35 mcg</i>                                                                     | 1                                 |

| Drug Name                                                                 | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------|-----------------------------------|
| <i>norgestimate-eth estrad tab</i><br>0.18-25/0.215-25/0.25-25 mg-<br>mcg | 1                                 |
| <i>norgestimate-eth estrad tab</i><br>0.18-35/0.215-35/0.25-35 mg-<br>mcg | 1                                 |
| <i>norlyroc</i> TABS .35mg                                                | 1                                 |
| <i>nortrel</i> 0.5/35 (28)                                                | 1                                 |
| <i>nortrel</i> 1/35 (21)                                                  | 1                                 |
| <i>nortrel</i> 1/35 (28)                                                  | 1                                 |
| <i>nortrel</i> 7/7/7                                                      | 1                                 |
| <i>nylia</i> 1/35                                                         | 1                                 |
| <i>nylia</i> 7/7/7                                                        | 1                                 |
| <i>orquidea</i> TABS .35mg                                                | 1                                 |
| PHEXX GEL                                                                 | 3                                 |
| PHEXXI GEL                                                                | 3                                 |
| <i>philith</i>                                                            | 1                                 |
| <i>pimtrea</i>                                                            | 1                                 |
| <i>portia-28</i>                                                          | 1                                 |
| <i>reclipsen</i>                                                          | 1                                 |
| <i>rivelsa</i>                                                            | 1                                 |
| <i>rosyrah</i>                                                            | 1                                 |
| <i>setlakin</i>                                                           | 1                                 |
| <i>sharobel</i> TABS .35mg                                                | 1                                 |
| <i>simliya</i>                                                            | 1                                 |
| <i>simpesse</i>                                                           | 1                                 |
| SLYND TABS 4mg                                                            | 3                                 |
| <i>sprintec</i> 28                                                        | 1                                 |
| <i>sronyx</i>                                                             | 1                                 |
| <i>syeda</i> (generic of YASMIN 28)                                       | 1                                 |
| <i>tarina</i> 24 fe                                                       | 1                                 |
| <i>tarina fe</i> 1/20 eq                                                  | 1                                 |
| <i>tilia fe</i>                                                           | 1                                 |
| <i>tri-estarylla</i>                                                      | 1                                 |
| <i>tri-legest fe</i>                                                      | 1                                 |
| <i>tri-lynyah</i>                                                         | 1                                 |
| <i>tri-lo-estarylla</i>                                                   | 1                                 |
| <i>tri-lo-marzia</i>                                                      | 1                                 |
| <i>tri-lo-mili</i>                                                        | 1                                 |
| <i>tri-lo-sprintec</i>                                                    | 1                                 |
| <i>tri-mili</i>                                                           | 1                                 |
| <i>tri-sprintec</i>                                                       | 1                                 |
| <i>tri-vylibra</i>                                                        | 1                                 |
| <i>tri-vylibra lo</i>                                                     | 1                                 |

| Drug Name                                                                                                         | Drug Requirements/<br>Tier Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>turqoz</i>                                                                                                     | 1                                 |
| TWIRLA DIS 120-30                                                                                                 | 3                                 |
| TYBLUME CHW 0.1-0.02                                                                                              | 3                                 |
| <i>tydemy</i> (generic of SAFYRAL)                                                                                | 1                                 |
| <i>valtya</i> 1/35                                                                                                | 1                                 |
| <i>valtya</i> 1/50                                                                                                | 1                                 |
| <i>velivet</i>                                                                                                    | 1                                 |
| <i>vestura</i> (generic of YAZ)                                                                                   | 1                                 |
| <i>vienva</i>                                                                                                     | 1                                 |
| <i>viorele</i>                                                                                                    | 1                                 |
| <i>vyfemla</i>                                                                                                    | 1                                 |
| <i>vylibra</i>                                                                                                    | 1                                 |
| <i>wera</i>                                                                                                       | 1                                 |
| <i>wymzya fe</i>                                                                                                  | 1                                 |
| <i>xarah fe</i>                                                                                                   | 1                                 |
| <i>xelria fe</i>                                                                                                  | 1                                 |
| <i>xulane</i>                                                                                                     | 1                                 |
| <i>zafemy</i>                                                                                                     | 1                                 |
| <i>zovia</i> 1/35                                                                                                 | 1                                 |
| <i>zumandimine</i> (generic of<br>YASMIN 28)                                                                      | 1                                 |
| <b>ESTROGENS</b>                                                                                                  |                                   |
| <i>abigale</i> (generic of<br>ACTIVELLA)                                                                          | 2                                 |
| <i>abigale lo</i>                                                                                                 | 2                                 |
| BIJUVA CAP 0.5-100                                                                                                | 3                                 |
| BIJUVA CAP 1-100MG                                                                                                | 3                                 |
| CLIMARA PRO DIS WEEKLY                                                                                            | 3                                 |
| COMBIPATCH DIS                                                                                                    | 3                                 |
| DEPO-ESTRADIOL OIL<br>5mg/ml                                                                                      | 3                                 |
| <i>dotti</i> (generic of VIVELLE-<br>DOT) PTTW .025mg/24hr,<br>.037mg/24hr, .05mg/24hr,<br>.075mg/24hr, .1mg/24hr | 2                                 |
| ELESTRIN GEL .06%                                                                                                 | 3                                 |
| <i>estradiol</i> (generic of<br>ESTROGEL) GEL .06%                                                                | 3                                 |
| <i>estradiol</i> (generic of DIVIGEL)<br>GEL .25mg/0.25gm,<br>.5mg/0.5gm, .75mg/0.75gm,<br>1mg/gm, 1.25mg/1.25gm  | 3                                 |

| Drug Name                                                                                                                        | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>estradiol</i> (generic of VIVELLE-<br>DOT) PTTW .025mg/24hr,<br>.037mg/24hr, .05mg/24hr,<br>.075mg/24hr, .1mg/24hr            | 2                                 |
| <i>estradiol</i> (generic of<br>CLIMARA) PTWK<br>.025mg/24hr, .05mg/24hr,<br>.06mg/24hr, .075mg/24hr,<br>.1mg/24hr, 37.5mcg/24hr | 2                                 |
| <i>estradiol</i> TABS .5mg, 1mg,<br>2mg                                                                                          | 1                                 |
| <i>estradiol &amp; norethindrone<br/>acetate tab 0.5-0.1 mg</i>                                                                  | 2                                 |
| <i>estradiol &amp; norethindrone<br/>acetate tab 1-0.5 mg</i> (generic<br>of ACTIVELLA)                                          | 2                                 |
| <i>estradiol vaginal</i> (generic of<br>ESTRACE) CREA .1mg/gm                                                                    | 1                                 |
| <i>estradiol vaginal</i> (generic of<br>VAGIFEM) TABS 10mcg                                                                      | 1                                 |
| <i>estradiol valerate</i> (generic of<br>DELESTROGEN) OIL<br>10mg/ml, 20mg/ml                                                    | 1                                 |
| <i>estradiol valerate</i> OIL<br>40mg/ml                                                                                         | 1                                 |
| ESTRING RING 7.5mcg/24hr                                                                                                         | 3                                 |
| <i>estrogens, conjugated</i><br>(generic of PREMARIN)<br>TABS .3mg, .45mg, .625mg,<br>.9mg, 1.25mg                               | 2                                 |
| EVAMIST SOLN<br>1.53mg/spray                                                                                                     | 3                                 |
| FEMRING RING .05mg/24hr,<br>.1mg/24hr                                                                                            | 3                                 |
| <i>fyavolv tab 0.5mg-2.5mcg</i>                                                                                                  | 2                                 |
| <i>fyavolv tab 1mg-5mcg</i>                                                                                                      | 2                                 |
| IMVEXXY MAINTENANCE<br>PACK INST 4mcg, 10mcg                                                                                     | 3 PA                              |
| IMVEXXY STARTER PACK<br>INST 4mcg, 10mcg                                                                                         | 3 PA                              |
| <i>jinteli</i>                                                                                                                   | 2                                 |
| <i>lyllana</i> (generic of<br>MINIVELLE) PTTW<br>.025mg/24hr, .037mg/24hr,<br>.05mg/24hr, .075mg/24hr,<br>.1mg/24hr              | 2                                 |
| MENOSTAR PTWK<br>14mcg/24hr                                                                                                      | 3                                 |

| Drug Name                                                                                                                       | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>mimvey</i> (generic of<br>ACTIVELLA)                                                                                         | 2                                 |
| <i>norethindrone acetate-ethinyl<br/>estradiol tab 0.5 mg-2.5 mcg</i>                                                           | 2                                 |
| <i>norethindrone acetate-ethinyl<br/>estradiol tab 1 mg-5 mcg</i>                                                               | 2                                 |
| PREMARIN CREA<br>.625mg/gm; SOLR 25mg                                                                                           | 3                                 |
| PREMARIN TABS .3mg,<br>.45mg, .625mg, .9mg, 1.25mg                                                                              | 2                                 |
| PREMPHASE TAB                                                                                                                   | 2                                 |
| PREMPRO TAB 0.3-1.5                                                                                                             | 2                                 |
| PREMPRO TAB 0.45-1.5                                                                                                            | 2                                 |
| PREMPRO TAB 0.625-2.5                                                                                                           | 2                                 |
| PREMPRO TAB 0.625-5                                                                                                             | 2                                 |
| <i>yuvafem</i> (generic of<br>VAGIFEM) TABS 10mcg                                                                               | 1                                 |
| <b>GLUCOCORTICOIDS</b>                                                                                                          |                                   |
| ALKINDI SPRINKLE CPSP<br>1mg, 2mg, 5mg                                                                                          | 3 NDS NM PA                       |
| ALKINDI SPRINKLE CPSP<br>.5mg                                                                                                   | 3 NM PA                           |
| <i>betamethasone sod<br/>phosphate &amp; acetate inj susp<br/>6 (3-3) mg/ml</i> (generic of<br>CELESTONE SOLUSPAN)              | 1                                 |
| DEPO-MEDROL SUSP<br>20mg/ml                                                                                                     | 3 B/D                             |
| <i>dexamethasone</i> ELIX<br>.5mg/5ml; SOLN .5mg/5ml;<br>TABS .5mg, .75mg, 1mg,<br>1.5mg, 2mg, 4mg, 6mg                         | 1                                 |
| DEXAMETHASONE<br>INTENSOL CONC 1mg/ml                                                                                           | 3                                 |
| <i>dexamethasone sodium<br/>phosphate</i> SOLN 4mg/ml,<br>10mg/ml, 20mg/5ml,<br>100mg/10ml, 120mg/30ml;<br>SOSY 4mg/ml, 10mg/ml | 1                                 |
| DEXLYT TABS .25mg                                                                                                               | 3 NDS                             |
| <i>fludrocortisone acetate</i> TABS<br>.1mg                                                                                     | 1                                 |
| HEMADY TABS 20mg                                                                                                                | 3 PA                              |
| <i>hydrocortisone</i> (generic of<br>CORTEF) TABS 5mg, 10mg,<br>20mg                                                            | 1                                 |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------|----------------------------|--------|
| <i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg          | 1                          |        |
| KENALOG-10 SUSP 10mg/ml                                                          | 3                          | B/D    |
| KENALOG-80 SUSP 80mg/ml                                                          | 3                          | B/D    |
| KHINDIVI SOLN 1mg/ml                                                             | 3                          | NDS PA |
| MEDROL TABS 2mg                                                                  | 3                          | B/D    |
| <i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg                | 1                          | B/D    |
| <i>methylprednisolone</i> TABS 32mg                                              | 1                          | B/D    |
| <i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg                   | 1                          |        |
| <i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml | 1                          | B/D    |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg                              | 1                          | B/D    |
| <i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg   | 1                          | B/D    |
| <i>prednisolone</i> SOLN 15mg/5ml                                                | 1                          | B/D    |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml            | 1                          | B/D    |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg           | 1                          | B/D    |
| <i>prednisone</i> TBPK 5mg, 10mg                                                 | 1                          |        |
| PREDNISON INTENSOL CONC 5mg/ml                                                   | 3                          | B/D    |
| SOLU-CORTEF SOLR 250mg, 500mg, 1000mg                                            | 3                          |        |
| SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg                                 | 3                          | B/D    |
| <i>triamcinolone acetonide</i> (generic of KENALOG-10) SUSP 10mg/ml              | 1                          | B/D    |
| <i>triamcinolone acetonide</i> (generic of KENALOG-40) SUSP 40mg/ml              | 1                          | B/D    |
| ZILRETTA SRER 32mg                                                               | 3                          | B/D NM |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------|----------------------------|--------------|
| <b>GLUCOSE ELEVATING AGENTS</b>                                                    |                            |              |
| <i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml                               | 3                          | NDS          |
| GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml                                    | 2                          |              |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml                                    | 2                          |              |
| GVOKE KIT SOLN 1mg/0.2ml                                                           | 2                          |              |
| GVOKE PFS SOSY 1mg/0.2ml                                                           | 2                          |              |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml                                         | 2                          |              |
| <b>MISCELLANEOUS</b>                                                               |                            |              |
| ALDURAZYME SOLN 2.9mg/5ml                                                          | 3                          | NDS NM PA    |
| AQNEURSA PACK 1gm QL (112 packets / 28 days)                                       | 3                          | NDS QL NM PA |
| AVLAYAH SOLR 150mg                                                                 | 3                          | NDS NM PA    |
| <i>betaine powder for oral solution</i> (generic of CYSTADANE)                     | 3                          | NDS NM       |
| BYNFEZIA PEN SOPN 2500mcg/ml                                                       | 3                          | NDS PA       |
| <i>cabergoline</i> TABS .5mg                                                       | 1                          |              |
| <i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg                             | 3                          | NDS NM PA    |
| CERDELGA CAPS 84mg                                                                 | 3                          | NDS NM PA    |
| CEREZYME SOLR 400unit                                                              | 3                          | NDS NM PA    |
| CHORIONIC GONADOTROPIN SOLR 10000unit                                              | 3                          | NM PA        |
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days) | 1                          | B/D QL NM    |
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)      | 1                          | B/D QL NM    |
| CRENESSITY CAPS 25mg, 50mg, 100mg QL (60 caps / 30 days)                           | 3                          | NDS QL NM PA |
| CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)                                      | 3                          | NDS QL NM PA |

| Drug Name                                                                         | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------|-----------------------------------|
| CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml                                           | 3 NDS NM PA                       |
| CYSTAGON CAPS 50mg, 150mg                                                         | 3 NM PA                           |
| <i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml                       | 3 NDS                             |
| <i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg                    | 1                                 |
| <i>desmopressin acetate spray</i> SOLN .01%                                       | 1                                 |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01%                          | 1                                 |
| DOJOLVI LIQD 100%                                                                 | 3 NDS NM PA                       |
| EGRIFTA SV SOLR 2mg                                                               | 3 NDS NM PA                       |
| EGRIFTA WR KIT 11.6mg                                                             | 3 NDS NM PA                       |
| ELAPRASE SOLN 6mg/3ml                                                             | 3 NDS NM PA                       |
| ELELYSO SOLR 200unit                                                              | 3 NDS NM PA                       |
| ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml                                                | 3 NDS NM PA                       |
| FABRAZYME SOLR 5mg, 35mg                                                          | 3 NDS NM PA                       |
| FENSOLVI KIT 45mg                                                                 | 3 NDS NM PA                       |
| GALAFOLD CAPS 123mg                                                               | 3 NDS NM PA                       |
| GENOTROPIN CART 5mg, 12mg                                                         | 3 NDS NM PA                       |
| GENOTROPIN MINISQUICK PRSY .2mg                                                   | 2 NM PA                           |
| GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 3 NDS NM PA                       |
| <i>glycerol phenylbutyrate</i> (generic of RAVICTI) LIQD 1.1gm/ml                 | 3 NDS NM PA                       |
| INCRELEX SOLN 40mg/4ml                                                            | 3 NDS NM PA                       |
| ISTURISA TABS 1mg<br>QL (240 tabs / 30 days)                                      | 3 NDS QL NM PA                    |
| ISTURISA TABS 5mg<br>QL (360 tabs / 30 days)                                      | 3 NDS QL NM PA                    |
| <i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg                  | 3 NDS NM PA                       |
| JYNARQUE TABS 15mg, 30mg                                                          | 3 NDS NM PA                       |
| KANUMA SOLN 20mg/10ml                                                             | 3 NDS NM PA                       |
| LAMZEDE SOLR 10mg                                                                 | 3 NDS NM PA                       |

| Drug Name                                                                                            | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml                                                           | 3 NDS NM PA                       |
| LANREOTIDE ACETATE SOLN 120mg/0.5ml                                                                  | 3 NDS NM PA                       |
| <i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml, 200mg/ml; TABS 330mg | 1 B/D                             |
| LOARGYS SOLN 2mg/0.4ml                                                                               | 3 NDS NM PA                       |
| LUMIZYME SOLR 50mg                                                                                   | 3 NDS NM PA                       |
| LUMVOA SOLN 500mg/10ml                                                                               | 3 NDS NM PA                       |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg                                                   | 3 NDS NM PA                       |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg                                                          | 3 NDS NM PA                       |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg                                                                   | 3 NDS NM PA                       |
| LYNKUET CAPS 60mg<br>QL (60 caps / 30 days)                                                          | 3 QL PA                           |
| <i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg                                   | 3 NDS NM PA                       |
| <i>miglustat</i> (generic of ZAVESCA) CAPS 100mg<br>QL (90 caps / 30 days)                           | 3 NDS QL NM PA                    |
| MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg<br>QL (90 caps / 30 days)                                      | 3 NDS QL NM PA                    |
| MYALEPT SOLR 11.3mg                                                                                  | 3 NDS NM PA                       |
| MYCAPSSA CPDR 20mg<br>QL (112 caps / 28 days)                                                        | 3 NDS QL NM PA                    |
| MYFEMBREE TAB                                                                                        | 3 NDS PA                          |
| NAGLAZYME SOLN 1mg/ml                                                                                | 3 NDS NM PA                       |
| NEXVIAZYME SOLR 100mg                                                                                | 3 NDS NM PA                       |
| NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml                                                                   | 3 NDS NM PA                       |
| <i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg                                     | 3 NDS NM PA                       |
| NITYR TABS 2mg, 5mg, 10mg                                                                            | 3 NDS NM PA                       |
| NORDITROPIN FLEXPOR SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml                                 | 3 NDS NM PA                       |
| NOVAREL SOLR 5000unit                                                                                | 3 NM PA                           |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------|----------------------------|--------------|
| <i>octreotide acetate</i> (generic of SANDOSTATIN LAR DEPOT) KIT 10mg, 20mg, 30mg | 3                          | NDS NM PA    |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml       | 1                          | NM PA        |
| <i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml                | 1                          | NM PA        |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml                 | 3                          | NDS NM PA    |
| <i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml                         | 3                          | NDS NM PA    |
| OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm                                      | 3                          | NDS NM PA    |
| OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg                                  | 3                          | NDS NM PA    |
| OPFOLDA CAPS 65mg QL (8 caps / 28 days)                                           | 3                          | QL NM PA     |
| ORFADIN SUSP 4mg/ml                                                               | 3                          | NDS NM PA    |
| ORIAHNN CAP                                                                       | 3                          | NDS PA       |
| ORLISSA TABS 150mg, 200mg                                                         | 3                          | NDS PA       |
| PALSONIFY TABS 20mg QL (90 tabs / 30 days)                                        | 3                          | NDS QL NM PA |
| PALSONIFY TABS 30mg QL (120 tabs / 30 days)                                       | 3                          | NDS QL NM PA |
| PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml                                    | 3                          | NDS NM PA    |
| PHEBURANE PLLT 483mg/gm                                                           | 3                          | NDS NM PA    |
| POMBILITI SOLR 105mg                                                              | 3                          | NDS NM PA    |
| PREGNYL W/DILUENT                                                                 | 3                          | NM PA        |
| BENZYL SOLR 10000unit                                                             |                            |              |
| PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg                                        | 3                          | NDS NM PA    |
| <i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg                               | 1                          |              |
| RAVICTI LIQD 1.1gm/ml                                                             | 3                          | NDS NM PA    |
| RECORLEV TABS 150mg QL (240 tabs / 30 days)                                       | 3                          | NDS QL NM PA |
| REVCIVI SOLN 2.4mg/1.5ml                                                          | 3                          | NDS NM PA    |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)                                                     | 3                          | NDS QL NM PA |
| SAMSCA TABS 15mg, 30mg                                                                                      | 3                          | NDS NM PA    |
| <i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg                         | 3                          | NDS NM PA    |
| SEPHIENCE PACK 250mg, 1000mg                                                                                | 3                          | NDS NM PA    |
| SEROSTIM SOLR 4mg, 5mg, 6mg                                                                                 | 3                          | NDS NM PA    |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml                                                                     | 3                          | NDS NM PA    |
| SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg                                                              | 3                          | NDS NM PA    |
| SKYTROFA CART .7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg | 3                          | NDS NM PA    |
| <i>sodium phenylbutyrate</i> POWD 3gm/tsp                                                                   | 3                          | NDS NM PA    |
| <i>sodium phenylbutyrate</i> (generic of BUPHENYL) TABS 500mg                                               | 3                          | NDS NM PA    |
| SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml                                                              | 3                          | NDS NM PA    |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml                                                   | 3                          | NDS NM PA    |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg                                                                  | 3                          | NDS NM PA    |
| STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml                                                  | 3                          | NDS NM PA    |
| SYNAREL SOLN 2mg/ml                                                                                         | 3                          | NDS PA       |
| TEPEZZA SOLR 500mg                                                                                          | 3                          | NDS NM PA    |
| <i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)                                | 3                          | NDS NM PA    |
| <i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg                                                            | 3                          | NDS NM PA    |
| <i>tolvaptan (hyponatremia)</i> (generic of SAMSCA) TABS 15mg, 30mg (generic of SAMSCA)                     | 3                          | NDS NM PA    |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------|----------------------------|--------------|
| <i>tolvaptan tab therapy pack 30 &amp; 15 mg</i> (generic of JYNARQUE)        | 3                          | NDS NM PA    |
| <i>tolvaptan tab therapy pack 45 &amp; 15 mg</i> (generic of JYNARQUE)        | 3                          | NDS NM PA    |
| <i>tolvaptan tab therapy pack 60 &amp; 30 mg</i> (generic of JYNARQUE)        | 3                          | NDS NM PA    |
| <i>tolvaptan tab therapy pack 90 &amp; 30 mg</i> (generic of JYNARQUE)        | 3                          | NDS NM PA    |
| VEOZAH TABS 45mg<br>QL (30 tabs / 30 days)                                    | 3                          | QL PA        |
| VIJOICE PACK 50mg<br>QL (28 packets / 28 days)                                | 3                          | NDS QL NM PA |
| VIJOICE TBPK 50mg, 125mg<br>QL (28 tabs / 28 days)                            | 3                          | NDS QL NM PA |
| VIJOICE TAB 250MG<br>QL (56 tabs / 28 days)                                   | 3                          | NDS QL NM PA |
| VIMIZIM SOLN 5mg/5ml                                                          | 3                          | NDS NM PA    |
| VOXZOGO SOLR .4mg, .56mg, 1.2mg                                               | 3                          | NDS NM PA    |
| VPRIV SOLR 400unit                                                            | 3                          | NDS NM PA    |
| VYKAT XR TB24 25mg<br>QL (120 tabs / 30 days)                                 | 3                          | NDS QL NM PA |
| VYKAT XR TB24 75mg<br>QL (30 tabs / 30 days)                                  | 3                          | NDS QL NM PA |
| VYKAT XR TB24 150mg<br>QL (90 tabs / 30 days)                                 | 3                          | NDS QL NM PA |
| XENPOZYME SOLR 4mg, 20mg                                                      | 3                          | NDS NM PA    |
| <i>yargesa</i> (generic of ZAVESCA) CAPS 100mg<br>QL (90 caps / 30 days)      | 3                          | NDS QL NM PA |
| YUVIWEL SOLR 1.3mg, 2.8mg, 5.5mg                                              | 3                          | NDS NM PA    |
| <i>zelvysia</i> (generic of KUVAN) PACK 100mg, 500mg                          | 3                          | NDS NM PA    |
| ZOMACTON SOLR 5mg                                                             | 3                          | NM PA        |
| ZOMACTON SOLR 10mg                                                            | 3                          | NDS NM PA    |
| <b>PROGESTINS</b>                                                             |                            |              |
| CRINONE GEL 4%, 8%                                                            | 3                          | PA           |
| <i>gallifrey</i> TABS 5mg                                                     | 1                          |              |
| <i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg | 1                          |              |

| Drug Name                                                                                                                                          | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>megestrol acetate</i> SUSP 40mg/ml                                                                                                              | 2                          |        |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml                                                                                                 | 3                          | PA     |
| <i>norethindrone acetate</i> TABS 5mg                                                                                                              | 1                          |        |
| <i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg                                                                                      | 1                          |        |
| <b>THYROID AGENTS</b>                                                                                                                              |                            |        |
| <i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg                         | 1                          | ST     |
| <i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1                          |        |
| <i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg                      | 1                          |        |
| <i>liomny</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg                                                                                         | 1                          |        |
| <i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg                                                                            | 1                          |        |
| <i>methimazole</i> TABS 5mg, 10mg                                                                                                                  | 1                          |        |
| <i>propylthiouracil</i> TABS 50mg                                                                                                                  | 1                          |        |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg                                          | 3                          |        |
| THYQUIDITY SOLN 100mcg/5ml                                                                                                                         | 3                          |        |
| TIROSINT CAPS 37.5mcg, 44mcg, 62.5mcg                                                                                                              | 3                          | ST     |

| Drug Name                                                                                                                                                                                                 | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| TIROSINT-SOL SOLN<br>13mcg/ml, 25mcg/ml,<br>37.5mcg/ml, 44mcg/ml,<br>50mcg/ml, 62.5mcg/ml,<br>75mcg/ml, 88mcg/ml,<br>100mcg/ml, 112mcg/ml,<br>125mcg/ml, 137mcg/ml,<br>150mcg/ml, 175mcg/ml,<br>200mcg/ml | 3                          |        |
| <i>unithroid</i> (generic of<br>SYNTHROID) TABS 25mcg,<br>50mcg, 75mcg, 88mcg,<br>100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg,<br>200mcg, 300mcg                                                    | 1                          |        |
| <b>VITAMIN D ANALOGS</b>                                                                                                                                                                                  |                            |        |
| <i>calcitriol</i> CAPS .25mcg,<br>.5mcg                                                                                                                                                                   | 1                          | B/D    |
| <i>calcitriol (oral)</i> SOLN<br>1mcg/ml                                                                                                                                                                  | 1                          | B/D    |
| <i>doxercalciferol</i> CAPS .5mcg,<br>1mcg, 2.5mcg                                                                                                                                                        | 1                          | B/D    |
| <i>paricalcitol</i> (generic of<br>ZEMPLAR) CAPS 1mcg,<br>2mcg                                                                                                                                            | 1                          | B/D    |
| <i>paricalcitol</i> CAPS 4mcg                                                                                                                                                                             | 1                          | B/D    |
| RAYALDEE CPCR 30mcg                                                                                                                                                                                       | 3                          | NDS    |
| <b>GASTROINTESTINAL<br/>ANTIEMETICS</b>                                                                                                                                                                   |                            |        |
| AKYNZEO CAP 300-0.5                                                                                                                                                                                       | 3                          | B/D    |
| AKYNZEO INJ 235-<br>0.25MG/20ML                                                                                                                                                                           | 3                          | NM     |
| APONVIE EMUL 32mg/4.4ml                                                                                                                                                                                   | 3                          |        |
| <i>aprepitant</i> CAPS 40mg,<br>125mg                                                                                                                                                                     | 1                          | B/D    |
| <i>aprepitant</i> (generic of EMEND<br>BIPACK) CAPS 80mg                                                                                                                                                  | 1                          | B/D    |
| <i>aprepitant capsule therapy<br/>pack 80 &amp; 125 mg</i>                                                                                                                                                | 1                          | B/D    |
| BONJESTA TAB 20-20MG                                                                                                                                                                                      | 3                          |        |
| CINVANTI EMUL<br>130mg/18ml                                                                                                                                                                               | 3                          |        |
| <i>compro</i> SUPP 25mg                                                                                                                                                                                   | 1                          |        |
| DIMENHYDRINATE SOLN<br>50mg/ml                                                                                                                                                                            | 3                          |        |
| <i>doxylamine-pyridoxine tab<br/>delayed release 10-10 mg<br/>(generic of DICLEGIS)</i>                                                                                                                   | 3                          |        |

| Drug Name                                                                                                                    | Drug Requirements/<br>Tier | Limits  |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <i>dronabinol</i> (generic of<br>MARINOL) CAPS 2.5mg<br>QL (60 caps / 30 days)                                               | 1                          | B/D QL  |
| <i>dronabinol</i> CAPS 5mg, 10mg<br>QL (60 caps / 30 days)                                                                   | 1                          | B/D QL  |
| EMEND SUSR 125mg/5ml                                                                                                         | 3                          | NDS B/D |
| FOCINVEZ SOLN<br>150mg/50ml                                                                                                  | 3                          |         |
| <i>fosaprepitant dimeglumine<br/>(generic of EMEND) SOLR<br/>150mg</i>                                                       | 1                          |         |
| GIMOTI SOLN 15mg/act                                                                                                         | 3                          | NDS PA  |
| <i>granisetron hcl</i> SOLN<br>1mg/ml, 4mg/4ml                                                                               | 1                          |         |
| <i>granisetron hcl</i> TABS 1mg                                                                                              | 1                          | B/D     |
| GRANISOL SOLN 2mg/10ml                                                                                                       | 3                          | NDS B/D |
| <i>meclizine hcl</i> TABS 12.5mg,<br>25mg<br>PA applies if 65 years and<br>older after a 30 day supply<br>in a calendar year | 1                          | PA      |
| <i>metoclopramide hcl</i> SOLN<br>5mg/5ml, 5mg/ml                                                                            | 1                          |         |
| <i>metoclopramide hcl</i> (generic<br>of REGLAN) TABS 5mg,<br>10mg                                                           | 1                          |         |
| NEREUS CAPS 85mg<br>QL (16 caps / 30 days)                                                                                   | 3                          | NDS QL  |
| <i>ondansetron</i> TBDP 4mg, 8mg                                                                                             | 1                          | B/D     |
| <i>ondansetron</i> TBDP 16mg                                                                                                 | 3                          | NDS B/D |
| <i>ondansetron hcl</i> SOLN<br>4mg/2ml, 40mg/20ml; SOSY<br>4mg/2ml                                                           | 1                          |         |
| <i>ondansetron hcl</i> SOLN<br>4mg/5ml; TABS 4mg, 8mg                                                                        | 1                          | B/D     |
| <i>palonosetron hcl</i> SOLN<br>.25mg/5ml; SOSY .25mg/5ml                                                                    | 1                          |         |
| POSFREA SOLN .25mg/5ml                                                                                                       | 3                          |         |
| <i>prochlorperazine</i> SUPP 25mg                                                                                            | 1                          |         |
| <i>prochlorperazine edisylate<br/>SOLN 10mg/2ml</i>                                                                          | 1                          |         |
| <i>prochlorperazine maleate<br/>TABS 5mg, 10mg</i>                                                                           | 1                          |         |

| Drug Name                                                                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>promethazine hcl</i> SOLN<br>6.25mg/5ml; TABS 12.5mg,<br>25mg, 50mg<br>PA applies if 65 years and<br>older after a 30 day supply<br>in a calendar year     | 1                          | PA     |
| <i>promethazine hcl</i> (generic of<br>PHENERGAN) SOLN<br>25mg/ml, 50mg/ml<br>PA applies if 65 years and<br>older after a 30 day supply<br>in a calendar year | 2                          | PA     |
| <i>promethazine hcl</i> SUPP<br>12.5mg, 25mg<br>PA applies if 65 years and<br>older after a 30 day supply<br>in a calendar year                               | 3                          | PA     |
| <i>promethegan</i> SUPP 12.5mg,<br>25mg, 50mg<br>PA applies if 65 years and<br>older after a 30 day supply<br>in a calendar year                              | 3                          | PA     |
| SANCUSO PTCH<br>3.1mg/24hr<br>QL (4 patches / 28 days)                                                                                                        | 3                          | NDS QL |
| <i>scopolamine</i> (generic of<br>TRANSDERM SCOP) PT72<br>1mg/3days<br>QL (10 patches / 30<br>days)                                                           | 3                          | QL     |
| <i>trimethobenzamide hcl</i> CAPS<br>300mg                                                                                                                    | 1                          |        |
| VARUBI TBPK 90mg                                                                                                                                              | 3                          | B/D NM |
| <b>ANTISPASMODICS</b>                                                                                                                                         |                            |        |
| <i>atropine sulfate</i> (generic of<br>ATROPINE SULFATE)<br>SOSY 1mg/10ml                                                                                     | 3                          |        |
| ATROPINE SULFATE SOSY<br>.25mg/5ml                                                                                                                            | 3                          |        |
| <i>dicyclomine hcl</i> CAPS 10mg;<br>TABS 20mg<br>PA applies if 65 years and<br>older                                                                         | 2                          | PA     |
| <i>dicyclomine hcl</i> SOLN<br>10mg/5ml<br>PA applies if 65 years and<br>older                                                                                | 3                          | PA     |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>dicyclomine hcl</i> (generic of<br>BENTYL) SOLN 10mg/ml<br>PA applies if 65 years and<br>older | 3                          | PA     |
| <i>glycopyrrolate</i> SOLN<br>.2mg/ml, .4mg/2ml, 1mg/5ml,<br>4mg/20ml                             | 1                          |        |
| <i>glycopyrrolate</i> (generic of<br>GLYCOPYRROLATE) SOSY<br>.2mg/ml, .4mg/2ml                    | 1                          |        |
| <i>glycopyrrolate</i> TABS 1mg<br>QL (90 tabs / 30 days)                                          | 1                          | QL     |
| <i>glycopyrrolate</i> TABS 2mg<br>QL (120 tabs / 30 days)                                         | 1                          | QL     |
| <i>glycopyrrolate (oral)</i> (generic<br>of CUVPOSA) SOLN<br>1mg/5ml                              | 1                          |        |
| <i>methscopolamine bromide</i><br>TABS 2.5mg, 5mg<br>PA applies if 65 years and<br>older          | 3                          | PA     |
| <b>H2-RECEPTOR ANTAGONISTS</b>                                                                    |                            |        |
| <i>cimetidine</i> TABS 200mg,<br>300mg, 400mg, 800mg                                              | 1                          |        |
| <i>cimetidine hcl</i> SOLN<br>300mg/5ml<br>QL (1200 mL / 30 days)                                 | 1                          | QL     |
| <i>famotidine</i> SOLN 20mg/2ml,<br>40mg/4ml, 200mg/20ml;<br>SUSR 40mg/5ml                        | 1                          |        |
| FAMOTIDINE SOLN<br>20mg/5ml, 40mg/10ml,<br>200mg/50ml                                             | 3                          |        |
| <i>famotidine</i> (generic of<br>PEPCID) TABS 20mg, 40mg                                          | 1                          |        |
| <i>famotidine in nacl 0.9% iv soln</i><br>20 mg/50ml                                              | 1                          |        |
| <i>nizatidine</i> CAPS 150mg,<br>300mg                                                            | 1                          |        |
| <i>ranitidine hcl</i> TABS 150mg,<br>300mg                                                        | 1                          |        |
| <b>INFLAMMATORY BOWEL DISEASE</b>                                                                 |                            |        |
| <i>balsalazide disodium</i> CAPS<br>750mg                                                         | 1                          |        |
| <i>budesonide</i> CPEP 3mg<br>QL (90 caps / 30 days)                                              | 1                          | QL     |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>budesonide</i> (generic of UCERIS) TB24 9mg<br>QL (30 tabs / 30 days)                     | 3                          | NDS QL PA |
| <i>budesonide (intrarectal)</i><br>(generic of UCERIS) FOAM<br>2mg                           | 1                          |           |
| DIPENTUM CAPS 250mg                                                                          | 3                          | NDS       |
| <i>hydrocortisone (intrarectal)</i><br>(generic of CORTENEMA)<br>ENEM 100mg/60ml             | 1                          |           |
| <i>mesalamine</i> (generic of APRISO) CP24 .375gm<br>QL (120 caps / 30 days)                 | 1                          | QL        |
| <i>mesalamine</i> (generic of PENTASA) CPCR 250mg<br>QL (480 caps / 30 days)                 | 1                          | QL        |
| <i>mesalamine</i> (generic of PENTASA) CPCR 500mg<br>QL (240 caps / 30 days)                 | 1                          | QL        |
| <i>mesalamine</i> CPDR 400mg<br>QL (180 caps / 30 days)                                      | 1                          | QL        |
| <i>mesalamine</i> ENEM 4gm<br>QL (1680 mL / 28 days)                                         | 1                          | QL        |
| <i>mesalamine</i> (generic of CANASA) SUPP 1000mg<br>QL (30 suppositories / 30 days)         | 1                          | QL        |
| <i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm<br>QL (120 tabs / 30 days)                  | 1                          | QL        |
| <i>mesalamine</i> TBEC 800mg<br>QL (180 tabs / 30 days)                                      | 1                          | QL        |
| <i>mesalamine w/ cleanser</i><br>(generic of ROWASA) KIT<br>4gm<br>QL (28 bottles / 28 days) | 1                          | QL        |
| PENTASA CPCR 250mg<br>QL (480 caps / 30 days)                                                | 3                          | QL        |
| <i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg                                      | 1                          |           |
| <i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS)<br>TBEC 500mg                           | 1                          |           |
| <b>LAXATIVES</b>                                                                             |                            |           |
| CLENPIQ SOL 10 MG-3.5<br>GM-12 GM/175ML                                                      | 3                          |           |
| <i>constulose</i> SOLN 10gm/15ml                                                             | 1                          |           |
| <i>enulose</i> SOLN 10gm/15ml                                                                | 1                          |           |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>gavilyte-c</i>                                                                                      | 1                          |           |
| <i>gavilyte-g</i> (generic of GOLYTELY)                                                                | 1                          |           |
| <i>gavilyte-n/flavor pack</i>                                                                          | 1                          |           |
| <i>generlac</i> SOLN 10gm/15ml                                                                         | 1                          |           |
| <i>lactulose</i> SOLN 10gm/15ml                                                                        | 1                          |           |
| <i>lactulose (encephalopathy)</i><br>SOLN 10gm/15ml                                                    | 1                          |           |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i><br>(generic of GOLYTELY)                 | 1                          |           |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                                                    | 1                          |           |
| <i>peg-3350/electrolytes/asc</i><br>(generic of MOVIPREP)                                              | 1                          |           |
| PLENVU SOL                                                                                             | 3                          |           |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (generic of SUPREP BOWEL PREP KIT) | 1                          |           |
| SUFLAVE SOL                                                                                            | 3                          |           |
| SUTAB TAB                                                                                              | 3                          |           |
| <b>MISCELLANEOUS</b>                                                                                   |                            |           |
| <i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg<br>QL (60 tabs / 30 days)                          | 3                          | NDS QL PA |
| <i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg<br>QL (60 tabs / 30 days)                         | 1                          | QL PA     |
| <i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>                | 1                          |           |
| BYLVAY CAPS 400mcg,<br>1200mcg                                                                         | 3                          | NDS NM PA |
| BYLVAY (PELLETS) CPSP<br>200mcg, 600mcg                                                                | 3                          | NDS NM PA |
| CHOLBAM CAPS 50mg,<br>250mg                                                                            | 3                          | NDS NM PA |
| CREON CAP 3000UNIT                                                                                     | 2                          |           |
| CREON CAP 6000UNIT                                                                                     | 2                          |           |
| CREON CAP 12000UNIT                                                                                    | 2                          |           |
| CREON CAP 24000UNIT                                                                                    | 2                          |           |
| CREON CAP 36000UNIT                                                                                    | 2                          |           |
| <i>cromolyn sodium</i><br>( <i>mastocytosis</i> ) (generic of GASTROCROM) CONC<br>100mg/5ml            | 1                          |           |

| Drug Name                                                                                 | Drug Requirements/<br>Tier Limits |
|-------------------------------------------------------------------------------------------|-----------------------------------|
| <i>diphenoxylate w/ atropine liq</i><br>2.5-0.025 mg/5ml                                  | 3                                 |
| <i>diphenoxylate w/ atropine tab</i><br>2.5-0.025 mg (generic of<br>LOMOTIL)              | 3                                 |
| EOHILIA SUSP 2mg/10ml<br>QL (600 mL / 30 days)                                            | 3 NDS QL PA                       |
| GATTEX KIT 5mg                                                                            | 3 NDS NM PA                       |
| IQIRVO TABS 80mg<br>QL (30 tabs / 30 days)                                                | 3 NDS QL NM<br>PA                 |
| LINZESS CAPS 72mcg,<br>145mcg, 290mcg<br>QL (30 caps / 30 days)                           | 2 QL                              |
| LIVDELZI CAPS 10mg<br>QL (30 caps / 30 days)                                              | 3 NDS QL NM<br>PA                 |
| LIVMARLI SOLN 9.5mg/ml,<br>19mg/ml; TABS 10mg, 15mg,<br>20mg, 30mg                        | 3 NDS NM PA                       |
| <i>loperamide hcl</i> CAPS 2mg                                                            | 1                                 |
| <i>lubiprostone</i> (generic of<br>AMITIZA) CAPS 8mcg,<br>24mcg<br>QL (60 caps / 30 days) | 1 QL                              |
| LYNAVOY TABS 40mg<br>QL (60 tabs / 30 days)                                               | 3 NDS QL NM<br>PA                 |
| <i>misoprostol</i> (generic of<br>CYTOTEC) TABS 100mcg,<br>200mcg                         | 1                                 |
| MOVANTIK TABS 12.5mg,<br>25mg<br>QL (30 tabs / 30 days)                                   | 2 QL                              |
| PANCREAZE CAP 2600UNIT                                                                    | 3                                 |
| PANCREAZE CAP 4200UNIT                                                                    | 3                                 |
| PANCREAZE CAP<br>10500UNT                                                                 | 3                                 |
| PANCREAZE CAP<br>16800UNT                                                                 | 3                                 |
| PANCREAZE CAP<br>21000UNT                                                                 | 3                                 |
| PANCREAZE CAP 37000                                                                       | 3                                 |
| PERTZYE CAP 4000UNIT                                                                      | 3                                 |
| PERTZYE CAP 8000UNIT                                                                      | 3                                 |
| PERTZYE CAP 16000U                                                                        | 3                                 |
| PERTZYE CAP 24000U                                                                        | 3                                 |
| REBYOTA SUSP 150ml<br>QL (150 mL / 30 days)                                               | 3 NDS QL NM<br>PA                 |

| Drug Name                                                                                    | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------|-----------------------------------|
| RELISTOR SOLN<br>12mg/0.6ml<br>QL (28 vials / 28 days)                                       | 3 NDS QL PA                       |
| RELISTOR SOSY<br>8mg/0.4ml, 12mg/0.6ml<br>QL (28 syringes / 28<br>days)                      | 3 NDS QL PA                       |
| RELISTOR TABS 150mg<br>QL (90 tabs / 30 days)                                                | 3 NDS QL PA                       |
| SUCRAID SOLN 8500unit/ml<br><i>sucralfate</i> (generic of<br>CARAFATE) TABS 1gm              | 3 NDS NM PA<br>1                  |
| SYMPROIC TABS .2mg<br>QL (30 tabs / 30 days)                                                 | 3 QL                              |
| TALICIA CAP                                                                                  | 3                                 |
| TRULANCE TABS 3mg<br>QL (30 tabs / 30 days)                                                  | 3 QL                              |
| <i>ursodiol</i> CAPS 300mg; TABS<br>250mg                                                    | 1                                 |
| <i>ursodiol</i> (generic of URSO<br>FORTE) TABS 500mg                                        | 1                                 |
| VIBERZI TABS 75mg, 100mg                                                                     | 3 NDS PA                          |
| VIOKACE TAB 10440                                                                            | 3                                 |
| VIOKACE TAB 20880                                                                            | 3 NDS                             |
| VOQUEZNA PAK DUAL PAK<br>QL (2 kits / year)                                                  | 2 QL PA                           |
| VOQUEZNA PAK TRIP PK<br>QL (2 kits / year)                                                   | 2 QL PA                           |
| VOWST CAP<br>QL (12 caps / 30 days)                                                          | 3 NDS QL NM<br>PA                 |
| XERMELO TABS 250mg<br>QL (84 tabs / 28 days)                                                 | 3 NDS QL NM<br>PA                 |
| XIFAXAN TABS 550mg                                                                           | 3 NDS PA                          |
| ZENPEP CAP 3000UNIT                                                                          | 2                                 |
| ZENPEP CAP 5000UNIT                                                                          | 2                                 |
| ZENPEP CAP 10000UNT                                                                          | 2                                 |
| ZENPEP CAP 15000UNT                                                                          | 2                                 |
| ZENPEP CAP 20000UNT                                                                          | 2                                 |
| ZENPEP CAP 25000UNT                                                                          | 2                                 |
| ZENPEP CAP 40000UNT                                                                          | 2                                 |
| ZENPEP CAP 60000UNT                                                                          | 2                                 |
| <b>PROTON PUMP INHIBITORS</b>                                                                |                                   |
| <i>dexlansoprazole</i> (generic of<br>DEXILANT) CPDR 30mg,<br>60mg<br>QL (30 caps / 30 days) | 1 QL                              |

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg<br>QL (30 caps / 30 days)          | 1                          | QL ST  |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 2.5mg, 5mg                                    | 1                          |        |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg<br>QL (30 packets / 30 days) | 1                          | QL     |
| <i>esomeprazole sodium</i> SOLR 40mg                                                                 | 1                          |        |
| <i>lansoprazole</i> CPDR 15mg<br>QL (60 caps / 30 days)                                              | 1                          | QL     |
| <i>lansoprazole</i> (generic of PREVACID) CPDR 30mg<br>QL (60 caps / 30 days)                        | 1                          | QL     |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg                                                              | 1                          |        |
| PANTOPR/NACL SOL 40MG/100                                                                            | 3                          |        |
| PANTOPR/NACL SOL 80MG/100                                                                            | 3                          |        |
| <i>pantoprazole sodium</i> (generic of PANTOPRAZOLE SODIUM) SOLR 40mg                                | 1                          |        |
| <i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg                                     | 1                          |        |
| PANTOPRAZOLE SOL 40/50ML                                                                             | 3                          |        |
| PRILOSEC PACK 2.5mg, 10mg                                                                            | 3                          | PA     |
| <i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg<br>QL (30 tabs / 30 days)                   | 1                          | QL     |
| VOQUEZNA TABS 10mg<br>QL (30 tabs / 30 days)                                                         | 3                          | QL PA  |
| VOQUEZNA TABS 20mg<br>QL (60 tabs / 30 days)                                                         | 3                          | QL PA  |
| <b>GENITOURINARY</b>                                                                                 |                            |        |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>                                                                  |                            |        |
| <i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg<br>QL (30 tabs / 30 days)                      | 1                          | QL     |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------------------|----------------------------|--------------|
| CARDURA XL TB24 4mg, 8mg<br>QL (30 tabs / 30 days)                                            | 3                          | QL ST        |
| <i>dutasteride</i> (generic of AVODART) CAPS .5mg<br>QL (30 caps / 30 days)                   | 1                          | QL           |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg (generic of JALYN)<br>QL (30 caps / 30 days) | 1                          | QL           |
| <i>finasteride</i> (generic of PROSCAR) TABS 5mg<br>QL (30 tabs / 30 days)                    | 1                          | QL           |
| <i>silodosin</i> CAPS 4mg, 8mg<br>QL (30 caps / 30 days)                                      | 1                          | QL           |
| <i>tadalafil</i> (generic of CIALIS) TABS 5mg<br>QL (30 tabs / 30 days)                       | 1                          | QL PA        |
| <i>tamsulosin hcl</i> CAPS .4mg<br>QL (60 caps / 30 days)                                     | 1                          | QL           |
| <b>MISCELLANEOUS</b>                                                                          |                            |              |
| <i>acetic acid</i> SOLN .25%                                                                  | 1                          |              |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg                                        | 1                          |              |
| ELMIRON CAPS 100mg<br>QL (90 caps / 30 days)                                                  | 3                          | NDS QL       |
| FILSPARI TABS 200mg<br>QL (30 tabs / 30 days)                                                 | 3                          | NDS QL NM PA |
| FILSPARI TABS 400mg<br>QL (60 tabs / 30 days)                                                 | 3                          | NDS QL NM PA |
| INTRAROSA INST 6.5mg                                                                          | 3                          | PA           |
| LITHOSTAT TABS 250mg                                                                          | 3                          |              |
| <i>neomycin-polymyxin b gu irrigation soln</i>                                                | 1                          |              |
| OXLUMO SOLN 94.5mg/0.5ml                                                                      | 3                          | NDS NM PA    |
| <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq                    | 1                          |              |
| <i>potassium citrate (alkalinizer)</i> TBCR 540mg                                             | 1                          |              |
| <i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg                   | 1                          |              |
| RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml                                          | 3                          | NDS NM PA    |
| TARPEYO CPDR 4mg<br>QL (120 caps / 30 days)                                                   | 3                          | NDS QL NM PA |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>tiopronin</i> (generic of THIOLA) TABS 100mg                                       | 3                          | NDS NM          |
| <i>tiopronin</i> (generic of THIOLA EC) TBEC 100mg, 300mg                             | 3                          | NDS NM          |
| TRUTAKNA SOAJ 150mg/ml QL (4 pens / 28 days)                                          | 3                          | NDS QL NM<br>PA |
| VANRAFIA TABS .75mg QL (30 tabs / 30 days)                                            | 3                          | NDS QL NM<br>PA |
| <i>venxxiva</i> (generic of THIOLA EC) TBEC 100mg, 300mg                              | 3                          | NDS NM          |
| <b>URINARY ANTISPASMODICS</b>                                                         |                            |                 |
| <i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)               | 1                          | QL ST           |
| <i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days) | 1                          | QL              |
| GEMTESA TABS 75mg QL (30 tabs / 30 days)                                              | 2                          | QL              |
| <i>mirabegron</i> (generic of MYRBETRIQ) TB24 25mg, 50mg QL (30 tabs / 30 days)       | 1                          | QL              |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)                         | 1                          | QL              |
| <i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)                           | 1                          | QL              |
| <i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)                            | 1                          | QL              |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)                     | 1                          | QL              |
| OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)                                      | 3                          | QL ST           |
| <i>solifenacin succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)                    | 1                          | QL              |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)                      | 1                          | QL              |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)                      | 1                          | QL              |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days)                                         | 1                          | QL     |
| <i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)                                         | 1                          | QL     |
| <b>VAGINAL ANTI-INFECTIVES</b>                                                                    |                            |        |
| CLEOCIN SUPP 100mg                                                                                | 3                          |        |
| <i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%                                 | 1                          |        |
| CLINDESSE CREA 2%                                                                                 | 3                          |        |
| GYNAZOLE-1 CREA 2%                                                                                | 3                          |        |
| <i>metronidazole vaginal</i> GEL .75%                                                             | 1                          |        |
| <i>miconazole</i> 3 SUPP 200mg                                                                    | 1                          |        |
| NUVESSA GEL 1.3%                                                                                  | 3                          |        |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg                                               | 1                          |        |
| VANDAZOLE GEL .75%                                                                                | 3                          |        |
| XACIATO GEL 2%                                                                                    | 3                          |        |
| <b>HEMATOLOGIC ANTICOAGULANTS</b>                                                                 |                            |        |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days) | 1                          | QL     |
| <i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)      | 1                          | QL     |
| ELIQUIS CPSP .15mg QL (56 caps / 21 days)                                                         | 2                          | QL     |
| ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)                                                         | 2                          | QL     |
| ELIQUIS TABS 5mg QL (74 tabs / 30 days)                                                           | 2                          | QL     |
| ELIQUIS TBSO .5mg QL (588 tabs / 29 days)                                                         | 2                          | QL     |
| ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)                                        | 2                          | QL     |
| ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)                                          | 2                          | QL     |
| ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)                                              | 2                          | QL     |

| Drug Name                                                                                                                                                         | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>enoxaparin sodium</i> (generic of LOVENOX) SOLN<br>300mg/3ml; SOSY<br>30mg/0.3ml, 40mg/0.4ml,<br>60mg/0.6ml, 80mg/0.8ml,<br>100mg/ml, 120mg/0.8ml,<br>150mg/ml | 1                          |        |
| <i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN<br>2.5mg/0.5ml                                                                                               | 1                          |        |
| <i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN<br>5mg/0.4ml, 7.5mg/0.6ml,<br>10mg/0.8ml                                                                     | 3                          | NDS    |
| FRAGMIN SOLN<br>10000unit/4ml; SOSY<br>2500unit/0.2ml                                                                                                             | 3                          |        |
| FRAGMIN SOLN<br>95000unit/3.8ml; SOSY<br>5000unit/0.2ml,<br>7500unit/0.3ml, 10000unit/ml,<br>12500unit/0.5ml,<br>15000unit/0.6ml,<br>18000unt/0.72ml              | 3                          | NDS    |
| HEP SOD/D5W INJ<br>20000UNT                                                                                                                                       | 3                          |        |
| HEP SOD/D5W INJ<br>25000UNT                                                                                                                                       | 3                          |        |
| HEP SOD/NACL INJ<br>12500UNT                                                                                                                                      | 2                          |        |
| HEP SOD/NACL INJ<br>25000UNT                                                                                                                                      | 2                          |        |
| HEPARIN SODIUM SOLN<br>5000unit/ml; SOSY<br>5000unit/0.5ml                                                                                                        | 3                          | B/D    |
| <i>heparin sodium (porcine)</i><br>SOLN 1000unit/ml,<br>5000unit/0.5ml, 5000unit/ml,<br>10000unit/ml, 20000unit/ml                                                | 1                          | B/D    |
| HEPARIN/NACL INJ<br>25000UNT                                                                                                                                      | 2                          |        |
| <i>jantoven</i> TABS 1mg, 2mg,<br>2.5mg, 3mg, 4mg, 5mg, 6mg,<br>7.5mg, 10mg                                                                                       | 1                          |        |
| <i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml<br>QL (620 mL / 30 days)                                                                                      | 1                          | QL     |

| Drug Name                                                                                                                                          | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                       | 1                          | QL              |
| <i>warfarin sodium</i> TABS 1mg,<br>2mg, 2.5mg, 3mg, 4mg, 5mg,<br>6mg, 7.5mg, 10mg                                                                 | 1                          |                 |
| XARELTO TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                                                       | 2                          | QL              |
| XARELTO TABS 10mg,<br>15mg, 20mg<br>QL (30 tabs / 30 days)                                                                                         | 2                          | QL              |
| XARELTO STAR TAB<br>15/20MG<br>QL (51 tabs / 30 days)                                                                                              | 2                          | QL              |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                                                                                |                            |                 |
| ARANESP ALBUMIN FREE<br>SOLN 25mcg/ml, 40mcg/ml,<br>60mcg/ml; SOSY<br>10mcg/0.4ml, 25mcg/0.42ml,<br>40mcg/0.4ml                                    | 2                          | NM PA           |
| ARANESP ALBUMIN FREE<br>SOLN 100mcg/ml,<br>200mcg/ml; SOSY<br>60mcg/0.3ml, 100mcg/0.5ml,<br>150mcg/0.3ml, 200mcg/0.4ml,<br>300mcg/0.6ml, 500mcg/ml | 3                          | NDS NM PA       |
| FULPHILA SOSY 6mg/0.6ml<br>QL (2 syringes / 28<br>days)                                                                                            | 3                          | NDS QL NM<br>PA |
| LEUKINE SOLR 250mcg                                                                                                                                | 3                          | NDS NM PA       |
| NPLATE SOLR 125mcg,<br>250mcg, 500mcg                                                                                                              | 3                          | NDS NM PA       |
| <i>plerixafor</i> (generic of MOZOBIL) SOLN<br>24mg/1.2ml                                                                                          | 3                          | NDS NM PA       |
| PROCRIT SOLN 2000unit/ml,<br>3000unit/ml, 4000unit/ml,<br>10000unit/ml                                                                             | 2                          | NM PA           |
| PROCRIT SOLN<br>20000unit/ml, 40000unit/ml                                                                                                         | 3                          | NDS NM PA       |
| XOLREMDI CAPS 100mg<br>QL (120 caps / 30 days)                                                                                                     | 3                          | NDS QL NM<br>PA |
| ZARXIO SOSY<br>300mcg/0.5ml, 480mcg/0.8ml                                                                                                          | 3                          | NDS NM PA       |
| <b>MISCELLANEOUS</b>                                                                                                                               |                            |                 |
| ADAKVEO SOLN<br>100mg/10ml                                                                                                                         | 3                          | NDS NM PA       |

| Drug Name                                                 | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------|----------------------------|-----------------|
| ADZYNMA KIT 500unit,<br>1500unit                          | 3                          | NDS NM PA       |
| ALVAIZ TABS 9mg, 54mg<br>QL (60 tabs / 30 days)           | 3                          | NDS QL NM<br>PA |
| ALVAIZ TABS 18mg, 36mg<br>QL (90 tabs / 30 days)          | 3                          | NDS QL NM<br>PA |
| aminocaproic acid SOLN<br>.25gm/ml; TABS 500mg,<br>1000mg | 3                          | NDS             |
| anagrelide hcl CAPS 1mg                                   | 1                          |                 |
| anagrelide hcl (generic of<br>AGRYLIN) CAPS .5mg          | 1                          |                 |
| ANDEMBRY SOAJ<br>200mg/1.2ml<br>QL (13 pens / 365 days)   | 3                          | NDS QL NM<br>PA |
| AQVESME TABS 100mg<br>QL (56 tabs / 28 days)              | 3                          | NDS QL NM<br>PA |
| BERINERT KIT 500unit<br>QL (24 boxes / 30 days)           | 3                          | NDS QL NM<br>PA |
| BKEMV SOLN 300mg/30ml                                     | 3                          | NDS NM PA       |
| CABLIVI KIT 11mg                                          | 3                          | NDS NM PA       |
| cilostazol TABS 50mg,<br>100mg                            | 1                          |                 |
| CINRYZE SOLR 500unit<br>QL (20 vials / 30 days)           | 3                          | NDS QL NM<br>PA |
| DAWNZERA SOAJ<br>80mg/0.8ml<br>QL (1 pen / 28 days)       | 3                          | NDS QL NM<br>PA |
| DOPTELET TABS 20mg                                        | 3                          | NDS NM PA       |
| DOPTELET SPRINKLE<br>CPSP 10mg                            | 3                          | NDS NM PA       |
| DROXIA CAPS 200mg,<br>300mg, 400mg                        | 3                          |                 |
| EKTERLY TABS 300mg<br>QL (12 tabs / 30 days)              | 3                          | NDS QL NM<br>PA |
| EMPAVELI SOLN<br>1080mg/20ml<br>QL (200 mL / 30 days)     | 3                          | NDS QL NM<br>PA |
| ENJAYMO SOLN<br>1100mg/22ml                               | 3                          | NDS NM PA       |
| EPYSQLI SOLN 300mg/30ml                                   | 3                          | NDS NM PA       |
| FABHALTA CAPS 200mg<br>QL (60 caps / 30 days)             | 3                          | NDS QL NM<br>PA |
| GIVLAARI SOLN 189mg/ml                                    | 3                          | NDS NM PA       |
| HAEGARDA SOLR 2000unit<br>QL (30 vials / 30 days)         | 3                          | NDS QL NM<br>PA |
| HAEGARDA SOLR 3000unit<br>QL (20 vials / 30 days)         | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                               | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------------|----------------------------|-----------------|
| icatibant acetate (generic of<br>FIRAZYR) SOSY 30mg/3ml<br>QL (9 syringes / 30<br>days) | 3                          | NDS QL NM<br>PA |
| KALBITOR SOLN 10mg/ml<br>QL (18 mL / 30 days)                                           | 3                          | NDS QL NM<br>PA |
| <i>l</i> -glutamine (sickle cell)<br>(generic of ENDARI) PACK<br>5gm                    | 3                          | NDS NM PA       |
| MULPLETA TABS 3mg                                                                       | 3                          | NDS NM PA       |
| ORLADEYO CAPS 110mg,<br>150mg<br>QL (28 caps / 28 days)                                 | 3                          | NDS QL NM<br>PA |
| ORLADEYO PACK 72mg,<br>96mg, 108mg, 132mg<br>QL (28 packets / 28<br>days)               | 3                          | NDS QL NM<br>PA |
| pentoxifylline TBCR 400mg                                                               | 1                          |                 |
| PIASKY SOLN 340mg/2ml                                                                   | 3                          | NDS NM PA       |
| PYRUKYND TABS 5mg,<br>20mg, 50mg<br>QL (56 tabs / 28 days)                              | 3                          | NDS QL NM<br>PA |
| PYRUKYND TAB<br>20MGX5MG<br>QL (14 tabs / 14 days)                                      | 3                          | NDS QL NM<br>PA |
| PYRUKYND TAB 50MGX20M<br>QL (14 tabs / 14 days)                                         | 3                          | NDS QL NM<br>PA |
| PYRUKYND TAPER PACK<br>TBPK 5mg<br>QL (7 tabs / 7 days)                                 | 3                          | NDS QL NM<br>PA |
| REBLOZYL SOLR 25mg,<br>75mg                                                             | 3                          | NDS NM PA       |
| RUCONEST SOLR 2100unit<br>QL (12 vials / 30 days)                                       | 3                          | NDS QL NM<br>PA |
| RYTELO SOLR 47mg,<br>188mg                                                              | 3                          | NDS NM PA       |
| sajazir (generic of FIRAZYR)<br>SOSY 30mg/3ml<br>QL (9 syringes / 30<br>days)           | 3                          | NDS QL NM<br>PA |
| SIKLOS TABS 100mg                                                                       | 3                          |                 |
| SIKLOS TABS 1000mg                                                                      | 3                          | NDS             |
| SOLIRIS SOLN 300mg/30ml                                                                 | 3                          | NDS NM PA       |
| TAKHZYRO SOSY<br>150mg/ml, 300mg/2ml<br>QL (2 syringes / 28<br>days)                    | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------|----------------------------|-----------------|
| TAVALISSE TABS 100mg, 150mg<br>QL (60 tabs / 30 days)                         | 3                          | NDS QL NM<br>PA |
| TAVNEOS CAPS 10mg<br>QL (180 caps / 30 days)                                  | 3                          | NDS QL NM<br>PA |
| <i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml              | 1                          |                 |
| <i>tranexamic acid</i> TABS 650mg                                             | 1                          |                 |
| ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml                                         | 3                          | NDS NM PA       |
| VOYDEYA TABS 100mg<br>QL (180 tabs / 30 days)                                 | 3                          | NDS QL NM<br>PA |
| VOYDEYA TAB 50-100MG<br>QL (180 tabs / 30 days)                               | 3                          | NDS QL NM<br>PA |
| WAYRILZ TABS 400mg<br>QL (60 tabs / 30 days)                                  | 3                          | NDS QL NM<br>PA |
| XROMI SOLN 100mg/ml                                                           | 3                          | NDS             |
| <b>PLATELET AGGREGATION INHIBITORS</b>                                        |                            |                 |
| <i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg                             | 1                          |                 |
| <i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg                    | 1                          |                 |
| <i>clopidogrel bisulfate</i> TABS 300mg                                       | 1                          |                 |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg<br>PA applies if 65 years and older | 2                          | PA              |
| <i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg                      | 1                          |                 |
| <i>ticagrelor</i> (generic of BRILINTA) TABS 60mg, 90mg                       | 1                          |                 |
| <b>IMMUNOLOGIC AGENTS</b>                                                     |                            |                 |
| <b>AUTOIMMUNE AGENTS</b>                                                      |                            |                 |
| ADALIMUMAB-BWWD SOAJ 40mg/0.4ml<br>QL (6 autoinjectors / 28 days)             | 3                          | NDS QL NM<br>PA |
| ADALIMUMAB-BWWD SOSY 40mg/0.4ml<br>QL (6 syringes / 28 days)                  | 3                          | NDS QL NM<br>PA |
| ADBRY SOAJ 300mg/2ml<br>QL (28 pens / 365 days)                               | 3                          | NDS QL NM<br>PA |

| Drug Name                                                          | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------|----------------------------|-----------------|
| ADBRY SOSY 150mg/ml<br>QL (56 syringes / 365 days)                 | 3                          | NDS QL NM<br>PA |
| AVSOLA SOLR 100mg                                                  | 3                          | NDS NM PA       |
| BIMZELX SOAJ 160mg/ml, 320mg/2ml<br>QL (2 pens / 28 days)          | 3                          | NDS QL NM<br>PA |
| BIMZELX SOSY 160mg/ml, 320mg/2ml<br>QL (2 syringes / 28 days)      | 3                          | NDS QL NM<br>PA |
| CIBINQO TABS 50mg, 100mg, 200mg<br>QL (30 tabs / 30 days)          | 3                          | NDS QL NM<br>PA |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml<br>QL (4 pens / 28 days)     | 3                          | NDS QL NM<br>PA |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml<br>QL (4 syringes / 28 days) | 3                          | NDS QL NM<br>PA |
| EBGLYSS SOAJ 250mg/2ml<br>QL (20 pens / 365 days)                  | 3                          | NDS QL NM<br>PA |
| EBGLYSS SOSY 250mg/2ml<br>QL (20 syringes / 365 days)              | 3                          | NDS QL NM<br>PA |
| ENBREL SOLN 25mg/0.5ml<br>QL (16 vials / 28 days)                  | 3                          | NDS QL NM<br>PA |
| ENBREL SOSY 25mg/0.5ml<br>QL (16 syringes / 28 days)               | 3                          | NDS QL NM<br>PA |
| ENBREL SOSY 50mg/ml<br>QL (8 syringes / 28 days)                   | 3                          | NDS QL NM<br>PA |
| ENBREL MINI SOCT 50mg/ml<br>QL (8 cartridges / 28 days)            | 3                          | NDS QL NM<br>PA |
| ENBREL SURECLICK SOAJ 50mg/ml<br>QL (8 pens / 28 days)             | 3                          | NDS QL NM<br>PA |
| HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml<br>QL (6 syringes / 28 days)   | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------|----------------------------|-----------------|
| HADLIMA PUSH TOUCH<br>SOAJ 40mg/0.4ml,<br>40mg/0.8ml<br>QL (6 autoinjectors / 28<br>days) | 3                          | NDS QL NM<br>PA |
| HUMIRA PSKT 10mg/0.1ml<br>QL (2 syringes / 28<br>days)                                    | 3                          | NDS QL NM<br>PA |
| HUMIRA PSKT 20mg/0.2ml<br>QL (4 syringes / 28<br>days)                                    | 3                          | NDS QL NM<br>PA |
| HUMIRA PSKT 40mg/0.4ml,<br>40mg/0.8ml<br>QL (6 syringes / 28<br>days)                     | 3                          | NDS QL NM<br>PA |
| HUMIRA PEN AJKT<br>40mg/0.4ml, 40mg/0.8ml<br>QL (6 pens / 28 days)                        | 3                          | NDS QL NM<br>PA |
| HUMIRA PEN AJKT<br>80mg/0.8ml<br>QL (4 pens / 28 days)                                    | 3                          | NDS QL NM<br>PA |
| HUMIRA PEN KIT PS/UV<br>QL (3 pens / 28 days)                                             | 3                          | NDS QL NM<br>PA |
| HUMIRA PEN-CD/UC/HS<br>START AJKT 80mg/0.8ml<br>QL (3 pens / 28 days)                     | 3                          | NDS QL NM<br>PA |
| KINERET SOSY<br>100mg/0.67ml<br>QL (28 syringes / 28<br>days)                             | 3                          | NDS QL NM<br>PA |
| NEMLUVIO AUIJ 30mg<br>QL (2 pens / 28 days)                                               | 3                          | NDS QL NM<br>PA |
| PYZCHIVA SOAJ<br>45mg/0.5ml<br>QL (1 pen / 28 days)                                       | 2                          | QL NM PA        |
| PYZCHIVA SOAJ 90mg/ml<br>QL (1 pen / 28 days)                                             | 3                          | NDS QL NM<br>PA |
| PYZCHIVA SOLN<br>45mg/0.5ml<br>QL (1 vial / 28 days)                                      | 2                          | QL NM PA        |
| PYZCHIVA SOLN<br>130mg/26ml                                                               | 3                          | NDS NM PA       |
| PYZCHIVA SOSY<br>45mg/0.5ml<br>QL (1 syringe / 28 days)                                   | 2                          | QL NM PA        |
| PYZCHIVA SOSY 90mg/ml<br>QL (1 syringe / 28 days)                                         | 3                          | NDS QL NM<br>PA |
| RENFLEXIS SOLR 100mg                                                                      | 3                          | NDS NM PA       |

| Drug Name                                                                                          | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| RHAPSIDO TABS 25mg<br>QL (60 tabs / 30 days)                                                       | 3                          | NDS QL NM<br>PA |
| RINVOQ TB24 15mg, 30mg<br>QL (30 tabs / 30 days)                                                   | 3                          | NDS QL NM<br>PA |
| RINVOQ TB24 45mg<br>QL (168 tabs / year)                                                           | 3                          | NDS QL NM<br>PA |
| RINVOQ LQ SOLN 1mg/ml<br>QL (360 mL / 30 days)                                                     | 3                          | NDS QL NM<br>PA |
| SKYRIZI SOCT<br>180mg/1.2ml, 360mg/2.4ml<br>QL (1 cartridge / 56<br>days)                          | 3                          | NDS QL NM<br>PA |
| SKYRIZI SOLN 600mg/10ml                                                                            | 3                          | NDS NM PA       |
| SKYRIZI SOSY<br>55mg/0.37ml, 150mg/ml<br>QL (6 syringes / 365<br>days)                             | 3                          | NDS QL NM<br>PA |
| SKYRIZI PEN SOAJ<br>150mg/ml<br>QL (6 pens / 365 days)                                             | 3                          | NDS QL NM<br>PA |
| SOTYKTU TABS 6mg<br>QL (30 tabs / 30 days)                                                         | 3                          | NDS QL NM<br>PA |
| SPEVIGO SOLN<br>450mg/7.5ml                                                                        | 3                          | NDS NM PA       |
| SPEVIGO SOSY 150mg/ml<br>QL (28 syringes / 365<br>days)                                            | 3                          | NDS QL NM<br>PA |
| SPEVIGO SOSY 300mg/2ml<br>QL (14 syringes / 365<br>days)                                           | 3                          | NDS QL NM<br>PA |
| STELARA SOLN 45mg/0.5ml<br>QL (1 vial / 28 days)                                                   | 3                          | NDS QL NM<br>PA |
| STELARA SOLN<br>130mg/26ml                                                                         | 3                          | NDS NM PA       |
| STELARA SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)                                    | 3                          | NDS QL NM<br>PA |
| <i>tofacitinib citrate</i> (generic of<br>XELJANZ) SOLN 1mg/ml<br>QL (480 mL / 24 days)            | 3                          | NDS QL NM<br>PA |
| <i>tofacitinib citrate</i> (generic of<br>XELJANZ) TABS 5mg, 10mg<br>QL (60 tabs / 30 days)        | 3                          | NDS QL NM<br>PA |
| <i>tofacitinib citrate</i> (generic of<br>XELJANZ XR) TB24 11mg,<br>22mg<br>QL (30 tabs / 30 days) | 3                          | NDS QL NM<br>PA |

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------|----------------------------|-----------------|
| TREMFYA SOAJ 200mg/2ml<br>QL (2 pens / 28 days)                      | 3                          | NDS QL NM<br>PA |
| TREMFYA SOLN<br>200mg/20ml                                           | 3                          | NDS NM PA       |
| TREMFYA SOPN 100mg/ml<br>QL (1 pen / 28 days)                        | 3                          | NDS QL NM<br>PA |
| TREMFYA SOSY 100mg/ml<br>QL (1 syringe / 28 days)                    | 3                          | NDS QL NM<br>PA |
| TREMFYA SOSY 200mg/2ml<br>QL (2 syringes / 28<br>days)               | 3                          | NDS QL NM<br>PA |
| TREMFYA INDUCTION<br>PACK FO SOAJ 200mg/2ml<br>QL (2 pens / 28 days) | 3                          | NDS QL NM<br>PA |
| TREMFYA PEN SOAJ<br>100mg/ml<br>QL (1 pen / 28 days)                 | 3                          | NDS QL NM<br>PA |
| TYENNE SOAJ 162mg/0.9ml<br>QL (4 pens / 28 days)                     | 3                          | NDS QL NM<br>PA |
| TYENNE SOLN 80mg/4ml,<br>200mg/10ml, 400mg/20ml                      | 3                          | NDS NM PA       |
| TYENNE SOSY 162mg/0.9ml<br>QL (4 syringes / 28<br>days)              | 3                          | NDS QL NM<br>PA |
| USTEKINUMAB SOLN<br>45mg/0.5ml<br>QL (1 vial / 28 days)              | 3                          | NDS QL NM<br>PA |
| USTEKINUMAB SOLN<br>130mg/26ml                                       | 3                          | NDS NM PA       |
| USTEKINUMAB SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)  | 3                          | NDS QL NM<br>PA |
| VELSIPITY TABS 2mg<br>QL (30 tabs / 30 days)                         | 3                          | NDS QL NM<br>PA |
| XELJANZ SOLN 1mg/ml<br>QL (480 mL / 24 days)                         | 3                          | NDS QL NM<br>PA |
| XELJANZ TABS 5mg, 10mg<br>QL (60 tabs / 30 days)                     | 3                          | NDS QL NM<br>PA |
| XELJANZ XR TB24 11mg,<br>22mg<br>QL (30 tabs / 30 days)              | 3                          | NDS QL NM<br>PA |
| YESINTEK SOLN<br>45mg/0.5ml<br>QL (1 vial / 28 days)                 | 2                          | QL NM PA        |
| YESINTEK SOLN<br>130mg/26ml                                          | 2                          | NM PA           |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| YESINTEK SOSY<br>45mg/0.5ml<br>QL (1 syringe / 28 days)                                           | 2                          | QL NM PA        |
| YESINTEK SOSY 90mg/ml<br>QL (1 syringe / 28 days)                                                 | 3                          | NDS QL NM<br>PA |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC<br/>DRUGS (DMARDS)</b>                                        |                            |                 |
| <i>hydroxychloroquine sulfate</i><br>TABS 100mg, 300mg, 400mg                                     | 1                          |                 |
| <i>hydroxychloroquine sulfate</i><br>(generic of PLAQUENIL)<br>TABS 200mg                         | 1                          |                 |
| JYLAMVO SOLN 2mg/ml                                                                               | 3                          | B/D             |
| <i>leflunomide</i> (generic of<br>ARAVA) TABS 10mg, 20mg<br>QL (30 tabs / 30 days)                | 1                          | QL              |
| <i>methotrexate sodium</i> TABS<br>2.5mg                                                          | 1                          |                 |
| SOVUNA TABS 300mg                                                                                 | 3                          |                 |
| TREXALL TABS 5mg, 7.5mg,<br>10mg, 15mg                                                            | 3                          | B/D             |
| XATMEP SOLN 2.5mg/ml                                                                              | 3                          | B/D             |
| <b>IMMUNOGLOBULINS</b>                                                                            |                            |                 |
| ALYGLO SOLN 5gm/50ml,<br>10gm/100ml, 20gm/200ml                                                   | 3                          | NDS NM PA       |
| BIVIGAM SOLN 5gm/50ml,<br>10%                                                                     | 3                          | NDS NM PA       |
| CUTAQUIG SOLN 1gm/6ml,<br>1.65gm/10ml, 2gm/12ml,<br>3.3gm/20ml, 4gm/24ml,<br>8gm/48ml             | 3                          | NDS NM PA       |
| CUVITRU SOLN 1gm/5ml,<br>2gm/10ml, 4gm/20ml,<br>8gm/40ml, 10gm/50ml                               | 3                          | NDS NM PA       |
| CYTOGAM SOLN 50mg/ml                                                                              | 3                          | NDS B/D NM      |
| FLEBOGAMMA DIF SOLN<br>5gm/100ml, 10gm/200ml,<br>20gm/400ml                                       | 3                          | NDS NM PA       |
| GAMASTAN INJ                                                                                      | 3                          | B/D NM          |
| GAMMAGARD LIQUID<br>SOLN 1gm/10ml, 2.5gm/25ml,<br>5gm/50ml, 10gm/100ml,<br>20gm/200ml, 30gm/300ml | 3                          | NDS NM PA       |
| GAMMAGARD LIQUID ERC<br>SOLN 5gm/50ml, 10gm/100ml                                                 | 3                          | NDS NM PA       |
| GAMMAGARD S/D IGA LESS<br>TH SOLR 5gm, 10gm                                                       | 3                          | NDS NM PA       |

| Drug Name                                                                                                                    | Drug Requirements/<br>Tier | Limits     |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|
| GAMMAKED SOLN<br>1gm/10ml, 5gm/50ml,<br>10gm/100ml, 20gm/200ml                                                               | 3                          | NDS NM PA  |
| GAMMAPLEX SOLN<br>5gm/100ml, 5gm/50ml,<br>10gm/100ml, 10gm/200ml,<br>20gm/200ml, 20gm/400ml                                  | 3                          | NDS NM PA  |
| GAMUNEX-C SOLN<br>1gm/10ml, 2.5gm/25ml,<br>5gm/50ml, 10gm/100ml,<br>20gm/200ml, 40gm/400ml                                   | 3                          | NDS NM PA  |
| HEPAGAM B SOLN<br>312unit/ml                                                                                                 | 3                          | NDS B/D NM |
| HIZENTRA SOLN 1gm/5ml,<br>2gm/10ml, 4gm/20ml,<br>10gm/50ml; SOSY 1gm/5ml,<br>2gm/10ml, 4gm/20ml,<br>10gm/50ml                | 3                          | NDS NM PA  |
| HYQVIA INJ 2.5-200                                                                                                           | 3                          | NDS NM PA  |
| HYQVIA INJ 5-400                                                                                                             | 3                          | NDS NM PA  |
| HYQVIA INJ 10-800                                                                                                            | 3                          | NDS NM PA  |
| HYQVIA INJ 20-1600                                                                                                           | 3                          | NDS NM PA  |
| HYQVIA INJ 30-2400                                                                                                           | 3                          | NDS NM PA  |
| OCTAGAM SOLN 1gm/20ml,<br>2gm/20ml, 2.5gm/50ml,<br>5gm/100ml, 5gm/50ml,<br>10gm/100ml, 10gm/200ml,<br>20gm/200ml, 30gm/300ml | 3                          | NDS NM PA  |
| PANZYGA SOLN 1gm/10ml,<br>2.5gm/25ml, 5gm/50ml,<br>10gm/100ml, 20gm/200ml,<br>30gm/300ml                                     | 3                          | NDS NM PA  |
| PRIVIGEN SOLN 5gm/50ml,<br>10gm/100ml, 20gm/200ml,<br>40gm/400ml                                                             | 3                          | NDS NM PA  |
| QIVIGY SOLN 5gm/50ml,<br>10gm/100ml                                                                                          | 3                          | NDS NM PA  |
| XEMBIFY SOLN 1gm/5ml,<br>2gm/10ml, 4gm/20ml,<br>10gm/50ml                                                                    | 3                          | NDS NM PA  |
| YIMMUGO SOLN 5gm/50ml,<br>10gm/100ml, 20gm/200ml                                                                             | 3                          | NDS NM PA  |
| <b>IMMUNOMODULATORS</b>                                                                                                      |                            |            |
| ACTIMMUNE SOLN<br>100mcg/0.5ml                                                                                               | 3                          | NDS NM PA  |
| ARCALYST SOLR 220mg                                                                                                          | 3                          | NDS NM PA  |
| GRASTEK SUBL 2800bau                                                                                                         | 3                          | PA         |
| ILARIS SOLN 150mg/ml                                                                                                         | 3                          | NDS NM PA  |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| IMAAVY SOLN<br>300mg/1.62ml, 1200mg/6.5ml                                                              | 3                          | NDS NM PA       |
| JOENJA TABS 70mg<br>QL (60 tabs / 30 days)                                                             | 3                          | NDS QL NM<br>PA |
| ODACTRA SUB                                                                                            | 3                          | PA              |
| RAGWITEK SUBL 12amba1-<br>u                                                                            | 3                          | PA              |
| RYSTIGGO SOLN<br>280mg/2ml, 420mg/3ml,<br>560mg/4ml, 840mg/6ml                                         | 3                          | NDS NM PA       |
| VYVGART SOLN<br>400mg/20ml                                                                             | 3                          | NDS NM PA       |
| VYVGART INJ HYTRULO                                                                                    | 3                          | NDS NM PA       |
| ZILBRYSQ SOSY<br>16.6mg/0.416ml,<br>23mg/0.574ml, 32.4mg/0.81ml<br>QL (28 syringes / 28<br>days)       | 3                          | NDS QL NM<br>PA |
| <b>IMMUNOSUPPRESSANTS</b>                                                                              |                            |                 |
| ASTAGRAF XL CP24 5mg                                                                                   | 3                          | NDS B/D NM      |
| ASTAGRAF XL CP24 .5mg,<br>1mg                                                                          | 3                          | B/D NM          |
| ATGAM SOLN 50mg/ml                                                                                     | 3                          | NDS B/D         |
| azasan TABS 75mg, 100mg                                                                                | 1                          | B/D             |
| azathioprine (generic of<br>IMURAN) TABS 50mg                                                          | 1                          | B/D             |
| azathioprine TABS 75mg,<br>100mg                                                                       | 1                          | B/D             |
| BENLYSTA SOAJ 200mg/ml<br>QL (8 pens / 28 days)                                                        | 3                          | NDS QL NM<br>PA |
| BENLYSTA SOLR 120mg,<br>400mg                                                                          | 3                          | NDS NM PA       |
| BENLYSTA SOSY 200mg/ml<br>QL (8 syringes / 28<br>days)                                                 | 3                          | NDS QL NM<br>PA |
| cyclosporine (generic of<br>SANDIMMUNE) CAPS 25mg,<br>100mg                                            | 1                          | B/D NM          |
| cyclosporine modified (for<br>microemulsion) (generic of<br>NEORAL) CAPS 25mg,<br>100mg; SOLN 100mg/ml | 1                          | B/D NM          |
| cyclosporine modified (for<br>microemulsion) CAPS 50mg                                                 | 1                          | B/D NM          |
| ENVARISUS XR TB24 4mg                                                                                  | 3                          | NDS B/D NM      |
| ENVARISUS XR TB24 .75mg,<br>1mg                                                                        | 3                          | B/D NM          |

| Drug Name                                                                                           | Drug Requirements/<br>Tier | Limits          |
|-----------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>everolimus</i><br>( <i>immunosuppressant</i> )<br>(generic of ZORTRESS)<br>TABS .5mg, .75mg, 1mg | 3                          | NDS B/D NM      |
| <i>everolimus</i><br>( <i>immunosuppressant</i> )<br>(generic of ZORTRESS)<br>TABS .25mg            | 1                          | B/D NM          |
| <i>gengraf</i> (generic of NEORAL)<br>CAPS 25mg, 100mg                                              | 1                          | B/D NM          |
| LUPKYNIS CAPS 7.9mg                                                                                 | 3                          | NDS NM PA       |
| <i>mycophenolate mofetil</i><br>(generic of CELLCEPT)<br>CAPS 250mg; TABS 500mg                     | 1                          | B/D NM          |
| <i>mycophenolate mofetil</i><br>(generic of CELLCEPT)<br>SUSR 200mg/ml                              | 3                          | NDS B/D NM      |
| <i>mycophenolate sodium</i><br>(generic of MYFORTIC)<br>TBEC 180mg, 360mg                           | 1                          | B/D NM          |
| MYHIBBIN SUSP 200mg/ml                                                                              | 3                          | NDS B/D NM      |
| NIKTIMVO SOLN<br>9mg/0.18ml, 9mg/0.9ml,<br>22mg/0.44ml, 22mg/2.2ml                                  | 3                          | NDS NM PA       |
| NULOJIX SOLR 250mg                                                                                  | 3                          | NDS B/D NM      |
| PROGRAF PACK .2mg, 1mg                                                                              | 3                          | B/D NM          |
| REZUROCK TABS 200mg<br>QL (30 tabs / 30 days)                                                       | 3                          | NDS QL NM<br>PA |
| SAPHNELO SOLN<br>300mg/2ml                                                                          | 3                          | NDS NM PA       |
| SAPHNELO SOSY<br>120mg/0.8ml<br>QL (4 syringes / 28<br>days)                                        | 3                          | NDS QL NM<br>PA |
| SAPHNELO PEN SOAJ<br>120mg/0.8ml<br>QL (4 pens / 28 days)                                           | 3                          | NDS QL NM<br>PA |
| <i>sirolimus</i> SOLN 1mg/ml;<br>TABS .5mg, 1mg, 2mg                                                | 1                          | B/D NM          |
| <i>tacrolimus</i> (generic of<br>PROGRAF) CAPS .5mg,<br>1mg, 5mg                                    | 1                          | B/D NM          |
| <i>tacrolimus</i> (generic of<br>ASTAGRAF XL) CP24 5mg                                              | 3                          | NDS B/D NM      |
| <i>tacrolimus</i> (generic of<br>ASTAGRAF XL) CP24 .5mg,<br>1mg                                     | 1                          | B/D NM          |

| Drug Name                                                | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------|----------------------------|--------|
| <b>VACCINES</b>                                          |                            |        |
| ABRYSVO SOLR<br>120mcg/0.5ml                             | 1                          | PA     |
| ACTHIB INJ                                               | 1                          |        |
| ADACEL INJ                                               | 1                          |        |
| AREXVY SUSR<br>120mcg/0.5ml                              | 1                          | PA     |
| BCG VACCINE SOLR 50mg                                    | 1                          |        |
| BEXSERO SUSY .5ml                                        | 1                          |        |
| BOOSTRIX INJ                                             | 1                          |        |
| DAPTACEL INJ                                             | 1                          |        |
| ENGRIX-B SUSP<br>20mcg/ml; SUSY<br>10mcg/0.5ml, 20mcg/ml | 1                          | B/D    |
| GARDASIL 9 SUSP .5ml;<br>SUSY .5ml                       | 1                          |        |
| HAVRIX SUSY 720elu/0.5ml,<br>1440unit/ml                 | 1                          |        |
| HEPLISAV-B SOSY<br>20mcg/0.5ml                           | 1                          | B/D    |
| HIBERIX SOLR 10mcg                                       | 1                          |        |
| IMOVAX RABIES (H.D.C.V.)<br>SUSR 2.5unit/ml              | 1                          | B/D    |
| INFANRIX INJ                                             | 1                          |        |
| IPOL INJ INACTIVE                                        | 1                          |        |
| IXIARO INJ                                               | 1                          |        |
| JYNNEOS SUSP .5ml                                        | 1                          | B/D    |
| KINRIX INJ                                               | 1                          |        |
| M-M-R II INJ                                             | 1                          |        |
| MENQUADFI SOLN .5ml                                      | 1                          |        |
| MENVEO INJ                                               | 1                          |        |
| MENVEO SOL                                               | 1                          |        |
| MRESVIA SUSY<br>50mcg/0.5ml                              | 1                          | PA     |
| PEDIARIX INJ 0.5ML                                       | 1                          |        |
| PEDVAXHIB SUSP<br>7.5mcg/0.5ml                           | 1                          |        |
| PENBRAYA INJ                                             | 1                          |        |
| PENMENVY INJ                                             | 1                          |        |
| PENTACEL INJ                                             | 1                          |        |
| PRIORIX INJ                                              | 1                          |        |
| PROQUAD INJ                                              | 1                          |        |
| QUADRACEL INJ 0.5ML                                      | 1                          |        |
| RABAVERT INJ                                             | 1                          | B/D    |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| RECOMBIVAX HB SUSP<br>5mcg/0.5ml, 10mcg/ml,<br>40mcg/ml; SUSY 5mcg/0.5ml,<br>10mcg/ml  | 1                          | B/D    |
| ROTARIX SUS                                                                            | 1                          |        |
| ROTATEQ SOL                                                                            | 1                          |        |
| SHINGRIX SUSR<br>50mcg/0.5ml<br>QL (2 vials per lifetime)                              | 1                          | QL     |
| SHINGRIX SUSY<br>50mcg/0.5ml<br>QL (2 syringes per<br>lifetime)                        | 1                          | QL     |
| TENIVAC INJ 5-2LF                                                                      | 1                          | B/D    |
| TICOVAC SUSY<br>1.2mcg/0.25ml, 2.4mcg/0.5ml                                            | 1                          |        |
| TRUMENBA SUSY .5ml                                                                     | 1                          |        |
| TWINRIX INJ                                                                            | 1                          |        |
| TYPHIM VI SOLN<br>25mcg/0.5ml; SOSY<br>25mcg/0.5ml                                     | 1                          |        |
| VAQTA SUSP 25unit/0.5ml,<br>50unit/ml; SUSY 25unit/0.5ml,<br>50unit/ml                 | 1                          |        |
| VARIVAX SUSR<br>1350pfu/0.5ml                                                          | 1                          |        |
| VAXCHORA SUS                                                                           | 1                          |        |
| VIMKUNYA SUSY<br>40mcg/0.8ml                                                           | 1                          |        |
| VIVOTIF CAP EC                                                                         | 1                          |        |
| YF-VAX INJ                                                                             | 1                          |        |
| <b>NUTRITIONAL/SUPPLEMENTS<br/>ELECTROLYTES/MINERALS,<br/>INJECTABLE</b>               |                            |        |
| D2.5W/NACL INJ 0.45%                                                                   | 3                          |        |
| D5W/LYTES INJ #48                                                                      | 3                          |        |
| D5W/NACL INJ 0.2%                                                                      | 1                          |        |
| D5W/NACL INJ 0.45%                                                                     | 1                          |        |
| D10W/NACL INJ 0.2%                                                                     | 2                          |        |
| D10W/NACL INJ 0.45%                                                                    | 1                          |        |
| dextrose 2.5% w/ sodium<br>chloride 0.45% (generic of<br>DEXTROSE 2.5%/SODIUM<br>CHLO) | 1                          |        |
| dextrose 5% in lactated<br>ringers                                                     | 1                          |        |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------|
| dextrose 5% w/ sodium<br>chloride 0.3% (generic of<br>DEXTROSE 5%/SODIUM<br>CHLORI)                   | 1                          |        |
| dextrose 5% w/ sodium<br>chloride 0.9% (generic of<br>DEXTROSE 5%/SODIUM<br>CHLORI)                   | 1                          |        |
| dextrose 5% w/ sodium<br>chloride 0.45% (generic of<br>DEXTROSE 5%/SODIUM<br>CHLORI)                  | 1                          |        |
| dextrose 5% w/ sodium<br>chloride 0.225% (generic of<br>DEXTROSE/SODIUM<br>CHLORIDE)                  | 1                          |        |
| ISOLYTE-P INJ /D5W                                                                                    | 3                          |        |
| ISOLYTE-S INJ                                                                                         | 3                          |        |
| ISOLYTE-S INJ PH 7.4                                                                                  | 3                          |        |
| kcl 10 meq/l (0.075%) in<br>dextrose 5% & nacl 0.45% inj<br>(generic of KCL<br>0.075%/D5W/NACL 0.45%) | 1                          |        |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.9% inj<br>(generic of KCL<br>0.15%/D5W/NACL 0.9%)     | 1                          |        |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.45% inj<br>(generic of KCL<br>0.15%/D5W/NACL 0.45%)   | 1                          |        |
| kcl 20 meq/l (0.15%) in nacl<br>0.9% inj (generic of<br>POTASSIUM<br>CHLORIDE/SODIUM)                 | 1                          |        |
| kcl 20 meq/l (0.15%) in nacl<br>0.45% inj (generic of<br>POTASSIUM<br>CHLORIDE/SODIUM)                | 1                          |        |
| kcl 20 meq/l (0.149%) in nacl<br>0.9% inj                                                             | 1                          |        |
| kcl 20 meq/l (0.149%) in nacl<br>0.45% inj                                                            | 1                          |        |
| kcl 30 meq/l (0.224%) in<br>dextrose 5% & nacl 0.45% inj<br>(generic of POTASSIUM<br>CHLORIDE/DEXTRO) | 1                          |        |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%)              | 1                                 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> (generic of KCL 0.3%/D5W/NACL 0.45%)            | 1                                 |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)                             | 1                                 |
| <i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>                                                                  | 1                                 |
| KCL/D5W/LACT INJ 20MEQ/L                                                                                       | 3                                 |
| KCL/D5W/NACL INJ 0.3/0.9%                                                                                      | 3                                 |
| KCL/D5W/NACL INJ 0.15/0.2                                                                                      | 1                                 |
| KCL/D5W/NACL INJ 0.15/0.9                                                                                      | 3                                 |
| KCL/D5W/NACL INJ 0.15/0.45                                                                                     | 3                                 |
| LACTATED RIN INJ                                                                                               | 3                                 |
| <i>lactated ringer's solution</i> (generic of LACTATED RINGERS)                                                | 1                                 |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml                                            | 2                                 |
| <i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml, 50% | 2                                 |
| <i>magnesium sulfate</i> SOLN 3gm/100ml, 4gm/50ml                                                              | 2                                 |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)               | 2                                 |
| <i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE A)                                                 | 1                                 |
| POT CHL 20MEQ/L IN NACL 0.9% INJ                                                                               | 3                                 |
| POT CHL 20MEQ/L IN NACL 0.45% INJ                                                                              | 3                                 |
| POT CHL 40MEQ/L IN NACL 0.9% INJ                                                                               | 3                                 |

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

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

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits  |
|--------------------------------------------------------------------------------|----------------------------|---------|
| AMINOSYN-PF INJ 7%                                                             | 3                          | B/D     |
| AMINOSYN-PF INJ 10%                                                            | 3                          | B/D     |
| CLINIMIX E INJ 2.75/D5W                                                        | 3                          | B/D     |
| CLINIMIX E INJ 4.25/D5W                                                        | 3                          | B/D     |
| CLINIMIX E INJ 4.25/D10                                                        | 3                          | B/D     |
| CLINIMIX E INJ 5%/D15W                                                         | 3                          | B/D     |
| CLINIMIX E INJ 5%/D20W                                                         | 3                          | B/D     |
| CLINIMIX E INJ 8/10                                                            | 3                          | B/D     |
| CLINIMIX E INJ 8/14                                                            | 3                          | B/D     |
| CLINIMIX INJ 4.25/D5W                                                          | 3                          | B/D     |
| CLINIMIX INJ 4.25/D10                                                          | 3                          | B/D     |
| CLINIMIX INJ 5%/D15W                                                           | 3                          | B/D     |
| CLINIMIX INJ 5%/D20W                                                           | 3                          | B/D     |
| CLINIMIX INJ 6/5                                                               | 3                          | B/D     |
| CLINIMIX INJ 8/10                                                              | 3                          | B/D     |
| CLINIMIX INJ 8/14                                                              | 3                          | B/D     |
| <i>clinisol sf 15%</i>                                                         | 1                          | B/D     |
| CLINOLIPID EMU 20%                                                             | 3                          | B/D     |
| <i>dextrose</i> SOLN 5%                                                        | 1                          |         |
| <i>dextrose</i> (generic of DEXTROSE 10%) SOLN 10%                             | 1                          |         |
| <i>dextrose</i> SOLN 50%                                                       | 1                          | B/D     |
| DEXTROSE 10% SOLN 10%                                                          | 1                          |         |
| DEXTROSE 70% SOLN 70%                                                          | 1                          | B/D     |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml                                         | 3                          | B/D     |
| KABIVEN EMU                                                                    | 3                          | NDS B/D |
| NUTRILIPID EMUL 20gm/100ml                                                     | 3                          | B/D     |
| <i>plenamine</i>                                                               | 1                          | B/D     |
| PREMASOL SOL 10%                                                               | 3                          | NDS B/D |
| PROSOL INJ 20%                                                                 | 3                          | B/D     |
| SMOFLIPID EMU                                                                  | 3                          | B/D     |
| TRAVASOL INJ 10%                                                               | 3                          | B/D     |
| TROPHAMINE INJ 10%                                                             | 3                          | B/D     |
| <b>OPHTHALMIC</b>                                                              |                            |         |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>                                        |                            |         |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>                          | 1                          |         |
| <i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3% (generic of ZYLET)</i> | 1                          |         |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>  | 1                          |         |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------|----------------------------|--------|
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i> | 1                          |        |
| <i>neomycin-polymyxin-hc ophth susp</i>                                       | 1                          |        |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>            | 1                          |        |
| TOBRADEX OIN 0.3-0.1%                                                         | 2                          |        |
| TOBRADEX ST SUS 0.3-0.05                                                      | 3                          |        |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                           | 1                          |        |
| ZYLET SUS 0.5-0.3%                                                            | 2                          |        |
| <b>ANTI-INFECTIVES</b>                                                        |                            |        |
| AZASITE SOLN 1%                                                               | 3                          |        |
| <i>bacitracin-polymyxin b ophth oint</i>                                      | 1                          |        |
| <i>besifloxacin hcl</i> SUSP .6%                                              | 1                          |        |
| BESIVANCE SUSP .6%                                                            | 2                          |        |
| CILOXAN OINT .3%                                                              | 2                          |        |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i>                                     | 1                          |        |
| <i>erythromycin (ophth) OINT 5mg/gm</i>                                       | 1                          |        |
| <i>gatifloxacin (ophth) SOLN .5%</i>                                          | 1                          |        |
| <i>gentamicin sulfate (ophth) SOLN .3%</i>                                    | 1                          |        |
| <i>levofloxacin (ophth) SOLN .5%, 1.5%</i>                                    | 1                          |        |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i>                                      | 1                          | QL     |
| QL (12 mL / 30 days)                                                          |                            |        |
| <i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>                 | 1                          | QL     |
| QL (12 mL / 30 days)                                                          |                            |        |
| NATACYN SUSP 5%                                                               | 3                          |        |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>           | 1                          |        |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>           | 1                          |        |
| <i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>                        | 1                          |        |

| Drug Name                                                           | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------|-----------------------------------|
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>       | 1                                 |
| <i>sulfacetamide sodium (ophth) SOLN 10%</i>                        | 1                                 |
| <i>tobramycin (ophth) SOLN .3%</i>                                  | 1                                 |
| TOBREX OINT .3%                                                     | 3                                 |
| <i>trifluridine SOLN 1%</i>                                         | 1                                 |
| XDEMZY SOLN .25%                                                    | 3 NDS NM PA                       |
| ZIRGAN GEL .15%                                                     | 3                                 |
| <b>ANTI-INFLAMMATORIES</b>                                          |                                   |
| ACUVAIL SOLN .45%                                                   | 3                                 |
| <i>bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%</i>     | 1                                 |
| <i>bromfenac sodium (ophth) SOLN .09%</i>                           | 1                                 |
| <i>bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%</i>    | 1                                 |
| BYQLOVI SUSP .05%                                                   | 3                                 |
| <i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>              | 1                                 |
| <i>diclofenac sodium (ophth) SOLN .1%</i>                           | 1                                 |
| <i>difluprednate (generic of DUREZOL) EMUL .05%</i>                 | 1                                 |
| FLAREX SUSP .1%                                                     | 3                                 |
| <i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i>  | 1                                 |
| <i>flurbiprofen sodium SOLN .03%</i>                                | 1                                 |
| FML FORTE SUSP .25%                                                 | 3                                 |
| ILEVRO SUSP .3%                                                     | 3                                 |
| <i>ketorolac tromethamine (ophth) SOLN .4%</i>                      | 1                                 |
| <i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>  | 1                                 |
| LOTEMAX OINT .5%                                                    | 2                                 |
| LOTEMAX SM GEL .38%                                                 | 2                                 |
| <i>loteprednol etabonate (generic of LOTEMAX) GEL .5%; SUSP .5%</i> | 1                                 |
| <i>loteprednol etabonate SUSP .2%</i>                               | 1                                 |

| Drug Name                                                                             | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------|-----------------------------------|
| MAXIDEX SUSP .1%                                                                      | 3                                 |
| NEVANAC SUSP .1%                                                                      | 3                                 |
| PRED MILD SUSP .12%                                                                   | 3                                 |
| <i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>                   | 1                                 |
| PREDNISOLONE SODIUM PHOSP SOLN 1%                                                     | 2                                 |
| TRIESENCE SUSP 40mg/ml                                                                | 3 PA                              |
| XIPERE SUSP 40mg/ml                                                                   | 3 NM PA                           |
| YUTIQ IMPL .18mg                                                                      | 3 NDS NM                          |
| <b>ANTIALLERGICS</b>                                                                  |                                   |
| <i>azelastine hcl (ophth) SOLN .05%</i>                                               | 1                                 |
| <i>bepotastine besilate SOLN 1.5%</i>                                                 | 1                                 |
| <i>cromolyn sodium (ophth) SOLN 4%</i>                                                | 1                                 |
| <i>epinastine hcl (ophth) SOLN .05%</i>                                               | 1                                 |
| ZERVATE SOLN .24%                                                                     | 3                                 |
| <b>ANTI GLAUCOMA</b>                                                                  |                                   |
| <i>betaxolol hcl (ophth) SOLN .5%</i>                                                 | 1                                 |
| <i>brimonidine tartrate (generic of ALPHAGAN P) SOLN .1%, .15%</i>                    | 1                                 |
| <i>brimonidine tartrate SOLN .2%</i>                                                  | 1                                 |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)</i> | 1                                 |
| <i>brinzolamide (generic of AZOPT) SUSP 1%</i>                                        | 1 ST                              |
| <i>carteolol hcl (ophth) SOLN 1%</i>                                                  | 1                                 |
| COMBIGAN SOL 0.2/0.5%                                                                 | 2                                 |
| <i>dorzolamide hcl SOLN 2%</i>                                                        | 1                                 |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)</i>          | 1                                 |
| <i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (generic of COSOPT PF)</i>    | 1                                 |
| IYUZEH SOLN .005%                                                                     | 3 ST                              |
| <i>latanoprost (generic of XALATAN) SOLN .005%</i>                                    | 1                                 |

| Drug Name                                                                      | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------------|-----------------------------------|
| <i>levobunolol hcl</i> SOLN .5%                                                | 1                                 |
| LUMIGAN SOLN .01%                                                              | 2                                 |
| PHOSPHOLINE IODIDE SOLR .125%                                                  | 3 NDS NM                          |
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4%                                         | 1                                 |
| RHOPRESSA SOLN .02%                                                            | 2                                 |
| ROCKLATAN DRO                                                                  | 2                                 |
| SIMBRINZA SUS 1-0.2%                                                           | 3                                 |
| <i>timolol hemihydrate (ophth)</i> (generic of BETIMOL) SOLN .5%               | 1                                 |
| <i>timolol maleate (ophth)</i> SOLG 1 .25%, .5%; SOLN .25%, .5%                | 1                                 |
| <i>timolol maleate (ophth) once-daily</i> SOLN .5%                             | 1                                 |
| <i>timolol maleate (ophth) pf</i> (generic of TIMOPTIC OCUDOSE) SOLN .25%, .5% | 1                                 |
| <i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%                           | 1                                 |
| VYZULTA SOLN .024%                                                             | 3                                 |
| ZOLYMBUS GEL .01%                                                              | 3 ST                              |
| <b>MISCELLANEOUS</b>                                                           |                                   |
| ATROPINE SULFATE SOLN 1%                                                       | 2                                 |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1%                                   | 1                                 |
| BEOVU SOSY 6mg/0.05ml                                                          | 3 NDS NM PA                       |
| BYOOVIZ SOLN .5mg/0.05ml                                                       | 3 NDS NM PA                       |
| CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml                                          | 3 NDS NM PA                       |
| CYSTADROPS SOLN .37%                                                           | 3 NDS NM PA                       |
| CYSTARAN SOLN .44%                                                             | 3 NDS NM PA                       |
| EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml                                         | 3 NDS NM PA                       |
| EYLEA HD SOLN 8mg/0.07ml                                                       | 3 NDS NM PA                       |
| EYSUVIS SUSP .25%                                                              | 3                                 |
| IZERVAY SOLN 2mg/0.1ml                                                         | 3 NDS NM PA                       |
| LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml                                         | 3 NDS NM PA                       |
| MIEBO SOLN 1.338gm/ml                                                          | 2                                 |
| OXERVATE SOLN .002% QL (112 mL / year)                                         | 3 NDS QL NM PA                    |
| PAVBLU SOSY 2mg/0.05ml                                                         | 3 NDS NM PA                       |

| Drug Name                                                                  | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------|-----------------------------------|
| <i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%                      | 1                                 |
| RESTASIS EMUL .05%                                                         | 2                                 |
| RESTASIS MULTIDOSE EMUL .05%                                               | 2                                 |
| SUSVIMO SOLN 10mg/0.1ml                                                    | 3 NDS NM PA                       |
| SYFOVRE SOLN 15mg/0.1ml                                                    | 3 NDS NM PA                       |
| VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml                                   | 3 NDS NM PA                       |
| XIIDRA SOLN 5%                                                             | 2                                 |
| YESAFILI SOSY 2mg/0.05ml                                                   | 3 NDS NM PA                       |
| <b>OTIC</b>                                                                |                                   |
| <b>OTIC AGENTS</b>                                                         |                                   |
| <i>acetic acid (otic)</i> SOLN 2%                                          | 1                                 |
| CIPRO HC SUS 0.2-1%OT                                                      | 3                                 |
| <i>ciprofloxacin hcl (otic)</i> (generic of CETRAXAL) SOLN .2%             | 1                                 |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>                      | 1                                 |
| <i>ciprofloxacin-hydrocortisone otic susp 0.2-1%</i> (generic of CIPRO HC) | 1                                 |
| CORTISPORIN SUS -TC OTIC                                                   | 3                                 |
| <i>flac</i> (generic of DERMOTIC) OIL .01%                                 | 1                                 |
| <i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%        | 1                                 |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i>                        | 1                                 |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                                  | 1                                 |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>          | 1                                 |
| <i>ofloxacin (otic)</i> SOLN .3%                                           | 1                                 |
| XTORO SUSP .3%                                                             | 3                                 |
| <b>RESPIRATORY</b>                                                         |                                   |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                           |                                   |
| ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)                        | 2 QL                              |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| BEVESPI AER 9-4.8MCG<br>QL (1 inhaler / 30 days)                                                              | 2                          | QL     |
| BREZTRI AERO AER 9MCG<br>QL (1 inhaler / 30 days)                                                             | 2                          | QL     |
| BREZTRI AERO AER 18MCG<br>QL (1 inhaler / 30 days)                                                            | 2                          | QL     |
| BREZTRI AERO AER<br>SPHERE (INSTITUTIONAL<br>PACK)<br>QL (4 inhalers / 28 days)                               | 2                          | QL     |
| COMBIVENT AER 20-100<br>QL (2 inhalers / 30 days)                                                             | 3                          | QL     |
| <i>ipratropium-albuterol nebu<br/>soln 0.5-2.5(3) mg/3ml</i>                                                  | 1                          | B/D    |
| TRELEGY AER ELLIPTA<br>100-62.5-25 MCG<br>QL (60 blisters / 30<br>days)                                       | 2                          | QL     |
| TRELEGY AER ELLIPTA<br>200-62.5-25 MCG<br>QL (60 blisters / 30<br>days)                                       | 2                          | QL     |
| <b>ANTICHOLINERGICS</b>                                                                                       |                            |        |
| ATROVENT HFA AERS<br>17mcg/act<br>QL (2 inhalers / 30 days)                                                   | 3                          | QL     |
| INCRUSE ELLIPTA AEPB<br>62.5mcg/inh<br>QL (30 blisters / 30<br>days)                                          | 2                          | QL     |
| <i>ipratropium bromide SOLN<br/>.02%</i>                                                                      | 1                          | B/D    |
| <i>ipratropium bromide (nasal)<br/>SOLN .03%, .06%</i>                                                        | 1                          |        |
| <i>ipratropium bromide hfa<br/>(generic of ATROVENT HFA)<br/>AERS 17mcg/act<br/>QL (2 inhalers / 30 days)</i> | 1                          | QL     |
| SPIRIVA RESPIMAT AERS<br>1.25mcg/act, 2.5mcg/act<br>QL (1 inhaler / 30 days)                                  | 3                          | QL     |
| <i>tiotropium bromide (generic of<br/>SPIRIVA HANDIHALER)<br/>CAPS 18mcg<br/>QL (30 caps / 30 days)</i>       | 1                          | QL     |

| Drug Name                                                                                                                                  | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>ANTI-HISTAMINE COMBINATIONS</b>                                                                                                         |                            |        |
| <i>azelastine hcl-fluticasone prop<br/>nasal spray 137-50 mcg/act<br/>(generic of DYMISTA)<br/>QL (1 bottle / 30 days)</i>                 | 1                          | QL     |
| CLARINEX-D TAB 2.5-120                                                                                                                     | 3                          |        |
| <i>promethazine &amp;<br/>phenylephrine syrup 6.25-5<br/>mg/5ml<br/>PA applies if 65 years and<br/>older</i>                               | 2                          | PA     |
| RYALTRIS SPR 665-25<br>QL (31 gm / 30 days)                                                                                                | 3                          | QL     |
| <b>ANTI-HISTAMINES</b>                                                                                                                     |                            |        |
| <i>azelastine hcl SOLN .1%</i>                                                                                                             | 1                          |        |
| <i>carbinoxamine maleate<br/>SOLN 4mg/5ml; SUER<br/>4mg/5ml<br/>PA applies if 65 years and<br/>older</i>                                   | 3                          | PA     |
| <i>carbinoxamine maleate TABS<br/>4mg<br/>PA applies if 65 years and<br/>older</i>                                                         | 2                          | PA     |
| <i>carbzah SOLN 4mg/5ml<br/>PA applies if 65 years and<br/>older</i>                                                                       | 3                          | PA     |
| <i>cetirizine hcl SOLN 5mg/5ml<br/>QL (300 mL / 30 days)</i>                                                                               | 1                          | QL     |
| <i>clemastine fumarate TABS<br/>2.68mg<br/>PA applies if 65 years and<br/>older</i>                                                        | 2                          | PA     |
| <i>cycloheptadine hcl SYRP<br/>2mg/5ml; TABS 4mg<br/>PA applies if 65 years and<br/>older after a 30 day supply<br/>in a calendar year</i> | 2                          | PA     |
| <i>desloratadine (generic of<br/>CLARINEX) TABS 5mg<br/>QL (30 tabs / 30 days)</i>                                                         | 1                          | QL     |
| <i>desloratadine TBP 2.5mg,<br/>5mg<br/>QL (30 tabs / 30 days)</i>                                                                         | 1                          | QL     |
| <i>diphenhydramine hcl SOLN<br/>50mg/ml</i>                                                                                                | 1                          |        |

| Drug Name                                                                                                                                   | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>hydroxyzine hcl</i> SOLN<br>25mg/ml, 50mg/ml<br>PA applies if 65 years and older                                                         | 3                          | PA        |
| <i>hydroxyzine hcl</i> SYRP<br>10mg/5ml; TABS 10mg, 25mg, 50mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year | 2                          | PA        |
| <i>hydroxyzine pamoate</i> CAPS<br>25mg, 50mg, 100mg<br>PA applies if 65 years and older after a 30 day supply in a calendar year           | 2                          | PA        |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml<br>QL (300 mL / 30 days)                                                               | 1                          | QL        |
| <i>levocetirizine dihydrochloride</i> TABS 5mg<br>QL (30 tabs / 30 days)                                                                    | 1                          | QL        |
| <i>olopatadine hcl (nasal)</i> SOLN .6%                                                                                                     | 1                          |           |
| QUZYTIR SOLN 10mg/ml<br>QL (30 mL / 30 days)                                                                                                | 3                          | NDS QL PA |
| <b>BETA AGONISTS</b>                                                                                                                        |                            |           |
| <i>albuterol sulfate</i> AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proair HFA)                                         | 1                          | QL        |
| <i>albuterol sulfate</i> AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Proventil HFA)                                      | 1                          | QL        |
| <i>albuterol sulfate</i> (generic of VENTOLIN HFA) AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)<br>(generic of Ventolin HFA)             | 1                          | QL        |
| <i>albuterol sulfate</i> NEBU<br>.083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml                                                                  | 1                          | B/D       |
| <i>albuterol sulfate</i> SYRP<br>2mg/5ml; TABS 2mg, 4mg                                                                                     | 1                          |           |
| <i>arformoterol tartrate</i> NEBU<br>15mcg/2ml                                                                                              | 1                          | B/D       |
| <i>formoterol fumarate</i> (generic of PERFOROMIST) NEBU<br>20mcg/2ml                                                                       | 1                          | B/D       |

| Drug Name                                                                                            | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>levalbuterol hcl</i> NEBU<br>.31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml                       | 1                          | B/D          |
| <i>levalbuterol tartrate</i> AERO<br>45mcg/act<br>QL (2 inhalers / 30 days)                          | 1                          | QL ST        |
| SEREVENT DISKUS AEPB<br>50mcg/dose<br>QL (60 inhalations / 30 days)                                  | 2                          | QL           |
| STRIVERDI RESPIMAT<br>AERS 2.5mcg/act<br>QL (1 inhaler / 30 days)                                    | 3                          | QL           |
| <i>terbutaline sulfate</i> SOLN<br>1mg/ml; TABS 2.5mg, 5mg                                           | 1                          |              |
| VENTOLIN HFA AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)                                         | 2                          | QL           |
| VENTOLIN HFA<br>(INSTITUTIONAL PACK)<br>AERS 108mcg/act<br>QL (6 inhalers / 30 days)                 | 2                          | QL           |
| <b>LEUKOTRIENE MODULATORS</b>                                                                        |                            |              |
| <i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg                  | 1                          |              |
| <i>zafirlukast</i> TABS 10mg, 20mg                                                                   | 1                          |              |
| <b>MISCELLANEOUS</b>                                                                                 |                            |              |
| <i>acetylcysteine</i> SOLN 10%, 20%                                                                  | 1                          | B/D          |
| ALYFTREK TAB 4-20-50<br>QL (84 tabs / 28 days)                                                       | 3                          | NDS QL NM PA |
| ALYFTREK TAB 10-50-125<br>QL (56 tabs / 28 days)                                                     | 3                          | NDS QL NM PA |
| ARALAST NP SOLR 500mg, 1000mg                                                                        | 3                          | NDS NM PA    |
| BRINSUPRI TABS 10mg, 25mg<br>QL (30 tabs / 30 days)                                                  | 3                          | NDS QL NM PA |
| <i>cromolyn sodium</i> NEBU<br>20mg/2ml                                                              | 1                          | B/D          |
| <i>elixophyllin</i> ELIX 80mg/15ml                                                                   | 3                          | NDS          |
| <i>epinephrine</i> (anaphylaxis) (generic of EPIPEN 2-PAK)<br>SOAJ .3mg/0.3ml<br>(generic of EpiPen) | 1                          |              |

| Drug Name                                                                                                | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>epinephrine (anaphylaxis)</i><br>(generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml<br>(generic of EpiPen) | 1                                 |
| <i>epinephrine (anaphylaxis)</i><br>SOAJ .15mg/0.15ml,<br>.3mg/0.3ml<br>(generic of Adrenaclick)         | 1                                 |
| FASENRA SOSY<br>10mg/0.5ml, 30mg/ml<br>QL (1 syringe / 28 days)                                          | 3 NDS QL NM<br>PA                 |
| FASENRA PEN SOAJ<br>30mg/ml<br>QL (1 pen / 28 days)                                                      | 3 NDS QL NM<br>PA                 |
| GLASSIA SOLN 4gm/200ml,<br>5gm/250ml, 1000mg/50ml                                                        | 3 NDS NM PA                       |
| JASCAYD TABS 9mg, 18mg<br>QL (60 tabs / 30 days)                                                         | 3 NDS QL NM<br>PA                 |
| KALYDECO PACK 5.8mg,<br>13.4mg, 25mg, 50mg, 75mg<br>QL (56 packets / 28<br>days)                         | 3 NDS QL NM<br>PA                 |
| KALYDECO TABS 150mg<br>QL (60 tabs / 30 days)                                                            | 3 NDS QL NM<br>PA                 |
| <i>nintedanib esylate</i> (generic of<br>OFEV) CAPS 100mg, 150mg<br>QL (60 caps / 30 days)               | 3 NDS QL NM<br>PA                 |
| OFEV CAPS 100mg, 150mg<br>QL (60 caps / 30 days)                                                         | 3 NDS QL NM<br>PA                 |
| OHTUVAYRE SUSP<br>3mg/2.5ml                                                                              | 3 NDS NM PA                       |
| ORKAMBI GRA 75-94MG<br>QL (56 packets / 28<br>days)                                                      | 3 NDS QL NM<br>PA                 |
| ORKAMBI GRA 100-125<br>QL (56 packets / 28<br>days)                                                      | 3 NDS QL NM<br>PA                 |
| ORKAMBI GRA 150-188<br>QL (56 packets / 28<br>days)                                                      | 3 NDS QL NM<br>PA                 |
| ORKAMBI TAB 100-125<br>QL (112 tabs / 28 days)                                                           | 3 NDS QL NM<br>PA                 |
| ORKAMBI TAB 200-125<br>QL (112 tabs / 28 days)                                                           | 3 NDS QL NM<br>PA                 |
| <i>pirfenidone</i> CAPS 267mg<br>QL (270 caps / 30 days)                                                 | 3 NDS QL NM<br>PA                 |

| Drug Name                                                                                                          | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>pirfenidone</i> (generic of<br>ESBRIET) TABS 267mg<br>QL (270 tabs / 30 days)                                   | 3 NDS QL NM<br>PA                 |
| <i>pirfenidone</i> TABS 534mg<br>QL (90 tabs / 30 days)                                                            | 3 NDS QL NM<br>PA                 |
| <i>pirfenidone</i> (generic of<br>ESBRIET) TABS 801mg<br>QL (90 tabs / 30 days)                                    | 3 NDS QL NM<br>PA                 |
| PROLASTIN-C SOLN<br>1000mg/20ml                                                                                    | 3 NDS NM PA                       |
| PULMOZYME SOLN<br>2.5mg/2.5ml                                                                                      | 3 NDS NM PA                       |
| <i>roflumilast</i> (generic of<br>DALIRESP) TABS 250mcg<br>QL (56 tabs / year)                                     | 1 QL                              |
| <i>roflumilast</i> (generic of<br>DALIRESP) TABS 500mcg<br>QL (30 tabs / 30 days)                                  | 1 QL                              |
| SYMDEKO TAB 50-75MG<br>QL (56 tabs / 28 days)                                                                      | 3 NDS QL NM<br>PA                 |
| SYMDEKO TAB 100-150<br>QL (56 tabs / 28 days)                                                                      | 3 NDS QL NM<br>PA                 |
| THEO-24 CP24 100mg,<br>200mg, 300mg, 400mg                                                                         | 3                                 |
| <i>theophylline</i> ELIX<br>80mg/15ml; SOLN<br>80mg/15ml; TB12 100mg,<br>200mg, 300mg, 450mg; TB24<br>400mg, 600mg | 1                                 |
| TRIKAFTA PAK 59.5MG<br>QL (56 packs / 28 days)                                                                     | 3 NDS QL NM<br>PA                 |
| TRIKAFTA PAK 75MG<br>QL (56 packs / 28 days)                                                                       | 3 NDS QL NM<br>PA                 |
| TRIKAFTA TAB 50-25-<br>37.5MG & 75MG<br>QL (84 tabs / 28 days)                                                     | 3 NDS QL NM<br>PA                 |
| TRIKAFTA TAB 100-50-75MG<br>& 150MG<br>QL (84 tabs / 28 days)                                                      | 3 NDS QL NM<br>PA                 |
| XOLAIR SOAJ 75mg/0.5ml,<br>300mg/2ml<br>QL (4 pens / 28 days)                                                      | 3 NDS QL NM<br>PA                 |
| XOLAIR SOAJ 150mg/ml<br>QL (8 pens / 28 days)                                                                      | 3 NDS QL NM<br>PA                 |
| XOLAIR SOLR 150mg<br>QL (8 vials / 28 days)                                                                        | 3 NDS QL NM<br>PA                 |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| XOLAIR SOSY 75mg/0.5ml,<br>300mg/2ml<br>QL (4 syringes / 28<br>days)                             | 3                          | NDS QL NM<br>PA |
| XOLAIR SOSY 150mg/ml<br>QL (8 syringes / 28<br>days)                                             | 3                          | NDS QL NM<br>PA |
| ZEMAIRA SOLR 1000mg,<br>4000mg, 5000mg                                                           | 3                          | NDS NM PA       |
| <b>NASAL STEROIDS</b>                                                                            |                            |                 |
| <i>flunisolide (nasal)</i> SOLN<br>.025%<br>QL (3 bottles / 30 days)                             | 1                          | QL              |
| <i>fluticasone propionate (nasal)</i><br>SUSP 50mcg/act<br>QL (1 bottle / 30 days)               | 1                          | QL              |
| <i>mometasone furoate (nasal)</i><br>SUSP 50mcg/act<br>QL (2 bottles / 30 days)                  | 1                          | QL              |
| OMNARIS SUSP 50mcg/act<br>QL (1 inhaler / 30 days)                                               | 3                          | QL ST           |
| QNASL AERS 80mcg/act<br>QL (1 inhaler / 30 days)                                                 | 3                          | QL ST           |
| QNASL CHILDRENS AERS<br>40mcg/act<br>QL (1 inhaler / 30 days)                                    | 3                          | QL ST           |
| XHANCE EXHU 93mcg/act<br>QL (32 mL / 30 days)                                                    | 3                          | QL PA           |
| <b>STEROID INHALANTS</b>                                                                         |                            |                 |
| ALVESCO AERS 80mcg/act<br>QL (3 inhalers / 30 days)                                              | 3                          | QL              |
| ALVESCO AERS 160mcg/act<br>QL (2 inhalers / 30 days)                                             | 3                          | QL              |
| ARNUITY ELLIPTA AEPB<br>50mcg/act, 100mcg/act,<br>200mcg/act<br>QL (30 inhalations / 30<br>days) | 2                          | QL              |
| <i>budesonide (inhalation)</i><br>(generic of PULMICORT)<br>SUSP .25mg/2ml, .5mg/2ml,<br>1mg/2ml | 1                          | B/D             |
| <b>STEROID/BETA-AGONIST<br/>COMBINATIONS</b>                                                     |                            |                 |
| ADVAIR HFA AER 45/21<br>QL (1 inhaler / 30 days)                                                 | 2                          | QL              |
| ADVAIR HFA AER 115/21<br>QL (1 inhaler / 30 days)                                                | 2                          | QL              |

| Drug Name                                                                                                                           | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| ADVAIR HFA AER 230/21<br>QL (1 inhaler / 30 days)                                                                                   | 2                          | QL     |
| AIRSUPRA AER 90-80MCG<br>QL (3 inhalers / 30 days)                                                                                  | 2                          | QL     |
| BREO ELLIPTA INH 50-<br>25MCG<br>QL (60 blisters / 30<br>days)                                                                      | 2                          | QL     |
| BREO ELLIPTA INH 100-25<br>QL (60 blisters / 30<br>days)                                                                            | 2                          | QL     |
| BREO ELLIPTA INH 200-25<br>QL (60 blisters / 30<br>days)                                                                            | 2                          | QL     |
| <i>brey-na</i> (generic of<br>SYMBICORT)<br>QL (3 inhalers / 30 days)                                                               | 1                          | QL     |
| <i>budesonide-formoterol<br/>fumarate dihyd aerosol 80-4.5<br/>mcg/act</i> (generic of<br>SYMBICORT)<br>QL (3 inhalers / 30 days)   | 1                          | QL     |
| <i>budesonide-formoterol<br/>fumarate dihyd aerosol 160-<br/>4.5 mcg/act</i> (generic of<br>SYMBICORT)<br>QL (3 inhalers / 30 days) | 1                          | QL     |
| DULERA AER 50-5MCG<br>QL (3 inhalers / 30 days)                                                                                     | 3                          | QL     |
| DULERA AER 100-5MCG<br>QL (3 inhalers / 30 days)                                                                                    | 3                          | QL     |
| DULERA AER 200-5MCG<br>QL (3 inhalers / 30 days)                                                                                    | 3                          | QL     |
| <i>fluticasone-salmeterol aer<br/>powder ba 100-50 mcg/act</i><br>(generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30<br>days)    | 1                          | QL     |
| <i>fluticasone-salmeterol aer<br/>powder ba 250-50 mcg/act</i><br>(generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30<br>days)    | 1                          | QL     |
| <i>fluticasone-salmeterol aer<br/>powder ba 500-50 mcg/act</i><br>(generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30<br>days)    | 1                          | QL     |

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>wixela inhub</i> (generic of ADVAIR DISKUS)<br>QL (60 inhalations / 30 days)                 | 1                          | QL        |
| <b>TOPICAL<br/>DERMATOLOGY, ACNE</b>                                                            |                            |           |
| ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg                                                          | 3                          | NDS PA    |
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg                                                     | 1                          | PA        |
| <i>adapalene</i> CREA .1%<br>QL (45 gm / 30 days)                                               | 1                          | QL PA     |
| <i>adapalene</i> (generic of DIFFERIN) GEL .3%<br>QL (45 gm / 30 days)                          | 1                          | QL PA     |
| ADAPALENE SOLN .1%<br>QL (120 mL / 30 days)                                                     | 3                          | QL PA     |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i><br>QL (45 gm / 30 days)                          | 1                          | QL PA     |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5%</i><br>QL (60 gm / 30 days)                          | 1                          | QL PA     |
| AKLIEF CREA .005%<br>QL (45 gm / 30 days)                                                       | 3                          | QL PA     |
| ALTRENO LOTN .05%<br>QL (45 gm / 30 days)                                                       | 3                          | QL PA     |
| <i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg                                                     | 1                          | PA        |
| AMZEEQ FOAM 4%<br>QL (30 gm / 30 days)                                                          | 3                          | QL PA     |
| ARAZLO LOTN .045%<br>QL (45 gm / 30 days)                                                       | 3                          | QL PA     |
| AZELEX CREA 20%<br>QL (50 gm / 30 days)                                                         | 3                          | QL PA     |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN)<br>QL (46.6 gm / 30 days) | 1                          | QL        |
| CABTREO GEL<br>QL (50 gm / 30 days)                                                             | 3                          | NDS QL PA |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg                                                     | 1                          | PA        |
| <i>clindacin</i> FOAM 1%<br>QL (100 gm / 30 days)                                               | 1                          | QL        |

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>clindacin etz pledgets</i> SWAB 1%<br>QL (69 pledgets / 30 days)                                      | 1                          | QL     |
| <i>clindacin-p</i> SWAB 1%<br>QL (69 pledgets / 30 days)                                                 | 1                          | QL     |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i><br>QL (45 gm / 30 days)               | 1                          | QL     |
| <i>clindamycin phosphate (topical)</i> FOAM 1%<br>QL (100 gm / 30 days)                                  | 1                          | QL     |
| <i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1%<br>QL (75 mL / 30 days)             | 1                          | QL PA  |
| <i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1%<br>QL (60 mL / 30 days)            | 1                          | QL     |
| <i>clindamycin phosphate (topical)</i> SOLN 1%<br>QL (60 mL / 30 days)                                   | 1                          | QL     |
| <i>clindamycin phosphate (topical)</i> SWAB 1%<br>QL (69 pledgets / 30 days)                             | 1                          | QL     |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i><br>QL (50 gm / 30 days)                           | 1                          | QL     |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA)<br>QL (50 gm / 30 days)   | 1                          | QL     |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (generic of ONEXTON)<br>QL (50 gm / 30 days) | 1                          | QL     |
| <i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i><br>QL (60 gm / 30 days)                            | 1                          | QL PA  |
| <i>dapsone (topical)</i> GEL 5%<br>QL (90 gm / 30 days)                                                  | 1                          | QL     |
| <i>dapsone (topical)</i> (generic of ACZONE) GEL 7.5%<br>QL (90 gm / 30 days)                            | 1                          | QL     |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------|----------------------------|--------|
| ery PADS 2%<br>QL (60 pledgets / 30 days)                                                        | 1                          | QL     |
| erythromycin (acne aid) GEL 2%<br>QL (60 gm / 30 days)                                           | 1                          | QL     |
| erythromycin (acne aid) SOLN 2%<br>QL (60 mL / 30 days)                                          | 1                          | QL     |
| FABIOR FOAM .1%<br>QL (100 gm / 30 days)                                                         | 3                          | QL PA  |
| isotretinoin CAPS 10mg, 20mg, 30mg, 40mg                                                         | 1                          | PA     |
| isotretinoin (generic of ABSORICA) CAPS 25mg, 35mg                                               | 1                          | PA     |
| neuac gel 1.2-5%<br>QL (45 gm / 30 days)                                                         | 1                          | QL     |
| RETIN-A MICRO GEL .06%<br>QL (50 gm / 30 days)                                                   | 3                          | QL PA  |
| sulfacetamide sodium (acne) (generic of KLARON) LOTN 10%<br>QL (118 mL / 30 days)                | 1                          | QL     |
| TAZAROTENE FOAM .1%<br>QL (100 gm / 30 days)                                                     | 3                          | QL PA  |
| tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%;<br>GEL .01%, .025%<br>QL (45 gm / 30 days) | 1                          | QL PA  |
| tretinoin (generic of ATRALIN) GEL .05%<br>QL (45 gm / 30 days)                                  | 1                          | QL PA  |
| tretinoin microsphere GEL .04%, .1%<br>QL (50 gm / 30 days)                                      | 1                          | QL PA  |
| tretinoin microsphere (generic of RETIN-A MICRO) GEL .06%<br>QL (50 gm / 30 days)                | 1                          | QL PA  |
| tretinoin microsphere (generic of RETIN-A MICRO PUMP) GEL .08%<br>QL (50 gm / 30 days)           | 1                          | QL PA  |
| twice-daily clindamycin phosphate (topical) GEL 1%<br>QL (60 gm / 30 days)                       | 1                          | QL     |

| Drug Name                                                               | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------|----------------------------|--------|
| TWYNEO CRE 0.1-3%<br>QL (30 gm / 30 days)                               | 3                          | QL PA  |
| WINLEVI CREA 1%<br>QL (60 gm / 30 days)                                 | 3                          | QL PA  |
| zenatane CAPS 10mg, 20mg, 30mg, 40mg                                    | 1                          | PA     |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                         |                            |        |
| gentamicin sulfate (topical) CREA .1%; OINT .1%<br>QL (30 gm / 30 days) | 1                          | QL     |
| mupirocin OINT 2%<br>QL (220 gm / 30 days)                              | 1                          | QL     |
| silver sulfadiazine (generic of SILVADENE) CREA 1%                      | 1                          |        |
| ssd (generic of SILVADENE) CREA 1%                                      | 1                          |        |
| SULFAMYLON CREA 85mg/gm<br>QL (453.6 gm / 30 days)                      | 3                          | QL     |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                         |                            |        |
| ciclopirox GEL .77%<br>QL (100 gm / 30 days)                            | 1                          | QL     |
| ciclopirox SHAM 1%<br>QL (120 mL / 30 days)                             | 1                          | QL     |
| ciclopirox olamine CREA .77%<br>QL (90 gm / 30 days)                    | 1                          | QL     |
| ciclopirox olamine SUSP .77%<br>QL (60 mL / 30 days)                    | 1                          | QL     |
| clotrimazole (topical) CREA 1%<br>QL (45 gm / 30 days)                  | 1                          | QL     |
| clotrimazole (topical) SOLN 1%<br>QL (60 mL / 30 days)                  | 1                          | QL     |
| clotrimazole w/ betamethasone cream 1-0.05%<br>QL (45 gm / 30 days)     | 1                          | QL     |
| econazole nitrate CREA 1%<br>QL (85 gm / 30 days)                       | 1                          | QL     |
| JUBLIA SOLN 10%<br>QL (8 mL / 30 days)                                  | 3                          | NDS QL |
| ketoconazole (topical) CREA 2%<br>QL (60 gm / 30 days)                  | 1                          | QL     |

| Drug Name                                                         | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------|----------------------------|-----------|
| <i>ketoconazole (topical)</i> SHAM 2%                             | 1                          | QL        |
| QL (120 mL / 30 days)                                             |                            |           |
| <i>klayesta</i> POWD 100000unit/gm                                | 1                          | QL        |
| QL (60 gm / 30 days)                                              |                            |           |
| <i>miconazole-zinc oxide-white petrolatum oint</i> 0.25-15-81.35% | 1                          | QL PA     |
| QL (50 gm / 30 days)                                              |                            |           |
| <i>naftifine hcl</i> CREA 1%                                      | 1                          | QL        |
| QL (90 gm / 30 days)                                              |                            |           |
| <i>naftifine hcl</i> CREA 2%                                      | 1                          | QL        |
| QL (60 gm / 30 days)                                              |                            |           |
| <i>naftifine hcl</i> (generic of NAFTIN) GEL 2%                   | 1                          | QL        |
| QL (60 gm / 30 days)                                              |                            |           |
| <i>nyamyc</i> POWD 100000unit/gm                                  | 1                          | QL        |
| QL (60 gm / 30 days)                                              |                            |           |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm  | 1                          | QL        |
| QL (30 gm / 30 days)                                              |                            |           |
| <i>nystatin (topical)</i> POWD 100000unit/gm                      | 1                          | QL        |
| QL (60 gm / 30 days)                                              |                            |           |
| <i>nystop</i> POWD 100000unit/gm                                  | 1                          | QL        |
| QL (60 gm / 30 days)                                              |                            |           |
| OXISTAT LOTN 1%                                                   | 3                          | QL PA     |
| QL (60 mL / 30 days)                                              |                            |           |
| <i>selenium sulfide</i> LOTN 2.5%                                 | 1                          |           |
| ZORYVE FOAM .3%                                                   | 3                          | QL PA     |
| QL (60 gm / 30 days)                                              |                            |           |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                                |                            |           |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg                          | 1                          | PA        |
| <i>calcipotriene</i> CREA .005%; OINT .005%                       | 1                          | QL PA     |
| QL (120 gm / 30 days)                                             |                            |           |
| CALCIPOTRIENE FOAM .005%                                          | 3                          | NDS QL PA |
| QL (120 gm / 30 days)                                             |                            |           |
| <i>calcipotriene</i> (generic of PELLIX) SOLN .005%               | 1                          | QL PA     |
| QL (120 mL / 30 days)                                             |                            |           |
| <i>calcitrene</i> OINT .005%                                      | 1                          | QL PA     |
| QL (120 gm / 30 days)                                             |                            |           |

| Drug Name                                                                    | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------|----------------------------|-----------|
| ENSTILAR AER QL (120 gm / 30 days)                                           | 3                          | NDS QL PA |
| <i>methoxsalen rapid</i> CAPS 10mg                                           | 3                          | NDS       |
| PELLIX SOLN .005%                                                            | 1                          | QL PA     |
| QL (120 mL / 30 days)                                                        |                            |           |
| SORILUX FOAM .005%                                                           | 3                          | NDS QL PA |
| QL (120 gm / 30 days)                                                        |                            |           |
| <i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1%                        | 1                          | QL PA     |
| QL (60 gm / 30 days)                                                         |                            |           |
| <i>tazarotene</i> (generic of TAZORAC) GEL .05%, .1%                         | 1                          | QL PA     |
| QL (100 gm / 30 days)                                                        |                            |           |
| <i>trilitas</i> (generic of TAZORAC) GEL .1%                                 | 1                          | QL PA     |
| QL (100 gm / 30 days)                                                        |                            |           |
| VTAMA CREA 1%                                                                | 3                          | NDS QL PA |
| QL (60 gm / 30 days)                                                         |                            |           |
| ZORYVE CREA .3%                                                              | 3                          | QL PA     |
| QL (60 gm / 30 days)                                                         |                            |           |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                                          |                            |           |
| <i>ala-cort</i> CREA 1%                                                      | 1                          |           |
| <i>ala-scalp</i> LOTN 2%                                                     | 3                          | NDS QL    |
| QL (60 mL / 30 days)                                                         |                            |           |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05%                       | 1                          | QL        |
| QL (60 gm / 30 days)                                                         |                            |           |
| <i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%             | 1                          | QL        |
| QL (120 gm / 30 days)                                                        |                            |           |
| <i>betamethasone dipropionate (topical)</i> LOTN .05%                        | 1                          | QL        |
| QL (120 mL / 30 days)                                                        |                            |           |
| <i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%              | 1                          | QL        |
| QL (120 gm / 30 days)                                                        |                            |           |
| <i>betamethasone dipropionate augmented</i> LOTN .05%                        | 1                          | QL        |
| QL (120 mL / 30 days)                                                        |                            |           |
| <i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% | 1                          | QL        |
| QL (120 gm / 30 days)                                                        |                            |           |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>betamethasone valerate</i><br>CREA .1%; FOAM .12%;<br>OINT .1%<br>QL (120 gm / 30 days) | 1                          | QL        |
| <i>betamethasone valerate</i><br>LOTN .1%<br>QL (120 mL / 30 days)                         | 1                          | QL        |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%<br>QL (120 gm / 30 days)       | 1                          | QL        |
| <i>clobetasol propionate</i> FOAM .05%<br>QL (100 gm / 30 days)                            | 1                          | QL        |
| <i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%<br>QL (125 mL / 30 days)        | 1                          | QL        |
| <i>clobetasol propionate</i> LOTN .05%<br>QL (118 mL / 30 days)                            | 1                          | QL        |
| <i>clobetasol propionate</i> SHAM .05%<br>QL (236 mL / 30 days)                            | 1                          | QL        |
| <i>clobetasol propionate</i> SOLN .05%<br>QL (100 mL / 30 days)                            | 1                          | QL        |
| <i>clobetasol propionate emo</i> CREA .05%<br>QL (120 gm / 30 days)                        | 1                          | QL        |
| <i>clobetasol propionate emulsion</i> FOAM .05%<br>QL (100 gm / 30 days)                   | 1                          | QL        |
| <i>clodan</i> SHAM .05%<br>QL (236 mL / 30 days)                                           | 1                          | QL        |
| <i>desonide</i> CREA .05%; OINT .05%<br>QL (60 gm / 30 days)                               | 1                          | QL        |
| <i>desonide</i> LOTN .05%<br>QL (118 mL / 30 days)                                         | 1                          | QL        |
| <i>desoximetasone</i> (generic of TOPICORT) LIQD .25%<br>QL (100 mL / 30 days)             | 1                          | QL        |
| DUOBRII LOT<br>QL (200 gm / 28 days)                                                       | 3                          | NDS QL PA |
| EPIFOAM AER 1%                                                                             | 3                          |           |
| <i>fluocinolone acetonide</i> CREA .01%<br>QL (60 gm / 30 days)                            | 1                          | QL        |

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fluocinolone acetonide</i><br>(generic of SYNALAR) CREA .025%; OINT .025%<br>QL (120 gm / 30 days)      | 1                          | QL     |
| <i>fluocinolone acetonide</i><br>(generic of DERMA-SMOOTHIE/FS BODY) OIL .01%<br>QL (118.28 mL / 30 days)  | 1                          | QL     |
| <i>fluocinolone acetonide</i><br>(generic of DERMA-SMOOTHIE/FS SCALP) OIL .01%<br>QL (118.28 mL / 30 days) | 1                          | QL     |
| <i>fluocinolone acetonide</i> SOLN .01%<br>QL (60 mL / 30 days)                                            | 1                          | QL     |
| <i>fluocinonide</i> CREA .05%, .1%<br>QL (120 gm / 30 days)                                                | 1                          | QL     |
| <i>fluocinonide</i> GEL .05%; OINT .05%<br>QL (60 gm / 30 days)                                            | 1                          | QL     |
| <i>fluocinonide</i> SOLN .05%<br>QL (60 mL / 30 days)                                                      | 1                          | QL     |
| <i>fluocinonide emulsified base</i> CREA .05%<br>QL (120 gm / 30 days)                                     | 1                          | QL     |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%                                                        | 1                          |        |
| <i>fluticasone propionate</i> LOTN .05%<br>QL (120 mL / 30 days)                                           | 1                          | QL     |
| <i>halobetasol propionate</i> CREA .05%; OINT .05%<br>QL (50 gm / 30 days)                                 | 1                          | QL     |
| <i>hydrocortisone (topical)</i><br>CREA 1%, 2.5%; LOTN 2.5%;<br>OINT 2.5%                                  | 1                          |        |
| <i>hydrocortisone (topical)</i><br>LOTN 2%<br>QL (60 mL / 30 days)                                         | 3                          | NDS QL |
| <i>hydrocortisone (topical)</i> OINT 1%<br>QL (30 gm / 30 days)                                            | 1                          | QL     |
| <i>hydrocortisone butyrate</i><br>SOLN .1%<br>QL (60 mL / 30 days)                                         | 1                          | QL     |

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

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>hydrocortisone valerate</i> CREA .2%<br>QL (60 gm / 30 days)                        | 1                          | QL           |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%                                 | 1                          |              |
| PRAMOSONE CRE 1-1%                                                                     | 3                          |              |
| PRAMOSONE LOT 1-1%                                                                     | 3                          |              |
| PRAMOSONE LOT 2.5%                                                                     | 3                          |              |
| <i>toveet</i> FOAM .05%<br>QL (100 gm / 30 days)                                       | 1                          | QL           |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%<br>QL (454 gm / 30 days) | 1                          | QL           |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%         | 1                          |              |
| <i>triderm</i> CREA .5%<br>QL (454 gm / 30 days)                                       | 1                          | QL           |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                                  |                            |              |
| DYCLOPRO SOLN .5%                                                                      | 3                          |              |
| <i>glydo</i> PRSY 2%<br>QL (60 mL / 30 days)                                           | 1                          | QL PA        |
| <i>lidocaine</i> OINT 5%<br>QL (50 gm / 30 days)                                       | 1                          | QL PA        |
| <i>lidocaine</i> (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day)               | 1                          | QL PA        |
| <i>lidocaine hcl</i> PRSY 2%<br>QL (60 mL / 30 days)                                   | 1                          | QL PA        |
| <i>lidocaine hcl</i> SOLN 4%<br>QL (50 mL / 30 days)                                   | 1                          | QL PA        |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5%<br>QL (30 gm / 30 days)                     | 1                          | B/D QL       |
| <i>lidocan</i> (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day)                 | 1                          | QL PA        |
| QUTENZA KIT 8% 1-PCH<br>QL (4 patches / 90 days)                                       | 3                          | NDS QL NM PA |
| QUTENZA KIT 8% 2-PCH<br>QL (4 patches / 90 days)                                       | 3                          | NDS QL NM PA |
| QUTENZA KIT 8% 4-PCH<br>QL (4 patches / 90 days)                                       | 3                          | NDS QL NM PA |
| <i>tridacaine iii</i> (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day)          | 1                          | QL PA        |

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------|----------------------------|--------------|
| ZTLIDO PTCH 1.8%<br>QL (3 patches / 1 day)                                        | 3                          | QL PA        |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>                        |                            |              |
| <i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5%<br>QL (30 gm / 30 days)     | 1                          | QL           |
| ANALPRAM HC LOT 2.5%                                                              | 3                          |              |
| ANZUPGO CREA 20mg/gm<br>QL (60 gm / 30 days)                                      | 3                          | NDS QL NM PA |
| <i>azelaic acid</i> (generic of FINACEA) GEL 15%<br>QL (50 gm / 30 days)          | 1                          | QL           |
| <i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%<br>QL (60 gm / 30 days) | 3                          | NDS QL NM PA |
| <i>brimonidine tartrate (topical)</i> GEL .33%<br>QL (30 gm / 30 days)            | 1                          | QL PA        |
| CORTIFOAM FOAM 10%                                                                | 3                          |              |
| <i>diclofenac sodium (actinic keratoses)</i> GEL 3%<br>QL (100 gm / 30 days)      | 1                          | QL PA        |
| <i>diclofenac sodium (topical)</i> SOLN 1.5%<br>QL (300 mL / 28 days)             | 1                          | QL           |
| <i>doxycycline (rosacea)</i> (generic of ORACEA) CPDR 40mg                        | 1                          |              |
| EMROSI CP24 40mg<br>QL (30 caps / 30 days)                                        | 3                          | NDS QL PA    |
| EPSOLAY CREA 5%<br>QL (30 gm / 30 days)                                           | 3                          | QL PA        |
| EUCRISA OINT 2%<br>QL (120 gm / 30 days)                                          | 3                          | QL PA        |
| FINACEA FOAM 15%<br>QL (50 gm / 30 days)                                          | 3                          | QL PA        |
| <i>fluorouracil (topical)</i> CREA 5%<br>QL (40 gm / 30 days)                     | 1                          | QL           |
| <i>fluorouracil (topical)</i> SOLN 2%, 5%<br>QL (10 mL / 30 days)                 | 1                          | QL           |
| <i>hydrocortisone (rectal)</i> CREA 1%                                            | 1                          |              |
| <i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%                   | 1                          |              |

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------|----------------------------|--------------|
| HYFTOR GEL .2%<br>QL (20 gm / 25 days)                                                          | 3                          | NDS QL NM PA |
| <i>imiquimod</i> CREA 5%<br>QL (24 packets / 30 days)                                           | 1                          | QL           |
| KLISYRI OINT 1%<br>QL (5 packets / 30 days)                                                     | 3                          | NDS QL PA    |
| <i>lactic acid (ammonium lactate)</i> 1<br>CREA 12%; LOTN 12%                                   | 1                          |              |
| <i>metronidazole (topical)</i> CREA 1<br>.75%; GEL .75%<br>QL (45 gm / 30 days)                 | 1                          | QL           |
| <i>metronidazole (topical)</i> LOTN 1<br>.75%<br>QL (59 mL / 30 days)                           | 1                          | QL           |
| <i>nitroglycerin (intra-anal)</i> 1<br>(generic of RECTIV) OINT<br>.4%<br>QL (30 gm / 30 days)  | 1                          | QL           |
| NORITATE CREA 1%<br>QL (60 gm / 30 days)                                                        | 3                          | NDS QL PA    |
| OPZELURA CREA 1.5%<br>QL (240 gm / 28 days)                                                     | 3                          | NDS QL PA    |
| <i>oxymetazoline hcl (topical)</i> 1<br>(generic of RHOFADÉ)<br>CREA 1%<br>QL (30 gm / 30 days) | 1                          | QL           |
| PANRETIN GEL .1%<br>QL (60 gm / 30 days)                                                        | 3                          | NDS QL PA    |
| <i>penciclovir</i> (generic of<br>DENA VIR) CREA 1%<br>QL (5 gm / 30 days)                      | 1                          | QL           |
| <i>pimecrolimus</i> CREA 1%<br>QL (100 gm / 30 days)                                            | 1                          | QL PA        |
| <i>podofilox</i> GEL .5%<br>QL (7 gm / 28 days)                                                 | 1                          | QL           |
| <i>podofilox</i> SOLN .5%<br>QL (7 mL / 28 days)                                                | 1                          | QL           |
| <i>procto-med hc</i> (generic of<br>ANUSOL-HC) CREA 2.5%                                        | 1                          |              |
| <i>proctocort</i> CREA 1%                                                                       | 1                          |              |
| PROCTOFOAM AER HC 1%                                                                            | 3                          |              |
| <i>proctosol hc</i> (generic of<br>ANUSOL-HC) CREA 2.5%                                         | 1                          |              |
| <i>proctozone-hc</i> (generic of<br>ANUSOL-HC) CREA 2.5%                                        | 1                          |              |
| QBREXZA PADS 2.4%<br>QL (30 cloths / 30 days)                                                   | 3                          | QL PA        |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------|----------------------------|--------------|
| RHOFADÉ CREA 1%<br>QL (30 gm / 30 days)                                | 3                          | QL           |
| SOFDRA GEL 12.45%<br>QL (50 mL / 30 days)                              | 3                          | QL NM PA     |
| <i>tacrolimus (topical)</i> OINT<br>.03%, .1%<br>QL (100 gm / 30 days) | 1                          | QL PA        |
| VALCHLOR GEL .016%<br>QL (60 gm / 30 days)                             | 3                          | NDS QL NM PA |
| XERESE CRE 5-1%<br>QL (5 gm / 30 days)                                 | 3                          | NDS QL       |
| YCANTH SOLN .7%<br>QL (30 gm / 30 days)                                | 3                          | NM PA        |
| ZELSUVMI GEL 10.3%<br>QL (30 gm / 30 days)                             | 3                          | NDS PA       |
| ZILXI FOAM 1.5%<br>QL (30 gm / 30 days)                                | 3                          | QL PA        |
| ZORYVE CREA .05%, .15%<br>QL (60 gm / 30 days)                         | 3                          | QL PA        |

### **DERMATOLOGY, SCABICIDES AND PEDICULIDES**

|                                                                              |   |           |
|------------------------------------------------------------------------------|---|-----------|
| <i>crotan</i> LOTN 10%<br>QL (454 gm / 30 days)                              | 3 | NDS QL PA |
| EURAX CREA 10%<br>QL (60 gm / 30 days)                                       | 3 | QL PA     |
| <i>malathion</i> LOTN .5%<br>QL (59 mL / 30 days)                            | 1 | QL        |
| <i>permethrin</i> (generic of<br>PERMETHRIN) CREA 5%<br>QL (60 gm / 30 days) | 1 | QL        |
| <i>pruradik</i> LOTN 10%<br>QL (454 gm / 30 days)                            | 3 | NDS QL PA |
| <i>spinosad</i> SUSP .9%                                                     | 1 |           |

### **DERMATOLOGY, WOUND CARE AGENTS**

|                                                          |   |       |
|----------------------------------------------------------|---|-------|
| SANTYL OINT 250unit/gm<br>QL (180 gm / 30 days)          | 3 | QL PA |
| <i>sodium chloride (gu irrigant)</i> 1<br>SOLN .9%       | 1 |       |
| <i>water for irrigation, sterile<br/>irrigation soln</i> | 1 |       |

### **MOUTH/THROAT/DENTAL AGENTS**

|                                                                                    |   |    |
|------------------------------------------------------------------------------------|---|----|
| <i>cevimeline hcl</i> (generic of<br>EVOXAC) CAPS 30mg                             | 1 |    |
| <i>chlorhexidine gluconate</i><br>(mouth-throat) (generic of<br>PERIDEX) SOLN .12% | 1 |    |
| <i>clotrimazole</i> TROC 10mg<br>QL (150 lozenges / 30 days)                       | 1 | QL |

| Drug Name                                                                     | Drug Requirements/<br>Tier Limits |
|-------------------------------------------------------------------------------|-----------------------------------|
| <i>kourzeq</i> PSTE .1%                                                       | 1                                 |
| <i>lidocaine hcl (mouth-throat)</i><br>SOLN 2%                                | 1                                 |
| <i>nystatin (mouth-throat)</i><br>(generic of NYSTATIN)<br>SUSP 100000unit/ml | 1                                 |
| <i>periogard</i> (generic of<br>PERIDEX) SOLN .12%                            | 1                                 |
| <i>pilocarpine hcl (oral)</i> (generic<br>of SALAGEN) TABS 5mg,<br>7.5mg      | 1                                 |
| <i>triamcinolone acetonide</i><br>(mouth) PSTE .1%                            | 1                                 |

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