

# MVP Health Care®

## 2023 Formulario Comprensivo de Medicare Parte D (Lista de Drogas Cubiertas)

**Lea:** Este documento contiene información sobre los medicamentos que cubrimos en este plan. Este Formulario se actualizó el 1 de enero de 2023. Para obtener información o preguntas más recientes, comuníquese con el Centro de Atención al Cliente de Medicare MVP.

**Mensaje importante sobre lo que paga por las vacunas:** Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted, incluso si no ha pagado su deducible.

**Mensaje importante sobre lo que paga por la insulina:** No pagará más de \$ 35 por un suministro de un mes de cada insulina cubierta por nuestro plan, sin importar en qué nivel de costos compartidos se encuentre, incluso si no ha pagado su deducible.

**Obtener ayuda de Medicare:** Si eligió este plan porque estaba buscando cobertura de insulina a \$35 al mes o menos, es importante saber que es posible que tenga otras opciones disponibles para 2023 a costos aún más bajos debido a los cambios en el programa de la Parte D de Medicare. Comuníquese con Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los siete días de la semana para obtener ayuda para comparar sus opciones. Los usuarios de TTY deben llamar al 1-877-486-2048.

**Recursos adicionales para ayudar:** Comuníquese con el Centro de Atención al Cliente de Medicare MVP al **1-800-665-7924** para obtener información adicional.

Los miembros de MVP DualAccess deben llamar al **1-866-954-1872**.

Los usuarios de TTY deben llamar al 711. El horario es de siete días a la semana, de 8 a.m. a 8 p.m., hora del este.

Del 1 de abril al 30 de septiembre, llame de lunes a viernes, de 8 a.m. a 8 p.m.

Visite [mvphealthcare.com/partdformulary](https://mvphealthcare.com/partdformulary) para obtener la lista de formularios más actualizada.

**Nota a los miembros existentes:** Este formulario ha cambiado desde el año pasado. Examine este documento para asegurarse de que aún contiene lo medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros," "nos," o "nuestro," quiere decir MVP Health Care. Cuando se refiere a "plan" o "nuestro plan," quiere decir MVP® Medicare Patriot Plan<sup>SM</sup> (PPO), MVP Medicare Preferred Gold (HMO-POS), MVP Medicare Secure (HMO-POS), MVP Medicare Secure Plus (HMO-POS), MVP® Medicare WellSelect® (PPO), MVP® Medicare WellSelect® Plus (PPO), o MVP DualAccess (HMO D-SNP).

Este documento incluye lista de medicamentos (formulario) para nuestro plan que está al día el 1 de enero de 2023. Para obtener un formulario actualizado, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última vez que actualizamos el formulario, aparece en las cubiertas delantera y trasera.

Generalmente, debe utilizar farmacias de red para utilizar su beneficio de medicamentos de receta. Los beneficios, el formulario, la red de farmacias, y/o los copagos/el coseguro pueden cambiar el 1 de enero de 2024, y de vez en cuando durante el año.

## **¿Qué es el Formulario del MVP Health Care?**

Un formulario es una lista de medicamentos cubiertos seleccionados por MVP Health Care consultando con un equipo de proveedores de atención médica, que representa las terapias de receta que se cree son parte necesaria de un programa de tratamiento de calidad. Generalmente, MVP cubrirá los medicamentos enumerados en nuestro formulario siempre que el medicamento sea necesario por motivos médicos, la receta se surta en una farmacia de la red de MVP y se sigan otras reglas del plan. Para obtener más información acerca de cómo surtir sus recetas, examine su Evidencia de Cobertura.

## **¿Puede cambiar el Formulario (lista de medicamentos)?**

La mayoría de los cambios en la cobertura de los medicamentos ocurren el 1 de enero, pero MVP podría agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones.

**Cambios que pueden afectarlo este año**

En los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año.

### **Nuevos medicamentos genéricos**

Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

- Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de MVP Health Care?”.

### **Medicamentos retirados del mercado**

Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.

### **Otros cambios**

Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que se encuentra actualmente en el Formulario; o agregar nuevas restricciones al medicamento de marca o cambiarlo a un nivel de costo compartido diferente, o ambos. O podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento, o si pasamos un medicamento a un nivel superior de costo compartido, debemos notificarles a los miembros afectados por el cambio al menos

30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un al menos el mes applicable suministro de medicamentos (hasta treinta días)

- Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de MVP Health Care?”.

### **Cambios que no lo afectarán si actualmente toma el medicamento**

En general, si usted toma un medicamento de nuestro Formulario para 2023 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2023, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos.

No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El formulario adjunto está al día 1 de enero de 2023. Para obtener información actualizada acerca de los medicamentos cubiertos por MVP Health Care, póngase en contacto con nosotros. Nuestra información de contacto aparece en las cubiertas delantera y trasera.

En caso de producirse un cambio o cambios en el Formulario durante el año, los cambios también se publicarán en [mvphealthcare.com](https://mvphealthcare.com). La versión actualizada del Formulario integral se publicará mensualmente en el sitio web del MVP según sea necesario. Para ver la lista de cambios, inicie sesión en nuestra página principal y:

- Seleccione *Members*, luego *Medicare*
- Elija *Drug Coverage (Part D)*
- Seleccione *Covered Drugs and Formulary*
- Seleccione *Monthly Medicare Formulary Updates*

O puede solicitar una fe de errata (una copia de los Cambios en el Formulario de 2023) llamando al Centro de Servicios a los Afiliados en los números de teléfono que aparecen en el reverso de su tarjeta de ID de miembro.

## ¿Cómo se utiliza el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

### Condición Médica

El formulario empieza en la página 1. Los medicamentos de este formulario están agrupados en categorías según el tipo de condición médica para el tratamiento de la cual se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una condición cardíaca se enumeran bajo la categoría, "Cardiovascular". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Después, busque su medicamento bajo el nombre de la categoría.

### Lista Alfabética

Si no está seguro de la categoría bajo la cual buscar, debe buscar su medicamento en el Índice que empieza en la página 107. El Índice da una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice.

1. Mire en el Índice para encontrar su medicamento.
2. Al lado de su medicamento verá el número de la página donde puede encontrar información de cobertura.
3. Vaya a la página indicada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son medicamentos genéricos?

MVP cubre tanto medicamentos de marca como los medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA) indicando que tiene el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos cuestan menos que los medicamentos de marca.

## ¿Hay restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

### Autorización Previa

MVP requiere que usted o su médico obtenga autorización previa para ciertos medicamentos. Esto quiere decir que necesitará obtener la aprobación de MVP antes de surtir sus recetas. Si no obtiene aprobación, es posible que MVP no cubra el medicamento.

### **Límites de Cantidad**

Para ciertos medicamentos, MVP limita la cantidad de medicamento que cubrirá MVP. Por ejemplo, MVP proporciona 30 tabletas cada 30 días por receta para JANUVIA. Esto puede ser además de un suministro estándar de un mes o tres meses.

### **Terapia en Pasos**

En algunos casos, MVP requiere que pruebe primero ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan su condición médica, es posible que MVP no cubra el Medicamento B a menos que pruebe primero el Medicamento A. Si el Medicamento A no le va bien, MVP cubrirá entonces el Medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales mirando en el formulario que empieza en la página 12. También puede obtener más información acerca de las restricciones aplicadas a medicamentos específicos cubiertos visitando nuestro sitio Web. Hemos puesto en línea documentos que explican nuestras restricciones de autorización previa y de terapia de paso.] También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las cubiertas delantera y trasera.

Puede pedirle a MVP que haga una excepción a estas restricciones a límites, o pedirle una lista de otros medicamentos parecidos que puedan tratar su condición médica. Vea la sección, "¿Cómo se solicita una excepción al Formulario de MVP Health Care?" en la página E para ver información acerca de la manera de solicitar una excepción.

## **¿Qué pasa si mi medicamento no está en el Formulario?**

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), lo primero que debe hacer es ponerse en contacto con Servicios de Miembros y preguntar si está cubierto su medicamento. Este documento incluye solo una lista parcial de los medicamentos cubiertos, por eso es posible que MVP cubra su medicamento. Para obtener más información, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las cubiertas delantera y trasera.

Si averigua que MVP Health Care no cubre su medicamento, tiene dos opciones:

1. Puede pedirle al Centro de Servicios a los Afiliados de MVP una lista de medicamentos parecidos que estén cubiertos por MVP. Cuando reciba la lista, enséñesela a su médico y pídale que le recete un medicamento parecido que esté cubierto por MVP.
2. Le puede pedir a MVP que haga una excepción y cubra su medicamento. Vea la información que aparece a continuación para ver cómo solicitar una excepción.

## ¿Cómo se solicita una excepción al Formulario de MVP Health Care?

Le puede pedir a MVP Health Care que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento aún si no está en nuestro formulario. Si se aprueba, este medicamento se cubrirá a un nivel predeterminado de costo compartido, y usted no podría pedirnos que proporcionemos el medicamento a un nivel más bajo de costo compartido.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel más bajo de costo compartido. Si se aprueba, esto reduciría la cantidad que debe pagar usted por su medicamento. NOTA: Usted no puede solicitarnos la cobertura de un medicamento de Nivel 5 (Nivel de medicamentos especializados) a un nivel de costo compartido más bajo.
- Puede pedirnos que demos una exención para las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, MVP Health Care limita la cantidad de medicamento que cubrimos. Si su medicamento tiene un límite de cantidad, puede pedirnos que otorguemos una exención para el límite y que cubramos una cantidad agostor.

Generalmente, MVP solamente aprobará su solicitud de excepción si los medicamentos de alternativa incluidos en el formulario del plan, el medicamento de costo compartido más bajo, o las restricciones de utilización adicionales no serían tan efectivas en el tratamiento de su condición y/o harían que usted tuviera efectos médicos adversos.

Debe ponerse en contacto con nosotros para pedirnos una decisión de cobertura inicial para una excepción al formulario o de las restricciones de utilización. **Cuando solicite una excepción al formulario o de restricciones de utilización, debe presentar una declaración de su recetador o médico apoyando su solicitud.** Generalmente,

tenemos que tomar una decisión dentro de las 72 horas siguientes a recibir la declaración de apoyo de su recetador. Puede solicitar una excepción acelerada (rápida) si usted o su médico cree que su salud podría verse severamente dañada si espera 72 horas para recibir una decisión. Si su solicitud de acelerar se concede, debemos darle una decisión no más de 24 horas después de recibir una declaración de apoyo de su médico u otro recetador.



## **¿Qué hago antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?**

Como miembro nuevo de o si continua en nuestro plan, puede que esté tomando medicamentos que no estén en nuestro formulario. O puede que esté tomando un medicamento que esté en el formulario pero su habilidad de obtenerlo sea limitada. Por ejemplo, puede que necesite autorización previa nuestra antes de poder surtir su receta. Debe hablar con su médico para decidir si debería cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el rumbo correcto que seguir, puede que cubramos su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su habilidad de obtener sus medicamentos es limitada, cubriremos un suministro temporal para un suministro de un mes. Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de hasta 30 días del medicamento. Después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al formulario.

Los miembros que estén cambiando los niveles de cuidado pueden ser elegibles para un suministro de medicamentos de transición fuera de su período de transición de inscripción inicial de 90 días. Los cambios en el nivel de atención pueden incluir: ingresar o salir de un centro de cuidados a largo plazo, dar de alta del hospital al hogar y terminar la estancia en un centro de enfermería especializada y regresar a la cobertura del Formulario de la Parte D bajo su plan.

## Para obtener más información

Para obtener información más detallada acerca de su cobertura de medicamentos de receta de MVP Health Care, examine su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas acerca de MVP Health Care, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las cubiertas delantera y trasera.

Si tiene preguntas generales acerca de la cobertura de medicamentos de receta de Medicare, llame a Medicare al **1-800-MEDICARE (1-800-633-4227)** 24 horas al día / 7 días a la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite [medicare.gov](https://www.medicare.gov).

## Formulario de MVP Health Care

El formulario que empieza en página 1 proporciona información de cobertura acerca de los medicamentos cubiertos por MVP Health Care. Si tiene dificultades para encontrar su medicamento en la lista, vaya al Índice que empieza en la página 107.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca están en letras mayúsculas (por ejemplo, JANUVIA) y los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *allopurinol*).

La información de la columna de Requisitos/Límites le dice si MVP tiene algún requisito especial para la cobertura de su medicamento.

## Abreviaturas y definiciones de los términos del formulario

Puede encontrar una o más de las siguientes abreviaturas en el Formulario bajo la columna Requisitos/Límites junto a un nombre de medicamento.

### **No disponible mediante pedido por correo (NM)**

No se permiten ciertos medicamentos a través del programa de farmacia de pedidos por correo. Estas recetas solo pueden abastecerse en una farmacia minorista.

### **Autorización previa (PA)**

Por razones de seguridad y/o ahorro de costos, MVP Health Care requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que necesitará tener una aprobación de MVP antes de surtir sus recetas. Si no obtiene la aprobación primero, es posible que MVP no cubra el medicamento.

### **Límites de cantidad (QL)**

Por razones de seguridad y/o ahorro de costos, MVP Health Care establece un límite en la cantidad del medicamento que cubrimos para ciertos medicamentos. Por ejemplo, MVP proporciona una cápsula al día para JANUVIA. Este límite puede aplicarse a un suministro estándar de un mes o de tres meses.

### **Terapia escalonada (ST)**

Por razones de seguridad y/o ahorro de costos, en algunos casos MVP Health Care requiere que primero pruebe algunos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esta afección. Por ejemplo, si un medicamento A y un medicamento B tratan su afección médica, puede ser que MVP no cubra el medicamento B a menos que pruebe con el medicamento A primero. Si el medicamento A no funciona para usted, entonces MVP cubrirá el medicamento B.

### **Límites de suministro (DL)**

Por razones de seguridad y/o ahorro de costos, ciertos medicamentos se limitan a un suministro de 30 días a través de una farmacia minorista y no están disponibles a través del programa de pedido por correo.

### **Acceso limitado (LA)**

Algunos medicamentos solamente están disponibles a través de una Farmacia especializada designada debido a la distribución limitada del fabricante.

### **Cobertura de medicamentos de la Parte B frente a la cobertura de medicamentos de la Parte D (B/D)**

Algunos medicamentos podrían cubrirse bajo el beneficio de la Parte B o Parte D, dependiendo de ciertos requisitos. Esto significa que usted o su médico deberán presentar una solicitud a MVP Health Care para que podamos determinar, basándonos en las pautas de Medicare, si su medicamento estará cubierto como Parte B o Parte D. Sus costos compartidos se basarán en esta determinación.

## Sus Costos Durante el Período Inicial de Cobertura

### NOTA:

1. No todos los planes de MVP Medicare Advantage se ofrecen en cada condado de Nueva York y Vermont.
2. Si usted califica para el EPIC (Programa de Cobertura de seguro farmacéutico para personas agostores) del Estado de Nueva York, un Programa de Asistencia para recetas médicas de Vermont, o un Subsidio por bajos ingresos, los montos que se indican a continuación pueden ser reducidos.

### Lo que paga por un suministro de 30 días en una farmacia minorista:

| Tipo de plan de MVP Medicare Advantage      | Deductible | Nivel 1                                                                                                        | Nivel 2                   | Nivel 3                                     | Nivel 4                                   | Nivel 5                        |
|---------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------|-------------------------------------------|--------------------------------|
|                                             |            | Medicament<br>os genéricos<br>preferidos                                                                       | Medicamentos<br>genéricos | Medicamentos<br>de marca<br>preferidos      | Medicamentos<br>de marca no<br>preferidos | Medicamentos<br>especializados |
| MVP Medicare Patriot Plan                   |            |                                                                                                                |                           | Lo que paga una vez se cumpla el deducible. |                                           |                                |
| Seleccionar condados <sup>1</sup>           | \$250      | \$0                                                                                                            | \$15                      | \$45                                        | 25%                                       | 27%                            |
| MVP Medicare Preferred Gold con la Parte D  |            |                                                                                                                |                           |                                             |                                           |                                |
| Región Rochester/ Buffalo <sup>2</sup>      | \$0        | \$0                                                                                                            | \$10                      | \$40                                        | 26%                                       | 33%                            |
| Todas las Otras Regiones <sup>4</sup>       | \$0        | \$0                                                                                                            | \$10                      | \$35                                        | 26%                                       | 33%                            |
| MVP Medicare Secure Plus con la Parte D     |            |                                                                                                                |                           | Lo que paga una vez se cumpla el deducible. |                                           |                                |
| Todas las regiones <sup>3</sup>             | \$0        | \$0                                                                                                            | \$15                      | \$45                                        | 25%                                       | 33%                            |
| MVP Medicare WellSelect Plus con la Parte D |            |                                                                                                                |                           | Lo que paga una vez se cumpla el deducible. |                                           |                                |
| Región de Hudson Valley <sup>5</sup>        | \$0        | \$0                                                                                                            | \$10                      | \$35                                        | 25%                                       | 33%                            |
| Todas las Otras Regiones <sup>3,4</sup>     | \$0        | \$0                                                                                                            | \$10                      | \$35                                        | 25%                                       | 33%                            |
| MVP Medicare WellSelect con la Parte D      |            |                                                                                                                |                           | Lo que paga una vez se cumpla el deducible. |                                           |                                |
| Región de Rochester/ Buffalo <sup>2</sup>   | \$250      | \$0                                                                                                            | \$10                      | \$47                                        | 25%                                       | 25%                            |
| Región de Hudson Valley <sup>5</sup>        | \$250      | \$0                                                                                                            | \$12                      | \$47                                        | 25%                                       | 27%                            |
| Todas las Otras Regiones                    | \$300      | \$0                                                                                                            | \$12                      | \$47                                        | 25%                                       | 27%                            |
| MVP Medicare Secure con la Parte D          |            |                                                                                                                |                           | Lo que paga una vez se cumpla el deducible. |                                           |                                |
| Región Rochester/ Buffalo <sup>2</sup>      | \$300      | \$0                                                                                                            | \$10                      | \$47                                        | 25%                                       | 25%                            |
| Todas las Otras Regiones <sup>4</sup>       | \$150      | \$0                                                                                                            | \$10                      | \$47                                        | 25%                                       | 30%                            |
| MVP DualAccess                              |            | Lo que paga una vez se cumpla el deducible.                                                                    |                           |                                             |                                           |                                |
| Select Counties <sup>6</sup>                | \$0-\$104* | Medicamentos genéricos: \$0 / \$1.45 / \$4.15 / 15%**<br>Medicamentos de marca: \$0 / \$4.30 / \$10.35 / 15%** |                           |                                             |                                           |                                |

<sup>1</sup>MVP Medicare Patriot Plan se ofrece en los siguientes condados de Nueva York: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Cortland, Delaware, Dutchess, Erie, Fulton, Genesee, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, y Yates.

<sup>2</sup>La región de Rochester/Bufalo incluye los condados de Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Wayne, Wyoming, y Yates.

<sup>3</sup>MVP Medicare Secure Plus y MVP Medicare WellSelect Plus no se ofrecen en la región de Rochester/Bufalo.

<sup>4</sup>Los planes Medicare Secure, MVP Medicare Preferred Gold y MVP Medicare WellSelect Plus no se ofrecen en los condados de Clinton, Essex, Franklin, Hamilton y St. Lawrence de Nueva York ni en ninguno de los condados de Vermont.

<sup>5</sup>La región de Hudson Valley Region incluye los condados de Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, y Westchester.

<sup>6</sup>MVP DualAccess se ofrece en los siguientes condados de Nueva York: Albany, Columbia, Dutchess, Greene, Monroe, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, y Westchester.

\* Su deducible será de \$0 a \$104 según su nivel de "Ayuda Adicional".

\*\* El costo compartido de los medicamentos con receta surtidos en cualquier farmacia de la red se basa en su nivel de "Ayuda Adicional".

## **Descripciones de niveles**

### **Nivel 1—Medicamentos genéricos preferidos –Costo \$0**

El Nivel 1 incluye medicamentos genéricos seleccionados que se usan para tratar afecciones crónicas como diabetes, presión arterial alta, colesterol alto, y osteoporosis/salud ósea.

### **Nivel 2—Medicamentos genéricos**

El Nivel 2 incluye la mayoría del resto de los medicamentos genéricos en nuestro Formulario. Los medicamentos genéricos tienen los mismos ingredientes activos, concentración y eficacia que las versiones de marca, pero generalmente a un costo mucho menor.

### **Nivel 3—Medicamentos de marca preferidos**

El Nivel 3 incluye medicamentos de marca preferidos que tienen el costo compartido más bajo para los medicamentos de marca. Ciertos medicamentos genéricos pueden aparecer en el Nivel 3 debido a posibles incertidumbres respecto de la seguridad o al alto costo del medicamento.

### **Nivel 4—Medicamentos de marca no preferidos**

El Nivel 4 incluye todos los demás medicamentos de marca y genéricos no preferidos en nuestro Formulario. Los medicamentos de la Parte D excluidos de nuestro Formulario deben pasar por un proceso de excepción para que MVP los cubra. Si son aprobados, tendrán cobertura en el Nivel 4.

### **Nivel 5—Medicamentos especializados**

El Nivel 5 incluye medicamentos genéricos y de marca especializados de alto costo que cuestan \$830 o más para un suministro de un mes. La mayoría de los medicamentos en el Nivel 5 están restringidos a un suministro de un mes en farmacias minoristas, y están excluidos del programa de pedido por correo y del proceso de excepción de nivel.

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**MVP DB 2023 eff 01/01/2023**

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

**ANALGESICS****GOUT**

|                                                |   |                        |
|------------------------------------------------|---|------------------------|
| <i>allopurinol tab 100 mg</i>                  | 2 |                        |
| <i>allopurinol tab 300 mg</i>                  | 2 |                        |
| <i>colchicine tab 0.6 mg</i>                   | 3 | QL (60 tabs / 30 days) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 2 |                        |
| <i>febuxostat tab 40 mg</i>                    | 3 | QL (30 tabs / 30 days) |
| <i>febuxostat tab 80 mg</i>                    | 3 | QL (30 tabs / 30 days) |
| <i>probenecid tab 500 mg</i>                   | 2 |                        |

**MISCELLANEOUS**

|                                                          |   |                        |
|----------------------------------------------------------|---|------------------------|
| <i>butalbital-acetaminophen tab 50-325 mg</i>            | 2 | QL (60 tabs / 30 days) |
| <i>butalbital-acetaminophen-cafeine cap 50-300-40 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>butalbital-acetaminophen-cafeine cap 50-325-40 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i> | 2 | QL (60 tabs / 30 days) |
| <i>butalbital-aspirin-cafeine cap 50-325-40 mg</i>       | 2 | QL (60 caps / 30 days) |
| <i>tencon tab 50-325mg</i>                               | 2 | QL (60 tabs / 30 days) |

**NSAIDS**

|                                                    |   |  |
|----------------------------------------------------|---|--|
| <i>celecoxib cap 50 mg</i>                         | 3 |  |
| <i>celecoxib cap 100 mg</i>                        | 3 |  |
| <i>celecoxib cap 200 mg</i>                        | 3 |  |
| <i>celecoxib cap 400 mg</i>                        | 3 |  |
| <i>diclofenac sodium tab delayed release 50 mg</i> | 2 |  |
| <i>diclofenac sodium tab delayed release 75 mg</i> | 2 |  |
| <i>diclofenac sodium tab er 24hr 100 mg</i>        | 2 |  |
| <i>ibuprofen tab 400 mg</i>                        | 2 |  |
| <i>ibuprofen tab 600 mg</i>                        | 2 |  |
| <i>ibuprofen tab 800 mg</i>                        | 2 |  |
| <i>meloxicam tab 7.5 mg</i>                        | 2 |  |
| <i>meloxicam tab 15 mg</i>                         | 2 |  |
| <i>nabumetone tab 500 mg</i>                       | 2 |  |
| <i>nabumetone tab 750 mg</i>                       | 2 |  |
| <i>naproxen tab 250 mg</i>                         | 2 |  |
| <i>naproxen tab 375 mg</i>                         | 2 |  |
| <i>naproxen tab 500 mg</i>                         | 2 |  |
| <i>salsalate tab 500 mg</i>                        | 3 |  |
| <i>salsalate tab 750 mg</i>                        | 3 |  |



| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------|------------------|----------------------------|
| <b>OPIOID ANALGESICS, LONG-ACTING</b>              |                  |                            |
| <i>buprenorphine td patch weekly 5 mcg/hr</i>      | 3                | QL (4 patches / 28 days)   |
| <i>buprenorphine td patch weekly 7.5 mcg/hr</i>    | 3                | QL (4 patches / 28 days)   |
| <i>buprenorphine td patch weekly 10 mcg/hr</i>     | 3                | QL (4 patches / 28 days)   |
| <i>buprenorphine td patch weekly 15 mcg/hr</i>     | 3                | QL (4 patches / 28 days)   |
| <i>buprenorphine td patch weekly 20 mcg/hr</i>     | 3                | QL (4 patches / 28 days)   |
| <i>fentanyl td patch 72hr 12 mcg/hr</i>            | 2                | QL (20 patches / 30 days)  |
| <i>fentanyl td patch 72hr 25 mcg/hr</i>            | 2                | QL (20 patches / 30 days)  |
| <i>fentanyl td patch 72hr 50 mcg/hr</i>            | 2                | QL (20 patches / 30 days)  |
| <i>fentanyl td patch 72hr 75 mcg/hr</i>            | 3                | QL (20 patches / 30 days)  |
| <i>fentanyl td patch 72hr 100 mcg/hr</i>           | 3                | QL (20 patches / 30 days)  |
| <i>morphine sulfate tab er 15 mg</i>               | 2                | QL (90 tabs / 30 days)     |
| <i>morphine sulfate tab er 30 mg</i>               | 2                | QL (90 tabs / 30 days)     |
| <i>morphine sulfate tab er 60 mg</i>               | 2                | QL (60 tabs / 30 days)     |
| <i>morphine sulfate tab er 100 mg</i>              | 2                | QL (60 tabs / 30 days)     |
| <i>morphine sulfate tab er 200 mg</i>              | 2                | QL (60 tabs / 30 days)     |
| <i>oxycodone hcl tab er 12hr deter 10 mg</i>       | 3                | QL (90 tabs / 30 days)     |
| <i>oxycodone hcl tab er 12hr deter 20 mg</i>       | 3                | QL (90 tabs / 30 days)     |
| <i>oxycodone hcl tab er 12hr deter 40 mg</i>       | 3                | QL (60 tabs / 30 days)     |
| <i>oxycodone hcl tab er 12hr deter 80 mg</i>       | 3                | QL (60 tabs / 30 days)     |
| OXYCONTIN TAB 10MG ER                              | 4                | QL (90 tabs / 30 days)     |
| OXYCONTIN TAB 15MG ER                              | 4                | QL (90 tabs / 30 days)     |
| OXYCONTIN TAB 20MG ER                              | 4                | QL (90 tabs / 30 days)     |
| OXYCONTIN TAB 30MG ER                              | 4                | QL (90 tabs / 30 days)     |
| OXYCONTIN TAB 40MG ER                              | 4                | QL (60 tabs / 30 days)     |
| OXYCONTIN TAB 60MG ER                              | 4                | QL (60 tabs / 30 days)     |
| OXYCONTIN TAB 80MG ER                              | 4                | QL (60 tabs / 30 days)     |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>             |                  |                            |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 2                |                            |
| <i>acetaminophen w/ codeine tab 300-15 mg</i>      | 2                | QL (360 tabs / 30 days)    |
| <i>acetaminophen w/ codeine tab 300-30 mg</i>      | 2                | QL (360 tabs / 30 days)    |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>      | 2                | QL (360 tabs / 30 days)    |
| <i>ascomp/cod cap 30mg</i>                         | 2                | QL (60 caps / 30 days)     |

| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|-----------------------------------------------------------------|------------------|-------------------------------------|
| <i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>             | 2                |                                     |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> | 2                | QL (60 caps / 30 days)              |
| <i>butorphanol tartrate inj 1 mg/ml</i>                         | 2                |                                     |
| <i>butorphanol tartrate inj 2 mg/ml</i>                         | 2                |                                     |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i>                 | 2                | QL (4 bottles / 30 days)            |
| <i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>         | 5                | QL (120 tabs / 30 days), PA; DL     |
| <i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>         | 5                | QL (120 tabs / 30 days), PA; DL     |
| <i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>         | 5                | QL (120 tabs / 30 days), PA; DL     |
| <i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>         | 5                | QL (120 tabs / 30 days), PA; DL     |
| <i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>         | 5                | QL (120 tabs / 30 days), PA; DL     |
| <i>fentanyl citrate lozenge on a handle 200 mcg</i>             | 4                | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate lozenge on a handle 400 mcg</i>             | 5                | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate lozenge on a handle 600 mcg</i>             | 5                | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate lozenge on a handle 800 mcg</i>             | 5                | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate lozenge on a handle 1200 mcg</i>            | 5                | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate lozenge on a handle 1600 mcg</i>            | 5                | QL (120 lozenges / 30 days), PA; DL |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>           | 2                |                                     |
| <i>hydrocodone-acetaminophen tab 5-300 mg</i>                   | 3                | QL (360 tabs / 30 days)             |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>                   | 2                | QL (360 tabs / 30 days)             |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>                 | 2                | QL (360 tabs / 30 days)             |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>                  | 2                | QL (360 tabs / 30 days)             |
| <i>hydromorphone hcl liqd 1 mg/ml</i>                           | 2                |                                     |
| <i>hydromorphone hcl tab 2 mg</i>                               | 2                | QL (250 tabs / 30 days)             |
| <i>hydromorphone hcl tab 4 mg</i>                               | 2                | QL (250 tabs / 30 days)             |
| <i>hydromorphone hcl tab 8 mg</i>                               | 2                | QL (250 tabs / 30 days)             |
| <i>morphine sulfate oral soln 10 mg/5ml</i>                     | 3                |                                     |
| <i>morphine sulfate oral soln 20 mg/5ml</i>                     | 3                |                                     |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>         | 3                |                                     |
| <i>morphine sulfate suppos 10 mg</i>                            | 2                |                                     |

| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------|------------------|----------------------------|
| <i>morphine sulfate tab 15 mg</i>                | 3                | QL (300 tabs / 30 days)    |
| <i>morphine sulfate tab 30 mg</i>                | 3                | QL (300 tabs / 30 days)    |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>  | 2                | QL (120 mL / 30 days)      |
| <i>oxycodone hcl soln 5 mg/5ml</i>               | 2                |                            |
| <i>oxycodone hcl tab 5 mg</i>                    | 2                | QL (240 tabs / 30 days)    |
| <i>oxycodone hcl tab 10 mg</i>                   | 2                | QL (240 tabs / 30 days)    |
| <i>oxycodone hcl tab 15 mg</i>                   | 2                | QL (200 tabs / 30 days)    |
| <i>oxycodone hcl tab 20 mg</i>                   | 2                | QL (200 tabs / 30 days)    |
| <i>oxycodone hcl tab 30 mg</i>                   | 2                | QL (200 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 2                | QL (360 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>   | 2                | QL (360 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 2                | QL (360 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>  | 2                | QL (360 tabs / 30 days)    |
| <i>oxymorphone hcl tab 5 mg</i>                  | 3                | QL (240 tabs / 30 days)    |
| <i>oxymorphone hcl tab 10 mg</i>                 | 3                | QL (200 tabs / 30 days)    |
| <i>tramadol hcl tab 50 mg</i>                    | 2                |                            |
| <i>tramadol hcl tab 100 mg</i>                   | 2                |                            |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>    | 2                |                            |

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

|                                                            |   |  |
|------------------------------------------------------------|---|--|
| <i>lidocaine hcl local inj 2%</i>                          | 2 |  |
| <i>lidocaine hcl local preservative free (pf) inj 0.5%</i> | 2 |  |

## **ANTI-INFECTIVES**

### **ANTI-INFECTIVES - MISCELLANEOUS**

|                                                                  |   |                           |
|------------------------------------------------------------------|---|---------------------------|
| <i>albendazole tab 200 mg</i>                                    | 3 |                           |
| <i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>                 | 2 |                           |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>               | 2 |                           |
| <i>atovaquone susp 750 mg/5ml</i>                                | 4 | QL (300 mL / 30 days); DL |
| <i>aztreonam for inj 1 gm</i>                                    | 2 |                           |
| <i>baciim inj 50000unt</i>                                       | 2 |                           |
| CAYSTON INH 75MG                                                 | 5 | NM, LA, PA; DL            |
| <i>clindamycin hcl cap 75 mg</i>                                 | 2 |                           |
| <i>clindamycin hcl cap 150 mg</i>                                | 2 |                           |
| <i>clindamycin hcl cap 300 mg</i>                                | 2 |                           |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> | 2 |                           |

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>           | 2                |                            |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>           | 2                |                            |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>           | 2                |                            |
| <i>clindamycin phosphate inj 300 mg/2ml</i>                       | 2                |                            |
| <i>clindamycin phosphate inj 600 mg/4ml</i>                       | 2                |                            |
| <i>clindamycin phosphate inj 900 mg/6ml</i>                       | 2                |                            |
| <i>colistimethate sod for inj 150 mg (colistin base activity)</i> | 4                |                            |
| <i>dapsone tab 25 mg</i>                                          | 3                |                            |
| <i>dapsone tab 100 mg</i>                                         | 3                |                            |
| <i>daptomycin for iv soln 500 mg</i>                              | 5                | DL                         |
| DORIBAX INJ 250MG                                                 | 4                |                            |
| EMVERM CHW 100MG                                                  | 5                | DL                         |
| <i>ertapenem sodium for inj 1 gm (base equivalent)</i>            | 4                |                            |
| FIRVANQ SOL 25MG/ML                                               | 3                |                            |
| FIRVANQ SOL 50MG/ML                                               | 3                |                            |
| <i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>   | 3                |                            |
| <i>gentamicin in saline inj 0.8 mg/ml</i>                         | 2                |                            |
| <i>gentamicin in saline inj 1 mg/ml</i>                           | 2                |                            |
| <i>gentamicin in saline inj 1.2 mg/ml</i>                         | 2                |                            |
| <i>gentamicin in saline inj 1.6 mg/ml</i>                         | 2                |                            |
| <i>gentamicin sulfate inj 40 mg/ml</i>                            | 2                |                            |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i>            | 2                |                            |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i>            | 2                |                            |
| IMPAVIDO CAP 50MG                                                 | 5                | DL                         |
| <i>ivermectin tab 3 mg</i>                                        | 2                |                            |
| <i>linezolid for susp 100 mg/5ml</i>                              | 5                | DL                         |
| <i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>                   | 4                |                            |
| <i>linezolid tab 600 mg</i>                                       | 2                |                            |
| <i>meropenem iv for soln 1 gm</i>                                 | 2                |                            |
| <i>meropenem iv for soln 500 mg</i>                               | 2                |                            |
| <i>methenamine hippurate tab 1 gm</i>                             | 2                |                            |
| <i>metronidazole iv soln 500 mg/100ml</i>                         | 2                |                            |
| <i>metronidazole tab 250 mg</i>                                   | 2                |                            |
| <i>metronidazole tab 500 mg</i>                                   | 2                |                            |
| <i>neomycin sulfate tab 500 mg</i>                                | 2                |                            |
| <i>nitazoxanide tab 500 mg</i>                                    | 4                | DL                         |
| <i>nitrofurantoin macrocrystalline cap 25 mg</i>                  | 3                |                            |

| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| <i>nitrofurantoin macrocrystalline cap 50 mg</i>                | 3                |                            |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i>               | 3                |                            |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>   | 3                |                            |
| <i>paromomycin sulfate cap 250 mg</i>                           | 2                |                            |
| <i>pentamidine isethionate for inj soln 300 mg</i>              | 4                | DL                         |
| <i>pentamidine isethionate for nebulization soln 300 mg</i>     | 2                | B/D                        |
| <i>praziquantel tab 600 mg</i>                                  | 3                |                            |
| <i>pyrimethamine tab 25 mg</i>                                  | 5                | PA; DL                     |
| <i>streptomycin sulfate for inj 1 gm</i>                        | 4                |                            |
| <i>sulfadiazine tab 500 mg</i>                                  | 3                |                            |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>         | 2                |                            |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>              | 2                |                            |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>             | 2                |                            |
| SYNERCID INJ 500MG                                              | 5                | DL                         |
| <i>tinidazole tab 250 mg</i>                                    | 2                |                            |
| <i>tinidazole tab 500 mg</i>                                    | 2                |                            |
| TOBI PODHALR CAP 28MG                                           | 3                | NM, LA, PA; DL             |
| <i>tobramycin nebu soln 300 mg/4ml</i>                          | 5                | B/D, NM; DL                |
| <i>tobramycin nebu soln 300 mg/5ml</i>                          | 5                | B/D, NM; DL                |
| <i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>        | 2                | B/D; DL                    |
| <i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i> | 2                | B/D; DL                    |
| TRIMETHOPRIM TAB 100MG                                          | 2                |                            |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i>              | 3                | DL                         |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i>              | 3                | DL                         |
| <i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>        | 2                | DL                         |
| <i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>        | 2                | DL                         |
| <i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>       | 2                | DL                         |
| <i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>      | 2                | DL                         |
| <i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>      | 2                | DL                         |
| VANCOMYCIN SOL 250/5ML                                          | 3                |                            |
| XENLETA TAB 600MG                                               | 5                | NM; DL                     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **NM** - Not available at mail-order   **B/D** - Covered under Medicare B or D   **LA** - Limited Access   **DL** - Medication restricted to a 30 day supply

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|----------------------------------------------------|------------------|-------------------------------|
| XIFAXAN TAB 200MG                                  | 4                | QL (9 tabs / 30 days), PA; DL |
| ZEMDRI INJ 500MG/10                                | 5                | DL                            |
| <b>ANTIFUNGALS</b>                                 |                  |                               |
| ABELCET INJ 5MG/ML                                 | 4                | B/D                           |
| <i>amphotericin b for iv soln 50 mg</i>            | 3                | B/D; DL                       |
| <i>fluconazole for susp 10 mg/ml</i>               | 2                |                               |
| <i>fluconazole for susp 40 mg/ml</i>               | 2                |                               |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>   | 2                | DL                            |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>   | 2                |                               |
| <i>fluconazole tab 50 mg</i>                       | 2                |                               |
| <i>fluconazole tab 100 mg</i>                      | 2                |                               |
| <i>fluconazole tab 150 mg</i>                      | 2                |                               |
| <i>fluconazole tab 200 mg</i>                      | 2                |                               |
| <i>flucytosine cap 250 mg</i>                      | 2                |                               |
| <i>flucytosine cap 500 mg</i>                      | 2                |                               |
| <i>griseofulvin microsize susp 125 mg/5ml</i>      | 3                |                               |
| <i>griseofulvin microsize tab 500 mg</i>           | 3                |                               |
| <i>griseofulvin ultramicrosize tab 125 mg</i>      | 3                |                               |
| <i>griseofulvin ultramicrosize tab 250 mg</i>      | 3                |                               |
| <i>itraconazole cap 100 mg</i>                     | 3                | PA                            |
| <i>ketoconazole tab 200 mg</i>                     | 4                |                               |
| <i>miconazole sodium for iv soln 50 mg</i>         | 5                | DL                            |
| <i>miconazole sodium for iv soln 100 mg</i>        | 5                | DL                            |
| NOXAFIL SUS 40MG/ML                                | 5                | PA; DL                        |
| <i>nystatin tab 500000 unit</i>                    | 2                |                               |
| <i>posaconazole tab delayed release 100 mg</i>     | 5                | PA; DL                        |
| <i>terbinafine hcl tab 250 mg</i>                  | 2                | QL (84 tabs / 365 days)       |
| <i>voriconazole for inj 200 mg</i>                 | 4                | PA; DL                        |
| <i>voriconazole for susp 40 mg/ml</i>              | 5                | DL                            |
| <i>voriconazole tab 50 mg</i>                      | 4                | DL                            |
| <i>voriconazole tab 200 mg</i>                     | 3                |                               |
| <b>ANTIMALARIALS</b>                               |                  |                               |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>     | 4                | DL                            |
| <i>chloroquine phosphate tab 250 mg</i>            | 2                | DL                            |
| <i>chloroquine phosphate tab 500 mg</i>            | 2                | DL                            |
| COARTEM TAB 20-120MG                               | 4                | DL                            |
| <i>mefloquine hcl tab 250 mg</i>                   | 2                | DL                            |
| PRIMAQUINE TAB 26.3MG                              | 4                | DL                            |
| <i>quinine sulfate cap 324 mg</i>                  | 2                | QL (84 caps / 365 days); DL   |
| <b>ANTIRETROVIRAL AGENTS</b>                       |                  |                               |
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i> | 2                | NM                            |

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------|------------------|----------------------------|
| <i>abacavir sulfate tab 300 mg (base equiv)</i>      | 2                | NM                         |
| APTIVUS CAP 250MG                                    | 5                | NM; DL                     |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i>    | 4                | NM                         |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i>    | 4                | NM                         |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i>    | 4                | NM                         |
| EDURANT TAB 25MG                                     | 5                | NM; DL                     |
| <i>efavirenz cap 50 mg</i>                           | 2                | NM                         |
| <i>efavirenz cap 200 mg</i>                          | 2                | NM                         |
| <i>efavirenz tab 600 mg</i>                          | 2                | NM                         |
| <i>emtricitabine caps 200 mg</i>                     | 3                | NM                         |
| EMTRIVA SOL 10MG/ML                                  | 3                | NM                         |
| <i>etravirine tab 100 mg</i>                         | 5                | NM; DL                     |
| <i>etravirine tab 200 mg</i>                         | 5                | NM; DL                     |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i> | 5                | NM; DL                     |
| FUZEON INJ 90MG                                      | 3                | NM                         |
| INTELENCE TAB 25MG                                   | 4                | NM                         |
| INVIRASE TAB 500MG                                   | 3                | NM                         |
| ISENTRESS CHW 25MG                                   | 3                | NM                         |
| ISENTRESS CHW 100MG                                  | 5                | NM; DL                     |
| ISENTRESS HD TAB 600MG                               | 5                | NM; DL                     |
| ISENTRESS POW 100MG                                  | 4                | NM                         |
| ISENTRESS TAB 400MG                                  | 5                | NM; DL                     |
| <i>lamivudine oral soln 10 mg/ml</i>                 | 2                | NM                         |
| <i>lamivudine tab 150 mg</i>                         | 2                | NM                         |
| <i>lamivudine tab 300 mg</i>                         | 2                | NM                         |
| LEXIVA SUS 50MG/ML                                   | 4                | NM                         |
| <i>maraviroc tab 150 mg</i>                          | 5                | NM; DL                     |
| <i>maraviroc tab 300 mg</i>                          | 5                | NM; DL                     |
| <i>nevirapine susp 50 mg/5ml</i>                     | 3                | NM                         |
| <i>nevirapine tab 200 mg</i>                         | 2                | NM                         |
| <i>nevirapine tab er 24hr 100 mg</i>                 | 2                | NM                         |
| <i>nevirapine tab er 24hr 400 mg</i>                 | 4                | NM                         |
| NORVIR POW 100MG                                     | 4                | NM                         |
| NORVIR SOL 80MG/ML                                   | 3                | NM                         |
| NORVIR TAB 100MG                                     | 3                | NM                         |
| PIFELTRO TAB 100MG                                   | 5                | NM; DL                     |
| PREZISTA SUS 100MG/ML                                | 4                | NM                         |
| PREZISTA TAB 75MG                                    | 4                | NM                         |
| PREZISTA TAB 150MG                                   | 4                | NM                         |
| PREZISTA TAB 600MG                                   | 5                | NM; DL                     |
| PREZISTA TAB 800MG                                   | 5                | NM; DL                     |
| RETROVIR INJ 10MG/ML                                 | 4                | NM                         |
| REYATAZ POW 50MG                                     | 5                | NM; DL                     |

| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|-------------------------------------------------|------------------|------------------------------------|
| <i>ritonavir tab 100 mg</i>                     | 3                | NM                                 |
| RUKOBIA TAB 600MG ER                            | 5                | NM; DL                             |
| SELZENTRY SOL 20MG/ML                           | 4                | NM                                 |
| SELZENTRY TAB 25MG                              | 4                | QL (120 tabs / 30 days),<br>NM; DL |
| SELZENTRY TAB 75MG                              | 5                | NM; DL                             |
| <i>tenofovir disoproxil fumarate tab 300 mg</i> | 3                | NM                                 |
| TIVICAY PD TAB 5MG                              | 4                | NM                                 |
| TIVICAY TAB 10MG                                | 4                | QL (30 tabs / 30 days),<br>NM      |
| TIVICAY TAB 25MG                                | 5                | NM; DL                             |
| TIVICAY TAB 50MG                                | 5                | NM; DL                             |
| TYBOST TAB 150MG                                | 4                | NM                                 |
| VIRACEPT TAB 250MG                              | 3                | NM                                 |
| VIRACEPT TAB 625MG                              | 3                | NM                                 |
| VIREAD POW 40MG/GM                              | 3                | NM                                 |
| VIREAD TAB 150MG                                | 3                | NM                                 |
| VIREAD TAB 200MG                                | 3                | NM                                 |
| VIREAD TAB 250MG                                | 3                | NM                                 |
| <i>zidovudine cap 100 mg</i>                    | 2                | NM                                 |
| <i>zidovudine syrup 10 mg/ml</i>                | 2                | NM                                 |
| <i>zidovudine tab 300 mg</i>                    | 2                | NM                                 |

#### **ANTIRETROVIRAL COMBINATION AGENTS**

|                                                                   |   |        |
|-------------------------------------------------------------------|---|--------|
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                 | 3 | NM     |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>  | 4 | NM     |
| BIKTARVY TAB                                                      | 5 | NM; DL |
| CIMDUO TAB 300-300                                                | 5 | NM; DL |
| COMPLERA TAB                                                      | 5 | NM; DL |
| DELSTRIGO TAB                                                     | 5 | NM; DL |
| DESCOVY TAB 120-15MG                                              | 5 | NM; DL |
| DESCOVY TAB 200/25MG                                              | 5 | NM; DL |
| DOVATO TAB 50-300MG                                               | 5 | NM; DL |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | 5 | NM; DL |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>       | 5 | NM; DL |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | 5 | NM; DL |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 5 | NM; DL |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 5 | NM; DL |



| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 5                | NM; DL                     |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 5                | NM; DL                     |
| EVOTAZ TAB 300-150                                                | 5                | NM; DL                     |
| GENVOYA TAB                                                       | 5                | NM; DL                     |
| JULUCA TAB 50-25MG                                                | 5                | NM; DL                     |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | 3                | NM                         |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>      | 3                | NM                         |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                          | 3                | NM                         |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                          | 3                | NM                         |
| ODEFSEY TAB                                                       | 5                | NM; DL                     |
| PREZCOBIX TAB 800-150                                             | 5                | NM; DL                     |
| STRIBILD TAB                                                      | 5                | NM; DL                     |
| SYMTUZA TAB                                                       | 5                | NM; DL                     |
| TEMIXYS TAB 300-300                                               | 4                | NM                         |
| TRIUMEQ PD TAB                                                    | 5                | NM; DL                     |
| TRIUMEQ TAB                                                       | 5                | NM; DL                     |
| TRIZIVIR TAB                                                      | 4                | NM                         |

#### **ANTITUBERCULAR AGENTS**

|                                  |   |            |
|----------------------------------|---|------------|
| CAPASTAT SUL INJ 1GM             | 4 |            |
| <i>ethambutol hcl tab 100 mg</i> | 2 |            |
| <i>ethambutol hcl tab 400 mg</i> | 2 |            |
| <i>isoniazid inj 100 mg/ml</i>   | 2 |            |
| <i>isoniazid syrup 50 mg/5ml</i> | 2 |            |
| <i>isoniazid tab 100 mg</i>      | 2 |            |
| <i>isoniazid tab 300 mg</i>      | 2 |            |
| PASER GRA 4GM                    | 4 |            |
| PRETOMANID TAB 200MG             | 4 |            |
| PRIFTIN TAB 150MG                | 4 |            |
| <i>pyrazinamide tab 500 mg</i>   | 2 |            |
| <i>rifabutin cap 150 mg</i>      | 3 |            |
| <i>rifampin cap 150 mg</i>       | 2 |            |
| <i>rifampin cap 300 mg</i>       | 2 |            |
| <i>rifampin for inj 600 mg</i>   | 2 |            |
| SIRTURO TAB 20MG                 | 5 | NM, LA; DL |
| SIRTURO TAB 100MG                | 5 | NM, LA; DL |
| TRECATOR TAB 250MG               | 4 |            |

#### **ANTIVIRALS**

|                                          |   |     |
|------------------------------------------|---|-----|
| <i>acyclovir cap 200 mg</i>              | 2 |     |
| <i>acyclovir sodium iv soln 50 mg/ml</i> | 2 | B/D |
| <i>acyclovir susp 200 mg/5ml</i>         | 2 |     |
| <i>acyclovir tab 400 mg</i>              | 2 |     |

| <b>Drug Name</b>                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------|------------------|----------------------------|
| <i>acyclovir tab 800 mg</i>                                | 2                |                            |
| <i>adefovir dipivoxil tab 10 mg</i>                        | 2                | NM                         |
| <i>cidofovir iv inj 75 mg/ml</i>                           | 2                |                            |
| <i>entecavir tab 0.5 mg</i>                                | 4                | NM                         |
| <i>entecavir tab 1 mg</i>                                  | 4                | NM                         |
| EPCLUSA PAK 150-37.5                                       | 5                | NM, PA; DL                 |
| EPCLUSA PAK 200-50MG                                       | 5                | NM, PA; DL                 |
| EPCLUSA TAB 200-50MG                                       | 5                | NM, PA; DL                 |
| EPCLUSA TAB 400-100                                        | 5                | NM, PA; DL                 |
| <i>famciclovir tab 125 mg</i>                              | 2                |                            |
| <i>famciclovir tab 250 mg</i>                              | 2                |                            |
| <i>famciclovir tab 500 mg</i>                              | 2                |                            |
| HARVONI PAK                                                | 5                | NM, PA; DL                 |
| HARVONI PAK 45-200MG                                       | 5                | NM, PA; DL                 |
| HARVONI TAB 90-400MG                                       | 5                | NM, PA; DL                 |
| <i>lamivudine tab 100 mg (hbv)</i>                         | 2                | NM                         |
| LIVTENCITY TAB 200MG                                       | 5                | NM, LA; DL                 |
| MAVYRET PAK 50-20MG                                        | 5                | NM, PA; DL                 |
| MAVYRET TAB 100-40MG                                       | 5                | NM, PA; DL                 |
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i>        | 3                | QL (168 caps / year)       |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i>        | 3                | QL (84 caps / year)        |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i>        | 3                | QL (84 caps / year)        |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | 3                | QL (720 mL / 180 days)     |
| PEGASYS INJ                                                | 5                | NM; DL                     |
| PEGASYS INJ 180MCG/M                                       | 5                | NM; DL                     |
| PREVYMIS TAB 240MG                                         | 5                | DL                         |
| PREVYMIS TAB 480MG                                         | 5                | DL                         |
| RELENZA MIS DISKHALE                                       | 4                | QL (3 inhalers / 180 days) |
| <i>ribavirin cap 200 mg</i>                                | 2                | NM, PA; DL                 |
| <i>ribavirin tab 200 mg</i>                                | 2                | NM, PA; DL                 |
| <i>rimantadine hydrochloride tab 100 mg</i>                | 2                |                            |
| SOVALDI PAK 150MG                                          | 5                | NM, PA; DL                 |
| SOVALDI PAK 200MG                                          | 5                | NM, PA; DL                 |
| SOVALDI TAB 400MG                                          | 5                | NM, PA; DL                 |
| <i>valacyclovir hcl tab 1 gm</i>                           | 2                |                            |
| <i>valacyclovir hcl tab 500 mg</i>                         | 2                |                            |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i>     | 3                |                            |
| VOSEVI TAB                                                 | 5                | NM, PA; DL                 |
| XOFLUZA TAB 40MG                                           | 4                | QL (4 tabs / 180 days)     |

**PA** - Prior Authorization   **QL** - Quantity Limits   **NM** - Not available at mail-order   **B/D** - Covered under Medicare B or D   **LA** - Limited Access   **DL** - Medication restricted to a 30 day supply

| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------|------------------|----------------------------|
| XOFLUZA TAB 80MG                                | 4                | QL (2 tabs / 180 days)     |
| ZEPATIER TAB 50-100MG                           | 5                | NM, PA; DL                 |
| <b>CEPHALOSPORINS</b>                           |                  |                            |
| <i>cefaclor cap 250 mg</i>                      | 2                |                            |
| <i>cefaclor cap 500 mg</i>                      | 2                |                            |
| <i>cefadroxil cap 500 mg</i>                    | 2                |                            |
| <i>cefadroxil for susp 250 mg/5ml</i>           | 2                |                            |
| <i>cefadroxil for susp 500 mg/5ml</i>           | 2                |                            |
| <i>cefadroxil tab 1 gm</i>                      | 2                |                            |
| <i>cefazolin sodium for inj 1 gm</i>            | 2                |                            |
| <i>cefazolin sodium for inj 10 gm</i>           | 2                |                            |
| <i>cefazolin sodium for inj 500 mg</i>          | 2                |                            |
| <i>cefdinir cap 300 mg</i>                      | 2                |                            |
| <i>cefdinir for susp 125 mg/5ml</i>             | 2                |                            |
| <i>cefdinir for susp 250 mg/5ml</i>             | 2                |                            |
| <i>cefepime hcl for inj 1 gm</i>                | 2                |                            |
| <i>cefepime hcl for inj 2 gm</i>                | 2                |                            |
| <i>cefixime cap 400 mg</i>                      | 2                |                            |
| <i>cefixime for susp 100 mg/5ml</i>             | 2                |                            |
| <i>cefixime for susp 200 mg/5ml</i>             | 2                |                            |
| <i>cefotetan disodium for inj 1 gm</i>          | 2                |                            |
| <i>cefotetan disodium for inj 2 gm</i>          | 2                |                            |
| <i>cefoxitin sodium for iv soln 1 gm</i>        | 2                |                            |
| <i>cefoxitin sodium for iv soln 2 gm</i>        | 2                |                            |
| <i>cefoxitin sodium for iv soln 10 gm</i>       | 2                |                            |
| <i>cefpodoxime proxetil for susp 50 mg/5ml</i>  | 2                |                            |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i> | 2                |                            |
| <i>cefpodoxime proxetil tab 100 mg</i>          | 2                |                            |
| <i>cefpodoxime proxetil tab 200 mg</i>          | 2                |                            |
| <i>cefprozil for susp 125 mg/5ml</i>            | 2                |                            |
| <i>cefprozil for susp 250 mg/5ml</i>            | 2                |                            |
| <i>cefprozil tab 250 mg</i>                     | 2                |                            |
| <i>cefprozil tab 500 mg</i>                     | 2                |                            |
| <i>ceftazidime for inj 1 gm</i>                 | 2                |                            |
| <i>ceftazidime for inj 6 gm</i>                 | 2                |                            |
| <i>ceftriaxone sodium for inj 1 gm</i>          | 2                |                            |
| <i>ceftriaxone sodium for inj 2 gm</i>          | 2                |                            |
| <i>ceftriaxone sodium for inj 10 gm</i>         | 2                |                            |
| <i>ceftriaxone sodium for inj 250 mg</i>        | 2                |                            |
| <i>ceftriaxone sodium for inj 500 mg</i>        | 2                |                            |
| <i>cefuroxime axetil tab 250 mg</i>             | 2                |                            |
| <i>cefuroxime axetil tab 500 mg</i>             | 2                |                            |
| <i>cefuroxime sodium for inj 750 mg</i>         | 2                |                            |
| <i>cefuroxime sodium for iv soln 1.5 gm</i>     | 2                |                            |

| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------|------------------|----------------------------|
| <i>cephalexin cap 250 mg</i>                                | 2                |                            |
| <i>cephalexin cap 500 mg</i>                                | 2                |                            |
| <i>cephalexin for susp 125 mg/5ml</i>                       | 2                |                            |
| <i>cephalexin for susp 250 mg/5ml</i>                       | 2                |                            |
| <i>cephalexin tab 250 mg</i>                                | 2                |                            |
| <i>cephalexin tab 500 mg</i>                                | 2                |                            |
| SUPRAX SUS 500/5ML                                          | 4                |                            |
| <i>tazicef inj 1gm</i>                                      | 2                |                            |
| <i>tazicef inj 2gm</i>                                      | 2                |                            |
| <i>tazicef inj 6gm</i>                                      | 2                |                            |
| TEFLARO INJ 400MG                                           | 4                |                            |
| TEFLARO INJ 600MG                                           | 4                |                            |
| <b>ERYTHROMYCINS/MACROLIDES</b>                             |                  |                            |
| <i>azithromycin for susp 100 mg/5ml</i>                     | 2                |                            |
| <i>azithromycin for susp 200 mg/5ml</i>                     | 2                |                            |
| <i>azithromycin iv for soln 500 mg</i>                      | 2                |                            |
| <i>azithromycin tab 250 mg</i>                              | 2                |                            |
| <i>azithromycin tab 500 mg</i>                              | 2                |                            |
| <i>azithromycin tab 600 mg</i>                              | 2                |                            |
| <i>clarithromycin for susp 125 mg/5ml</i>                   | 2                |                            |
| <i>clarithromycin for susp 250 mg/5ml</i>                   | 2                |                            |
| <i>clarithromycin tab 250 mg</i>                            | 2                |                            |
| <i>clarithromycin tab 500 mg</i>                            | 2                |                            |
| <i>clarithromycin tab er 24hr 500 mg</i>                    | 2                |                            |
| DIFICID SUS                                                 | 5                | PA; DL                     |
| DIFICID TAB 200MG                                           | 5                | PA; DL                     |
| <i>e.e.s. 400 tab 400mg</i>                                 | 3                |                            |
| <i>ery-tab tab 250mg ec</i>                                 | 3                |                            |
| <i>ery-tab tab 333mg ec</i>                                 | 3                |                            |
| <i>ery-tab tab 500mg ec</i>                                 | 3                |                            |
| ERYTHROCIN INJ 500MG                                        | 4                |                            |
| <i>erythrocin tab 250mg</i>                                 | 2                |                            |
| <i>erythromycin ethylsuccinate tab 400 mg</i>               | 3                |                            |
| <i>erythromycin tab 250 mg</i>                              | 2                |                            |
| <i>erythromycin tab 500 mg</i>                              | 2                |                            |
| <i>erythromycin tab delayed release 250 mg</i>              | 2                |                            |
| <i>erythromycin tab delayed release 333 mg</i>              | 2                |                            |
| <i>erythromycin tab delayed release 500 mg</i>              | 2                |                            |
| <i>erythromycin w/ delayed release particles cap 250 mg</i> | 2                |                            |
| <b>FLUOROQUINOLONES</b>                                     |                  |                            |
| <i>ciprofloxacin 200 mg/100ml in d5w</i>                    | 2                |                            |
| <i>ciprofloxacin 400 mg/200ml in d5w</i>                    | 2                |                            |
| <i>ciprofloxacin hcl tab 100 mg (base equiv)</i>            | 2                |                            |

| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i>                | 2                |                            |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i>                | 2                |                            |
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i>                | 2                |                            |
| <i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>                   | 2                |                            |
| <i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>                   | 2                |                            |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i>                  | 2                | DL                         |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i>                 | 2                |                            |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i>                 | 2                | DL                         |
| <i>levofloxacin iv soln 25 mg/ml</i>                            | 2                | DL                         |
| <i>levofloxacin oral soln 25 mg/ml</i>                          | 2                |                            |
| <i>levofloxacin tab 250 mg</i>                                  | 2                |                            |
| <i>levofloxacin tab 500 mg</i>                                  | 2                |                            |
| <i>levofloxacin tab 750 mg</i>                                  | 2                |                            |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i>                 | 2                |                            |
| <i>ofloxacin tab 300 mg</i>                                     | 2                |                            |
| <i>ofloxacin tab 400 mg</i>                                     | 2                |                            |
| <b>PENICILLINS</b>                                              |                  |                            |
| <i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>     | 2                |                            |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>       | 2                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> | 2                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> | 2                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>   | 2                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> | 2                |                            |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>           | 2                |                            |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>           | 2                |                            |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>           | 2                |                            |
| <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> | 2                |                            |
| <i>amoxicillin (trihydrate) cap 250 mg</i>                      | 2                |                            |
| <i>amoxicillin (trihydrate) cap 500 mg</i>                      | 2                |                            |
| <i>amoxicillin (trihydrate) chew tab 125 mg</i>                 | 2                |                            |
| <i>amoxicillin (trihydrate) chew tab 250 mg</i>                 | 2                |                            |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>             | 2                |                            |
| <i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>             | 2                |                            |
| <i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>             | 2                |                            |

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>                | 2                |                            |
| <i>amoxicillin (trihydrate) tab 500 mg</i>                         | 2                |                            |
| <i>amoxicillin (trihydrate) tab 875 mg</i>                         | 2                |                            |
| <i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>    | 2                |                            |
| <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>        | 2                |                            |
| <i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>  | 2                |                            |
| <i>ampicillin cap 250 mg</i>                                       | 2                |                            |
| <i>ampicillin cap 500 mg</i>                                       | 2                |                            |
| <i>ampicillin for susp 250 mg/5ml</i>                              | 2                |                            |
| <i>ampicillin sodium for inj 1 gm</i>                              | 2                |                            |
| <i>ampicillin sodium for inj 125 mg</i>                            | 2                |                            |
| <i>ampicillin sodium for iv soln 10 gm</i>                         | 2                |                            |
| BICILLIN C-R INJ 900/300                                           | 4                |                            |
| BICILLIN C-R INJ 1200000                                           | 4                |                            |
| BICILLIN L-A INJ 600000                                            | 4                |                            |
| BICILLIN L-A INJ 1200000                                           | 4                |                            |
| BICILLIN L-A INJ 2400000                                           | 4                |                            |
| <i>dicloxacillin sodium cap 250 mg</i>                             | 2                |                            |
| <i>dicloxacillin sodium cap 500 mg</i>                             | 2                |                            |
| <i>nafcillin sodium for inj 1 gm</i>                               | 2                |                            |
| <i>nafcillin sodium for inj 2 gm</i>                               | 2                |                            |
| <i>nafcillin sodium for iv soln 10 gm</i>                          | 2                |                            |
| <i>oxacillin sodium for inj 1 gm (base equivalent)</i>             | 2                |                            |
| <i>oxacillin sodium for inj 2 gm (base equivalent)</i>             | 2                |                            |
| <i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>        | 2                |                            |
| PEN G PROC INJ 600000                                              | 3                |                            |
| PEN GK/DEXTR INJ 20000/ML                                          | 4                |                            |
| PEN GK/DEXTR INJ 40000/ML                                          | 4                |                            |
| PEN GK/DEXTR INJ 60000/ML                                          | 4                |                            |
| <i>penicillin g potassium for inj 20000000 unit</i>                | 2                |                            |
| <i>penicillin g sodium for inj 5000000 unit</i>                    | 2                |                            |
| <i>penicillin v potassium for soln 125 mg/5ml</i>                  | 2                |                            |
| <i>penicillin v potassium for soln 250 mg/5ml</i>                  | 2                |                            |
| <i>penicillin v potassium tab 250 mg</i>                           | 2                |                            |
| <i>penicillin v potassium tab 500 mg</i>                           | 2                |                            |
| <i>pfizerpen inj 20000000</i>                                      | 2                |                            |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> | 2                |                            |

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>   | 2                |                            |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | 2                |                            |

### **TETRACYCLINES**

|                                                   |   |            |
|---------------------------------------------------|---|------------|
| <i>doxy 100 inj 100mg</i>                         | 3 |            |
| <i>doxycycline hyclate cap 50 mg</i>              | 2 |            |
| <i>doxycycline hyclate cap 100 mg</i>             | 2 |            |
| <i>doxycycline hyclate tab 20 mg</i>              | 2 |            |
| <i>doxycycline hyclate tab 100 mg</i>             | 2 |            |
| <i>doxycycline monohydrate cap 50 mg</i>          | 3 |            |
| <i>doxycycline monohydrate cap 75 mg</i>          | 3 |            |
| <i>doxycycline monohydrate cap 100 mg</i>         | 3 |            |
| <i>doxycycline monohydrate for susp 25 mg/5ml</i> | 2 |            |
| <i>doxycycline monohydrate tab 50 mg</i>          | 2 |            |
| <i>doxycycline monohydrate tab 75 mg</i>          | 4 |            |
| <i>doxycycline monohydrate tab 100 mg</i>         | 2 |            |
| <i>doxycycline monohydrate tab 150 mg</i>         | 4 |            |
| <i>minocycline hcl cap 50 mg</i>                  | 2 |            |
| <i>minocycline hcl cap 75 mg</i>                  | 2 |            |
| <i>minocycline hcl cap 100 mg</i>                 | 2 |            |
| <i>minocycline hcl tab 50 mg</i>                  | 2 |            |
| <i>minocycline hcl tab 75 mg</i>                  | 2 |            |
| <i>minocycline hcl tab 100 mg</i>                 | 2 |            |
| NUZYRA INJ 100MG                                  | 5 | NM, LA; DL |
| NUZYRA TAB 150MG                                  | 5 | NM, LA; DL |
| <i>tetracycline hcl cap 250 mg</i>                | 3 |            |
| <i>tetracycline hcl cap 500 mg</i>                | 3 |            |
| TIGECYCLINE INJ 50MG                              | 4 | DL         |

### **ANTINEOPLASTIC AGENTS**

#### **ALKYLATING AGENTS**

|                                             |   |     |
|---------------------------------------------|---|-----|
| BICNU INJ 100MG                             | 4 |     |
| <i>busulfan inj 6 mg/ml</i>                 | 5 | DL  |
| <i>carboplatin iv soln 50 mg/5ml</i>        | 2 | DL  |
| <i>carboplatin iv soln 150 mg/15ml</i>      | 2 |     |
| <i>carboplatin iv soln 450 mg/45ml</i>      | 2 | DL  |
| <i>carboplatin iv soln 600 mg/60ml</i>      | 2 | DL  |
| <i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>   | 2 |     |
| <i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> | 2 | DL  |
| CYCLOPHOSPH TAB 25MG                        | 3 | B/D |
| CYCLOPHOSPH TAB 50MG                        | 3 | B/D |
| <i>cyclophosphamide cap 25 mg</i>           | 3 | B/D |
| <i>cyclophosphamide cap 50 mg</i>           | 3 | B/D |

| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------|------------------|----------------------------|
| <i>ifosfamide for inj 1 gm</i>                  | 2                |                            |
| LEUKERAN TAB 2MG                                | 3                |                            |
| <i>melphalan hcl for inj 50 mg (base equiv)</i> | 2                |                            |
| <i>oxaliplatin for iv inj 100 mg</i>            | 4                |                            |
| <i>oxaliplatin iv soln 50 mg/10ml</i>           | 4                |                            |
| <i>oxaliplatin iv soln 100 mg/20ml</i>          | 4                |                            |
| <i>thiotepa for inj 15 mg</i>                   | 5                | NM; DL                     |
| TREANDA INJ 25MG                                | 5                | NM, LA; DL                 |
| TREANDA INJ 100MG                               | 5                | NM, LA; DL                 |
| YONDELIS INJ 1MG                                | 5                | NM, LA; DL                 |
| ZANOSAR INJ 1GM                                 | 4                |                            |

### **ANTIBIOTICS**

|                                                                |   |     |
|----------------------------------------------------------------|---|-----|
| <i>bleomycin sulfate for inj 15 unit</i>                       | 2 |     |
| <i>bleomycin sulfate for inj 30 unit</i>                       | 2 | B/D |
| <i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>         | 2 |     |
| <i>doxorubicin hcl inj 2 mg/ml</i>                             | 2 |     |
| <i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i> | 4 |     |
| <i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>           | 3 |     |
| <i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>                | 2 | DL  |
| <i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>              | 2 |     |
| <i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>              | 2 | DL  |
| <i>mitomycin for iv soln 5 mg</i>                              | 4 |     |
| <i>mitomycin for iv soln 20 mg</i>                             | 5 | DL  |
| <i>mitomycin for iv soln 40 mg</i>                             | 5 | DL  |

### **ANTIMETABOLITES**

|                                                   |   |                |
|---------------------------------------------------|---|----------------|
| ARRANON INJ 5MG/ML                                | 5 | DL             |
| <i>azacitidine for inj 100 mg</i>                 | 5 | NM; DL         |
| <i>clofarabine iv soln 1 mg/ml</i>                | 5 | DL             |
| <i>cytarabine inj 20 mg/ml</i>                    | 2 | B/D            |
| <i>cytarabine inj pf 20 mg/ml</i>                 | 2 | DL             |
| <i>cytarabine inj pf 100 mg/ml</i>                | 2 | B/D            |
| <i>decitabine for inj 50 mg</i>                   | 5 | NM; DL         |
| <i>fludarabine phosphate for inj 50 mg</i>        | 2 |                |
| <i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>  | 2 | B/D; DL        |
| <i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> | 2 | B/D            |
| <i>gemcitabine hcl for inj 1 gm</i>               | 2 |                |
| <i>gemcitabine hcl for inj 2 gm</i>               | 2 |                |
| <i>gemcitabine hcl for inj 200 mg</i>             | 2 |                |
| INQOVI TAB 35-100MG                               | 5 | NM, LA, PA; DL |
| LONSURF TAB 15-6.14                               | 5 | NM, LA, PA; DL |
| LONSURF TAB 20-8.19                               | 5 | NM, LA, PA; DL |



| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------|------------------|----------------------------|
| <i>mercaptopurine tab 50 mg</i>                        | 2                |                            |
| <i>methotrexate sodium for inj 1 gm</i>                | 2                |                            |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>    | 3                |                            |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> | 3                |                            |
| PURIXAN SUS 20MG/ML                                    | 4                | NM                         |
| TABLOID TAB 40MG                                       | 4                |                            |

### **HORMONAL ANTINEOPLASTIC AGENTS**

|                                                      |   |                                |
|------------------------------------------------------|---|--------------------------------|
| <i>abiraterone acetate tab 250 mg</i>                | 5 | NM; DL                         |
| <i>abiraterone acetate tab 500 mg</i>                | 5 | NM; DL                         |
| <i>anastrozole tab 1 mg</i>                          | 2 |                                |
| <i>bicalutamide tab 50 mg</i>                        | 2 |                                |
| ELIGARD INJ 7.5MG                                    | 4 | NM; DL                         |
| ELIGARD INJ 22.5MG                                   | 4 | NM                             |
| ELIGARD INJ 30MG                                     | 4 | NM                             |
| ELIGARD INJ 45MG                                     | 4 | NM; DL                         |
| EMCYT CAP 140MG                                      | 3 |                                |
| ERLEADA TAB 60MG                                     | 5 | NM, LA; DL                     |
| EULEXIN CAP 125MG                                    | 4 |                                |
| <i>exemestane tab 25 mg</i>                          | 3 |                                |
| FASLODEX INJ 250/5ML                                 | 5 | DL                             |
| FIRMAGON INJ 80MG                                    | 4 | QL (4 vials / 28 days), NM; DL |
| FIRMAGON INJ 120MG                                   | 5 | NM; DL                         |
| <i>flutamide cap 125 mg</i>                          | 2 |                                |
| <i>letrozole tab 2.5 mg</i>                          | 2 |                                |
| <i>leuprolide acetate inj kit 5 mg/ml</i>            | 2 | NM                             |
| LUPRON DEPOT INJ 3.75MG                              | 4 | NM; DL                         |
| LUPRON DEPOT INJ 7.5MG                               | 5 | NM; DL                         |
| LUPRON DEPOT INJ 11.25MG                             | 5 | NM; DL                         |
| LUPRON DEPOT INJ 22.5MG                              | 5 | NM; DL                         |
| LUPRON DEPOT INJ 30MG                                | 5 | NM; DL                         |
| LUPRON DEPOT INJ 45MG                                | 5 | NM; DL                         |
| LYSODREN TAB 500MG                                   | 3 | NM                             |
| <i>megestrol acetate tab 20 mg</i>                   | 2 | PA; DL                         |
| <i>megestrol acetate tab 40 mg</i>                   | 2 | PA; DL                         |
| <i>nilutamide tab 150 mg</i>                         | 3 |                                |
| NUBEQA TAB 300MG                                     | 5 | NM, LA; DL                     |
| ORGOVYX TAB 120MG                                    | 5 | NM, LA; DL                     |
| SOLTAMOX SOL 10MG/5ML                                | 4 |                                |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i> | 2 |                                |

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------|------------------|----------------------------|
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i>  | 2                |                            |
| <i>toremifene citrate tab 60 mg (base equivalent)</i> | 5                | DL                         |
| TRELSTAR MIX INJ 3.75MG                               | 5                | NM; DL                     |
| TRELSTAR MIX INJ 11.25MG                              | 5                | NM; DL                     |
| TRELSTAR MIX INJ 22.5MG                               | 5                | NM; DL                     |
| XTANDI CAP 40MG                                       | 5                | NM, LA; DL                 |
| XTANDI TAB 40MG                                       | 5                | NM, LA; DL                 |
| XTANDI TAB 80MG                                       | 5                | NM, LA; DL                 |
| YONSA TAB 125MG                                       | 5                | NM, LA; DL                 |

### **IMMUNOMODULATORS**

|                               |   |                                    |
|-------------------------------|---|------------------------------------|
| <i>lenalidomide cap 5 mg</i>  | 5 | NM, LA; DL                         |
| <i>lenalidomide cap 10 mg</i> | 5 | NM, LA; DL                         |
| <i>lenalidomide cap 15 mg</i> | 5 | NM, LA; DL                         |
| <i>lenalidomide cap 25 mg</i> | 5 | NM, LA; DL                         |
| POMALYST CAP 1MG              | 5 | QL (30 caps / 30 days), NM, LA; DL |
| POMALYST CAP 2MG              | 5 | QL (30 caps / 30 days), NM, LA; DL |
| POMALYST CAP 3MG              | 5 | QL (30 caps / 30 days), NM, LA; DL |
| POMALYST CAP 4MG              | 5 | QL (30 caps / 30 days), NM, LA; DL |
| REVLIMID CAP 2.5MG            | 5 | NM, LA; DL                         |
| REVLIMID CAP 5MG              | 5 | NM, LA; DL                         |
| REVLIMID CAP 10MG             | 5 | NM, LA; DL                         |
| REVLIMID CAP 15MG             | 5 | NM, LA; DL                         |
| REVLIMID CAP 20MG             | 5 | NM, LA; DL                         |
| REVLIMID CAP 25MG             | 5 | NM, LA; DL                         |
| THALOMID CAP 50MG             | 5 | NM, LA; DL                         |
| THALOMID CAP 100MG            | 5 | NM, LA; DL                         |
| THALOMID CAP 150MG            | 5 | NM, LA; DL                         |
| THALOMID CAP 200MG            | 5 | NM, LA; DL                         |

### **MISCELLANEOUS**

|                                                  |   |            |
|--------------------------------------------------|---|------------|
| BESREMI SOL 500MCG                               | 5 | NM, LA; DL |
| <i>bexarotene cap 75 mg</i>                      | 5 | NM; DL     |
| <i>dacarbazine for inj 100 mg</i>                | 2 |            |
| <i>dacarbazine for inj 200 mg</i>                | 2 |            |
| ERWINAZE INJ 10000UNT                            | 5 | NM, LA; DL |
| <i>hydroxyurea cap 500 mg</i>                    | 2 |            |
| <i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>   | 4 |            |
| <i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>  | 4 |            |
| <i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i> | 4 |            |

| Drug Name                                               | Drug Tier | Requirements/Limits |
|---------------------------------------------------------|-----------|---------------------|
| KISQALI 200 PAK FEMARA                                  | 5         | NM, PA; DL          |
| KISQALI 400 PAK FEMARA                                  | 5         | NM, PA; DL          |
| KISQALI 600 PAK FEMARA                                  | 5         | NM, PA; DL          |
| MATULANE CAP 50MG                                       | 5         | NM, LA; DL          |
| <i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>   | 2         | NM; DL              |
| <i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i> | 2         | NM                  |
| <i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>   | 2         | NM; DL              |
| NIPENT INJ 10MG                                         | 5         | DL                  |
| ONUREG TAB 200MG                                        | 5         | NM, LA, PA; DL      |
| ONUREG TAB 300MG                                        | 5         | NM, LA, PA; DL      |
| PROLEUKIN INJ 22MU                                      | 5         | NM; DL              |
| SYNRIBO INJ 3.5MG                                       | 5         | NM; DL              |
| TAVNEOS CAP 10MG                                        | 5         | NM, LA; DL          |
| <i>topotecan hcl for inj 4 mg (base equiv)</i>          | 5         | DL                  |
| <i>tretinoin cap 10 mg</i>                              | 5         | DL                  |
| WELIREG TAB 40MG                                        | 5         | NM, LA; DL          |

### **MITOTIC INHIBITORS**

|                                                                   |   |            |
|-------------------------------------------------------------------|---|------------|
| ABRAXANE INJ 100MG                                                | 5 | NM, LA; DL |
| DOCETAXEL INJ 80MG/4ML                                            | 3 |            |
| DOCETAXEL INJ 160/16ML                                            | 3 |            |
| ETOPOPHOS INJ 100MG                                               | 4 |            |
| <i>etoposide inj 100 mg/5ml (20 mg/ml)</i>                        | 2 |            |
| HALAVEN INJ 1MG/2ML                                               | 5 | NM; DL     |
| IXEMPRA KIT INJ 15MG                                              | 5 | NM; DL     |
| JEVTANA INJ 60/1.5ML                                              | 5 | NM, LA; DL |
| <i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>                     | 2 | DL         |
| <i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>                 | 2 |            |
| <i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>                   | 2 | DL         |
| <i>toposar inj 100/5ml</i>                                        | 2 |            |
| <i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>             | 3 |            |
| <i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i> | 3 |            |

### **MOLECULAR TARGET AGENTS**

|                      |   |                |
|----------------------|---|----------------|
| AFINITOR DIS TAB 2MG | 5 | NM, PA; DL     |
| AFINITOR DIS TAB 3MG | 5 | NM, PA; DL     |
| AFINITOR DIS TAB 5MG | 5 | NM, PA; DL     |
| ALECENSA CAP 150MG   | 5 | NM, LA, PA; DL |
| ALUNBRIG PAK         | 5 | NM, LA, PA; DL |
| ALUNBRIG TAB 30MG    | 5 | NM, LA, PA; DL |

| <b>Drug Name</b>      | <b>Drug Tier</b> | <b>Requirements/Limits</b>                |
|-----------------------|------------------|-------------------------------------------|
| ALUNBRIG TAB 90MG     | 5                | NM, LA, PA; DL                            |
| ALUNBRIG TAB 180MG    | 5                | NM, LA, PA; DL                            |
| ARZERRA CON 100/5ML   | 5                | NM, LA; DL                                |
| AVASTIN INJ           | 5                | NM, LA; DL                                |
| AVASTIN INJ 400/16ML  | 5                | NM, LA; DL                                |
| AYVAKIT TAB 25MG      | 5                | NM, LA, PA; DL                            |
| AYVAKIT TAB 50MG      | 5                | NM, LA, PA; DL                            |
| AYVAKIT TAB 100MG     | 5                | NM, LA, PA; DL                            |
| AYVAKIT TAB 200MG     | 5                | NM, LA, PA; DL                            |
| AYVAKIT TAB 300MG     | 5                | NM, LA, PA; DL                            |
| BALVERSA TAB 3MG      | 5                | NM, LA, PA; DL                            |
| BALVERSA TAB 4MG      | 5                | NM, LA, PA; DL                            |
| BALVERSA TAB 5MG      | 5                | NM, LA, PA; DL                            |
| BELEODAQ INJ 500MG    | 5                | NM, LA; DL                                |
| BOSULIF TAB 100MG     | 5                | NM, PA; DL                                |
| BOSULIF TAB 400MG     | 5                | NM, PA; DL                                |
| BOSULIF TAB 500MG     | 5                | NM, PA; DL                                |
| BRAFTOVI CAP 75MG     | 5                | NM, LA, PA; DL                            |
| BRUKINSA CAP 80MG     | 5                | NM, LA, PA; DL                            |
| CABOMETYX TAB 20MG    | 5                | NM, LA, PA; DL                            |
| CABOMETYX TAB 40MG    | 5                | NM, LA, PA; DL                            |
| CABOMETYX TAB 60MG    | 5                | NM, LA, PA; DL                            |
| CALQUENCE CAP 100MG   | 5                | NM, LA, PA; DL                            |
| CALQUENCE TAB 100MG   | 5                | NM, LA, PA; DL                            |
| CAPRELSA TAB 100MG    | 3                | QL (60 tabs / 30 days),<br>NM, LA, PA; DL |
| CAPRELSA TAB 300MG    | 3                | QL (30 tabs / 30 days),<br>NM, LA, PA; DL |
| COMETRIQ KIT 60MG     | 5                | NM, LA, PA; DL                            |
| COMETRIQ KIT 100MG    | 5                | NM, LA, PA; DL                            |
| COMETRIQ KIT 140MG    | 5                | NM, LA, PA; DL                            |
| COPIKTRA CAP 15MG     | 5                | NM, LA, PA; DL                            |
| COPIKTRA CAP 25MG     | 5                | NM, LA, PA; DL                            |
| COTELLIC TAB 20MG     | 5                | NM, LA, PA; DL                            |
| CYRAMZA INJ 100/10ML  | 5                | NM, LA; DL                                |
| CYRAMZA INJ 500/50ML  | 5                | NM, LA; DL                                |
| DARZALEX SOL 100MG/5M | 5                | NM, LA; DL                                |
| DARZALEX SOL 400MG/20 | 5                | NM, LA; DL                                |
| DAURISMO TAB 25MG     | 5                | NM, LA, PA; DL                            |
| DAURISMO TAB 100MG    | 5                | NM, LA, PA; DL                            |
| EMPLICITI INJ 300MG   | 5                | NM, LA; DL                                |
| EMPLICITI INJ 400MG   | 5                | NM, LA; DL                                |
| ERBITUX INJ 100MG     | 5                | NM; DL                                    |
| ERBITUX INJ 200MG     | 5                | NM; DL                                    |

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|-------------------------------------------------------|------------------|------------------------------------|
| ERIVEDGE CAP 150MG                                    | 5                | NM, LA; DL                         |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i>      | 5                | NM; DL                             |
| <i>erlotinib hcl tab 100 mg (base equivalent)</i>     | 5                | NM; DL                             |
| <i>erlotinib hcl tab 150 mg (base equivalent)</i>     | 5                | NM; DL                             |
| <i>everolimus tab 2.5 mg</i>                          | 5                | NM, PA; DL                         |
| <i>everolimus tab 5 mg</i>                            | 5                | NM, PA; DL                         |
| <i>everolimus tab 7.5 mg</i>                          | 5                | NM, PA; DL                         |
| <i>everolimus tab 10 mg</i>                           | 5                | NM, PA; DL                         |
| <i>everolimus tab for oral susp 2 mg</i>              | 5                | NM, PA; DL                         |
| <i>everolimus tab for oral susp 3 mg</i>              | 5                | NM, PA; DL                         |
| <i>everolimus tab for oral susp 5 mg</i>              | 5                | NM, PA; DL                         |
| EXKIVITY CAP 40MG                                     | 5                | NM, LA, PA; DL                     |
| FARYDAK CAP 10MG                                      | 5                | NM, LA, PA; DL                     |
| FARYDAK CAP 15MG                                      | 5                | NM, LA, PA; DL                     |
| FARYDAK CAP 20MG                                      | 5                | NM, LA, PA; DL                     |
| FOTIVDA CAP 0.89MG                                    | 5                | NM, LA, PA; DL                     |
| FOTIVDA CAP 1.34MG                                    | 5                | NM, LA, PA; DL                     |
| GAVRETO CAP 100MG                                     | 5                | NM, LA, PA; DL                     |
| GILOTRIF TAB 20MG                                     | 5                | NM, LA; DL                         |
| GILOTRIF TAB 30MG                                     | 5                | NM, LA; DL                         |
| GILOTRIF TAB 40MG                                     | 5                | NM, LA; DL                         |
| HERCEPTIN INJ 150MG                                   | 5                | NM, LA; DL                         |
| HERCEPTIN INJ 440MG                                   | 5                | DL                                 |
| IBRANCE CAP 75MG                                      | 5                | NM, LA, PA; DL                     |
| IBRANCE CAP 100MG                                     | 5                | NM, LA, PA; DL                     |
| IBRANCE CAP 125MG                                     | 5                | NM, LA, PA; DL                     |
| IBRANCE TAB 75MG                                      | 5                | NM, LA, PA; DL                     |
| IBRANCE TAB 100MG                                     | 5                | NM, LA, PA; DL                     |
| IBRANCE TAB 125MG                                     | 5                | NM, LA, PA; DL                     |
| ICLUSIG TAB 10MG                                      | 5                | NM, LA, PA; DL                     |
| ICLUSIG TAB 15MG                                      | 5                | NM, LA, PA; DL                     |
| ICLUSIG TAB 30MG                                      | 5                | NM, LA, PA; DL                     |
| ICLUSIG TAB 45MG                                      | 5                | NM, LA, PA; DL                     |
| IDHIFA TAB 50MG                                       | 5                | NM, LA, PA; DL                     |
| IDHIFA TAB 100MG                                      | 5                | NM, LA, PA; DL                     |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | 5                | QL (90 tabs / 30 days), NM, PA; DL |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | 5                | QL (60 tabs / 30 days), NM, PA; DL |
| IMBRUVICA CAP 70MG                                    | 5                | NM, LA, PA; DL                     |
| IMBRUVICA CAP 140MG                                   | 5                | NM, LA, PA; DL                     |
| IMBRUVICA TAB 140MG                                   | 5                | NM, LA, PA; DL                     |
| IMBRUVICA TAB 280MG                                   | 5                | NM, LA, PA; DL                     |
| IMBRUVICA TAB 420MG                                   | 5                | NM, LA, PA; DL                     |

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|-----------------------------------------------------|------------------|-----------------------------------------|
| IMBRUVICA TAB 560MG                                 | 5                | NM, LA, PA; DL                          |
| INLYTA TAB 1MG                                      | 5                | NM, LA, PA; DL                          |
| INLYTA TAB 5MG                                      | 5                | NM, LA, PA; DL                          |
| INREBIC CAP 100MG                                   | 5                | QL (120 caps / 30 days), NM, LA, PA; DL |
| IRESSA TAB 250MG                                    | 5                | NM, LA, PA; DL                          |
| ISTODAX OVR INJ 10MG                                | 5                | NM; DL                                  |
| JAKAFI TAB 5MG                                      | 5                | QL (60 tabs / 30 days), NM, LA, PA; DL  |
| JAKAFI TAB 10MG                                     | 5                | QL (60 tabs / 30 days), NM, LA, PA; DL  |
| JAKAFI TAB 15MG                                     | 5                | QL (60 tabs / 30 days), NM, LA, PA; DL  |
| JAKAFI TAB 20MG                                     | 5                | QL (60 tabs / 30 days), NM, LA, PA; DL  |
| JAKAFI TAB 25MG                                     | 5                | QL (60 tabs / 30 days), NM, LA, PA; DL  |
| KADCYLA INJ 100MG                                   | 5                | NM, LA; DL                              |
| KADCYLA INJ 160MG                                   | 5                | NM, LA; DL                              |
| KEYTRUDA INJ 100MG/4M                               | 5                | NM, LA; DL                              |
| KISQALI TAB 200DOSE                                 | 5                | NM, PA; DL                              |
| KISQALI TAB 400DOSE                                 | 5                | NM, PA; DL                              |
| KISQALI TAB 600DOSE                                 | 5                | NM, PA; DL                              |
| KOSELUGO CAP 10MG                                   | 5                | NM, LA, PA; DL                          |
| KOSELUGO CAP 25MG                                   | 5                | NM, LA, PA; DL                          |
| KYPROLIS SOL 30MG                                   | 5                | NM, LA; DL                              |
| KYPROLIS SOL 60MG                                   | 5                | NM, LA; DL                              |
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i> | 5                | NM; DL                                  |
| LARTRUVO INJ 10MG/ML                                | 5                | LA; DL                                  |
| LARTRUVO INJ 190/19ML                               | 5                | LA; DL                                  |
| LENVIMA CAP 4MG                                     | 5                | NM, LA, PA; DL                          |
| LENVIMA CAP 8 MG                                    | 5                | NM, LA, PA; DL                          |
| LENVIMA CAP 10 MG                                   | 5                | NM, LA, PA; DL                          |
| LENVIMA CAP 12MG                                    | 5                | NM, LA, PA; DL                          |
| LENVIMA CAP 14 MG                                   | 5                | NM, LA, PA; DL                          |
| LENVIMA CAP 18 MG                                   | 5                | NM, LA, PA; DL                          |
| LENVIMA CAP 20 MG                                   | 5                | NM, LA, PA; DL                          |
| LENVIMA CAP 24 MG                                   | 5                | NM, LA, PA; DL                          |
| LORBRENA TAB 25MG                                   | 5                | NM, LA, PA; DL                          |
| LORBRENA TAB 100MG                                  | 5                | NM, LA, PA; DL                          |
| LUMAKRAS TAB 120MG                                  | 5                | NM, LA, PA; DL                          |
| LYNPARZA TAB 100MG                                  | 5                | NM, LA, PA; DL                          |
| LYNPARZA TAB 150MG                                  | 5                | NM, LA, PA; DL                          |
| MEKINIST TAB 0.5MG                                  | 5                | NM, LA, PA; DL                          |

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------|------------------|----------------------------|
| MEKINIST TAB 2MG                                       | 5                | NM, LA, PA; DL             |
| MEKTOVI TAB 15MG                                       | 5                | NM, LA, PA; DL             |
| NERLYNX TAB 40MG                                       | 5                | NM, LA, PA; DL             |
| NEXAVAR TAB 200MG                                      | 5                | NM, LA, PA; DL             |
| NINLARO CAP 2.3MG                                      | 5                | NM, PA; DL                 |
| NINLARO CAP 3MG                                        | 5                | NM, PA; DL                 |
| NINLARO CAP 4MG                                        | 5                | NM, PA; DL                 |
| ODOMZO CAP 200MG                                       | 5                | NM, LA, PA; DL             |
| PEMAZYRE TAB 4.5MG                                     | 5                | NM, LA, PA; DL             |
| PEMAZYRE TAB 9MG                                       | 5                | NM, LA, PA; DL             |
| PEMAZYRE TAB 13.5MG                                    | 5                | NM, LA, PA; DL             |
| PERJETA INJ 420/14ML                                   | 5                | NM, LA; DL                 |
| PIQRAY 200MG TAB DOSE                                  | 5                | NM, PA; DL                 |
| PIQRAY 250MG TAB DOSE                                  | 5                | NM, PA; DL                 |
| PIQRAY 300MG TAB DOSE                                  | 5                | NM, PA; DL                 |
| QINLOCK TAB 50MG                                       | 5                | NM, LA, PA; DL             |
| RETEVMO CAP 40MG                                       | 5                | NM, LA, PA; DL             |
| RETEVMO CAP 80MG                                       | 5                | NM, LA, PA; DL             |
| REZUROCK TAB 200MG                                     | 5                | NM, LA, PA; DL             |
| RITUXAN INJ 100MG                                      | 5                | NM, LA; DL                 |
| RITUXAN INJ 500MG                                      | 5                | NM, LA; DL                 |
| ROZLYTREK CAP 100MG                                    | 5                | NM, LA, PA; DL             |
| ROZLYTREK CAP 200MG                                    | 5                | NM, LA, PA; DL             |
| RUBRACA TAB 200MG                                      | 5                | NM, LA, PA; DL             |
| RUBRACA TAB 250MG                                      | 5                | NM, LA, PA; DL             |
| RUBRACA TAB 300MG                                      | 5                | NM, LA, PA; DL             |
| RYDAPT CAP 25MG                                        | 5                | NM, PA; DL                 |
| SCEMBLIX TAB 20MG                                      | 5                | NM, PA; DL                 |
| SCEMBLIX TAB 40MG                                      | 5                | NM, PA; DL                 |
| <i>sorafenib tosylate tab 200 mg (base equivalent)</i> | 5                | NM, PA; DL                 |
| SPRYCEL TAB 20MG                                       | 5                | NM, PA; DL                 |
| SPRYCEL TAB 50MG                                       | 5                | NM, PA; DL                 |
| SPRYCEL TAB 70MG                                       | 5                | NM, PA; DL                 |
| SPRYCEL TAB 80MG                                       | 5                | NM, PA; DL                 |
| SPRYCEL TAB 100MG                                      | 5                | NM, PA; DL                 |
| SPRYCEL TAB 140MG                                      | 5                | NM, PA; DL                 |
| STIVARGA TAB 40MG                                      | 5                | NM, LA, PA; DL             |
| <i>sunitinib malate cap 12.5 mg (base equivalent)</i>  | 5                | NM, PA; DL                 |
| <i>sunitinib malate cap 25 mg (base equivalent)</i>    | 5                | NM, PA; DL                 |
| <i>sunitinib malate cap 37.5 mg (base equivalent)</i>  | 5                | NM, PA; DL                 |

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------|------------------|----------------------------|
| <i>sunitinib malate cap 50 mg (base equivalent)</i> | 5                | NM, PA; DL                 |
| TABRECTA TAB 150MG                                  | 5                | NM, PA; DL                 |
| TABRECTA TAB 200MG                                  | 5                | NM, PA; DL                 |
| TAFINLAR CAP 50MG                                   | 5                | NM, LA; DL                 |
| TAFINLAR CAP 75MG                                   | 5                | NM, LA; DL                 |
| TAGRISSO TAB 40MG                                   | 5                | NM, LA, PA; DL             |
| TAGRISSO TAB 80MG                                   | 5                | NM, LA, PA; DL             |
| TALZENNA CAP 0.5MG                                  | 5                | NM, LA, PA; DL             |
| TALZENNA CAP 0.25MG                                 | 5                | NM, LA, PA; DL             |
| TALZENNA CAP 0.75MG                                 | 5                | NM, LA, PA; DL             |
| TALZENNA CAP 1MG                                    | 5                | NM, LA, PA; DL             |
| TASIGNA CAP 50MG                                    | 5                | NM; DL                     |
| TASIGNA CAP 150MG                                   | 5                | NM; DL                     |
| TASIGNA CAP 200MG                                   | 5                | NM; DL                     |
| TAZVERIK TAB 200MG                                  | 5                | NM, LA, PA; DL             |
| TECENTRIQ INJ 1200/20                               | 5                | NM, LA; DL                 |
| TEPMETKO TAB 225MG                                  | 5                | NM, LA, PA; DL             |
| TIBSOVO TAB 250MG                                   | 5                | NM, LA; DL                 |
| TORISEL INJ 25MG/ML                                 | 5                | NM; DL                     |
| TRUSELTIQ CAP 50MG                                  | 5                | NM, LA, PA; DL             |
| TRUSELTIQ CAP 75MG                                  | 5                | NM, LA, PA; DL             |
| TRUSELTIQ CAP 100MG                                 | 5                | NM, LA, PA; DL             |
| TRUSELTIQ CAP 125MG                                 | 5                | NM, LA, PA; DL             |
| TUKYSA TAB 50MG                                     | 5                | NM, LA, PA; DL             |
| TUKYSA TAB 150MG                                    | 5                | NM, LA, PA; DL             |
| TURALIO CAP 200MG                                   | 5                | NM, LA, PA; DL             |
| UKONIQ TAB 200MG                                    | 5                | NM, LA, PA; DL             |
| VECTIBIX INJ 100MG                                  | 5                | NM; DL                     |
| VECTIBIX INJ 400MG                                  | 5                | NM; DL                     |
| VENCLEXTA TAB 10MG                                  | 4                | NM, LA, PA; DL             |
| VENCLEXTA TAB 50MG                                  | 4                | NM, LA, PA; DL             |
| VENCLEXTA TAB 100MG                                 | 5                | NM, LA, PA; DL             |
| VENCLEXTA TAB START PK                              | 5                | NM, LA, PA; DL             |
| VERZENIO TAB 50MG                                   | 5                | NM, LA, PA; DL             |
| VERZENIO TAB 100MG                                  | 5                | NM, LA, PA; DL             |
| VERZENIO TAB 150MG                                  | 5                | NM, LA, PA; DL             |
| VERZENIO TAB 200MG                                  | 5                | NM, LA, PA; DL             |
| VIJOICE TAB 50MG                                    | 5                | NM, LA, PA; DL             |
| VIJOICE TAB 125MG                                   | 5                | NM, LA, PA; DL             |
| VIJOICE TAB 250MG                                   | 5                | NM, LA, PA; DL             |
| VITRAKVI CAP 25MG                                   | 5                | NM, LA, PA; DL             |
| VITRAKVI CAP 100MG                                  | 5                | NM, LA, PA; DL             |
| VITRAKVI SOL 20MG/ML                                | 5                | NM, LA, PA; DL             |



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|--------------------|------------------|-----------------------------------------|
| VIZIMPRO TAB 15MG  | 5                | NM, LA, PA; DL                          |
| VIZIMPRO TAB 30MG  | 5                | NM, LA, PA; DL                          |
| VIZIMPRO TAB 45MG  | 5                | NM, LA, PA; DL                          |
| VONJO CAP 100MG    | 5                | QL (120 caps / 30 days), NM, LA, PA; DL |
| VOTRIENT TAB 200MG | 5                | NM, LA; DL                              |
| XALKORI CAP 200MG  | 5                | NM, LA, PA; DL                          |
| XALKORI CAP 250MG  | 5                | NM, LA, PA; DL                          |
| XOSPATA TAB 40MG   | 5                | NM, LA, PA; DL                          |
| XPOVIO PAK 40MG    | 5                | NM, LA, PA; DL                          |
| XPOVIO PAK 50MG    | 5                | NM, LA, PA; DL                          |
| XPOVIO PAK 60MG    | 5                | NM, LA, PA; DL                          |
| XPOVIO PAK 80MG    | 5                | NM, LA, PA; DL                          |
| ZEJULA CAP 100MG   | 5                | NM, LA, PA; DL                          |
| ZELBORAF TAB 240MG | 5                | NM, LA, PA; DL                          |
| ZOLINZA CAP 100MG  | 5                | NM; DL                                  |
| ZYDELIG TAB 100MG  | 5                | NM, LA, PA; DL                          |
| ZYDELIG TAB 150MG  | 5                | NM, LA, PA; DL                          |
| ZYKADIA TAB 150MG  | 5                | NM, LA, PA; DL                          |

### **PROTECTIVE AGENTS**

|                                                                     |   |        |
|---------------------------------------------------------------------|---|--------|
| <i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>             | 4 |        |
| ELITEK INJ 1.5MG                                                    | 5 | DL     |
| ELITEK INJ 7.5MG                                                    | 5 | DL     |
| <i>leucovorin calcium for inj 50 mg</i>                             | 2 |        |
| <i>leucovorin calcium for inj 100 mg</i>                            | 2 |        |
| <i>leucovorin calcium for inj 200 mg</i>                            | 2 |        |
| <i>leucovorin calcium for inj 350 mg</i>                            | 2 |        |
| <i>leucovorin calcium tab 5 mg</i>                                  | 2 |        |
| <i>leucovorin calcium tab 10 mg</i>                                 | 2 |        |
| <i>leucovorin calcium tab 15 mg</i>                                 | 3 |        |
| <i>leucovorin calcium tab 25 mg</i>                                 | 4 |        |
| <i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i> | 5 | NM; DL |
| <i>mesna inj 100 mg/ml</i>                                          | 2 |        |
| MESNEX TAB 400MG                                                    | 3 |        |

### **CARDIOVASCULAR**

#### **ACE INHIBITOR COMBINATIONS**

|                                                         |   |  |
|---------------------------------------------------------|---|--|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | 2 |  |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>   | 2 |  |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>   | 2 |  |

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>             | 2                |                            |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>            | 2                |                            |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>            | 2                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>         | 1                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | 1                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | 1                |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>          | 1                |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>  | 1                |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>   | 1                |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> | 1                |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>          | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>               | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>               | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i>                 | 1                |                            |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i>                 | 2                |                            |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i>                 | 2                |                            |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i>                 | 2                |                            |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i>                 | 2                |                            |

### **ACE INHIBITORS**

|                                 |   |  |
|---------------------------------|---|--|
| <i>benazepril hcl tab 5 mg</i>  | 1 |  |
| <i>benazepril hcl tab 10 mg</i> | 1 |  |
| <i>benazepril hcl tab 20 mg</i> | 1 |  |
| <i>benazepril hcl tab 40 mg</i> | 1 |  |
| <i>captopril tab 12.5 mg</i>    | 2 |  |
| <i>captopril tab 25 mg</i>      | 2 |  |
| <i>captopril tab 50 mg</i>      | 2 |  |
| <i>captopril tab 100 mg</i>     | 2 |  |

| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------|------------------|----------------------------|
| <i>enalapril maleate tab 2.5 mg</i>             | 1                |                            |
| <i>enalapril maleate tab 5 mg</i>               | 1                |                            |
| <i>enalapril maleate tab 10 mg</i>              | 1                |                            |
| <i>enalapril maleate tab 20 mg</i>              | 1                |                            |
| <i>fosinopril sodium tab 10 mg</i>              | 1                |                            |
| <i>fosinopril sodium tab 20 mg</i>              | 1                |                            |
| <i>fosinopril sodium tab 40 mg</i>              | 1                |                            |
| <i>lisinopril tab 2.5 mg</i>                    | 1                |                            |
| <i>lisinopril tab 5 mg</i>                      | 1                |                            |
| <i>lisinopril tab 10 mg</i>                     | 1                |                            |
| <i>lisinopril tab 20 mg</i>                     | 1                |                            |
| <i>lisinopril tab 30 mg</i>                     | 1                |                            |
| <i>lisinopril tab 40 mg</i>                     | 1                |                            |
| <i>moexipril hcl tab 7.5 mg</i>                 | 1                |                            |
| <i>moexipril hcl tab 15 mg</i>                  | 1                |                            |
| <i>perindopril erbumine tab 2 mg</i>            | 2                |                            |
| <i>perindopril erbumine tab 4 mg</i>            | 2                |                            |
| <i>perindopril erbumine tab 8 mg</i>            | 2                |                            |
| <i>quinapril hcl tab 5 mg</i>                   | 1                |                            |
| <i>quinapril hcl tab 10 mg</i>                  | 1                |                            |
| <i>quinapril hcl tab 20 mg</i>                  | 1                |                            |
| <i>quinapril hcl tab 40 mg</i>                  | 1                |                            |
| <i>ramipril cap 1.25 mg</i>                     | 1                |                            |
| <i>ramipril cap 2.5 mg</i>                      | 1                |                            |
| <i>ramipril cap 5 mg</i>                        | 1                |                            |
| <i>ramipril cap 10 mg</i>                       | 1                |                            |
| <i>trandolapril tab 1 mg</i>                    | 1                |                            |
| <i>trandolapril tab 2 mg</i>                    | 1                |                            |
| <i>trandolapril tab 4 mg</i>                    | 1                |                            |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>         |                  |                            |
| <i>eplerenone tab 25 mg</i>                     | 2                |                            |
| <i>eplerenone tab 50 mg</i>                     | 2                |                            |
| <i>spironolactone tab 25 mg</i>                 | 1                |                            |
| <i>spironolactone tab 50 mg</i>                 | 1                |                            |
| <i>spironolactone tab 100 mg</i>                | 1                |                            |
| <b>ALPHA BLOCKERS</b>                           |                  |                            |
| <i>doxazosin mesylate tab 1 mg</i>              | 2                |                            |
| <i>doxazosin mesylate tab 2 mg</i>              | 2                |                            |
| <i>doxazosin mesylate tab 4 mg</i>              | 2                |                            |
| <i>doxazosin mesylate tab 8 mg</i>              | 2                |                            |
| <i>prazosin hcl cap 1 mg</i>                    | 2                |                            |
| <i>prazosin hcl cap 2 mg</i>                    | 2                |                            |
| <i>prazosin hcl cap 5 mg</i>                    | 2                |                            |
| <i>terazosin hcl cap 1 mg (base equivalent)</i> | 2                |                            |

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>terazosin hcl cap 2 mg (base equivalent)</i>                     | 2                |                            |
| <i>terazosin hcl cap 5 mg (base equivalent)</i>                     | 2                |                            |
| <i>terazosin hcl cap 10 mg (base equivalent)</i>                    | 2                |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>              |                  |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>         | 2                |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>         | 2                |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>        | 2                |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>        | 2                |                            |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i>                   | 2                |                            |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i>                   | 2                |                            |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i>                  | 2                |                            |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i>                  | 2                |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>     | 2                |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>     | 2                |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>       | 2                |                            |
| ENTRESTO TAB 24-26MG                                                | 3                |                            |
| ENTRESTO TAB 49-51MG                                                | 3                |                            |
| ENTRESTO TAB 97-103MG                                               | 3                |                            |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>               | 1                |                            |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>               | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>  | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>   | 1                |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>      | 2                |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>      | 2                |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>        | 2                |                            |

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>  | 2                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>  | 2                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>    | 2                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 2                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>   | 2                |                            |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                          | 2                |                            |
| <i>telmisartan-amlodipine tab 40-10 mg</i>                         | 2                |                            |
| <i>telmisartan-amlodipine tab 80-5 mg</i>                          | 2                |                            |
| <i>telmisartan-amlodipine tab 80-10 mg</i>                         | 2                |                            |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>              | 2                |                            |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>              | 2                |                            |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>                | 2                |                            |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>                | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>               | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>                 | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>               | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>                 | 1                |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                         |                  |                            |
| <i>candesartan cilexetil tab 4 mg</i>                              | 2                |                            |
| <i>candesartan cilexetil tab 8 mg</i>                              | 2                |                            |
| <i>candesartan cilexetil tab 16 mg</i>                             | 2                |                            |
| <i>candesartan cilexetil tab 32 mg</i>                             | 2                |                            |
| <i>irbesartan tab 75 mg</i>                                        | 1                |                            |
| <i>irbesartan tab 150 mg</i>                                       | 1                |                            |
| <i>irbesartan tab 300 mg</i>                                       | 1                |                            |
| <i>losartan potassium tab 25 mg</i>                                | 1                |                            |
| <i>losartan potassium tab 50 mg</i>                                | 1                |                            |
| <i>losartan potassium tab 100 mg</i>                               | 1                |                            |
| <i>olmesartan medoxomil tab 5 mg</i>                               | 2                |                            |
| <i>olmesartan medoxomil tab 20 mg</i>                              | 2                |                            |
| <i>olmesartan medoxomil tab 40 mg</i>                              | 2                |                            |
| <i>telmisartan tab 20 mg</i>                                       | 1                |                            |

| <b>Drug Name</b>             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------|------------------|----------------------------|
| <i>telmisartan tab 40 mg</i> | 1                |                            |
| <i>telmisartan tab 80 mg</i> | 1                |                            |
| <i>valsartan tab 40 mg</i>   | 1                |                            |
| <i>valsartan tab 80 mg</i>   | 1                |                            |
| <i>valsartan tab 160 mg</i>  | 1                |                            |
| <i>valsartan tab 320 mg</i>  | 1                |                            |

### **ANTIARRHYTHMICS**

|                                                 |   |    |
|-------------------------------------------------|---|----|
| <i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i> | 2 |    |
| <i>amiodarone hcl tab 100 mg</i>                | 2 |    |
| <i>amiodarone hcl tab 200 mg</i>                | 2 |    |
| <i>amiodarone hcl tab 400 mg</i>                | 2 |    |
| <i>disopyramide phosphate cap 100 mg</i>        | 2 |    |
| <i>disopyramide phosphate cap 150 mg</i>        | 2 |    |
| <i>dofetilide cap 125 mcg (0.125 mg)</i>        | 3 | NM |
| <i>dofetilide cap 250 mcg (0.25 mg)</i>         | 3 | NM |
| <i>dofetilide cap 500 mcg (0.5 mg)</i>          | 3 | NM |
| <i>flecainide acetate tab 50 mg</i>             | 2 |    |
| <i>flecainide acetate tab 100 mg</i>            | 2 |    |
| <i>flecainide acetate tab 150 mg</i>            | 2 |    |
| <i>mexiletine hcl cap 150 mg</i>                | 3 |    |
| <i>mexiletine hcl cap 200 mg</i>                | 3 |    |
| <i>mexiletine hcl cap 250 mg</i>                | 3 |    |
| MULTAQ TAB 400MG                                | 4 |    |
| NORPACE CAP 100MG CR                            | 4 |    |
| NORPACE CAP 150MG CR                            | 4 |    |
| <i>pacerone tab 100mg</i>                       | 2 |    |
| <i>pacerone tab 200mg</i>                       | 2 |    |
| <i>pacerone tab 400mg</i>                       | 2 |    |
| <i>procainamide hcl inj 100 mg/ml</i>           | 2 |    |
| <i>propafenone hcl cap er 12hr 225 mg</i>       | 3 |    |
| <i>propafenone hcl cap er 12hr 325 mg</i>       | 3 |    |
| <i>propafenone hcl cap er 12hr 425 mg</i>       | 3 |    |
| <i>propafenone hcl tab 150 mg</i>               | 2 |    |
| <i>propafenone hcl tab 225 mg</i>               | 2 |    |
| <i>propafenone hcl tab 300 mg</i>               | 2 |    |
| <i>quinidine gluconate tab er 324 mg</i>        | 3 |    |
| <i>quinidine sulfate tab 200 mg</i>             | 3 |    |
| <i>quinidine sulfate tab 300 mg</i>             | 3 |    |
| <i>sorine tab 80mg</i>                          | 2 |    |
| <i>sorine tab 120mg</i>                         | 2 |    |
| <i>sorine tab 160mg</i>                         | 2 |    |
| <i>sorine tab 240mg</i>                         | 2 |    |
| <i>sotalol hcl (afib/afl) tab 80 mg</i>         | 2 |    |

| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------|------------------|----------------------------|
| <i>sotalol hcl (afib/afl) tab 120 mg</i>                | 2                |                            |
| <i>sotalol hcl (afib/afl) tab 160 mg</i>                | 2                |                            |
| <i>sotalol hcl tab 80 mg</i>                            | 2                |                            |
| <i>sotalol hcl tab 120 mg</i>                           | 2                |                            |
| <i>sotalol hcl tab 160 mg</i>                           | 2                |                            |
| <i>sotalol hcl tab 240 mg</i>                           | 2                |                            |
| <b>ANTILIPEMICS, FIBRATES</b>                           |                  |                            |
| <i>fenofibrate micronized cap 43 mg</i>                 | 2                |                            |
| <i>fenofibrate micronized cap 67 mg</i>                 | 2                |                            |
| <i>fenofibrate micronized cap 134 mg</i>                | 2                |                            |
| <i>fenofibrate micronized cap 200 mg</i>                | 2                |                            |
| <i>fenofibrate tab 48 mg</i>                            | 2                |                            |
| <i>fenofibrate tab 54 mg</i>                            | 2                |                            |
| <i>fenofibrate tab 145 mg</i>                           | 2                |                            |
| <i>fenofibrate tab 160 mg</i>                           | 2                |                            |
| <i>gemfibrozil tab 600 mg</i>                           | 2                |                            |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>       |                  |                            |
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i> | 1                |                            |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i> | 1                |                            |
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i> | 1                |                            |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i> | 1                |                            |
| <i>fluvastatin sodium cap 20 mg (base equivalent)</i>   | 2                |                            |
| <i>fluvastatin sodium cap 40 mg (base equivalent)</i>   | 2                |                            |
| <i>LIVALO TAB 1MG</i>                                   | 4                |                            |
| <i>LIVALO TAB 2MG</i>                                   | 4                |                            |
| <i>LIVALO TAB 4MG</i>                                   | 4                |                            |
| <i>lovastatin tab 10 mg</i>                             | 1                |                            |
| <i>lovastatin tab 20 mg</i>                             | 1                |                            |
| <i>lovastatin tab 40 mg</i>                             | 1                |                            |
| <i>pravastatin sodium tab 10 mg</i>                     | 1                |                            |
| <i>pravastatin sodium tab 20 mg</i>                     | 1                |                            |
| <i>pravastatin sodium tab 40 mg</i>                     | 1                |                            |
| <i>pravastatin sodium tab 80 mg</i>                     | 1                |                            |
| <i>rosuvastatin calcium tab 5 mg</i>                    | 1                |                            |
| <i>rosuvastatin calcium tab 10 mg</i>                   | 1                |                            |
| <i>rosuvastatin calcium tab 20 mg</i>                   | 1                |                            |
| <i>rosuvastatin calcium tab 40 mg</i>                   | 1                |                            |
| <i>simvastatin tab 5 mg</i>                             | 1                |                            |

| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                                            |
|-------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------|
| <i>simvastatin tab 10 mg</i>                                | 1                |                                                                                                       |
| <i>simvastatin tab 20 mg</i>                                | 1                |                                                                                                       |
| <i>simvastatin tab 40 mg</i>                                | 1                |                                                                                                       |
| <i>simvastatin tab 80 mg</i>                                | 1                |                                                                                                       |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                          |                  |                                                                                                       |
| <i>cholestyramine light powder packets 4 gm</i>             | 2                |                                                                                                       |
| <i>cholestyramine powder packets 4 gm</i>                   | 2                |                                                                                                       |
| <i>colesevelam hcl tab 625 mg</i>                           | 4                |                                                                                                       |
| <i>colestipol hcl granule packets 5 gm</i>                  | 2                |                                                                                                       |
| <i>colestipol hcl tab 1 gm</i>                              | 2                |                                                                                                       |
| <i>ezetimibe tab 10 mg</i>                                  | 1                |                                                                                                       |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                   | 1                |                                                                                                       |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                   | 1                |                                                                                                       |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>                   | 1                |                                                                                                       |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                   | 1                |                                                                                                       |
| <i>icosapent ethyl cap 1 gm</i>                             | 3                |                                                                                                       |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i>            | 3                |                                                                                                       |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i>            | 3                |                                                                                                       |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i>           | 3                |                                                                                                       |
| <i>niacor tab 500mg</i>                                     | 3                |                                                                                                       |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                   | 3                |                                                                                                       |
| PRALUENT INJ 75MG/ML                                        | 3                | QL (2 injections / 28 days), NM, PA; DL; (coverage restricted to Regeneron and Sanofi US brands only) |
| PRALUENT INJ 150MG/ML                                       | 3                | QL (2 injections / 28 days), NM, PA; DL; (coverage restricted to Regeneron and Sanofi US brands only) |
| <i>prevalite pow 4gm pk</i>                                 | 2                |                                                                                                       |
| VASCEPA CAP 0.5GM                                           | 4                |                                                                                                       |
| VASCEPA CAP 1GM                                             | 4                |                                                                                                       |
| <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                |                                                                                                       |



| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| <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 cap 200 mg</i>                                | 2                |                            |
| <i>acebutolol hcl cap 400 mg</i>                                | 2                |                            |
| <i>atenolol tab 25 mg</i>                                       | 1                |                            |
| <i>atenolol tab 50 mg</i>                                       | 1                |                            |
| <i>atenolol tab 100 mg</i>                                      | 1                |                            |
| <i>betaxolol hcl tab 10 mg</i>                                  | 2                |                            |
| <i>betaxolol hcl tab 20 mg</i>                                  | 2                |                            |
| <i>bisoprolol fumarate tab 5 mg</i>                             | 1                |                            |
| <i>bisoprolol fumarate tab 10 mg</i>                            | 1                |                            |
| <i>carvedilol phosphate cap er 24hr 10 mg</i>                   | 3                |                            |
| <i>carvedilol phosphate cap er 24hr 20 mg</i>                   | 3                |                            |
| <i>carvedilol phosphate cap er 24hr 40 mg</i>                   | 3                |                            |
| <i>carvedilol phosphate cap er 24hr 80 mg</i>                   | 3                |                            |
| <i>carvedilol tab 3.125 mg</i>                                  | 1                |                            |
| <i>carvedilol tab 6.25 mg</i>                                   | 1                |                            |
| <i>carvedilol tab 12.5 mg</i>                                   | 1                |                            |
| <i>carvedilol tab 25 mg</i>                                     | 1                |                            |
| <i>labetalol hcl iv soln 5 mg/ml</i>                            | 2                |                            |
| <i>labetalol hcl tab 100 mg</i>                                 | 2                |                            |
| <i>labetalol hcl tab 200 mg</i>                                 | 2                |                            |
| <i>labetalol hcl tab 300 mg</i>                                 | 2                |                            |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>  | 1                |                            |
| <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>  | 1                |                            |
| <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> | 1                |                            |
| <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> | 1                |                            |
| <i>metoprolol tartrate tab 25 mg</i>                            | 1                |                            |
| <i>metoprolol tartrate tab 37.5 mg</i>                          | 1                |                            |
| <i>metoprolol tartrate tab 50 mg</i>                            | 1                |                            |
| <i>metoprolol tartrate tab 75 mg</i>                            | 1                |                            |
| <i>metoprolol tartrate tab 100 mg</i>                           | 1                |                            |
| <i>nadolol tab 20 mg</i>                                        | 2                |                            |
| <i>nadolol tab 40 mg</i>                                        | 2                |                            |
| <i>nadolol tab 80 mg</i>                                        | 2                |                            |
| <i>nebivolol hcl tab 2.5 mg (base equivalent)</i>               | 3                |                            |
| <i>nebivolol hcl tab 5 mg (base equivalent)</i>                 | 3                |                            |

| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------|------------------|----------------------------|
| <i>nebivolol hcl tab 10 mg (base equivalent)</i>        | 3                |                            |
| <i>nebivolol hcl tab 20 mg (base equivalent)</i>        | 3                |                            |
| <i>pindolol tab 5 mg</i>                                | 2                |                            |
| <i>pindolol tab 10 mg</i>                               | 2                |                            |
| <i>propranolol hcl cap er 24hr 60 mg</i>                | 2                |                            |
| <i>propranolol hcl cap er 24hr 80 mg</i>                | 2                |                            |
| <i>propranolol hcl cap er 24hr 120 mg</i>               | 2                |                            |
| <i>propranolol hcl cap er 24hr 160 mg</i>               | 2                |                            |
| <i>propranolol hcl tab 10 mg</i>                        | 1                |                            |
| <i>propranolol hcl tab 20 mg</i>                        | 1                |                            |
| <i>propranolol hcl tab 40 mg</i>                        | 1                |                            |
| <i>propranolol hcl tab 60 mg</i>                        | 1                |                            |
| <i>propranolol hcl tab 80 mg</i>                        | 1                |                            |
| <i>timolol maleate tab 5 mg</i>                         | 2                |                            |
| <i>timolol maleate tab 10 mg</i>                        | 2                |                            |
| <i>timolol maleate tab 20 mg</i>                        | 2                |                            |
| <b>CALCIUM CHANNEL BLOCKERS</b>                         |                  |                            |
| <i>amlodipine besylate tab 2.5 mg (base equivalent)</i> | 1                |                            |
| <i>amlodipine besylate tab 5 mg (base equivalent)</i>   | 1                |                            |
| <i>amlodipine besylate tab 10 mg (base equivalent)</i>  | 1                |                            |
| <i>cartia xt cap 120/24hr</i>                           | 2                |                            |
| <i>cartia xt cap 180/24hr</i>                           | 2                |                            |
| <i>cartia xt cap 240/24hr</i>                           | 2                |                            |
| <i>cartia xt cap 300/24hr</i>                           | 2                |                            |
| <i>dilt-xr cap 120mg</i>                                | 2                |                            |
| <i>dilt-xr cap 180mg</i>                                | 2                |                            |
| <i>dilt-xr cap 240mg</i>                                | 2                |                            |
| <i>diltiazem hcl cap er 12hr 60 mg</i>                  | 2                |                            |
| <i>diltiazem hcl cap er 12hr 90 mg</i>                  | 2                |                            |
| <i>diltiazem hcl cap er 12hr 120 mg</i>                 | 2                |                            |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i>    | 2                |                            |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i>    | 2                |                            |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i>    | 2                |                            |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i>    | 2                |                            |
| <i>diltiazem hcl coated beads cap er 24hr 360 mg</i>    | 2                |                            |
| <i>diltiazem hcl coated beads tab er 24hr 180 mg</i>    | 2                |                            |

| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------|------------------|----------------------------|
| <i>diltiazem hcl coated beads tab er 24hr 240 mg</i>           | 2                |                            |
| <i>diltiazem hcl coated beads tab er 24hr 300 mg</i>           | 2                |                            |
| <i>diltiazem hcl coated beads tab er 24hr 360 mg</i>           | 2                |                            |
| <i>diltiazem hcl coated beads tab er 24hr 420 mg</i>           | 2                |                            |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> | 2                |                            |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> | 2                |                            |
| <i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>              | 2                |                            |
| <i>diltiazem hcl tab 30 mg</i>                                 | 2                |                            |
| <i>diltiazem hcl tab 60 mg</i>                                 | 2                |                            |
| <i>diltiazem hcl tab 90 mg</i>                                 | 2                |                            |
| <i>diltiazem hcl tab 120 mg</i>                                | 2                |                            |
| <i>felodipine tab er 24hr 2.5 mg</i>                           | 2                |                            |
| <i>felodipine tab er 24hr 5 mg</i>                             | 2                |                            |
| <i>felodipine tab er 24hr 10 mg</i>                            | 2                |                            |
| <i>isradipine cap 2.5 mg</i>                                   | 2                |                            |
| <i>isradipine cap 5 mg</i>                                     | 2                |                            |
| <i>nicardipine hcl cap 20 mg</i>                               | 2                |                            |
| <i>nicardipine hcl cap 30 mg</i>                               | 2                |                            |
| <i>nifedipine tab er 24hr 30 mg</i>                            | 2                |                            |
| <i>nifedipine tab er 24hr 60 mg</i>                            | 2                |                            |
| <i>nifedipine tab er 24hr 90 mg</i>                            | 2                |                            |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i>            | 2                |                            |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i>            | 2                |                            |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i>            | 2                |                            |
| <i>nimodipine cap 30 mg</i>                                    | 4                |                            |
| <i>nisoldipine tab er 24hr 8.5 mg</i>                          | 4                |                            |
| <i>nisoldipine tab er 24hr 17 mg</i>                           | 4                |                            |
| <i>nisoldipine tab er 24hr 20 mg</i>                           | 4                |                            |
| <i>nisoldipine tab er 24hr 25.5 mg</i>                         | 4                |                            |
| <i>nisoldipine tab er 24hr 30 mg</i>                           | 4                |                            |
| <i>nisoldipine tab er 24hr 34 mg</i>                           | 4                |                            |
| <i>nisoldipine tab er 24hr 40 mg</i>                           | 4                |                            |
| <i>taztia xt cap 120mg/24</i>                                  | 2                |                            |
| <i>taztia xt cap 180mg/24</i>                                  | 2                |                            |
| <i>taztia xt cap 240mg/24</i>                                  | 2                |                            |

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------|------------------|----------------------------|
| <i>taztia xt cap 300mg er</i>                          | 2                |                            |
| <i>taztia xt cap 360mg/24</i>                          | 2                |                            |
| <i>tiadylt cap 120mg/24</i>                            | 2                |                            |
| <i>tiadylt cap 180mg/24</i>                            | 2                |                            |
| <i>tiadylt cap 240mg/24</i>                            | 2                |                            |
| <i>tiadylt cap 300mg/24</i>                            | 2                |                            |
| <i>tiadylt cap 360mg/24</i>                            | 2                |                            |
| <i>tiadylt cap 420mg/24</i>                            | 2                |                            |
| <i>verapamil hcl cap er 24hr 100 mg</i>                | 2                |                            |
| <i>verapamil hcl cap er 24hr 120 mg</i>                | 2                |                            |
| <i>verapamil hcl cap er 24hr 180 mg</i>                | 2                |                            |
| <i>verapamil hcl cap er 24hr 200 mg</i>                | 2                |                            |
| <i>verapamil hcl cap er 24hr 240 mg</i>                | 2                |                            |
| <i>verapamil hcl cap er 24hr 300 mg</i>                | 2                |                            |
| <i>verapamil hcl cap er 24hr 360 mg</i>                | 2                |                            |
| <i>verapamil hcl tab 40 mg</i>                         | 2                |                            |
| <i>verapamil hcl tab 80 mg</i>                         | 2                |                            |
| <i>verapamil hcl tab 120 mg</i>                        | 2                |                            |
| <i>verapamil hcl tab er 120 mg</i>                     | 2                |                            |
| <i>verapamil hcl tab er 180 mg</i>                     | 2                |                            |
| <i>verapamil hcl tab er 240 mg</i>                     | 2                |                            |
| <b>DIURETICS</b>                                       |                  |                            |
| <i>acetazolamide cap er 12hr 500 mg</i>                | 2                |                            |
| <i>acetazolamide tab 125 mg</i>                        | 2                |                            |
| <i>acetazolamide tab 250 mg</i>                        | 2                |                            |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> | 2                |                            |
| <i>amiloride hcl tab 5 mg</i>                          | 2                |                            |
| <i>bumetanide tab 0.5 mg</i>                           | 2                |                            |
| <i>bumetanide tab 1 mg</i>                             | 2                |                            |
| <i>bumetanide tab 2 mg</i>                             | 2                |                            |
| <i>chlorthalidone tab 25 mg</i>                        | 2                |                            |
| <i>chlorthalidone tab 50 mg</i>                        | 2                |                            |
| <i>furosemide inj 10 mg/ml</i>                         | 2                |                            |
| <i>furosemide oral soln 10 mg/ml</i>                   | 2                |                            |
| <i>furosemide tab 20 mg</i>                            | 1                |                            |
| <i>furosemide tab 40 mg</i>                            | 1                |                            |
| <i>furosemide tab 80 mg</i>                            | 1                |                            |
| <i>hydrochlorothiazide cap 12.5 mg</i>                 | 1                |                            |
| <i>hydrochlorothiazide tab 12.5 mg</i>                 | 1                |                            |
| <i>hydrochlorothiazide tab 25 mg</i>                   | 1                |                            |
| <i>hydrochlorothiazide tab 50 mg</i>                   | 1                |                            |
| <i>indapamide tab 1.25 mg</i>                          | 1                |                            |
| <i>indapamide tab 2.5 mg</i>                           | 1                |                            |

| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------|------------------|----------------------------|
| KERENDIA TAB 10MG                                            | 4                |                            |
| KERENDIA TAB 20MG                                            | 4                |                            |
| <i>methazolamide tab 25 mg</i>                               | 2                |                            |
| <i>methazolamide tab 50 mg</i>                               | 2                |                            |
| <i>metolazone tab 2.5 mg</i>                                 | 2                |                            |
| <i>metolazone tab 5 mg</i>                                   | 2                |                            |
| <i>metolazone tab 10 mg</i>                                  | 2                |                            |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> | 1                |                            |
| <i>torsemide tab 5 mg</i>                                    | 2                |                            |
| <i>torsemide tab 10 mg</i>                                   | 2                |                            |
| <i>torsemide tab 20 mg</i>                                   | 2                |                            |
| <i>torsemide tab 100 mg</i>                                  | 2                |                            |
| <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                |                            |
| <i>triamterene cap 50 mg</i>                                 | 2                |                            |
| <i>triamterene cap 100 mg</i>                                | 2                |                            |

#### **MISCELLANEOUS**

|                                                        |   |                                 |
|--------------------------------------------------------|---|---------------------------------|
| ADRENALIN INJ 1MG/ML                                   | 3 |                                 |
| <i>aliskiren fumarate tab 150 mg (base equivalent)</i> | 3 |                                 |
| <i>aliskiren fumarate tab 300 mg (base equivalent)</i> | 3 |                                 |
| <i>clonidine hcl tab 0.1 mg</i>                        | 2 |                                 |
| <i>clonidine hcl tab 0.2 mg</i>                        | 2 |                                 |
| <i>clonidine hcl tab 0.3 mg</i>                        | 2 |                                 |
| CORLANOR TAB 5MG                                       | 4 |                                 |
| CORLANOR TAB 7.5MG                                     | 4 |                                 |
| <i>digitek tab 0.25mg</i>                              | 2 |                                 |
| <i>digitek tab 0.125mg</i>                             | 2 | QL (30 tabs / 30 days)          |
| <i>digoxin inj 0.25 mg/ml</i>                          | 2 |                                 |
| <i>digoxin oral soln 0.05 mg/ml</i>                    | 3 |                                 |
| <i>digoxin tab 125 mcg (0.125 mg)</i>                  | 2 | QL (30 tabs / 30 days)          |
| <i>digoxin tab 250 mcg (0.25 mg)</i>                   | 2 |                                 |
| <i>droxidopa cap 100 mg</i>                            | 5 | QL (90 caps / 30 days), NM; DL  |
| <i>droxidopa cap 200 mg</i>                            | 5 | QL (180 caps / 30 days), NM; DL |
| <i>droxidopa cap 300 mg</i>                            | 5 | QL (180 caps / 30 days), NM; DL |
| <i>hydralazine hcl tab 10 mg</i>                       | 2 |                                 |

| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------|------------------|----------------------------|
| <i>hydralazine hcl tab 25 mg</i>      | 2                |                            |
| <i>hydralazine hcl tab 50 mg</i>      | 2                |                            |
| <i>hydralazine hcl tab 100 mg</i>     | 2                |                            |
| <i>metyrosine cap 250 mg</i>          | 5                | DL                         |
| <i>midodrine hcl tab 2.5 mg</i>       | 2                |                            |
| <i>midodrine hcl tab 5 mg</i>         | 2                |                            |
| <i>midodrine hcl tab 10 mg</i>        | 2                |                            |
| <i>minoxidil tab 2.5 mg</i>           | 2                |                            |
| <i>minoxidil tab 10 mg</i>            | 2                |                            |
| <i>ranolazine tab er 12hr 500 mg</i>  | 3                |                            |
| <i>ranolazine tab er 12hr 1000 mg</i> | 3                |                            |
| VYNDAMAX CAP 61MG                     | 5                | NM, LA, PA; DL             |
| VYNDAQEL CAP 20MG                     | 5                | NM, LA, PA; DL             |

### **NITRATES**

|                                                           |   |  |
|-----------------------------------------------------------|---|--|
| <i>isosorbide dinitrate tab 5 mg</i>                      | 2 |  |
| <i>isosorbide dinitrate tab 10 mg</i>                     | 2 |  |
| <i>isosorbide dinitrate tab 20 mg</i>                     | 2 |  |
| <i>isosorbide dinitrate tab 30 mg</i>                     | 2 |  |
| <i>isosorbide mononitrate tab 10 mg</i>                   | 2 |  |
| <i>isosorbide mononitrate tab 20 mg</i>                   | 2 |  |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i>           | 2 |  |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i>           | 2 |  |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i>          | 2 |  |
| NITRO-BID OIN 2%                                          | 3 |  |
| NITROGLYCER INJ 5MG/ML                                    | 3 |  |
| <i>nitroglycerin sl tab 0.3 mg</i>                        | 2 |  |
| <i>nitroglycerin sl tab 0.4 mg</i>                        | 2 |  |
| <i>nitroglycerin sl tab 0.6 mg</i>                        | 2 |  |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i>              | 2 |  |
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i>              | 2 |  |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i>              | 2 |  |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i>              | 2 |  |
| <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> | 2 |  |
| NITROSTAT SUB 0.3MG                                       | 3 |  |
| NITROSTAT SUB 0.4MG                                       | 3 |  |
| NITROSTAT SUB 0.6MG                                       | 3 |  |

### **PULMONARY ARTERIAL HYPERTENSION**

|                   |   |                                           |
|-------------------|---|-------------------------------------------|
| ADEMPAS TAB 0.5MG | 5 | QL (90 tabs / 30 days),<br>NM, LA, PA; DL |
| ADEMPAS TAB 1.5MG | 5 | QL (90 tabs / 30 days),<br>NM, LA, PA; DL |
| ADEMPAS TAB 1MG   | 5 | QL (90 tabs / 30 days),<br>NM, LA, PA; DL |

| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                |
|---------------------------------------------------|------------------|-------------------------------------------|
| ADEMPAS TAB 2.5MG                                 | 5                | QL (90 tabs / 30 days),<br>NM, LA, PA; DL |
| ADEMPAS TAB 2MG                                   | 5                | QL (90 tabs / 30 days),<br>NM, LA, PA; DL |
| <i>alyq tab 20mg</i>                              | 5                | NM, PA; DL                                |
| <i>ambrisentan tab 5 mg</i>                       | 5                | NM, LA, PA; DL                            |
| <i>ambrisentan tab 10 mg</i>                      | 5                | NM, LA, PA; DL                            |
| OPSUMIT TAB 10MG                                  | 5                | NM, LA, PA; DL                            |
| <i>sildenafil citrate for suspension 10 mg/ml</i> | 5                | QL (180 mL / 30 days),<br>NM, PA; DL      |
| <i>sildenafil citrate tab 20 mg</i>               | 2                | QL (90 tabs / 30 days),<br>NM, PA; DL     |
| <i>tadalafil tab 20 mg (pah)</i>                  | 5                | NM, PA; DL                                |
| UPTRAVI TAB 200MCG                                | 5                | NM, LA, PA; DL                            |
| UPTRAVI TAB 400MCG                                | 5                | NM, LA, PA; DL                            |
| UPTRAVI TAB 600MCG                                | 5                | NM, LA, PA; DL                            |
| UPTRAVI TAB 800MCG                                | 5                | NM, LA, PA; DL                            |
| UPTRAVI TAB 1000MCG                               | 5                | NM, LA, PA; DL                            |
| UPTRAVI TAB 1200MCG                               | 5                | NM, LA, PA; DL                            |
| UPTRAVI TAB 1400MCG                               | 5                | NM, LA, PA; DL                            |
| UPTRAVI TAB 1600MCG                               | 5                | NM, LA, PA; DL                            |
| VENTAVIS SOL 10MCG/ML                             | 5                | NM, LA, PA; DL                            |
| VENTAVIS SOL 20MCG/ML                             | 5                | NM, LA, PA; DL                            |

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY**

|                                       |   |                         |
|---------------------------------------|---|-------------------------|
| ALPRAZOLAM CON 1 MG/ML                | 3 | DL                      |
| <i>alprazolam tab 0.5 mg</i>          | 2 | QL (150 tabs / 30 days) |
| <i>alprazolam tab 0.25 mg</i>         | 2 | QL (150 tabs / 30 days) |
| <i>alprazolam tab 1 mg</i>            | 2 | QL (150 tabs / 30 days) |
| <i>alprazolam tab 2 mg</i>            | 2 | QL (150 tabs / 30 days) |
| <i>buspirone hcl tab 5 mg</i>         | 2 |                         |
| <i>buspirone hcl tab 7.5 mg</i>       | 2 |                         |
| <i>buspirone hcl tab 10 mg</i>        | 2 |                         |
| <i>buspirone hcl tab 15 mg</i>        | 2 |                         |
| <i>buspirone hcl tab 30 mg</i>        | 2 |                         |
| <i>clordiazepoxide hcl cap 5 mg</i>   | 2 |                         |
| <i>clordiazepoxide hcl cap 10 mg</i>  | 2 |                         |
| <i>clordiazepoxide hcl cap 25 mg</i>  | 2 |                         |
| <i>fluvoxamine maleate tab 25 mg</i>  | 2 |                         |
| <i>fluvoxamine maleate tab 50 mg</i>  | 2 |                         |
| <i>fluvoxamine maleate tab 100 mg</i> | 2 |                         |
| <i>lorazepam con 2mg/ml</i>           | 2 | DL                      |
| <i>lorazepam tab 0.5 mg</i>           | 2 |                         |
| <i>lorazepam tab 1 mg</i>             | 2 |                         |

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------|------------------|----------------------------|
| <i>lorazepam tab 2 mg</i>                            | 2                |                            |
| LOREEV XR CAP 1.5MG                                  | 4                |                            |
| LOREEV XR CAP 1MG                                    | 4                |                            |
| LOREEV XR CAP 2MG                                    | 4                |                            |
| LOREEV XR CAP 3MG                                    | 4                |                            |
| <i>oxazepam cap 10 mg</i>                            | 2                |                            |
| <i>oxazepam cap 15 mg</i>                            | 2                |                            |
| <i>oxazepam cap 30 mg</i>                            | 2                |                            |
| <b>ANTICONVULSANTS</b>                               |                  |                            |
| APTiom TAB 200MG                                     | 5                | DL                         |
| APTiom TAB 400MG                                     | 5                | DL                         |
| APTiom TAB 600MG                                     | 5                | DL                         |
| APTiom TAB 800MG                                     | 5                | DL                         |
| BRIVIACT INJ 50MG/5ML                                | 5                | DL                         |
| BRIVIACT SOL 10MG/ML                                 | 5                | DL                         |
| BRIVIACT TAB 10MG                                    | 5                | DL                         |
| BRIVIACT TAB 25MG                                    | 5                | DL                         |
| BRIVIACT TAB 50MG                                    | 5                | DL                         |
| BRIVIACT TAB 75MG                                    | 5                | DL                         |
| BRIVIACT TAB 100MG                                   | 5                | DL                         |
| <i>carbamazepine cap er 12hr 100 mg</i>              | 2                |                            |
| <i>carbamazepine cap er 12hr 200 mg</i>              | 2                |                            |
| <i>carbamazepine cap er 12hr 300 mg</i>              | 2                |                            |
| <i>carbamazepine chew tab 100 mg</i>                 | 2                |                            |
| <i>carbamazepine susp 100 mg/5ml</i>                 | 2                |                            |
| <i>carbamazepine tab 200 mg</i>                      | 2                |                            |
| <i>carbamazepine tab er 12hr 100 mg</i>              | 2                |                            |
| <i>carbamazepine tab er 12hr 200 mg</i>              | 2                |                            |
| <i>carbamazepine tab er 12hr 400 mg</i>              | 2                |                            |
| CELONTIN CAP 300MG                                   | 3                |                            |
| <i>clobazam suspension 2.5 mg/ml</i>                 | 4                |                            |
| <i>clobazam tab 10 mg</i>                            | 4                |                            |
| <i>clobazam tab 20 mg</i>                            | 4                |                            |
| <i>clonazepam orally disintegrating tab 0.5 mg</i>   | 2                |                            |
| <i>clonazepam orally disintegrating tab 0.25 mg</i>  | 2                |                            |
| <i>clonazepam orally disintegrating tab 0.125 mg</i> | 2                |                            |
| <i>clonazepam orally disintegrating tab 1 mg</i>     | 2                |                            |
| <i>clonazepam orally disintegrating tab 2 mg</i>     | 2                |                            |
| <i>clonazepam tab 0.5 mg</i>                         | 2                |                            |
| <i>clonazepam tab 1 mg</i>                           | 2                |                            |
| <i>clonazepam tab 2 mg</i>                           | 2                |                            |



| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------|------------------|----------------------------|
| <i>clorazepate dipotassium tab 3.75 mg</i>                   | 2                |                            |
| <i>clorazepate dipotassium tab 7.5 mg</i>                    | 2                |                            |
| <i>clorazepate dipotassium tab 15 mg</i>                     | 2                |                            |
| DIACOMIT CAP 250MG                                           | 5                | NM, LA, PA; DL             |
| DIACOMIT CAP 500MG                                           | 5                | NM, LA, PA; DL             |
| DIACOMIT PAK 250MG                                           | 5                | NM, LA, PA; DL             |
| DIACOMIT PAK 500MG                                           | 5                | NM, LA, PA; DL             |
| DIASTAT ACDL GEL 5-10MG                                      | 4                |                            |
| DIASTAT ACDL GEL 12.5-20                                     | 4                |                            |
| DIASTAT PED GEL 2.5M GEL                                     | 4                |                            |
| <i>diazepam conc 5 mg/ml</i>                                 | 3                | DL                         |
| <i>diazepam oral soln 1 mg/ml</i>                            | 2                | DL                         |
| <i>diazepam rectal gel delivery system 2.5 mg</i>            | 2                |                            |
| <i>diazepam rectal gel delivery system 10 mg</i>             | 2                |                            |
| <i>diazepam rectal gel delivery system 20 mg</i>             | 2                |                            |
| <i>diazepam tab 2 mg</i>                                     | 2                |                            |
| <i>diazepam tab 5 mg</i>                                     | 2                |                            |
| <i>diazepam tab 10 mg</i>                                    | 2                |                            |
| DILANTIN CAP 30MG                                            | 4                |                            |
| DILANTIN CAP 100MG                                           | 4                |                            |
| DILANTIN CHW 50MG                                            | 4                |                            |
| DILANTIN-125 SUS 125/5ML                                     | 4                |                            |
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i> | 2                |                            |
| <i>divalproex sodium tab delayed release 125 mg</i>          | 2                |                            |
| <i>divalproex sodium tab delayed release 250 mg</i>          | 2                |                            |
| <i>divalproex sodium tab delayed release 500 mg</i>          | 2                |                            |
| <i>divalproex sodium tab er 24 hr 250 mg</i>                 | 3                |                            |
| <i>divalproex sodium tab er 24 hr 500 mg</i>                 | 3                |                            |
| EPIDIOLEX SOL 100MG/ML                                       | 5                | NM, LA, PA; DL             |
| <i>epitol tab 200mg</i>                                      | 2                |                            |
| EPRONTIA SOL 25MG/ML                                         | 4                |                            |
| <i>ethosuximide cap 250 mg</i>                               | 2                |                            |
| <i>ethosuximide soln 250 mg/5ml</i>                          | 2                |                            |
| <i>felbamate susp 600 mg/5ml</i>                             | 2                |                            |
| <i>felbamate tab 400 mg</i>                                  | 2                |                            |
| <i>felbamate tab 600 mg</i>                                  | 2                |                            |
| FINTEPLA SOL 2.2MG/ML                                        | 5                | NM, LA; DL                 |
| <i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>  | 2                |                            |
| FYCOMPA SUS 0.5MG/ML                                         | 5                | DL                         |

**PA** - Prior Authorization   **QL** - Quantity Limits   **NM** - Not available at mail-order   **B/D** - Covered under Medicare B or D   **LA** - Limited Access   **DL** - Medication restricted to a 30 day supply

| <b>Drug Name</b>                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|-----------------------------------------------------------------------------|------------------|-------------------------------|
| FYCOMPA TAB 2MG                                                             | 4                | QL (30 tabs / 30 days);<br>DL |
| FYCOMPA TAB 4MG                                                             | 5                | DL                            |
| FYCOMPA TAB 6MG                                                             | 5                | DL                            |
| FYCOMPA TAB 8MG                                                             | 5                | DL                            |
| FYCOMPA TAB 10MG                                                            | 5                | DL                            |
| FYCOMPA TAB 12MG                                                            | 5                | DL                            |
| <i>gabapentin cap 100 mg</i>                                                | 2                |                               |
| <i>gabapentin cap 300 mg</i>                                                | 2                |                               |
| <i>gabapentin cap 400 mg</i>                                                | 2                |                               |
| <i>gabapentin oral soln 250 mg/5ml</i>                                      | 2                |                               |
| <i>gabapentin tab 600 mg</i>                                                | 2                |                               |
| <i>gabapentin tab 800 mg</i>                                                | 2                |                               |
| <i>lacosamide oral solution 10 mg/ml</i>                                    | 4                |                               |
| <i>lacosamide tab 50 mg</i>                                                 | 4                |                               |
| <i>lacosamide tab 100 mg</i>                                                | 4                |                               |
| <i>lacosamide tab 150 mg</i>                                                | 4                |                               |
| <i>lacosamide tab 200 mg</i>                                                | 4                |                               |
| <i>lamotrigine orally disintegrating tab 25 mg</i>                          | 2                |                               |
| <i>lamotrigine orally disintegrating tab 50 mg</i>                          | 2                |                               |
| <i>lamotrigine orally disintegrating tab 100 mg</i>                         | 2                |                               |
| <i>lamotrigine orally disintegrating tab 200 mg</i>                         | 2                |                               |
| <i>lamotrigine tab 25 mg</i>                                                | 2                |                               |
| <i>lamotrigine tab 100 mg</i>                                               | 2                |                               |
| <i>lamotrigine tab 150 mg</i>                                               | 2                |                               |
| <i>lamotrigine tab 200 mg</i>                                               | 2                |                               |
| <i>lamotrigine tab chewable dispersible 5 mg</i>                            | 2                |                               |
| <i>lamotrigine tab chewable dispersible 25 mg</i>                           | 2                |                               |
| <i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> | 2                |                               |
| <i>lamotrigine tab er 24hr 25 mg</i>                                        | 4                |                               |
| <i>lamotrigine tab er 24hr 50 mg</i>                                        | 4                |                               |
| <i>lamotrigine tab er 24hr 100 mg</i>                                       | 4                |                               |
| <i>lamotrigine tab er 24hr 200 mg</i>                                       | 4                |                               |
| <i>lamotrigine tab er 24hr 250 mg</i>                                       | 4                |                               |
| <i>lamotrigine tab er 24hr 300 mg</i>                                       | 4                |                               |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>                | 3                |                               |
| <i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>                             | 3                |                               |
| <i>levetiracetam oral soln 100 mg/ml</i>                                    | 2                |                               |
| <i>levetiracetam tab 250 mg</i>                                             | 2                |                               |
| <i>levetiracetam tab 500 mg</i>                                             | 2                |                               |

| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|-------------------------------------------------|------------------|------------------------------|
| <i>levetiracetam tab 750 mg</i>                 | 2                |                              |
| <i>levetiracetam tab 1000 mg</i>                | 2                |                              |
| <i>levetiracetam tab er 24hr 500 mg</i>         | 2                |                              |
| <i>levetiracetam tab er 24hr 750 mg</i>         | 2                |                              |
| NAYZILAM SPR 5MG                                | 4                | DL                           |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> | 2                |                              |
| <i>oxcarbazepine tab 150 mg</i>                 | 2                |                              |
| <i>oxcarbazepine tab 300 mg</i>                 | 2                |                              |
| <i>oxcarbazepine tab 600 mg</i>                 | 2                |                              |
| <i>phenobarbital elixir 20 mg/5ml</i>           | 2                |                              |
| <i>phenobarbital tab 15 mg</i>                  | 2                |                              |
| <i>phenobarbital tab 16.2 mg</i>                | 2                |                              |
| <i>phenobarbital tab 30 mg</i>                  | 2                |                              |
| <i>phenobarbital tab 32.4 mg</i>                | 2                |                              |
| <i>phenobarbital tab 60 mg</i>                  | 2                |                              |
| <i>phenobarbital tab 64.8 mg</i>                | 2                |                              |
| <i>phenobarbital tab 97.2 mg</i>                | 2                |                              |
| <i>phenobarbital tab 100 mg</i>                 | 2                |                              |
| <i>phenytoin chew tab 50 mg</i>                 | 2                |                              |
| <i>phenytoin sodium extended cap 100 mg</i>     | 2                |                              |
| <i>phenytoin sodium extended cap 200 mg</i>     | 2                |                              |
| <i>phenytoin sodium extended cap 300 mg</i>     | 2                |                              |
| <i>phenytoin sodium inj 50 mg/ml</i>            | 2                |                              |
| <i>phenytoin susp 125 mg/5ml</i>                | 2                |                              |
| <i>pregabalin cap 25 mg</i>                     | 3                | QL (90 caps / 30 days)       |
| <i>pregabalin cap 50 mg</i>                     | 3                | QL (90 caps / 30 days)       |
| <i>pregabalin cap 75 mg</i>                     | 3                | QL (90 caps / 30 days)       |
| <i>pregabalin cap 100 mg</i>                    | 3                | QL (90 caps / 30 days)       |
| <i>pregabalin cap 150 mg</i>                    | 3                | QL (90 caps / 30 days)       |
| <i>pregabalin cap 200 mg</i>                    | 3                | QL (90 caps / 30 days)       |
| <i>pregabalin cap 225 mg</i>                    | 3                | QL (60 caps / 30 days)       |
| <i>pregabalin cap 300 mg</i>                    | 3                | QL (60 caps / 30 days)       |
| <i>pregabalin soln 20 mg/ml</i>                 | 3                | QL (946 mL / 30 days);<br>DL |
| <i>primidone tab 50 mg</i>                      | 2                |                              |
| <i>primidone tab 250 mg</i>                     | 2                |                              |
| <i>roweepra tab 500mg</i>                       | 2                |                              |
| <i>rufinamide susp 40 mg/ml</i>                 | 5                | DL                           |
| <i>rufinamide tab 200 mg</i>                    | 4                |                              |
| <i>rufinamide tab 400 mg</i>                    | 5                | DL                           |
| SPRITAM TAB 250MG                               | 4                |                              |
| SPRITAM TAB 500MG                               | 4                |                              |
| SPRITAM TAB 750MG                               | 4                |                              |

| Drug Name                                                 | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------|-----------|---------------------|
| SPRITAM TAB 1000MG                                        | 4         |                     |
| SYMPAZAN MIS 5MG                                          | 4         |                     |
| SYMPAZAN MIS 10MG                                         | 5         | DL                  |
| SYMPAZAN MIS 20MG                                         | 5         | DL                  |
| <i>tiagabine hcl tab 2 mg</i>                             | 3         |                     |
| <i>tiagabine hcl tab 4 mg</i>                             | 3         |                     |
| <i>tiagabine hcl tab 12 mg</i>                            | 3         |                     |
| <i>tiagabine hcl tab 16 mg</i>                            | 3         |                     |
| <i>topiramate sprinkle cap 15 mg</i>                      | 2         |                     |
| <i>topiramate sprinkle cap 25 mg</i>                      | 2         |                     |
| <i>topiramate tab 25 mg</i>                               | 2         |                     |
| <i>topiramate tab 50 mg</i>                               | 2         |                     |
| <i>topiramate tab 100 mg</i>                              | 2         |                     |
| <i>topiramate tab 200 mg</i>                              | 2         |                     |
| <i>valproate sodium inj 100 mg/ml</i>                     | 2         |                     |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | 2         |                     |
| <i>valproic acid cap 250 mg</i>                           | 2         |                     |
| VALTOCO SPR 5MG                                           | 4         |                     |
| VALTOCO SPR 10MG                                          | 4         |                     |
| VALTOCO SPR 15MG                                          | 4         |                     |
| VALTOCO SPR 20MG                                          | 4         |                     |
| <i>vigabatrin powd pack 500 mg</i>                        | 5         | NM, LA; DL          |
| <i>vigabatrin tab 500 mg</i>                              | 5         | NM, LA; DL          |
| <i>vigadrone pow 500mg</i>                                | 5         | NM, LA; DL          |
| VIMPAT INJ 200MG/20                                       | 4         |                     |
| VIMPAT SOL 10MG/ML                                        | 5         | DL                  |
| VIMPAT TAB 50MG                                           | 4         |                     |
| VIMPAT TAB 100MG                                          | 5         | DL                  |
| VIMPAT TAB 150MG                                          | 5         | DL                  |
| VIMPAT TAB 200MG                                          | 5         | DL                  |
| XCOPRI PAK 12.5-25                                        | 4         |                     |
| XCOPRI PAK 50-100MG                                       | 5         | DL                  |
| XCOPRI PAK 100-150                                        | 5         | DL                  |
| XCOPRI PAK 150-200                                        | 5         | DL                  |
| XCOPRI TAB 50MG                                           | 5         | DL                  |
| XCOPRI TAB 100MG                                          | 5         | DL                  |
| XCOPRI TAB 150MG                                          | 5         | DL                  |
| XCOPRI TAB 200MG                                          | 5         | DL                  |
| ZONISADE SUS 100MG/5                                      | 3         |                     |
| <i>zonisamide cap 25 mg</i>                               | 2         |                     |
| <i>zonisamide cap 50 mg</i>                               | 2         |                     |
| <i>zonisamide cap 100 mg</i>                              | 2         |                     |

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <b>ANTIDEMENTIA</b>                                                |                  |                            |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i>      | 2                |                            |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i>     | 2                |                            |
| <i>donepezil hydrochloride tab 5 mg</i>                            | 2                |                            |
| <i>donepezil hydrochloride tab 10 mg</i>                           | 2                |                            |
| <i>donepezil hydrochloride tab 23 mg</i>                           | 2                |                            |
| <i>ergoloid mesylates tab 1 mg</i>                                 | 2                |                            |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i>                   | 3                |                            |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i>                  | 3                |                            |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i>                  | 3                |                            |
| <i>galantamine hydrobromide oral soln 4 mg/ml</i>                  | 2                |                            |
| <i>galantamine hydrobromide tab 4 mg</i>                           | 2                |                            |
| <i>galantamine hydrobromide tab 8 mg</i>                           | 2                |                            |
| <i>galantamine hydrobromide tab 12 mg</i>                          | 2                |                            |
| <i>memantine hcl cap er 24hr 7 mg</i>                              | 3                |                            |
| <i>memantine hcl cap er 24hr 14 mg</i>                             | 3                |                            |
| <i>memantine hcl cap er 24hr 21 mg</i>                             | 3                |                            |
| <i>memantine hcl cap er 24hr 28 mg</i>                             | 3                |                            |
| <i>memantine hcl oral solution 2 mg/ml</i>                         | 2                |                            |
| <i>memantine hcl tab 5 mg</i>                                      | 2                |                            |
| <i>memantine hcl tab 10 mg</i>                                     | 2                |                            |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> | 2                |                            |
| NAMZARIC CAP                                                       | 4                |                            |
| NAMZARIC CAP 7-10MG                                                | 4                |                            |
| NAMZARIC CAP 14-10MG                                               | 4                |                            |
| NAMZARIC CAP 21-10MG                                               | 4                |                            |
| NAMZARIC CAP 28-10MG                                               | 4                |                            |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>          | 2                |                            |
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i>            | 2                |                            |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>          | 2                |                            |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i>            | 2                |                            |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i>                      | 3                |                            |
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i>                      | 3                |                            |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i>                     | 3                |                            |

| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| <b>ANTIDEPRESSANTS</b>                                          |                  |                            |
| <i>amitriptyline hcl tab 10 mg</i>                              | 3                |                            |
| <i>amitriptyline hcl tab 25 mg</i>                              | 3                |                            |
| <i>amitriptyline hcl tab 50 mg</i>                              | 3                |                            |
| <i>amitriptyline hcl tab 75 mg</i>                              | 3                |                            |
| <i>amitriptyline hcl tab 100 mg</i>                             | 3                |                            |
| <i>amitriptyline hcl tab 150 mg</i>                             | 3                |                            |
| <i>amoxapine tab 25 mg</i>                                      | 2                |                            |
| <i>amoxapine tab 50 mg</i>                                      | 2                |                            |
| <i>amoxapine tab 100 mg</i>                                     | 2                |                            |
| <i>amoxapine tab 150 mg</i>                                     | 2                |                            |
| <i>bupropion hcl tab 75 mg</i>                                  | 2                |                            |
| <i>bupropion hcl tab 100 mg</i>                                 | 2                |                            |
| <i>bupropion hcl tab er 12hr 100 mg</i>                         | 2                |                            |
| <i>bupropion hcl tab er 12hr 150 mg</i>                         | 2                |                            |
| <i>bupropion hcl tab er 12hr 200 mg</i>                         | 2                |                            |
| <i>bupropion hcl tab er 24hr 150 mg</i>                         | 3                |                            |
| <i>bupropion hcl tab er 24hr 300 mg</i>                         | 3                |                            |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i>              | 2                |                            |
| <i>citalopram hydrobromide tab 10 mg (base equiv)</i>           | 2                |                            |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i>           | 2                |                            |
| <i>citalopram hydrobromide tab 40 mg (base equiv)</i>           | 2                |                            |
| <i>clomipramine hcl cap 25 mg</i>                               | 3                |                            |
| <i>clomipramine hcl cap 50 mg</i>                               | 3                |                            |
| <i>desipramine hcl tab 10 mg</i>                                | 2                |                            |
| <i>desipramine hcl tab 25 mg</i>                                | 2                |                            |
| <i>desipramine hcl tab 50 mg</i>                                | 2                |                            |
| <i>desipramine hcl tab 75 mg</i>                                | 2                |                            |
| <i>desipramine hcl tab 100 mg</i>                               | 2                |                            |
| <i>desipramine hcl tab 150 mg</i>                               | 2                |                            |
| <i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>  | 3                |                            |
| <i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>  | 3                |                            |
| <i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> | 3                |                            |
| <i>doxepin hcl cap 10 mg</i>                                    | 3                |                            |
| <i>doxepin hcl cap 25 mg</i>                                    | 3                |                            |
| <i>doxepin hcl cap 50 mg</i>                                    | 3                |                            |
| <i>doxepin hcl cap 75 mg</i>                                    | 3                |                            |
| <i>doxepin hcl cap 100 mg</i>                                   | 3                |                            |

| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------|------------------|----------------------------|
| <i>doxepin hcl cap 150 mg</i>                                    | 3                |                            |
| <i>doxepin hcl conc 10 mg/ml</i>                                 | 3                |                            |
| DRIZALMA CAP 20MG DR                                             | 4                | PA                         |
| DRIZALMA CAP 30MG DR                                             | 4                | PA                         |
| DRIZALMA CAP 40MG DR                                             | 4                | PA                         |
| DRIZALMA CAP 60MG DR                                             | 4                | PA                         |
| <i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> | 3                |                            |
| <i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> | 3                |                            |
| <i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i> | 3                |                            |
| <i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> | 3                |                            |
| EMSAM DIS 6MG/24HR                                               | 5                | DL                         |
| EMSAM DIS 9MG/24HR                                               | 5                | DL                         |
| EMSAM DIS 12MG/24H                                               | 5                | DL                         |
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>           | 2                |                            |
| <i>escitalopram oxalate tab 5 mg (base equiv)</i>                | 2                |                            |
| <i>escitalopram oxalate tab 10 mg (base equiv)</i>               | 2                |                            |
| <i>escitalopram oxalate tab 20 mg (base equiv)</i>               | 2                |                            |
| FETZIMA CAP 20MG                                                 | 4                |                            |
| FETZIMA CAP 40MG                                                 | 4                |                            |
| FETZIMA CAP 80MG                                                 | 4                |                            |
| FETZIMA CAP 120MG                                                | 4                |                            |
| FETZIMA CAP TITRATIO                                             | 4                |                            |
| <i>fluoxetine hcl cap 10 mg</i>                                  | 2                |                            |
| <i>fluoxetine hcl cap 20 mg</i>                                  | 2                |                            |
| <i>fluoxetine hcl cap 40 mg</i>                                  | 2                |                            |
| <i>fluoxetine hcl solution 20 mg/5ml</i>                         | 2                |                            |
| <i>imipramine hcl tab 10 mg</i>                                  | 3                |                            |
| <i>imipramine hcl tab 25 mg</i>                                  | 3                |                            |
| <i>imipramine hcl tab 50 mg</i>                                  | 3                |                            |
| MARPLAN TAB 10MG                                                 | 4                |                            |
| <i>mirtazapine orally disintegrating tab 15 mg</i>               | 2                |                            |
| <i>mirtazapine orally disintegrating tab 30 mg</i>               | 2                |                            |
| <i>mirtazapine orally disintegrating tab 45 mg</i>               | 2                |                            |
| <i>mirtazapine tab 7.5 mg</i>                                    | 2                |                            |
| <i>mirtazapine tab 15 mg</i>                                     | 2                |                            |
| <i>mirtazapine tab 30 mg</i>                                     | 2                |                            |
| <i>mirtazapine tab 45 mg</i>                                     | 2                |                            |

| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------|------------------|----------------------------|
| <i>nefazodone hcl tab 50 mg</i>                              | 2                |                            |
| <i>nefazodone hcl tab 100 mg</i>                             | 2                |                            |
| <i>nefazodone hcl tab 150 mg</i>                             | 2                |                            |
| <i>nefazodone hcl tab 200 mg</i>                             | 2                |                            |
| <i>nefazodone hcl tab 250 mg</i>                             | 2                |                            |
| <i>nortriptyline hcl cap 10 mg</i>                           | 2                |                            |
| <i>nortriptyline hcl cap 25 mg</i>                           | 2                |                            |
| <i>nortriptyline hcl cap 50 mg</i>                           | 2                |                            |
| <i>nortriptyline hcl cap 75 mg</i>                           | 2                |                            |
| <i>nortriptyline hcl soln 10 mg/5ml</i>                      | 2                |                            |
| <i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>       | 2                |                            |
| <i>paroxetine hcl tab 10 mg</i>                              | 2                |                            |
| <i>paroxetine hcl tab 20 mg</i>                              | 2                |                            |
| <i>paroxetine hcl tab 30 mg</i>                              | 2                |                            |
| <i>paroxetine hcl tab 40 mg</i>                              | 2                |                            |
| <i>paroxetine hcl tab er 24hr 12.5 mg</i>                    | 3                |                            |
| <i>paroxetine hcl tab er 24hr 25 mg</i>                      | 3                |                            |
| <i>paroxetine hcl tab er 24hr 37.5 mg</i>                    | 3                |                            |
| <i>phenelzine sulfate tab 15 mg</i>                          | 2                |                            |
| <i>protriptyline hcl tab 5 mg</i>                            | 2                |                            |
| <i>protriptyline hcl tab 10 mg</i>                           | 2                |                            |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i> | 2                |                            |
| <i>sertraline hcl tab 25 mg</i>                              | 2                |                            |
| <i>sertraline hcl tab 50 mg</i>                              | 2                |                            |
| <i>sertraline hcl tab 100 mg</i>                             | 2                |                            |
| <i>tranylcypromine sulfate tab 10 mg</i>                     | 2                |                            |
| <i>trazodone hcl tab 50 mg</i>                               | 2                |                            |
| <i>trazodone hcl tab 100 mg</i>                              | 2                |                            |
| <i>trazodone hcl tab 150 mg</i>                              | 2                |                            |
| <i>trazodone hcl tab 300 mg</i>                              | 2                |                            |
| <i>trimipramine maleate cap 25 mg</i>                        | 3                |                            |
| <i>trimipramine maleate cap 50 mg</i>                        | 3                |                            |
| <i>trimipramine maleate cap 100 mg</i>                       | 3                |                            |
| TRINTELLIX TAB 5MG                                           | 4                |                            |
| TRINTELLIX TAB 10MG                                          | 4                |                            |
| TRINTELLIX TAB 20MG                                          | 4                |                            |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> | 2                |                            |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>   | 2                |                            |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>  | 2                |                            |



| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>venlafaxine hcl tab 25 mg (base equivalent)</i>                  | 2                |                            |
| <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>                | 2                |                            |
| <i>venlafaxine hcl tab 50 mg (base equivalent)</i>                  | 2                |                            |
| <i>venlafaxine hcl tab 75 mg (base equivalent)</i>                  | 2                |                            |
| <i>venlafaxine hcl tab 100 mg (base equivalent)</i>                 | 2                |                            |
| <i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>        | 3                |                            |
| <i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>          | 3                |                            |
| <i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>         | 3                |                            |
| <i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>         | 3                |                            |
| VENLAFAXINE TAB 112.5MG                                             | 3                |                            |
| VIIBRYD KIT STARTER                                                 | 4                |                            |
| VIIBRYD TAB 10MG                                                    | 4                |                            |
| VIIBRYD TAB 20MG                                                    | 4                |                            |
| VIIBRYD TAB 40MG                                                    | 4                |                            |
| <i>vilazodone hcl tab 10 mg</i>                                     | 3                |                            |
| <i>vilazodone hcl tab 20 mg</i>                                     | 3                |                            |
| <i>vilazodone hcl tab 40 mg</i>                                     | 3                |                            |
| <b>ANTIPARKINSONIAN AGENTS</b>                                      |                  |                            |
| <i>amantadine hcl cap 100 mg</i>                                    | 2                |                            |
| <i>amantadine hcl soln 50 mg/5ml</i>                                | 2                |                            |
| <i>amantadine hcl tab 100 mg</i>                                    | 2                |                            |
| <i>benztropine mesylate inj 1 mg/ml</i>                             | 3                |                            |
| <i>benztropine mesylate tab 0.5 mg</i>                              | 2                |                            |
| <i>benztropine mesylate tab 1 mg</i>                                | 2                |                            |
| <i>benztropine mesylate tab 2 mg</i>                                | 2                |                            |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>          | 2                |                            |
| <i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> | 2                |                            |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> | 2                |                            |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> | 2                |                            |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>                       | 2                |                            |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>                       | 2                |                            |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                       | 2                |                            |

| <b>Drug Name</b>                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------|------------------|----------------------------|
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>           | 2                |                            |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>           | 2                |                            |
| <i>carbidopa tab 25 mg</i>                                 | 3                |                            |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>   | 3                |                            |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>  | 3                |                            |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>    | 3                |                            |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 3                |                            |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>  | 3                |                            |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>    | 3                |                            |
| <i>entacapone tab 200 mg</i>                               | 3                |                            |
| INBRIJA CAP 42MG                                           | 5                | NM, LA; DL                 |
| KYNMOBI MIS 10MG                                           | 5                | NM; DL                     |
| KYNMOBI MIS 15MG                                           | 5                | NM; DL                     |
| KYNMOBI MIS 20MG                                           | 5                | NM; DL                     |
| KYNMOBI MIS 25MG                                           | 5                | NM; DL                     |
| KYNMOBI MIS 30MG                                           | 5                | NM; DL                     |
| NEUPRO DIS 1MG/24HR                                        | 4                |                            |
| NEUPRO DIS 2MG/24HR                                        | 4                |                            |
| NEUPRO DIS 3MG/24HR                                        | 4                |                            |
| NEUPRO DIS 4MG/24HR                                        | 4                |                            |
| NEUPRO DIS 6MG/24HR                                        | 4                |                            |
| NEUPRO DIS 8MG/24HR                                        | 4                |                            |
| NOURIANZ TAB 20MG                                          | 5                | NM, LA; DL                 |
| NOURIANZ TAB 40MG                                          | 5                | NM, LA; DL                 |
| <i>pramipexole dihydrochloride tab 0.5 mg</i>              | 2                |                            |
| <i>pramipexole dihydrochloride tab 0.25 mg</i>             | 2                |                            |
| <i>pramipexole dihydrochloride tab 0.75 mg</i>             | 2                |                            |
| <i>pramipexole dihydrochloride tab 0.125 mg</i>            | 2                |                            |
| <i>pramipexole dihydrochloride tab 1 mg</i>                | 2                |                            |
| <i>pramipexole dihydrochloride tab 1.5 mg</i>              | 2                |                            |
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i>         | 3                |                            |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i>           | 3                |                            |
| <i>ropinirole hydrochloride tab 0.5 mg</i>                 | 2                |                            |
| <i>ropinirole hydrochloride tab 0.25 mg</i>                | 2                |                            |
| <i>ropinirole hydrochloride tab 1 mg</i>                   | 2                |                            |
| <i>ropinirole hydrochloride tab 2 mg</i>                   | 2                |                            |
| <i>ropinirole hydrochloride tab 3 mg</i>                   | 2                |                            |
| <i>ropinirole hydrochloride tab 4 mg</i>                   | 2                |                            |

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------|------------------|----------------------------|
| <i>ropinirole hydrochloride tab 5 mg</i>       | 2                |                            |
| RYTARY CAP 95MG                                | 4                |                            |
| RYTARY CAP 145MG                               | 4                |                            |
| RYTARY CAP 195MG                               | 4                |                            |
| RYTARY CAP 245MG                               | 4                |                            |
| <i>selegiline hcl cap 5 mg</i>                 | 3                |                            |
| <i>selegiline hcl tab 5 mg</i>                 | 3                |                            |
| <i>tolcapone tab 100 mg</i>                    | 5                | DL                         |
| <i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> | 2                |                            |
| <i>trihexyphenidyl hcl tab 2 mg</i>            | 2                |                            |
| <i>trihexyphenidyl hcl tab 5 mg</i>            | 2                |                            |

### **ANTIPSYCHOTICS**

|                                                     |   |                                |
|-----------------------------------------------------|---|--------------------------------|
| ABILIFY MAIN INJ 300MG                              | 5 | QL (1 injection / 28 days); DL |
| ABILIFY MAIN INJ 400MG                              | 5 | QL (1 injection / 28 days); DL |
| <i>aripiprazole oral solution 1 mg/ml</i>           | 4 |                                |
| <i>aripiprazole orally disintegrating tab 10 mg</i> | 4 |                                |
| <i>aripiprazole orally disintegrating tab 15 mg</i> | 4 |                                |
| <i>aripiprazole tab 2 mg</i>                        | 4 |                                |
| <i>aripiprazole tab 5 mg</i>                        | 4 |                                |
| <i>aripiprazole tab 10 mg</i>                       | 4 |                                |
| <i>aripiprazole tab 15 mg</i>                       | 4 |                                |
| <i>aripiprazole tab 20 mg</i>                       | 4 |                                |
| <i>aripiprazole tab 30 mg</i>                       | 4 |                                |
| ARISTADA INJ 441MG/1.                               | 5 | DL                             |
| ARISTADA INJ 662MG/2                                | 5 | DL                             |
| ARISTADA INJ 882MG/3                                | 5 | DL                             |
| ARISTADA INJ 1064MG                                 | 5 | DL                             |
| ARISTADA INJ INITIO                                 | 5 | DL                             |
| <i>asenapine maleate sl tab 2.5 mg (base equiv)</i> | 4 |                                |
| <i>asenapine maleate sl tab 5 mg (base equiv)</i>   | 4 |                                |
| <i>asenapine maleate sl tab 10 mg (base equiv)</i>  | 4 |                                |
| CAPLYTA CAP 10.5MG                                  | 5 | DL                             |
| CAPLYTA CAP 21MG                                    | 5 | DL                             |
| CAPLYTA CAP 42MG                                    | 5 | DL                             |
| <i>chlorpromazine hcl inj 50 mg/2ml</i>             | 3 |                                |
| <i>chlorpromazine hcl tab 10 mg</i>                 | 3 |                                |
| <i>chlorpromazine hcl tab 25 mg</i>                 | 3 |                                |
| <i>chlorpromazine hcl tab 50 mg</i>                 | 3 |                                |
| <i>chlorpromazine hcl tab 100 mg</i>                | 3 |                                |

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|----------------------------------------------------|------------------|---------------------------------|
| <i>chlorpromazine hcl tab 200 mg</i>               | 3                |                                 |
| <i>clozapine orally disintegrating tab 12.5 mg</i> | 3                |                                 |
| <i>clozapine orally disintegrating tab 25 mg</i>   | 3                |                                 |
| <i>clozapine orally disintegrating tab 100 mg</i>  | 3                |                                 |
| <i>clozapine orally disintegrating tab 150 mg</i>  | 3                |                                 |
| <i>clozapine orally disintegrating tab 200 mg</i>  | 5                | DL                              |
| <i>clozapine tab 25 mg</i>                         | 2                |                                 |
| <i>clozapine tab 50 mg</i>                         | 2                |                                 |
| <i>clozapine tab 100 mg</i>                        | 2                |                                 |
| <i>clozapine tab 200 mg</i>                        | 2                |                                 |
| FANAPT TAB 1MG                                     | 5                | DL                              |
| FANAPT TAB 2MG                                     | 5                | DL                              |
| FANAPT TAB 4MG                                     | 5                | DL                              |
| FANAPT TAB 6MG                                     | 5                | DL                              |
| FANAPT TAB 8MG                                     | 5                | DL                              |
| FANAPT TAB 10MG                                    | 5                | DL                              |
| FANAPT TAB 12MG                                    | 5                | DL                              |
| <i>fluphenazine decanoate inj 25 mg/ml</i>         | 2                |                                 |
| <i>fluphenazine hcl elixir 2.5 mg/5ml</i>          | 2                |                                 |
| <i>fluphenazine hcl inj 2.5 mg/ml</i>              | 2                |                                 |
| <i>fluphenazine hcl oral conc 5 mg/ml</i>          | 2                |                                 |
| <i>fluphenazine hcl tab 1 mg</i>                   | 2                |                                 |
| <i>fluphenazine hcl tab 2.5 mg</i>                 | 2                |                                 |
| <i>fluphenazine hcl tab 5 mg</i>                   | 2                |                                 |
| <i>fluphenazine hcl tab 10 mg</i>                  | 2                |                                 |
| GEODON INJ 20MG                                    | 4                | DL                              |
| <i>haloperidol decanoate im soln 50 mg/ml</i>      | 2                |                                 |
| <i>haloperidol decanoate im soln 100 mg/ml</i>     | 2                |                                 |
| <i>haloperidol lactate inj 5 mg/ml</i>             | 2                |                                 |
| <i>haloperidol lactate oral conc 2 mg/ml</i>       | 2                |                                 |
| <i>haloperidol tab 0.5 mg</i>                      | 2                |                                 |
| <i>haloperidol tab 1 mg</i>                        | 2                |                                 |
| <i>haloperidol tab 2 mg</i>                        | 2                |                                 |
| <i>haloperidol tab 5 mg</i>                        | 2                |                                 |
| <i>haloperidol tab 10 mg</i>                       | 2                |                                 |
| <i>haloperidol tab 20 mg</i>                       | 2                |                                 |
| INVEGA HAFYE INJ 1092MG                            | 5                | QL (1 injection / 180 days); DL |
| INVEGA HAFYE INJ 1560MG                            | 5                | QL (1 injection / 180 days); DL |
| INVEGA SUST INJ 39/0.25                            | 3                | QL (1 injection / 28 days)      |
| INVEGA SUST INJ 78/0.5ML                           | 5                | QL (1 injection / 28 days); DL  |

| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---------------------------------------------------|------------------|--------------------------------|
| INVEGA SUST INJ 117/0.75                          | 5                | QL (1 injection / 28 days); DL |
| INVEGA SUST INJ 156MG/ML                          | 5                | QL (1 injection / 28 days); DL |
| INVEGA SUST INJ 234/1.5                           | 5                | QL (1 injection / 28 days); DL |
| INVEGA TRINZ INJ 273MG                            | 5                | QL (1 syringe / 90 days); DL   |
| INVEGA TRINZ INJ 410MG                            | 5                | QL (1 syringe / 90 days); DL   |
| INVEGA TRINZ INJ 546MG                            | 5                | QL (1 syringe / 90 days); DL   |
| INVEGA TRINZ INJ 819MG                            | 5                | QL (1 syringe / 90 days); DL   |
| LATUDA TAB 20MG                                   | 4                |                                |
| LATUDA TAB 40MG                                   | 4                |                                |
| LATUDA TAB 60MG                                   | 4                |                                |
| LATUDA TAB 80MG                                   | 4                |                                |
| LATUDA TAB 120MG                                  | 4                |                                |
| <i>loxapine succinate cap 5 mg</i>                | 2                |                                |
| <i>loxapine succinate cap 10 mg</i>               | 2                |                                |
| <i>loxapine succinate cap 25 mg</i>               | 2                |                                |
| <i>loxapine succinate cap 50 mg</i>               | 2                |                                |
| LYBALVI TAB 5-10MG                                | 5                | DL                             |
| LYBALVI TAB 10-10MG                               | 5                | DL                             |
| LYBALVI TAB 15-10MG                               | 5                | DL                             |
| LYBALVI TAB 20-10MG                               | 5                | DL                             |
| <i>molindone hcl tab 5 mg</i>                     | 4                |                                |
| <i>molindone hcl tab 10 mg</i>                    | 4                |                                |
| <i>molindone hcl tab 25 mg</i>                    | 4                |                                |
| NUPLAZID CAP 34MG                                 | 5                | NM, LA, PA; DL                 |
| NUPLAZID TAB 10MG                                 | 5                | NM, LA, PA; DL                 |
| <i>olanzapine for im inj 10 mg</i>                | 2                |                                |
| <i>olanzapine orally disintegrating tab 5 mg</i>  | 3                |                                |
| <i>olanzapine orally disintegrating tab 10 mg</i> | 3                |                                |
| <i>olanzapine orally disintegrating tab 15 mg</i> | 3                |                                |
| <i>olanzapine orally disintegrating tab 20 mg</i> | 3                |                                |
| <i>olanzapine tab 2.5 mg</i>                      | 2                |                                |
| <i>olanzapine tab 5 mg</i>                        | 2                |                                |
| <i>olanzapine tab 7.5 mg</i>                      | 2                |                                |
| <i>olanzapine tab 10 mg</i>                       | 2                |                                |
| <i>olanzapine tab 15 mg</i>                       | 2                |                                |
| <i>olanzapine tab 20 mg</i>                       | 2                |                                |
| <i>paliperidone tab er 24hr 1.5 mg</i>            | 4                |                                |
| <i>paliperidone tab er 24hr 3 mg</i>              | 4                |                                |

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|------------------------------------------------------|------------------|-------------------------------|
| <i>paliperidone tab er 24hr 6 mg</i>                 | 4                |                               |
| <i>paliperidone tab er 24hr 9 mg</i>                 | 4                |                               |
| <i>perphenazine tab 2 mg</i>                         | 2                |                               |
| <i>perphenazine tab 4 mg</i>                         | 2                |                               |
| <i>perphenazine tab 8 mg</i>                         | 2                |                               |
| <i>perphenazine tab 16 mg</i>                        | 2                |                               |
| PERSERIS INJ 90MG                                    | 5                | DL                            |
| PERSERIS INJ 120MG                                   | 5                | DL                            |
| <i>pimozide tab 1 mg</i>                             | 2                |                               |
| <i>pimozide tab 2 mg</i>                             | 2                |                               |
| <i>quetiapine fumarate tab 25 mg</i>                 | 2                |                               |
| <i>quetiapine fumarate tab 50 mg</i>                 | 2                |                               |
| <i>quetiapine fumarate tab 100 mg</i>                | 2                |                               |
| <i>quetiapine fumarate tab 150 mg</i>                | 2                |                               |
| <i>quetiapine fumarate tab 200 mg</i>                | 2                |                               |
| <i>quetiapine fumarate tab 300 mg</i>                | 2                |                               |
| <i>quetiapine fumarate tab 400 mg</i>                | 2                |                               |
| <i>quetiapine fumarate tab er 24hr 50 mg</i>         | 3                |                               |
| <i>quetiapine fumarate tab er 24hr 150 mg</i>        | 3                |                               |
| <i>quetiapine fumarate tab er 24hr 200 mg</i>        | 3                |                               |
| <i>quetiapine fumarate tab er 24hr 300 mg</i>        | 3                |                               |
| <i>quetiapine fumarate tab er 24hr 400 mg</i>        | 3                |                               |
| REXULTI TAB 0.5MG                                    | 5                | DL                            |
| REXULTI TAB 0.25MG                                   | 5                | DL                            |
| REXULTI TAB 1MG                                      | 5                | DL                            |
| REXULTI TAB 2MG                                      | 5                | QL (30 tabs / 30 days);<br>DL |
| REXULTI TAB 3MG                                      | 5                | QL (30 tabs / 30 days);<br>DL |
| REXULTI TAB 4MG                                      | 5                | QL (30 tabs / 30 days);<br>DL |
| RISPERDAL INJ 12.5MG                                 | 4                | DL                            |
| RISPERDAL INJ 25MG                                   | 4                | DL                            |
| RISPERDAL INJ 37.5MG                                 | 4                | DL                            |
| RISPERDAL INJ 50MG                                   | 4                | DL                            |
| <i>risperidone orally disintegrating tab 0.5 mg</i>  | 3                |                               |
| <i>risperidone orally disintegrating tab 0.25 mg</i> | 3                |                               |
| <i>risperidone orally disintegrating tab 1 mg</i>    | 3                |                               |
| <i>risperidone orally disintegrating tab 2 mg</i>    | 3                |                               |
| <i>risperidone orally disintegrating tab 3 mg</i>    | 3                |                               |
| <i>risperidone orally disintegrating tab 4 mg</i>    | 3                |                               |
| <i>risperidone soln 1 mg/ml</i>                      | 2                |                               |
| <i>risperidone tab 0.5 mg</i>                        | 2                |                               |

| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------|------------------|----------------------------|
| <i>risperidone tab 0.25 mg</i>                              | 2                |                            |
| <i>risperidone tab 1 mg</i>                                 | 2                |                            |
| <i>risperidone tab 2 mg</i>                                 | 2                |                            |
| <i>risperidone tab 3 mg</i>                                 | 2                |                            |
| <i>risperidone tab 4 mg</i>                                 | 2                |                            |
| SECUADO DIS 3.8MG                                           | 5                | DL                         |
| SECUADO DIS 5.7MG                                           | 5                | DL                         |
| SECUADO DIS 7.6MG                                           | 5                | DL                         |
| <i>thioridazine hcl tab 10 mg</i>                           | 3                |                            |
| <i>thioridazine hcl tab 25 mg</i>                           | 3                |                            |
| <i>thioridazine hcl tab 50 mg</i>                           | 3                |                            |
| <i>thioridazine hcl tab 100 mg</i>                          | 3                |                            |
| <i>thiothixene cap 1 mg</i>                                 | 2                |                            |
| <i>thiothixene cap 2 mg</i>                                 | 2                |                            |
| <i>thiothixene cap 5 mg</i>                                 | 2                |                            |
| <i>thiothixene cap 10 mg</i>                                | 2                |                            |
| <i>trifluoperazine hcl tab 1 mg (base equivalent)</i>       | 2                |                            |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i>       | 2                |                            |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i>       | 2                |                            |
| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i>      | 2                |                            |
| VERSACLOZ SUS 50MG/ML                                       | 5                | DL                         |
| VRAYLAR CAP 1.5MG                                           | 5                | DL                         |
| VRAYLAR CAP 3MG                                             | 5                | DL                         |
| VRAYLAR CAP 4.5MG                                           | 5                | DL                         |
| VRAYLAR CAP 6MG                                             | 5                | DL                         |
| <i>ziprasidone hcl cap 20 mg</i>                            | 2                |                            |
| <i>ziprasidone hcl cap 40 mg</i>                            | 2                |                            |
| <i>ziprasidone hcl cap 60 mg</i>                            | 2                |                            |
| <i>ziprasidone hcl cap 80 mg</i>                            | 2                |                            |
| <i>ziprasidone mesylate for inj 20 mg (base equivalent)</i> | 3                |                            |
| ZYPREXA RELP INJ 210MG                                      | 4                | NM; DL                     |
| ZYPREXA RELP INJ 300MG                                      | 5                | NM; DL                     |
| ZYPREXA RELP INJ 405MG                                      | 5                | NM; DL                     |

#### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

|                                                 |   |  |
|-------------------------------------------------|---|--|
| <i>amphetamine-dextroamphetamine tab 5 mg</i>   | 2 |  |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | 2 |  |
| <i>amphetamine-dextroamphetamine tab 10 mg</i>  | 2 |  |

| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------|------------------|----------------------------|
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>        | 2                |                            |
| <i>amphetamine-dextroamphetamine tab 15 mg</i>          | 2                |                            |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>          | 2                |                            |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>          | 2                |                            |
| <i>atomoxetine hcl cap 10 mg (base equiv)</i>           | 3                |                            |
| <i>atomoxetine hcl cap 18 mg (base equiv)</i>           | 3                |                            |
| <i>atomoxetine hcl cap 25 mg (base equiv)</i>           | 3                |                            |
| <i>atomoxetine hcl cap 40 mg (base equiv)</i>           | 3                |                            |
| <i>atomoxetine hcl cap 60 mg (base equiv)</i>           | 3                |                            |
| <i>atomoxetine hcl cap 80 mg (base equiv)</i>           | 3                |                            |
| <i>atomoxetine hcl cap 100 mg (base equiv)</i>          | 3                |                            |
| <i>dexmethylphenidate hcl tab 2.5 mg</i>                | 2                |                            |
| <i>dexmethylphenidate hcl tab 5 mg</i>                  | 2                |                            |
| <i>dexmethylphenidate hcl tab 10 mg</i>                 | 2                |                            |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> | 2                |                            |
| <i>dextroamphetamine sulfate tab 5 mg</i>               | 2                |                            |
| <i>dextroamphetamine sulfate tab 10 mg</i>              | 2                |                            |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>     | 2                |                            |
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>     | 2                |                            |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>     | 2                |                            |
| <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>     | 2                |                            |
| <i>methylphenidate hcl soln 5 mg/5ml</i>                | 2                |                            |
| <i>methylphenidate hcl soln 10 mg/5ml</i>               | 2                |                            |
| <i>methylphenidate hcl tab 5 mg</i>                     | 2                |                            |
| <i>methylphenidate hcl tab 10 mg</i>                    | 2                |                            |
| <i>methylphenidate hcl tab 20 mg</i>                    | 2                |                            |

### **HYPNOTICS**

|                                                  |   |                               |
|--------------------------------------------------|---|-------------------------------|
| <i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> | 3 | QL (30 tabs / 30 days)        |
| <i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> | 3 | QL (30 tabs / 30 days)        |
| <i>flurazepam hcl cap 15 mg</i>                  | 2 | QL (30 caps / 30 days);<br>DL |
| <i>flurazepam hcl cap 30 mg</i>                  | 2 | QL (30 caps / 30 days);<br>DL |
| <b>HETLIOZ CAP 20MG</b>                          | 5 | NM, LA, PA; DL                |
| <i>ramelteon tab 8 mg</i>                        | 3 | QL (30 tabs / 30 days)        |



| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|-----------------------------------------|------------------|-------------------------------|
| <i>temazepam cap 7.5 mg</i>             | 2                | QL (30 caps / 30 days);<br>DL |
| <i>temazepam cap 15 mg</i>              | 2                | QL (30 caps / 30 days);<br>DL |
| <i>temazepam cap 22.5 mg</i>            | 2                | QL (30 caps / 30 days);<br>DL |
| <i>temazepam cap 30 mg</i>              | 2                | QL (30 caps / 30 days);<br>DL |
| <i>zaleplon cap 5 mg</i>                | 3                | QL (30 caps / 30 days);<br>DL |
| <i>zaleplon cap 10 mg</i>               | 3                | QL (30 caps / 30 days);<br>DL |
| <i>zolpidem tartrate tab 5 mg</i>       | 2                | QL (30 tabs / 30 days);<br>DL |
| <i>zolpidem tartrate tab 10 mg</i>      | 2                | QL (30 tabs / 30 days);<br>DL |
| <i>zolpidem tartrate tab er 6.25 mg</i> | 2                | QL (30 tabs / 30 days)        |
| <i>zolpidem tartrate tab er 12.5 mg</i> | 2                | QL (30 tabs / 30 days)        |

### **MIGRAINE**

|                                                                         |   |                                  |
|-------------------------------------------------------------------------|---|----------------------------------|
| <i>AIMOVIG INJ 70MG/ML</i>                                              | 3 | NM, PA                           |
| <i>AIMOVIG INJ 140MG/ML</i>                                             | 3 | NM, PA                           |
| <i>AJOVY INJ 225/1.5</i>                                                | 3 | NM, PA                           |
| <i>almotriptan malate tab 6.25 mg</i>                                   | 3 | QL (12 tabs / 30 days)           |
| <i>almotriptan malate tab 12.5 mg</i>                                   | 3 | QL (8 tabs / 30 days)            |
| <i>dihydroergotamine mesylate inj 1 mg/ml</i>                           | 5 | QL (24 ampules / 30<br>days); DL |
| <i>dihydroergotamine mesylate nasal spray 4<br/>mg/ml</i>               | 5 | QL (8 mL / 28 days); DL          |
| <i>eletriptan hydrobromide tab 20 mg (base<br/>equivalent)</i>          | 2 | QL (12 tabs / 30 days)           |
| <i>eletriptan hydrobromide tab 40 mg (base<br/>equivalent)</i>          | 2 | QL (8 tabs / 30 days)            |
| <i>EMGALITY INJ 100MG/ML</i>                                            | 3 | NM, PA                           |
| <i>EMGALITY INJ 120MG/ML</i>                                            | 3 | NM, PA                           |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                              | 3 | QL (43 tabs / 30 days)           |
| <i>naratriptan hcl tab 1 mg (base equiv)</i>                            | 2 | QL (18 tabs / 30 days)           |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i>                          | 2 | QL (9 tabs / 30 days)            |
| <i>rizatriptan benzoate oral disintegrating tab<br/>5 mg (base eq)</i>  | 2 | QL (12 tabs / 30 days)           |
| <i>rizatriptan benzoate oral disintegrating tab<br/>10 mg (base eq)</i> | 2 | QL (12 tabs / 30 days)           |
| <i>rizatriptan benzoate tab 5 mg (base<br/>equivalent)</i>              | 2 | QL (12 tabs / 30 days)           |
| <i>rizatriptan benzoate tab 10 mg (base<br/>equivalent)</i>             | 2 | QL (12 tabs / 30 days)           |
| <i>sumatriptan nasal spray 5 mg/act</i>                                 | 4 | QL (12 units / 30 days)          |

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|------------------------------------------------------|------------------|------------------------------------------|
| <i>sumatriptan nasal spray 20 mg/act</i>             | 4                | QL (12 units / 30 days)                  |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i>          | 4                | QL (8 vials / 30 days)                   |
| <i>sumatriptan succinate tab 25 mg</i>               | 2                | QL (18 tabs / 30 days)                   |
| <i>sumatriptan succinate tab 50 mg</i>               | 2                | QL (18 tabs / 30 days)                   |
| <i>sumatriptan succinate tab 100 mg</i>              | 2                | QL (9 tabs / 30 days)                    |
| UBRELVY TAB 50MG                                     | 5                | QL (16 tabs / 30 days);<br>DL            |
| UBRELVY TAB 100MG                                    | 5                | QL (16 tabs / 30 days);<br>DL            |
| <i>zolmitriptan nasal spray 2.5 mg/spray unit</i>    | 4                | QL (12 units / 30 days)                  |
| <i>zolmitriptan nasal spray 5 mg/spray unit</i>      | 4                | QL (12 units / 30 days)                  |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i> | 2                | QL (12 tabs / 30 days)                   |
| <i>zolmitriptan orally disintegrating tab 5 mg</i>   | 2                | QL (8 tabs / 30 days)                    |
| <i>zolmitriptan tab 2.5 mg</i>                       | 2                | QL (12 tabs / 30 days)                   |
| <i>zolmitriptan tab 5 mg</i>                         | 2                | QL (8 tabs / 30 days)                    |
| <b>MISCELLANEOUS</b>                                 |                  |                                          |
| AUSTEDO TAB 6MG                                      | 5                | NM, LA, PA; DL                           |
| AUSTEDO TAB 9MG                                      | 5                | NM, LA, PA; DL                           |
| AUSTEDO TAB 12MG                                     | 5                | NM, LA, PA; DL                           |
| ENSPRYNG INJ                                         | 5                | NM, LA, PA; DL                           |
| EVRYSDI SOL                                          | 5                | QL (240 mL / 30 days),<br>NM, LA, PA; DL |
| EXSERVAN MIS 50MG                                    | 5                | NM, LA; DL                               |
| FIRDAPSE TAB 10MG                                    | 5                | NM, LA, PA; DL                           |
| INGREZZA CAP 40-80MG                                 | 5                | NM, LA, PA; DL                           |
| INGREZZA CAP 40MG                                    | 5                | NM, LA, PA; DL                           |
| INGREZZA CAP 60MG                                    | 5                | NM, LA, PA; DL                           |
| INGREZZA CAP 80MG                                    | 5                | NM, LA, PA; DL                           |
| <i>lithium carbonate cap 150 mg</i>                  | 2                |                                          |
| <i>lithium carbonate cap 300 mg</i>                  | 2                |                                          |
| <i>lithium carbonate cap 600 mg</i>                  | 2                |                                          |
| <i>lithium carbonate tab 300 mg</i>                  | 2                |                                          |
| <i>lithium carbonate tab er 300 mg</i>               | 2                |                                          |
| <i>lithium carbonate tab er 450 mg</i>               | 2                |                                          |
| LITHIUM SOL 8MEQ/5ML                                 | 3                |                                          |
| NUDEXTA CAP 20-10MG                                  | 3                | PA; DL                                   |
| <i>pyridostigmine bromide tab 60 mg</i>              | 2                |                                          |
| <i>pyridostigmine bromide tab er 180 mg</i>          | 3                |                                          |
| <i>riluzole tab 50 mg</i>                            | 4                |                                          |
| TEGSEDI INJ 284/1.5                                  | 5                | NM, LA, PA; DL                           |
| <i>tetrabenazine tab 12.5 mg</i>                     | 4                | NM, PA                                   |
| <i>tetrabenazine tab 25 mg</i>                       | 4                | NM, PA                                   |

| Drug Name                                                            | Drug Tier | Requirements/Limits                |
|----------------------------------------------------------------------|-----------|------------------------------------|
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                     |           |                                    |
| AUBAGIO TAB 7MG                                                      | 5         | QL (30 tabs / 30 days), NM, LA; DL |
| AUBAGIO TAB 14MG                                                     | 5         | QL (30 tabs / 30 days), NM, LA; DL |
| AVONEX PEN KIT 30MCG                                                 | 5         | NM; DL                             |
| AVONEX PREFL KIT 30MCG                                               | 5         | NM; DL                             |
| BAFIERTAM CAP 95MG                                                   | 5         | NM, LA; DL                         |
| BETASERON INJ 0.3MG                                                  | 5         | NM; DL                             |
| <i>dalfampridine tab er 12hr 10 mg</i>                               | 3         | QL (60 tabs / 30 days), NM; DL     |
| <i>dimethyl fumarate capsule delayed release 120 mg</i>              | 5         | QL (60 caps / 30 days), NM; DL     |
| <i>dimethyl fumarate capsule delayed release 240 mg</i>              | 5         | QL (60 caps / 30 days), NM; DL     |
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> | 5         | NM; DL                             |
| GILENYA CAP 0.5MG                                                    | 5         | QL (30 caps / 30 days), NM; DL     |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>            | 5         | QL (30 syringes / 30 days), NM; DL |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>            | 5         | NM; DL                             |
| <i>glatopa inj 20mg/ml</i>                                           | 5         | QL (30 mL / 30 days), NM; DL       |
| <i>glatopa inj 40mg/ml</i>                                           | 5         | NM; DL                             |
| KESIMPTA INJ 20/.4ML                                                 | 5         | NM, LA; DL                         |
| MAYZENT PAK STARTER                                                  | 4         | NM, LA; (7 tablet pack)            |
| MAYZENT PAK STARTER                                                  | 5         | NM, LA; DL; (12 tablet pack)       |
| MAYZENT TAB 0.25MG                                                   | 5         | NM, LA; DL                         |
| MAYZENT TAB 1MG                                                      | 5         | NM, LA; DL                         |
| MAYZENT TAB 2MG                                                      | 5         | NM, LA; DL                         |
| PLEGRIDY INJ                                                         | 5         | NM, LA; DL                         |
| PLEGRIDY INJ PEN                                                     | 5         | NM, LA; DL                         |
| REBIF INJ 22/0.5                                                     | 5         | NM; DL                             |
| REBIF INJ 44/0.5                                                     | 5         | NM; DL                             |
| REBIF REBIDO INJ 22/0.5                                              | 5         | NM; DL                             |
| REBIF REBIDO INJ 44/0.5                                              | 5         | NM; DL                             |
| REBIF REBIDO INJ TITRATN                                             | 5         | NM; DL                             |
| REBIF TITRTN INJ PACK                                                | 5         | NM; DL                             |
| TYSABRI INJ 300/15ML                                                 | 5         | NM, LA; DL                         |
| VUMERITY CAP 231MG                                                   | 5         | NM, LA; DL                         |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                |           |                                    |
| <i>baclofen tab 10 mg</i>                                            | 2         |                                    |

| <b>Drug Name</b>                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>                |
|--------------------------------------------------------------------------|------------------|-------------------------------------------|
| <i>baclofen tab 20 mg</i>                                                | 2                |                                           |
| <i>cyclobenzaprine hcl tab 5 mg</i>                                      | 3                |                                           |
| <i>cyclobenzaprine hcl tab 10 mg</i>                                     | 3                |                                           |
| <i>metaxalone tab 800 mg</i>                                             | 3                | DL                                        |
| <i>methocarbamol tab 500 mg</i>                                          | 3                | DL                                        |
| <i>methocarbamol tab 750 mg</i>                                          | 3                | DL                                        |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i>                         | 2                |                                           |
| <i>tizanidine hcl tab 4 mg (base equivalent)</i>                         | 2                |                                           |
| <b>NARCOLEPSY/CATAPLEXY</b>                                              |                  |                                           |
| <i>armodafinil tab 50 mg</i>                                             | 4                | QL (60 tabs / 30 days),<br>PA             |
| <i>armodafinil tab 150 mg</i>                                            | 4                | QL (30 tabs / 30 days),<br>PA             |
| <i>armodafinil tab 200 mg</i>                                            | 4                | QL (30 tabs / 30 days),<br>PA             |
| <i>armodafinil tab 250 mg</i>                                            | 4                | QL (30 tabs / 30 days),<br>PA             |
| <i>modafinil tab 100 mg</i>                                              | 3                | QL (30 tabs / 30 days),<br>PA             |
| <i>modafinil tab 200 mg</i>                                              | 3                | QL (60 tabs / 30 days),<br>PA             |
| WAKIX TAB 4.45MG                                                         | 5                | QL (60 tabs / 30 days),<br>NM, LA, PA; DL |
| WAKIX TAB 17.8MG                                                         | 5                | QL (60 tabs / 30 days),<br>NM, LA, PA; DL |
| XYREM SOL 500MG/ML                                                       | 5                | QL (540 mL / 30 days),<br>NM, LA, PA; DL  |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                            |                  |                                           |
| <i>acamprosate calcium tab delayed release<br/>333 mg</i>                | 3                |                                           |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i>                        | 2                |                                           |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i>                        | 2                |                                           |
| <i>buprenorphine hcl-naloxone hcl sl film 2-<br/>0.5 mg (base equiv)</i> | 3                | QL (90 films / 30 days)                   |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1<br/>mg (base equiv)</i>    | 3                | QL (90 films / 30 days)                   |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2<br/>mg (base equiv)</i>    | 3                | QL (90 films / 30 days)                   |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3<br/>mg (base equiv)</i>   | 3                | QL (90 films / 30 days)                   |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-<br/>0.5 mg (base equiv)</i>  | 2                | QL (90 tabs / 30 days)                    |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2<br/>mg (base equiv)</i>     | 2                | QL (90 tabs / 30 days)                    |

| <b>Drug Name</b>                                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------|------------------|----------------------------|
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>          | 2                |                            |
| <i>disulfiram tab 250 mg</i>                                         | 2                |                            |
| <i>disulfiram tab 500 mg</i>                                         | 2                |                            |
| KLOXXADO SPR 8MG                                                     | 4                | DL                         |
| <i>naloxone hcl inj 0.4 mg/ml</i>                                    | 2                |                            |
| <i>naloxone hcl nasal spray 4 mg/0.1ml</i>                           | 2                | DL                         |
| <i>naloxone hcl soln cartridge 0.4 mg/ml</i>                         | 2                |                            |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>                  | 2                | DL                         |
| <i>naltrexone hcl tab 50 mg</i>                                      | 2                |                            |
| NARCAN SPR 4MG                                                       | 4                | DL                         |
| NICOTROL INH                                                         | 4                |                            |
| NICOTROL NS SPR 10MG/ML                                              | 4                |                            |
| <i>varenicline tartrate tab 0.5 mg (base equiv)</i>                  | 4                |                            |
| <i>varenicline tartrate tab 0.5 mg x 11 &amp; tab 1 mg x 42 pack</i> | 4                |                            |
| <i>varenicline tartrate tab 1 mg (base equiv)</i>                    | 4                |                            |
| VIVITROL INJ 380MG                                                   | 5                | NM; DL                     |
| ZIMHI SOL                                                            | 4                | DL                         |

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

|                                                       |   |                             |
|-------------------------------------------------------|---|-----------------------------|
| METHITEST TAB 10MG                                    | 4 |                             |
| <i>methyltestosterone cap 10 mg</i>                   | 4 |                             |
| <i>oxandrolone tab 2.5 mg</i>                         | 2 | QL (120 tabs / 30 days); DL |
| <i>oxandrolone tab 10 mg</i>                          | 3 | DL                          |
| <i>testosterone cypionate im inj in oil 100 mg/ml</i> | 2 |                             |
| <i>testosterone cypionate im inj in oil 200 mg/ml</i> | 2 |                             |
| <i>testosterone enanthate im inj in oil 200 mg/ml</i> | 2 |                             |
| <i>testosterone td gel 10mg/act (2%)</i>              | 3 |                             |
| <i>testosterone td gel 12.5 mg/act (1%)</i>           | 3 |                             |
| <i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>    | 3 |                             |
| <i>testosterone td gel 20.25 mg/act (1.62%)</i>       | 3 |                             |
| <i>testosterone td gel 25 mg/2.5gm (1%)</i>           | 3 |                             |
| <i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>      | 3 |                             |
| <i>testosterone td gel 50 mg/5gm (1%)</i>             | 3 |                             |
| <i>testosterone td soln 30 mg/act</i>                 | 3 |                             |

| Drug Name                                     | Drug Tier | Requirements/Limits     |
|-----------------------------------------------|-----------|-------------------------|
| <b>ANTIDIABETICS</b>                          |           |                         |
| <i>acarbose tab 25 mg</i>                     | 2         |                         |
| <i>acarbose tab 50 mg</i>                     | 2         |                         |
| <i>acarbose tab 100 mg</i>                    | 2         |                         |
| BYDUREON BC INJ 2/0.85ML                      | 3         | QL (4 pens / 28 days)   |
| BYDUREON INJ 2MG                              | 3         | QL (4 vials / 28 days)  |
| BYETTA INJ 5MCG                               | 4         | QL (1 pen / 30 days)    |
| BYETTA INJ 10MCG                              | 4         | QL (1 pen / 30 days)    |
| FARXIGA TAB 5MG                               | 3         | QL (30 tabs / 30 days)  |
| FARXIGA TAB 10MG                              | 3         | QL (30 tabs / 30 days)  |
| <i>glimepiride tab 1 mg</i>                   | 1         | QL (240 tabs / 30 days) |
| <i>glimepiride tab 2 mg</i>                   | 1         | QL (120 tabs / 30 days) |
| <i>glimepiride tab 4 mg</i>                   | 1         | QL (60 tabs / 30 days)  |
| <i>glipizide tab 5 mg</i>                     | 1         | QL (240 tabs / 30 days) |
| <i>glipizide tab 10 mg</i>                    | 1         | QL (120 tabs / 30 days) |
| <i>glipizide tab er 24hr 2.5 mg</i>           | 1         | QL (240 tabs / 30 days) |
| <i>glipizide tab er 24hr 5 mg</i>             | 1         | QL (120 tabs / 30 days) |
| <i>glipizide tab er 24hr 10 mg</i>            | 1         | QL (60 tabs / 30 days)  |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 2         | QL (240 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 2         | QL (120 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 5-500 mg</i>   | 2         | QL (120 tabs / 30 days) |
| GLYXAMBI TAB 10-5 MG                          | 3         | QL (30 tabs / 30 days)  |
| GLYXAMBI TAB 25-5 MG                          | 3         | QL (30 tabs / 30 days)  |
| INVOKAMET TAB 50-500MG                        | 4         | QL (60 tabs / 30 days)  |
| INVOKAMET TAB 50-1000                         | 4         | QL (60 tabs / 30 days)  |
| INVOKAMET TAB 150-500                         | 4         | QL (60 tabs / 30 days)  |
| INVOKAMET TAB 150-1000                        | 4         | QL (60 tabs / 30 days)  |
| INVOKAMET XR TAB 50-500MG                     | 4         | QL (60 tabs / 30 days)  |
| INVOKAMET XR TAB 50-1000                      | 4         | QL (60 tabs / 30 days)  |
| INVOKAMET XR TAB 150-500                      | 4         | QL (60 tabs / 30 days)  |
| INVOKAMET XR TAB 150-1000                     | 4         | QL (60 tabs / 30 days)  |
| INVOKANA TAB 100MG                            | 4         | QL (60 tabs / 30 days)  |
| INVOKANA TAB 300MG                            | 4         | QL (30 tabs / 30 days)  |
| JANUMET TAB 50-500MG                          | 3         | QL (60 tabs / 30 days)  |
| JANUMET TAB 50-1000                           | 3         | QL (60 tabs / 30 days)  |
| JANUMET XR TAB 50-500MG                       | 3         | QL (60 tabs / 30 days)  |
| JANUMET XR TAB 50-1000                        | 3         | QL (60 tabs / 30 days)  |
| JANUMET XR TAB 100-1000                       | 3         | QL (30 tabs / 30 days)  |
| JANUVIA TAB 25MG                              | 3         | QL (30 tabs / 30 days)  |
| JANUVIA TAB 50MG                              | 3         | QL (30 tabs / 30 days)  |
| JANUVIA TAB 100MG                             | 3         | QL (30 tabs / 30 days)  |
| JARDIANCE TAB 10MG                            | 3         | QL (60 tabs / 30 days)  |
| JARDIANCE TAB 25MG                            | 3         | QL (30 tabs / 30 days)  |
| JENTADUETO TAB 2.5-500                        | 3         | QL (60 tabs / 30 days)  |

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|-----------------------------------------------------|------------------|---------------------------------------------|
| JENTADUETO TAB 2.5-850                              | 3                | QL (60 tabs / 30 days)                      |
| JENTADUETO TAB 2.5-1000                             | 3                | QL (60 tabs / 30 days)                      |
| JENTADUETO TAB XR                                   | 3                | QL (30 tabs / 30 days)                      |
| <i>metformin hcl tab 500 mg</i>                     | 1                | QL (150 tabs / 30 days)                     |
| <i>metformin hcl tab 850 mg</i>                     | 1                | QL (90 tabs / 30 days)                      |
| <i>metformin hcl tab 1000 mg</i>                    | 1                | QL (75 tabs / 30 days)                      |
| <i>metformin hcl tab er 24hr 500 mg</i>             | 1                | QL (120 tabs / 30 days)                     |
| <i>metformin hcl tab er 24hr 750 mg</i>             | 1                | QL (60 tabs / 30 days)                      |
| <i>miglitol tab 25 mg</i>                           | 2                |                                             |
| <i>miglitol tab 50 mg</i>                           | 2                |                                             |
| <i>miglitol tab 100 mg</i>                          | 2                |                                             |
| <i>nateglinide tab 60 mg</i>                        | 2                |                                             |
| <i>nateglinide tab 120 mg</i>                       | 2                |                                             |
| OZEMPIC INJ 2/1.5ML                                 | 3                | QL (1 pen / 28 days);<br>0.25 OR 0.5MG/DOSE |
| OZEMPIC INJ 4MG/3ML                                 | 3                | QL (1 pen / 28 days)                        |
| OZEMPIC INJ 8MG/3ML                                 | 3                | QL (1 pen / 28 days)                        |
| <i>pioglitazone hcl tab 15 mg (base equiv)</i>      | 2                | QL (30 tabs / 30 days)                      |
| <i>pioglitazone hcl tab 30 mg (base equiv)</i>      | 2                | QL (30 tabs / 30 days)                      |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i>      | 2                | QL (30 tabs / 30 days)                      |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 2                | QL (90 tabs / 30 days)                      |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 2                | QL (90 tabs / 30 days)                      |
| <i>repaglinide tab 0.5 mg</i>                       | 2                |                                             |
| <i>repaglinide tab 1 mg</i>                         | 2                |                                             |
| <i>repaglinide tab 2 mg</i>                         | 2                |                                             |
| RYBELSUS TAB 3MG                                    | 3                | QL (30 tabs / 30 days)                      |
| RYBELSUS TAB 7MG                                    | 3                | QL (30 tabs / 30 days)                      |
| RYBELSUS TAB 14MG                                   | 3                | QL (30 tabs / 30 days)                      |
| SYMLINPEN 60 INJ 1000MCG                            | 4                |                                             |
| SYMLINPEN 120 INJ 1000MCG                           | 4                |                                             |
| SYNJARDY TAB                                        | 3                | QL (60 tabs / 30 days);<br>(12.5-1000MG)    |
| SYNJARDY TAB 5-500MG                                | 3                | QL (120 tabs / 30 days)                     |
| SYNJARDY TAB 5-1000MG                               | 3                | QL (60 tabs / 30 days)                      |
| SYNJARDY TAB 12.5-500                               | 3                | QL (60 tabs / 30 days)                      |
| SYNJARDY XR TAB                                     | 3                | QL (60 tabs / 30 days);<br>(12.5-1000MG)    |
| SYNJARDY XR TAB 5-1000MG                            | 3                | QL (60 tabs / 30 days)                      |
| SYNJARDY XR TAB 10-1000                             | 3                | QL (60 tabs / 30 days)                      |
| SYNJARDY XR TAB 25-1000                             | 3                | QL (30 tabs / 30 days)                      |
| TRADJENTA TAB 5MG                                   | 3                | QL (30 tabs / 30 days)                      |

| <b>Drug Name</b>       | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                      |
|------------------------|------------------|-----------------------------------------------------------------|
| TRIJARDY XR TAB        | 3                | QL (30 tabs / 30 days);<br>(10-5-1000 MG and 25-5-1000 MG)      |
| TRIJARDY XR TAB        | 3                | QL (60 tabs / 30 days);<br>(12.5-2.5-1000 MG and 5-2.5-1000 MG) |
| TRULICITY INJ 0.75/0.5 | 3                | QL (4 pens / 28 days)                                           |
| TRULICITY INJ 1.5/0.5  | 3                | QL (4 pens / 28 days)                                           |
| TRULICITY INJ 3/0.5    | 3                | QL (4 pens / 28 days)                                           |
| TRULICITY INJ 4.5/0.5  | 3                | QL (4 pens / 28 days)                                           |
| VICTOZA INJ 18MG/3ML   | 3                | QL (3 pens / 30 days)                                           |
| XIGDUO XR TAB 2.5-1000 | 3                | QL (60 tabs / 30 days)                                          |
| XIGDUO XR TAB 5-500MG  | 3                | QL (60 tabs / 30 days)                                          |
| XIGDUO XR TAB 5-1000MG | 3                | QL (60 tabs / 30 days)                                          |
| XIGDUO XR TAB 10-500MG | 3                | QL (30 tabs / 30 days)                                          |
| XIGDUO XR TAB 10-1000  | 3                | QL (30 tabs / 30 days)                                          |

### **ANTIDIABETICS, INSULINS**

|                                     |   |  |
|-------------------------------------|---|--|
| BASAGLAR INJ 100UNIT                | 3 |  |
| BD SWAB REG PAD SNGL USE            | 3 |  |
| GAUZE PADS & DRESSINGS - PADS 2 X 2 | 3 |  |
| HUMALOG INJ 100/ML                  | 3 |  |
| HUMALOG JR INJ 100/ML               | 3 |  |
| HUMALOG KWIK INJ 100/ML             | 3 |  |
| HUMALOG KWIK INJ 200/ML             | 3 |  |
| HUMALOG MIX INJ 50/50               | 3 |  |
| HUMALOG MIX INJ 50/50KWP            | 3 |  |
| HUMALOG MIX INJ 75/25KWP            | 3 |  |
| HUMALOG MIX SUS 75/25               | 3 |  |
| HUMULIN INJ 70/30                   | 3 |  |
| HUMULIN INJ 70/30KWP                | 3 |  |
| HUMULIN N INJ U-100                 | 3 |  |
| HUMULIN N INJ U-100KWP              | 3 |  |
| HUMULIN R INJ U-100                 | 3 |  |
| HUMULIN R INJ U-500                 | 3 |  |
| INSULIN LISP INJ 100/ML             | 3 |  |
| INSULIN LISP INJ JUNIOR             | 3 |  |
| INSULIN LISP INJ PROTAMIN           | 3 |  |
| INSULIN PEN NEEDLE                  | 3 |  |
| INSULIN SYRINGE (DISP) U-100 0.3 ML | 3 |  |
| INSULIN SYRINGE (DISP) U-100 1 ML   | 3 |  |
| INSULIN SYRINGE (DISP) U-100 1/2 ML | 3 |  |
| ISOPROPYL ALCOHOL 0.7 ML/ML         | 3 |  |
| LANTUS INJ 100/ML                   | 3 |  |
| LANTUS SOLOS INJ 100/ML             | 3 |  |



| Drug Name                      | Drug Tier | Requirements/Limits               |
|--------------------------------|-----------|-----------------------------------|
| LEVEMIR INJ                    | 3         |                                   |
| LEVEMIR INJ FLEXTUOC           | 3         |                                   |
| LYUMJEV INJ 100UT/ML           | 3         |                                   |
| LYUMJEV KWPN INJ 100UT/ML      | 3         |                                   |
| LYUMJEV KWPN INJ 200UT/ML      | 3         |                                   |
| NEEDLES, INSULIN DISP., SAFETY | 3         |                                   |
| OMNIPOD DASH MIS PODS          | 4         | QL (10 pods / 30 days)            |
| OMNIPOD MIS CLASSIC            | 4         | QL (10 pods / 30 days)            |
| OMNIPOD PDM KIT CLASSIC        | 4         | QL (1 kit / 365 days)             |
| TOUJEO MAX INJ 300IU/ML        | 3         |                                   |
| TOUJEO SOLO INJ 300IU/ML       | 3         |                                   |
| TRESIBA FLEX INJ 100UNIT       | 3         |                                   |
| TRESIBA FLEX INJ 200UNIT       | 3         |                                   |
| TRESIBA INJ 100UNIT            | 3         |                                   |
| V-GO 20 KIT                    | 4         | QL (30 devices (1 box) / 30 days) |
| V-GO 30 KIT                    | 4         | QL (30 devices (1 box) / 30 days) |
| V-GO 40 KIT                    | 4         | QL (30 devices (1 box) / 30 days) |
| XULTOPHY INJ 100/3.6           | 3         |                                   |

### **CALCIUM REGULATORS**

|                                                              |   |                                   |
|--------------------------------------------------------------|---|-----------------------------------|
| <i>alendronate sodium oral soln 70 mg/75ml</i>               | 2 |                                   |
| <i>alendronate sodium tab 10 mg</i>                          | 2 |                                   |
| <i>alendronate sodium tab 35 mg</i>                          | 1 |                                   |
| <i>alendronate sodium tab 70 mg</i>                          | 1 |                                   |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i>           | 2 |                                   |
| FORTEO INJ 600/2.4                                           | 5 | QL (2.4 mL / 28 days), NM, PA; DL |
| <i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i> | 4 |                                   |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i>       | 2 |                                   |
| NATPARA INJ 25MCG                                            | 5 | NM, LA, PA; DL                    |
| NATPARA INJ 50MCG                                            | 5 | NM, LA, PA; DL                    |
| NATPARA INJ 75MCG                                            | 5 | NM, LA, PA; DL                    |
| NATPARA INJ 100MCG                                           | 5 | NM, LA, PA; DL                    |
| <i>pamidronate disodium iv soln 3 mg/ml</i>                  | 2 |                                   |
| <i>pamidronate disodium iv soln 9 mg/ml</i>                  | 2 |                                   |
| PROLIA INJ 60MG/ML                                           | 4 | QL (2 injections / year), NM      |
| <i>risedronate sodium tab 5 mg</i>                           | 2 |                                   |
| <i>risedronate sodium tab 30 mg</i>                          | 2 |                                   |
| <i>risedronate sodium tab 35 mg</i>                          | 2 |                                   |
| <i>risedronate sodium tab 150 mg</i>                         | 2 |                                   |

| <b>Drug Name</b>                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|----------------------------------------------------------|------------------|---------------------------------------|
| <i>risedronate sodium tab delayed release 35 mg</i>      | 2                |                                       |
| TERIPARATIDE INJ                                         | 5                | QL (2.48 mL / 28 days),<br>NM, PA; DL |
| XGEVA INJ                                                | 5                | NM, PA; DL                            |
| <i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i> | 4                | NM                                    |
| <i>zoledronic acid iv soln 5 mg/100ml</i>                | 4                | NM                                    |

### **CHELATING AGENTS**

|                                             |   |            |
|---------------------------------------------|---|------------|
| CHEMET CAP 100MG                            | 5 | DL         |
| <i>deferasirox granules packet 90 mg</i>    | 5 | NM; DL     |
| <i>deferasirox granules packet 180 mg</i>   | 5 | NM; DL     |
| <i>deferasirox granules packet 360 mg</i>   | 5 | NM; DL     |
| <i>deferasirox tab 90 mg</i>                | 4 | NM; DL     |
| <i>deferasirox tab 180 mg</i>               | 5 | NM; DL     |
| <i>deferasirox tab 360 mg</i>               | 5 | NM; DL     |
| <i>deferasirox tab for oral susp 125 mg</i> | 5 | NM; DL     |
| <i>deferasirox tab for oral susp 250 mg</i> | 5 | NM; DL     |
| <i>deferasirox tab for oral susp 500 mg</i> | 5 | NM; DL     |
| <i>deferiprone tab 500 mg</i>               | 5 | NM, LA; DL |
| <i>deferiprone tab 1000 mg</i>              | 5 | NM, LA; DL |
| DEPEN TITRA TAB 250MG                       | 5 | NM; DL     |
| LOKELMA PAK 5GM                             | 4 |            |
| <i>penicillamine tab 250 mg</i>             | 5 | NM; DL     |
| <i>sodium polystyrene sulfonate powder</i>  | 2 |            |
| <i>sps sus 15gm/60</i>                      | 2 |            |
| <i>trientine hcl cap 250 mg</i>             | 5 | NM, PA; DL |
| VELTASSA POW 8.4GM                          | 5 | DL         |
| VELTASSA POW 16.8GM                         | 5 | DL         |
| VELTASSA POW 25.2GM                         | 5 | DL         |

### **CONTRACEPTIVES**

|                               |   |  |
|-------------------------------|---|--|
| <i>altavera tab</i>           | 2 |  |
| <i>alyacen tab 1/35</i>       | 2 |  |
| <i>amethia tab</i>            | 2 |  |
| <i>apri tab</i>               | 2 |  |
| <i>aranelle tab</i>           | 2 |  |
| <i>ashlyna tab</i>            | 2 |  |
| <i>aubra eq tab 0.1-0.02</i>  | 2 |  |
| <i>aviane tab</i>             | 2 |  |
| BALCOLTRA TAB 0.1-20          | 3 |  |
| <i>balziva tab</i>            | 2 |  |
| <i>blisovi 24 tab fe 1/20</i> | 2 |  |
| <i>blisovi fe tab 1.5/30</i>  | 2 |  |
| <i>briellyn tab</i>           | 2 |  |

| <b>Drug Name</b>                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------|------------------|----------------------------|
| <i>camila tab 0.35mg</i>                                                | 2                |                            |
| <i>camrese lo tab</i>                                                   | 3                |                            |
| <i>cryselle-28 tab 28 tabs</i>                                          | 2                |                            |
| <i>deblitane tab 0.35mg</i>                                             | 2                |                            |
| <i>delyla tab 0.1-0.02</i>                                              | 2                |                            |
| <i>DEPO-SQ PROV INJ 104</i>                                             | 4                |                            |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 2                |                            |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>           | 2                |                            |
| <i>dolishale tab 90-20mcg</i>                                           | 2                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                     | 2                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                     | 2                |                            |
| <i>emoquette tab</i>                                                    | 2                |                            |
| <i>enpresse-28 tab</i>                                                  | 2                |                            |
| <i>enskyce tab</i>                                                      | 2                |                            |
| <i>errin tab 0.35mg</i>                                                 | 2                |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>     | 2                |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>     | 2                |                            |
| <i>falmina tab</i>                                                      | 2                |                            |
| <i>femynor tab 0.25-35</i>                                              | 2                |                            |
| <i>gemmily cap 1/20</i>                                                 | 2                |                            |
| <i>iclevia tab</i>                                                      | 2                |                            |
| <i>introvale tab</i>                                                    | 2                |                            |
| <i>isibloom tab</i>                                                     | 2                |                            |
| <i>jasmiel tab 3-0.02mg</i>                                             | 2                |                            |
| <i>juleber tab</i>                                                      | 2                |                            |
| <i>junel 1.5/30 tab</i>                                                 | 2                |                            |
| <i>junel 1/20 tab</i>                                                   | 2                |                            |
| <i>junel fe 24 tab 1/20</i>                                             | 2                |                            |
| <i>junel fe tab 1.5/30</i>                                              | 2                |                            |
| <i>junel fe tab 1/20</i>                                                | 2                |                            |
| <i>kaitlib fe chw</i>                                                   | 2                |                            |
| <i>kariva tab 28 day</i>                                                | 2                |                            |
| <i>kelnor 1/50 tab</i>                                                  | 2                |                            |
| <i>kelnor tab 1/35</i>                                                  | 2                |                            |
| <i>kurvelo tab 0.15/30</i>                                              | 2                |                            |
| <i>larin fe tab 1.5/30</i>                                              | 2                |                            |
| <i>larin fe tab 1/20</i>                                                | 2                |                            |
| <i>larin tab 1.5/30</i>                                                 | 2                |                            |
| <i>larin tab 1/20</i>                                                   | 2                |                            |

| <b>Drug Name</b>                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------|------------------|----------------------------|
| <i>larissia tab</i>                                                     | 2                |                            |
| <i>layolis fe chw</i>                                                   | 2                |                            |
| <i>leena tab</i>                                                        | 3                |                            |
| <i>lessina tab</i>                                                      | 2                |                            |
| <i>levonest tab</i>                                                     | 2                |                            |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>  | 3                |                            |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> | 2                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 2                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>         | 2                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>        | 2                |                            |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>     | 2                |                            |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>      | 2                |                            |
| <i>levora-28 tab 0.15/30</i>                                            | 2                |                            |
| <i>loryna tab 3-0.02mg</i>                                              | 2                |                            |
| <i>low-ogestrel tab</i>                                                 | 2                |                            |
| <i>lutra tab</i>                                                        | 2                |                            |
| <i>lyleq tab 0.35mg</i>                                                 | 2                |                            |
| <i>lyza tab 0.35mg</i>                                                  | 2                |                            |
| <i>marlissa tab 0.15/30</i>                                             | 2                |                            |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i>                    | 2                |                            |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>      | 2                |                            |
| <i>merzee cap 1/20</i>                                                  | 2                |                            |
| <i>micrgstin 24 tab fe 1/20</i>                                         | 3                |                            |
| <i>microgestin tab 1.5/30</i>                                           | 3                |                            |
| <i>microgestin tab 1/20</i>                                             | 3                |                            |
| <i>microgestin tab fe1.5/30</i>                                         | 3                |                            |
| <i>microgestin tab fe 1/20</i>                                          | 3                |                            |
| <i>necon tab 0.5/35</i>                                                 | 3                |                            |
| <i>NEXTSTELLIS TAB 3-14.2MG</i>                                         | 3                |                            |
| <i>nikki tab 3-0.02mg</i>                                               | 2                |                            |
| <i>nora-be tab 0.35mg</i>                                               | 3                |                            |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>  | 2                |                            |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>  | 2                |                            |

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>    | 2                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> | 2                |                            |
| <i>norethindrone tab 0.35 mg</i>                                    | 2                |                            |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>      | 2                |                            |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 2                |                            |
| <i>norlyroc tab 0.35mg</i>                                          | 2                |                            |
| <i>nortrel tab 0.5/35</i>                                           | 2                |                            |
| <i>nortrel tab 1/35</i>                                             | 2                |                            |
| <i>nortrel tab 7/7/7</i>                                            | 2                |                            |
| <i>nylia tab 1/35</i>                                               | 2                |                            |
| <i>nylia tab 7/7/7</i>                                              | 2                |                            |
| <i>nymyo tab 0.25-35</i>                                            | 2                |                            |
| <i>pimtrea tab</i>                                                  | 2                |                            |
| <i>pirmella tab 1/35</i>                                            | 2                |                            |
| <i>portia-28 tab</i>                                                | 2                |                            |
| <i>reclipsen tab</i>                                                | 2                |                            |
| <i>setlakin tab</i>                                                 | 2                |                            |
| <i>sharobel tab 0.35mg</i>                                          | 2                |                            |
| <i>SLYND TAB 4MG</i>                                                | 3                |                            |
| <i>sprintec 28 tab 28 day</i>                                       | 2                |                            |
| <i>sronyx tab</i>                                                   | 2                |                            |
| <i>tarina 24 fe tab</i>                                             | 2                |                            |
| <i>tarina fe tab 1/20 eq</i>                                        | 2                |                            |
| <i>tilia fe tab</i>                                                 | 2                |                            |
| <i>tri-legest tab fe</i>                                            | 2                |                            |
| <i>tri-nymyo tab</i>                                                | 2                |                            |
| <i>tri-sprintec tab</i>                                             | 2                |                            |
| <i>trivora-28 tab</i>                                               | 2                |                            |
| <i>tydemy tab</i>                                                   | 2                |                            |
| <i>velivet pak</i>                                                  | 2                |                            |
| <i>vestura tab 3-0.02mg</i>                                         | 2                |                            |
| <i>vienva tab 0.1-20</i>                                            | 2                |                            |
| <i>vyfemla tab 0.4-35</i>                                           | 2                |                            |
| <i>wymzya fe chw 0.4mg-35</i>                                       | 2                |                            |
| <i>xulane dis 150-35</i>                                            | 2                |                            |
| <i>zafemy dis 150/35</i>                                            | 2                |                            |
| <i>zovia 1/35 tab</i>                                               | 2                |                            |
| <b>ENDOMETRIOSIS</b>                                                |                  |                            |
| <i>danazol cap 50 mg</i>                                            | 2                |                            |
| <i>danazol cap 100 mg</i>                                           | 2                |                            |

| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| <i>danazol cap 200 mg</i>                                       | 2                |                            |
| SYNAREL SOL 2MG/ML                                              | 3                |                            |
| <b>ESTROGENS</b>                                                |                  |                            |
| <i>amabelz tab 0.5-0.1</i>                                      | 2                |                            |
| <i>amabelz tab 1-0.5mg</i>                                      | 2                |                            |
| BIJUVA CAP 1-100MG                                              | 3                |                            |
| <i>dotti dis 0.1mg</i>                                          | 3                |                            |
| <i>dotti dis 0.05mg</i>                                         | 3                |                            |
| <i>dotti dis 0.025mg</i>                                        | 3                |                            |
| <i>dotti dis 0.075mg</i>                                        | 3                |                            |
| <i>dotti dis 0.0375mg</i>                                       | 3                |                            |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>     | 2                |                            |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>       | 2                |                            |
| <i>estradiol tab 0.5 mg</i>                                     | 3                |                            |
| <i>estradiol tab 1 mg</i>                                       | 3                |                            |
| <i>estradiol tab 2 mg</i>                                       | 3                |                            |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i>              | 3                |                            |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i>             | 3                |                            |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i>            | 3                |                            |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i>            | 3                |                            |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i>           | 3                |                            |
| <i>estradiol td patch weekly 0.1 mg/24hr</i>                    | 3                |                            |
| <i>estradiol td patch weekly 0.05 mg/24hr</i>                   | 3                |                            |
| <i>estradiol td patch weekly 0.06 mg/24hr</i>                   | 3                |                            |
| <i>estradiol td patch weekly 0.025 mg/24hr</i>                  | 3                |                            |
| <i>estradiol td patch weekly 0.075 mg/24hr</i>                  | 3                |                            |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> | 3                |                            |
| <i>estradiol vaginal cream 0.1 mg/gm</i>                        | 2                |                            |
| <i>estradiol vaginal tab 10 mcg</i>                             | 2                |                            |
| <i>estradiol valerate im in oil 20 mg/ml</i>                    | 3                |                            |
| <i>estropipate tab 1.5 mg</i>                                   | 2                |                            |
| <i>estropipate tab 3 mg</i>                                     | 2                |                            |
| <i>lyllana dis 0.1mg</i>                                        | 3                |                            |
| <i>lyllana dis 0.05mg</i>                                       | 3                |                            |
| <i>lyllana dis 0.025mg</i>                                      | 3                |                            |
| <i>lyllana dis 0.075mg</i>                                      | 3                |                            |
| <i>lyllana dis 0.0375mg</i>                                     | 3                |                            |

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 2                |                            |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>     | 2                |                            |
| ORIAHNN CAP                                                       | 5                | DL                         |
| PREMARIN INJ 25MG                                                 | 4                |                            |
| PREMARIN TAB 0.3MG                                                | 3                |                            |
| PREMARIN TAB 0.9MG                                                | 3                |                            |
| PREMARIN TAB 0.45MG                                               | 3                |                            |
| PREMARIN TAB 0.625MG                                              | 3                |                            |
| PREMARIN TAB 1.25MG                                               | 3                |                            |
| PREMARIN VAG CRE 0.625MG                                          | 3                |                            |
| PREMPRO TAB                                                       | 3                |                            |
| PREMPRO TAB 0.3-1.5                                               | 3                |                            |
| PREMPRO TAB 0.45-1.5                                              | 3                |                            |
| PREMPRO TAB 0.625-5                                               | 3                |                            |
| <i>yuvaferm tab 10mcg</i>                                         | 2                |                            |

### **GLUCOCORTICOIDS**

|                                                                |   |  |
|----------------------------------------------------------------|---|--|
| DEPO-MEDROL INJ 20MG/ML                                        | 3 |  |
| DEPO-MEDROL INJ 40MG/ML                                        | 3 |  |
| DEPO-MEDROL INJ 80MG/ML                                        | 3 |  |
| <i>dexamethasone sodium phosphate inj 10 mg/ml</i>             | 2 |  |
| <i>dexamethasone sodium phosphate inj 120 mg/30ml</i>          | 2 |  |
| <i>dexamethasone soln 0.5 mg/5ml</i>                           | 2 |  |
| <i>dexamethasone tab 0.5 mg</i>                                | 2 |  |
| <i>dexamethasone tab 0.75 mg</i>                               | 2 |  |
| <i>dexamethasone tab 1 mg</i>                                  | 2 |  |
| <i>dexamethasone tab 1.5 mg</i>                                | 2 |  |
| <i>dexamethasone tab 2 mg</i>                                  | 2 |  |
| <i>dexamethasone tab 4 mg</i>                                  | 2 |  |
| <i>dexamethasone tab 6 mg</i>                                  | 2 |  |
| <i>fludrocortisone acetate tab 0.1 mg</i>                      | 2 |  |
| <i>hydrocortisone tab 5 mg</i>                                 | 2 |  |
| <i>hydrocortisone tab 10 mg</i>                                | 2 |  |
| <i>hydrocortisone tab 20 mg</i>                                | 2 |  |
| <i>methylprednisolone acetate inj susp 40 mg/ml</i>            | 2 |  |
| <i>methylprednisolone acetate inj susp 80 mg/ml</i>            | 2 |  |
| <i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>  | 2 |  |
| <i>methylprednisolone sod succ for inj 125 mg (base equiv)</i> | 2 |  |

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>methylprednisolone tab 4 mg</i>                                  | 2                |                            |
| <i>methylprednisolone tab 8 mg</i>                                  | 2                |                            |
| <i>methylprednisolone tab 16 mg</i>                                 | 2                |                            |
| <i>methylprednisolone tab 32 mg</i>                                 | 2                |                            |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i>                | 2                |                            |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> | 2                |                            |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>  | 2                |                            |
| <i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>       | 2                |                            |
| PREDNISONE CON 5MG/ML                                               | 3                |                            |
| <i>prednisone oral soln 5 mg/5ml</i>                                | 2                |                            |
| <i>prednisone tab 1 mg</i>                                          | 2                |                            |
| <i>prednisone tab 2.5 mg</i>                                        | 2                |                            |
| <i>prednisone tab 5 mg</i>                                          | 2                |                            |
| <i>prednisone tab 10 mg</i>                                         | 2                |                            |
| <i>prednisone tab 20 mg</i>                                         | 2                |                            |
| <i>prednisone tab 50 mg</i>                                         | 2                |                            |
| SOLU-CORTEF INJ 100MG                                               | 3                |                            |
| SOLU-CORTEF INJ 250MG                                               | 3                |                            |
| SOLU-CORTEF INJ 500MG                                               | 3                |                            |
| SOLU-CORTEF INJ 1000MG                                              | 3                |                            |
| SOLU-MEDROL INJ 2GM                                                 | 3                |                            |
| SOLU-MEDROL INJ 40MG                                                | 3                |                            |
| SOLU-MEDROL INJ 125MG                                               | 3                |                            |
| SOLU-MEDROL INJ 500MG                                               | 3                |                            |
| SOLU-MEDROL INJ 1000MG                                              | 3                |                            |
| <b>GLUCOSE ELEVATING AGENTS</b>                                     |                  |                            |
| BAQSIMI ONE POW 3MG/DOSE                                            | 3                |                            |
| <i>diazoxide susp 50 mg/ml</i>                                      | 3                |                            |
| GLUCAGON KIT 1MG                                                    | 3                |                            |
| GVOKE HYPO 2 INJ 1MG/.2ML                                           | 3                |                            |
| GVOKE HYPO 2 INJ .5/.1ML                                            | 3                |                            |
| GVOKE PFS INJ                                                       | 3                |                            |
| <b>MISCELLANEOUS</b>                                                |                  |                            |
| ACTHAR INJ 80UNIT                                                   | 5                | NM, LA, PA; DL             |
| <i>betaine powder for oral solution</i>                             | 4                | NM, LA                     |
| <i>cabergoline tab 0.5 mg</i>                                       | 2                |                            |
| <i>carglumic acid soluble tab 200 mg</i>                            | 5                | NM, LA; DL                 |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i>                        | 3                | B/D, NM                    |
| <i>cinacalcet hcl tab 60 mg (base equiv)</i>                        | 3                | B/D, NM                    |
| <i>cinacalcet hcl tab 90 mg (base equiv)</i>                        | 3                | B/D, NM                    |



| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|------------------------------------------------------|------------------|-----------------------------------------|
| CORTROPHIN GEL 80UNIT                                | 5                | NM, LA, PA; DL                          |
| CYSTAGON CAP 50MG                                    | 3                | NM, LA                                  |
| CYSTAGON CAP 150MG                                   | 3                | NM, LA                                  |
| <i>desmopressin acetate nasal spray soln 0.01%</i>   | 2                |                                         |
| <i>desmopressin acetate tab 0.1 mg</i>               | 2                |                                         |
| <i>desmopressin acetate tab 0.2 mg</i>               | 2                |                                         |
| DOJOLVI LIQ 100%                                     | 5                | NM, LA; DL                              |
| EGRIFTA SV INJ 2MG                                   | 5                | NM, LA, PA; DL                          |
| GALAFOLD CAP 123MG                                   | 5                | NM, LA, PA; DL                          |
| HUMATROPE INJ 6MG                                    | 5                | NM, PA; DL                              |
| HUMATROPE INJ 12MG                                   | 5                | NM, PA; DL                              |
| HUMATROPE INJ 24MG                                   | 5                | NM, PA; DL                              |
| INCRELEX INJ 40MG/4ML                                | 5                | NM, LA; DL                              |
| ISTURISA TAB 1MG                                     | 5                | NM, LA; DL                              |
| ISTURISA TAB 5MG                                     | 5                | NM, LA; DL                              |
| ISTURISA TAB 10MG                                    | 5                | NM, LA; DL                              |
| JYNARQUE PAK 15MG                                    | 5                | NM, LA, PA; DL                          |
| JYNARQUE PAK 30-15MG                                 | 5                | NM, LA, PA; DL                          |
| JYNARQUE PAK 45-15MG                                 | 5                | NM, LA, PA; DL                          |
| JYNARQUE PAK 60-30MG                                 | 5                | NM, LA, PA; DL                          |
| JYNARQUE PAK 90-30MG                                 | 5                | NM, LA, PA; DL                          |
| JYNARQUE TAB 15MG                                    | 5                | NM, LA, PA; DL                          |
| JYNARQUE TAB 30MG                                    | 5                | NM, LA, PA; DL                          |
| KORLYM TAB 300MG                                     | 5                | QL (120 tabs / 30 days), NM, LA, PA; DL |
| <i>levocarnitine oral soln 1 gm/10ml (10%)</i>       | 3                |                                         |
| <i>levocarnitine tab 330 mg</i>                      | 3                |                                         |
| LUPR DEP-PED INJ 7.5MG                               | 5                | NM; DL                                  |
| LUPR DEP-PED INJ 11.25MG                             | 5                | NM; DL                                  |
| LUPR DEP-PED INJ 15MG                                | 5                | NM; DL                                  |
| <i>miglustat cap 100 mg</i>                          | 5                | NM, PA; DL                              |
| MYALEPT INJ 11.3MG                                   | 5                | NM, LA, PA; DL                          |
| MYCAPSSA CAP 20MG                                    | 5                | NM, LA; DL                              |
| <i>nitisinone cap 2 mg</i>                           | 5                | NM; DL                                  |
| <i>nitisinone cap 5 mg</i>                           | 5                | NM; DL                                  |
| <i>nitisinone cap 10 mg</i>                          | 5                | NM; DL                                  |
| NORDITROPIN INJ 5/1.5ML                              | 5                | NM, PA; DL                              |
| NORDITROPIN INJ 10/1.5ML                             | 5                | NM, PA; DL                              |
| NORDITROPIN INJ 15/1.5ML                             | 5                | NM, PA; DL                              |
| NORDITROPIN INJ 30/3ML                               | 5                | NM, PA; DL                              |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> | 4                | NM; DL                                  |

| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|------------------------------------------------------------------|------------------|----------------------------------------|
| <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>             | 4                | NM; DL                                 |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>             | 4                | NM; DL                                 |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>             | 5                | NM; DL                                 |
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>              | 5                | NM; DL                                 |
| ORFADIN CAP 20MG                                                 | 5                | NM, LA; DL                             |
| ORFADIN SUS 4MG/ML                                               | 5                | NM, LA; DL                             |
| PROCYSBI GRA 75MG                                                | 5                | NM, LA; DL                             |
| PROCYSBI GRA 300MG                                               | 5                | NM, LA; DL                             |
| <i>raloxifene hcl tab 60 mg</i>                                  | 3                |                                        |
| RAVICTI LIQ 1.1GM/ML                                             | 5                | NM, LA; DL                             |
| SANDOSTATIN KIT LAR 10MG                                         | 5                | NM; DL                                 |
| SANDOSTATIN KIT LAR 20MG                                         | 5                | NM; DL                                 |
| SANDOSTATIN KIT LAR 30MG                                         | 5                | NM; DL                                 |
| <i>sapropterin dihydrochloride powder packet 100 mg</i>          | 5                | NM, PA; DL                             |
| <i>sapropterin dihydrochloride powder packet 500 mg</i>          | 5                | NM, PA; DL                             |
| <i>sapropterin dihydrochloride tab 100 mg</i>                    | 5                | NM, PA; DL                             |
| SIGNIFOR INJ 0.3MG/ML                                            | 5                | NM, LA; DL                             |
| SIGNIFOR INJ 0.6MG/ML                                            | 5                | NM, LA; DL                             |
| SIGNIFOR INJ 0.9MG/ML                                            | 5                | NM, LA; DL                             |
| SIGNIFOR LAR INJ 20MG                                            | 5                | NM, LA; DL                             |
| SIGNIFOR LAR INJ 40MG                                            | 5                | NM, LA; DL                             |
| SIGNIFOR LAR INJ 60MG                                            | 5                | NM, LA; DL                             |
| SOMAVERT INJ 10MG                                                | 5                | NM, LA; DL                             |
| SOMAVERT INJ 15MG                                                | 5                | NM, LA; DL                             |
| SOMAVERT INJ 20MG                                                | 5                | NM, LA; DL                             |
| SOMAVERT INJ 25MG                                                | 5                | NM, LA; DL                             |
| SOMAVERT INJ 30MG                                                | 5                | NM, LA; DL                             |
| <i>tolvaptan tab 15 mg</i>                                       | 5                | NM, PA; DL                             |
| <i>tolvaptan tab 30 mg</i>                                       | 5                | NM, PA; DL                             |
| XERMELO TAB 250MG                                                | 5                | QL (90 tabs / 30 days), NM, LA, PA; DL |
| ZORBTIVE INJ 8.8MG                                               | 5                | NM, PA; DL                             |
| <b>PHOSPHATE BINDER AGENTS</b>                                   |                  |                                        |
| AURYXIA TAB 210MG                                                | 5                | PA; DL                                 |
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> | 2                |                                        |
| <i>calcium acetate (phosphate binder) tab 667 mg</i>             | 2                |                                        |

| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------|------------------|----------------------------|
| <i>lanthanum carbonate chew tab 500 mg (elemental)</i>  | 3                |                            |
| <i>lanthanum carbonate chew tab 750 mg (elemental)</i>  | 3                |                            |
| <i>lanthanum carbonate chew tab 1000 mg (elemental)</i> | 3                |                            |
| <i>sevelamer carbonate packet 0.8 gm</i>                | 3                |                            |
| <i>sevelamer carbonate packet 2.4 gm</i>                | 3                |                            |
| <i>sevelamer carbonate tab 800 mg</i>                   | 3                |                            |
| <i>sevelamer hcl tab 400 mg</i>                         | 3                |                            |
| <i>sevelamer hcl tab 800 mg</i>                         | 3                |                            |

### **PROGESTINS**

|                                               |   |        |
|-----------------------------------------------|---|--------|
| <i>medroxyprogesterone acetate tab 2.5 mg</i> | 2 |        |
| <i>medroxyprogesterone acetate tab 5 mg</i>   | 2 |        |
| <i>medroxyprogesterone acetate tab 10 mg</i>  | 2 |        |
| <i>megestrol acetate susp 40 mg/ml</i>        | 2 | PA; DL |
| <i>megestrol acetate susp 625 mg/5ml</i>      | 4 | PA; DL |
| <i>norethindrone acetate tab 5 mg</i>         | 2 |        |
| <i>progesterone cap 100 mg</i>                | 2 |        |
| <i>progesterone cap 200 mg</i>                | 2 |        |

### **THYROID AGENTS**

|                               |   |  |
|-------------------------------|---|--|
| <i>ARMOUR THYRO TAB 15MG</i>  | 3 |  |
| <i>ARMOUR THYRO TAB 30MG</i>  | 3 |  |
| <i>ARMOUR THYRO TAB 60MG</i>  | 3 |  |
| <i>ARMOUR THYRO TAB 90MG</i>  | 3 |  |
| <i>ARMOUR THYRO TAB 120MG</i> | 3 |  |
| <i>ARMOUR THYRO TAB 180MG</i> | 3 |  |
| <i>ARMOUR THYRO TAB 240MG</i> | 3 |  |
| <i>ARMOUR THYRO TAB 300MG</i> | 3 |  |
| <i>euthyrox tab 25mcg</i>     | 1 |  |
| <i>euthyrox tab 50mcg</i>     | 1 |  |
| <i>euthyrox tab 75mcg</i>     | 1 |  |
| <i>euthyrox tab 88mcg</i>     | 1 |  |
| <i>euthyrox tab 100mcg</i>    | 1 |  |
| <i>euthyrox tab 112mcg</i>    | 1 |  |
| <i>euthyrox tab 125mcg</i>    | 1 |  |
| <i>euthyrox tab 137mcg</i>    | 1 |  |
| <i>euthyrox tab 150mcg</i>    | 1 |  |
| <i>euthyrox tab 175mcg</i>    | 1 |  |
| <i>euthyrox tab 200mcg</i>    | 1 |  |
| <i>levo-t tab 25mcg</i>       | 1 |  |
| <i>levo-t tab 50mcg</i>       | 1 |  |
| <i>levo-t tab 75mcg</i>       | 1 |  |
| <i>levo-t tab 88mcg</i>       | 1 |  |

| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------|------------------|----------------------------|
| <i>levo-t tab 100mcg</i>                     | 1                |                            |
| <i>levo-t tab 112mcg</i>                     | 1                |                            |
| <i>levo-t tab 125mcg</i>                     | 1                |                            |
| <i>levo-t tab 137mcg</i>                     | 1                |                            |
| <i>levo-t tab 150mcg</i>                     | 1                |                            |
| <i>levo-t tab 175mcg</i>                     | 1                |                            |
| <i>levo-t tab 200 mcg</i>                    | 1                |                            |
| <i>levo-t tab 300 mcg</i>                    | 1                |                            |
| <i>levothyroxine sodium cap 13 mcg</i>       | 1                |                            |
| <i>levothyroxine sodium cap 25 mcg</i>       | 1                |                            |
| <i>levothyroxine sodium cap 50 mcg</i>       | 1                |                            |
| <i>levothyroxine sodium cap 75 mcg</i>       | 1                |                            |
| <i>levothyroxine sodium cap 88 mcg</i>       | 1                |                            |
| <i>levothyroxine sodium cap 100 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium cap 112 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium cap 125 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium cap 137 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium cap 150 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium cap 175 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium cap 200 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium tab 25 mcg</i>       | 1                |                            |
| <i>levothyroxine sodium tab 50 mcg</i>       | 1                |                            |
| <i>levothyroxine sodium tab 75 mcg</i>       | 1                |                            |
| <i>levothyroxine sodium tab 88 mcg</i>       | 1                |                            |
| <i>levothyroxine sodium tab 100 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium tab 112 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium tab 125 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium tab 137 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium tab 150 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium tab 175 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium tab 200 mcg</i>      | 1                |                            |
| <i>levothyroxine sodium tab 300 mcg</i>      | 1                |                            |
| <i>levoxyl tab 25mcg</i>                     | 3                |                            |
| <i>levoxyl tab 50mcg</i>                     | 3                |                            |
| <i>levoxyl tab 75mcg</i>                     | 3                |                            |
| <i>levoxyl tab 88mcg</i>                     | 3                |                            |
| <i>levoxyl tab 100mcg</i>                    | 3                |                            |
| <i>levoxyl tab 112mcg</i>                    | 3                |                            |
| <i>levoxyl tab 125mcg</i>                    | 3                |                            |
| <i>levoxyl tab 137mcg</i>                    | 3                |                            |
| <i>levoxyl tab 150mcg</i>                    | 3                |                            |
| <i>levoxyl tab 175mcg</i>                    | 3                |                            |
| <i>levoxyl tab 200mcg</i>                    | 3                |                            |
| <i>liothyronine sodium iv soln 10 mcg/ml</i> | 2                |                            |

| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------|------------------|----------------------------|
| <i>liothyronine sodium tab 5 mcg</i>  | 2                |                            |
| <i>liothyronine sodium tab 25 mcg</i> | 2                |                            |
| <i>liothyronine sodium tab 50 mcg</i> | 2                |                            |
| <i>methimazole tab 5 mg</i>           | 2                |                            |
| <i>methimazole tab 10 mg</i>          | 2                |                            |
| <i>np thyroid tab 15mg</i>            | 1                |                            |
| <i>np thyroid tab 30mg</i>            | 1                |                            |
| <i>np thyroid tab 60mg</i>            | 1                |                            |
| <i>np thyroid tab 90mg</i>            | 1                |                            |
| <i>np thyroid tab 120mg</i>           | 1                |                            |
| <i>propylthiouracil tab 50 mg</i>     | 2                |                            |
| SYNTHROID TAB 25MCG                   | 3                |                            |
| SYNTHROID TAB 50MCG                   | 3                |                            |
| SYNTHROID TAB 75MCG                   | 3                |                            |
| SYNTHROID TAB 88MCG                   | 3                |                            |
| SYNTHROID TAB 100MCG                  | 3                |                            |
| SYNTHROID TAB 112MCG                  | 3                |                            |
| SYNTHROID TAB 125MCG                  | 3                |                            |
| SYNTHROID TAB 137MCG                  | 3                |                            |
| SYNTHROID TAB 150MCG                  | 3                |                            |
| SYNTHROID TAB 175MCG                  | 3                |                            |
| SYNTHROID TAB 200MCG                  | 3                |                            |
| SYNTHROID TAB 300MCG                  | 3                |                            |
| TIROSINT CAP 13MCG                    | 3                |                            |
| TIROSINT CAP 25MCG                    | 3                |                            |
| TIROSINT CAP 50MCG                    | 3                |                            |
| TIROSINT CAP 75MCG                    | 3                |                            |
| TIROSINT CAP 88MCG                    | 3                |                            |
| TIROSINT CAP 100MCG                   | 3                |                            |
| TIROSINT CAP 112MCG                   | 3                |                            |
| TIROSINT CAP 125MCG                   | 3                |                            |
| TIROSINT CAP 137MCG                   | 3                |                            |
| TIROSINT CAP 150MCG                   | 3                |                            |
| TIROSINT CAP 175MCG                   | 3                |                            |
| TIROSINT CAP 200                      | 3                |                            |
| TIROSINT-SOL SOL 13MCG/ML             | 3                |                            |
| TIROSINT-SOL SOL 25MCG/ML             | 3                |                            |
| TIROSINT-SOL SOL 37.5/ML              | 3                |                            |
| TIROSINT-SOL SOL 44MCG/ML             | 3                |                            |
| TIROSINT-SOL SOL 50MCG/ML             | 3                |                            |
| TIROSINT-SOL SOL 62.5/ML              | 3                |                            |
| TIROSINT-SOL SOL 75MCG/ML             | 3                |                            |
| TIROSINT-SOL SOL 88MCG/ML             | 3                |                            |
| TIROSINT-SOL SOL 100MCG               | 3                |                            |

| <b>Drug Name</b>            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------|------------------|----------------------------|
| TIROSINT-SOL SOL 112MCG     | 3                |                            |
| TIROSINT-SOL SOL 125MCG     | 3                |                            |
| TIROSINT-SOL SOL 137MCG     | 3                |                            |
| TIROSINT-SOL SOL 150MCG     | 3                |                            |
| TIROSINT-SOL SOL 175MCG     | 3                |                            |
| TIROSINT-SOL SOL 200MCG     | 3                |                            |
| <i>unithroid tab 25mcg</i>  | 3                |                            |
| <i>unithroid tab 50mcg</i>  | 3                |                            |
| <i>unithroid tab 75mcg</i>  | 3                |                            |
| <i>unithroid tab 88mcg</i>  | 3                |                            |
| <i>unithroid tab 100mcg</i> | 3                |                            |
| <i>unithroid tab 112mcg</i> | 3                |                            |
| <i>unithroid tab 125mcg</i> | 3                |                            |
| <i>unithroid tab 137mcg</i> | 3                |                            |
| <i>unithroid tab 150mcg</i> | 3                |                            |
| <i>unithroid tab 175mcg</i> | 3                |                            |
| <i>unithroid tab 200mcg</i> | 3                |                            |
| <i>unithroid tab 300mcg</i> | 3                |                            |

#### **VITAMIN D ANALOGS**

|                                      |   |    |
|--------------------------------------|---|----|
| <i>calcitriol cap 0.5 mcg</i>        | 2 |    |
| <i>calcitriol cap 0.25 mcg</i>       | 2 |    |
| <i>calcitriol inj 1 mcg/ml</i>       | 2 |    |
| <i>calcitriol oral soln 1 mcg/ml</i> | 2 |    |
| <i>doxercalciferol cap 0.5 mcg</i>   | 4 |    |
| <i>doxercalciferol cap 1 mcg</i>     | 4 |    |
| <i>doxercalciferol cap 2.5 mcg</i>   | 4 |    |
| <i>paricalcitol cap 1 mcg</i>        | 4 |    |
| <i>paricalcitol cap 2 mcg</i>        | 4 |    |
| <i>paricalcitol cap 4 mcg</i>        | 4 |    |
| <i>paricalcitol iv soln 2 mcg/ml</i> | 4 |    |
| RAYALDEE CAP 30MCG                   | 5 | DL |

#### **GASTROINTESTINAL**

##### **ANTIEMETICS**

|                                                        |   |                                |
|--------------------------------------------------------|---|--------------------------------|
| <i>aprepitant capsule 40 mg</i>                        | 3 | B/D, QL (1 cap / 30 days); DL  |
| <i>aprepitant capsule 80 mg</i>                        | 3 | B/D, QL (8 caps / 30 days); DL |
| <i>aprepitant capsule 125 mg</i>                       | 3 | B/D, QL (2 caps / 30 days); DL |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> | 3 | B/D, QL (6 caps / 30 days); DL |
| <i>compro sup 25mg</i>                                 | 2 |                                |
| <i>dronabinol cap 2.5 mg</i>                           | 3 | QL (60 caps / 30 days), PA     |

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|-------------------------------------------------------------------|------------------|------------------------------------|
| <i>dronabinol cap 5 mg</i>                                        | 3                | QL (60 caps / 30 days), PA         |
| <i>dronabinol cap 10 mg</i>                                       | 3                | QL (60 caps / 30 days), PA         |
| <i>granisetron hcl tab 1 mg</i>                                   | 2                | B/D, QL (30 tabs / 30 days); DL    |
| <i>meclizine hcl tab 12.5 mg</i>                                  | 2                |                                    |
| <i>meclizine hcl tab 25 mg</i>                                    | 2                |                                    |
| <i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>           | 2                |                                    |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | 2                |                                    |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i>              | 2                |                                    |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i>             | 2                |                                    |
| <i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>                   | 2                | DL                                 |
| <i>ondansetron hcl oral soln 4 mg/5ml</i>                         | 3                | B/D; DL                            |
| <i>ondansetron hcl tab 4 mg</i>                                   | 2                | B/D; DL                            |
| <i>ondansetron hcl tab 8 mg</i>                                   | 2                | B/D; DL                            |
| <i>ondansetron orally disintegrating tab 4 mg</i>                 | 2                | B/D; DL                            |
| <i>ondansetron orally disintegrating tab 8 mg</i>                 | 2                | B/D; DL                            |
| <i>prochlorperazine edisylate inj 10 mg/2ml</i>                   | 2                |                                    |
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i>        | 2                |                                    |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i>       | 2                |                                    |
| <i>prochlorperazine suppos 25 mg</i>                              | 2                |                                    |
| <i>promethazine hcl inj 25 mg/ml</i>                              | 2                |                                    |
| <i>promethazine hcl inj 50 mg/ml</i>                              | 2                |                                    |
| <i>promethazine hcl suppos 12.5 mg</i>                            | 2                | DL                                 |
| <i>promethazine hcl suppos 25 mg</i>                              | 2                | DL                                 |
| <i>promethazine hcl syrup 6.25 mg/5ml</i>                         | 2                | DL                                 |
| <i>promethazine hcl tab 12.5 mg</i>                               | 2                | DL                                 |
| <i>promethazine hcl tab 25 mg</i>                                 | 2                | DL                                 |
| <i>promethazine hcl tab 50 mg</i>                                 | 2                | DL                                 |
| <i>promethegan sup 25mg</i>                                       | 2                | DL                                 |
| <i>promethegan sup 50mg</i>                                       | 2                | DL                                 |
| <i>SANCUSO DIS 3.1MG</i>                                          | 4                | DL                                 |
| <i>scopolamine td patch 72hr 1 mg/3days</i>                       | 3                | QL (10 patches / 30 days)          |
| <i>VARUBI TAB 90MG</i>                                            | 4                | B/D, QL (4 tabs / 30 days), NM; DL |
| <b>ANTISPASMODICS</b>                                             |                  |                                    |
| <i>dicyclomine hcl cap 10 mg</i>                                  | 2                |                                    |

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|------------------------------------------------------|------------------|-------------------------------|
| <i>dicyclomine hcl oral soln 10 mg/5ml</i>           | 2                |                               |
| <i>dicyclomine hcl tab 20 mg</i>                     | 2                |                               |
| <i>glycopyrrolate inj 0.2 mg/ml</i>                  | 2                |                               |
| <i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>     | 2                |                               |
| <i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>       | 2                |                               |
| <i>glycopyrrolate tab 1 mg</i>                       | 2                |                               |
| <i>glycopyrrolate tab 2 mg</i>                       | 2                |                               |
| <i>methscopolamine bromide tab 2.5 mg</i>            | 2                |                               |
| <i>methscopolamine bromide tab 5 mg</i>              | 2                |                               |
| <b>H2-RECEPTOR ANTAGONISTS</b>                       |                  |                               |
| <i>famotidine for susp 40 mg/5ml</i>                 | 2                |                               |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>    | 2                |                               |
| <i>famotidine preservative free inj 20 mg/2ml</i>    | 2                |                               |
| <i>famotidine tab 20 mg</i>                          | 2                |                               |
| <i>famotidine tab 40 mg</i>                          | 2                |                               |
| <i>nizatidine cap 150 mg</i>                         | 2                |                               |
| <i>nizatidine cap 300 mg</i>                         | 2                |                               |
| <i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>       | 2                |                               |
| <i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>      | 2                |                               |
| <b>INFLAMMATORY BOWEL DISEASE</b>                    |                  |                               |
| <i>balsalazide disodium cap 750 mg</i>               | 2                |                               |
| <i>budesonide delayed release particles cap 3 mg</i> | 4                |                               |
| <i>budesonide tab er 24hr 9 mg</i>                   | 5                | QL (30 tabs / 30 days);<br>DL |
| <i>hydrocortisone enema 100 mg/60ml</i>              | 3                |                               |
| <i>mesalamine cap dr 400 mg</i>                      | 4                |                               |
| <i>mesalamine cap er 24hr 0.375 gm</i>               | 3                |                               |
| <i>mesalamine enema 4 gm</i>                         | 2                |                               |
| <i>mesalamine suppos 1000 mg</i>                     | 4                |                               |
| <i>mesalamine tab delayed release 1.2 gm</i>         | 4                |                               |
| <i>mesalamine tab delayed release 800 mg</i>         | 4                |                               |
| <i>ORTIKOS CAP 6MG ER</i>                            | 5                | DL                            |
| <i>ORTIKOS CAP 9MG ER</i>                            | 5                | DL                            |
| <i>sulfasalazin tab 500mg dr</i>                     | 2                |                               |
| <i>sulfasalazine tab 500 mg</i>                      | 2                |                               |
| <b>LAXATIVES</b>                                     |                  |                               |
| <i>constulose sol 10gm/15</i>                        | 2                |                               |
| <i>enulose sol 10gm/15</i>                           | 2                |                               |
| <i>gavilyte-c sol</i>                                | 2                |                               |
| <i>gavilyte-g sol</i>                                | 2                |                               |
| <i>generlac sol 10gm/15</i>                          | 2                |                               |
| <i>lactulose solution 10 gm/15ml</i>                 | 2                |                               |



| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>peg/nasul/c/ sol nacl/pot</i>                                    | 2                |                            |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 4                |                            |
| SUPREP BOWEL SOL PREP KIT                                           | 4                |                            |
| <b>MISCELLANEOUS</b>                                                |                  |                            |
| <i>alosetron hcl tab 0.5 mg (base equiv)</i>                        | 5                | DL                         |
| <i>alosetron hcl tab 1 mg (base equiv)</i>                          | 5                | DL                         |
| <i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>  | 4                |                            |
| <i>cromolyn sodium oral conc 100 mg/5ml</i>                         | 2                |                            |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>               | 2                |                            |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>                   | 2                |                            |
| GATTEX KIT 5MG                                                      | 5                | NM, LA, PA; DL             |
| HELIDAC MIS THERAPY                                                 | 5                | DL                         |
| LINZESS CAP 72MCG                                                   | 4                | QL (30 caps / 30 days)     |
| LINZESS CAP 145MCG                                                  | 4                | QL (30 caps / 30 days)     |
| LINZESS CAP 290MCG                                                  | 4                | QL (30 caps / 30 days)     |
| <i>loperamide hcl cap 2 mg</i>                                      | 2                |                            |
| <i>lubiprostone cap 8 mcg</i>                                       | 3                | QL (60 caps / 30 days)     |
| <i>lubiprostone cap 24 mcg</i>                                      | 3                | QL (60 caps / 30 days)     |
| <i>misoprostol tab 100 mcg</i>                                      | 2                |                            |
| <i>misoprostol tab 200 mcg</i>                                      | 2                |                            |
| MOVANTIK TAB 12.5MG                                                 | 3                |                            |
| MOVANTIK TAB 25MG                                                   | 3                |                            |
| RELISTOR INJ 8/0.4ML                                                | 5                | DL                         |
| RELISTOR INJ 12/0.6ML                                               | 5                | DL                         |
| SUCRAID SOL 8500/ML                                                 | 5                | NM, LA; DL                 |
| <i>sucralfate susp 1 gm/10ml</i>                                    | 3                |                            |
| <i>sucralfate tab 1 gm</i>                                          | 2                |                            |
| SYMPROIC TAB 0.2MG                                                  | 3                |                            |
| TALICIA CAP                                                         | 4                |                            |
| <i>ursodiol cap 300 mg</i>                                          | 3                |                            |
| <i>ursodiol tab 250 mg</i>                                          | 3                |                            |
| <i>ursodiol tab 500 mg</i>                                          | 3                |                            |
| XIFAXAN TAB 550MG                                                   | 5                | PA; DL                     |
| <b>PANCREATIC ENZYMES</b>                                           |                  |                            |
| CREON CAP 3000UNIT                                                  | 3                |                            |
| CREON CAP 6000UNIT                                                  | 3                |                            |
| CREON CAP 12000UNT                                                  | 3                |                            |
| CREON CAP 24000UNT                                                  | 3                |                            |
| CREON CAP 36000UNT                                                  | 3                |                            |
| ZENPEP CAP 3000UNIT                                                 | 4                |                            |

| <b>Drug Name</b>    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------|------------------|----------------------------|
| ZENPEP CAP 5000UNT  | 4                |                            |
| ZENPEP CAP 10000UNT | 4                |                            |
| ZENPEP CAP 15000UNT | 4                |                            |
| ZENPEP CAP 20000UNT | 4                |                            |
| ZENPEP CAP 25000UNT | 4                |                            |
| ZENPEP CAP 40000UNT | 4                |                            |

### **PROTON PUMP INHIBITORS**

|                                                      |   |                        |
|------------------------------------------------------|---|------------------------|
| <i>dexlansoprazole cap delayed release 30 mg</i>     | 3 | QL (30 caps / 30 days) |
| <i>dexlansoprazole cap delayed release 60 mg</i>     | 3 | QL (30 caps / 30 days) |
| <i>lansoprazole cap delayed release 15 mg</i>        | 2 | QL (60 caps / 30 days) |
| <i>lansoprazole cap delayed release 30 mg</i>        | 2 | QL (60 caps / 30 days) |
| <i>omeprazole cap delayed release 10 mg</i>          | 1 | QL (60 caps / 30 days) |
| <i>omeprazole cap delayed release 20 mg</i>          | 1 | QL (60 caps / 30 days) |
| <i>omeprazole cap delayed release 40 mg</i>          | 1 | QL (60 caps / 30 days) |
| <i>pantoprazole sodium ec tab 20 mg (base equiv)</i> | 1 | QL (60 tabs / 30 days) |
| <i>pantoprazole sodium ec tab 40 mg (base equiv)</i> | 1 | QL (60 tabs / 30 days) |
| <i>rabeprazole sodium ec tab 20 mg</i>               | 2 | QL (60 tabs / 30 days) |

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

|                                                  |   |                                   |
|--------------------------------------------------|---|-----------------------------------|
| <i>alfuzosin hcl tab er 24hr 10 mg</i>           | 2 |                                   |
| <i>dutasteride cap 0.5 mg</i>                    | 2 |                                   |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | 2 |                                   |
| <i>finasteride tab 5 mg</i>                      | 2 |                                   |
| <i>silodosin cap 4 mg</i>                        | 2 |                                   |
| <i>silodosin cap 8 mg</i>                        | 2 |                                   |
| <i>tadalafil tab 2.5 mg</i>                      | 3 | QL (30 tabs / 30 days),<br>PA; DL |
| <i>tadalafil tab 5 mg</i>                        | 3 | QL (30 tabs / 30 days),<br>PA; DL |
| <i>tamsulosin hcl cap 0.4 mg</i>                 | 2 |                                   |

#### **MISCELLANEOUS**

|                                                  |   |        |
|--------------------------------------------------|---|--------|
| <i>bethanechol chloride tab 5 mg</i>             | 2 |        |
| <i>bethanechol chloride tab 10 mg</i>            | 2 |        |
| <i>bethanechol chloride tab 25 mg</i>            | 2 |        |
| <i>bethanechol chloride tab 50 mg</i>            | 2 |        |
| <i>flavoxate hcl tab 100 mg</i>                  | 2 |        |
| <i>potassium citrate tab er 5 meq (540 mg)</i>   | 3 |        |
| <i>potassium citrate tab er 10 meq (1080 mg)</i> | 3 |        |
| <i>potassium citrate tab er 15 meq (1620 mg)</i> | 3 |        |
| <i>tiopronin tab 100 mg</i>                      | 5 | NM; DL |

| Drug Name                                                        | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------|-----------|---------------------|
| <b>URINARY ANTISPASMODICS</b>                                    |           |                     |
| <i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>  | 3         |                     |
| <i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>   | 3         |                     |
| <i>fesoterodine fumarate tab er 24hr 4 mg</i>                    | 4         |                     |
| <i>fesoterodine fumarate tab er 24hr 8 mg</i>                    | 4         |                     |
| GEMTESA TAB 75MG                                                 | 4         |                     |
| MYRBETRIQ TAB 25MG                                               | 3         |                     |
| MYRBETRIQ TAB 50MG                                               | 3         |                     |
| <i>oxybutynin chloride syrup 5 mg/5ml</i>                        | 2         |                     |
| <i>oxybutynin chloride tab 5 mg</i>                              | 2         |                     |
| <i>oxybutynin chloride tab er 24hr 5 mg</i>                      | 2         |                     |
| <i>oxybutynin chloride tab er 24hr 10 mg</i>                     | 2         |                     |
| <i>oxybutynin chloride tab er 24hr 15 mg</i>                     | 2         |                     |
| <i>solifenacin succinate tab 5 mg</i>                            | 3         |                     |
| <i>solifenacin succinate tab 10 mg</i>                           | 3         |                     |
| <i>tolterodine tartrate cap er 24hr 2 mg</i>                     | 3         |                     |
| <i>tolterodine tartrate cap er 24hr 4 mg</i>                     | 3         |                     |
| <i>tolterodine tartrate tab 1 mg</i>                             | 2         |                     |
| <i>tolterodine tartrate tab 2 mg</i>                             | 2         |                     |
| TOVIAZ TAB 4MG                                                   | 4         |                     |
| TOVIAZ TAB 8MG                                                   | 4         |                     |
| <i>tropium chloride cap er 24hr 60 mg</i>                        | 3         |                     |
| <i>tropium chloride tab 20 mg</i>                                | 2         |                     |
| <b>VAGINAL ANTI-INFECTIVES</b>                                   |           |                     |
| CLEOCIN SUP 100MG                                                | 4         |                     |
| <i>clindamycin phosphate vaginal cream 2%</i>                    | 2         |                     |
| <i>metronidazole vaginal gel 0.75%</i>                           | 2         |                     |
| <i>terconazole vaginal cream 0.4%</i>                            | 2         |                     |
| <i>terconazole vaginal cream 0.8%</i>                            | 2         |                     |
| <i>terconazole vaginal suppos 80 mg</i>                          | 2         |                     |
| VANDAZOLE GEL 0.75%                                              | 3         |                     |
| <b>HEMATOLOGIC</b>                                               |           |                     |
| <b>ANTICOAGULANTS</b>                                            |           |                     |
| <i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i> | 5         | DL                  |
| ELIQUIS ST P TAB 5MG                                             | 3         |                     |
| ELIQUIS TAB 2.5MG                                                | 3         |                     |
| ELIQUIS TAB 5MG                                                  | 3         |                     |
| <i>enoxaparin sodium inj 300 mg/3ml</i>                          | 4         | DL                  |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>           | 4         | DL                  |

| <b>Drug Name</b>                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------|------------------|----------------------------|
| <i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>   | 4                | DL                         |
| <i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>   | 4                | DL                         |
| <i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>   | 4                | DL                         |
| <i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>     | 4                | DL                         |
| <i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>  | 4                | DL                         |
| <i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>     | 4                | DL                         |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> | 4                | DL                         |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>   | 5                | DL                         |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> | 5                | DL                         |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>  | 5                | DL                         |
| FRAGMIN INJ 2500/0.2                                     | 4                | DL                         |
| FRAGMIN INJ 5000/0.2                                     | 4                | DL                         |
| FRAGMIN INJ 7500/0.3                                     | 5                | DL                         |
| FRAGMIN INJ 10000/ML                                     | 5                | DL                         |
| FRAGMIN INJ 12500UNT                                     | 5                | DL                         |
| FRAGMIN INJ 15000UNT                                     | 5                | DL                         |
| FRAGMIN INJ 18000UNT                                     | 5                | DL                         |
| FRAGMIN INJ 95000UNT                                     | 5                | DL                         |
| HEP SOD/D5W INJ 25000UNT                                 | 3                |                            |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i>         | 3                |                            |
| <i>heparin sodium (porcine) inj 5000 unit/ml</i>         | 3                |                            |
| <i>heparin sodium (porcine) inj 10000 unit/ml</i>        | 3                |                            |
| <i>heparin sodium (porcine) inj 20000 unit/ml</i>        | 3                |                            |
| <i>jantoven tab 1mg</i>                                  | 2                |                            |
| <i>jantoven tab 2.5mg</i>                                | 2                |                            |
| <i>jantoven tab 2mg</i>                                  | 2                |                            |
| <i>jantoven tab 3mg</i>                                  | 2                |                            |
| <i>jantoven tab 4mg</i>                                  | 2                |                            |
| <i>jantoven tab 5mg</i>                                  | 2                |                            |
| <i>jantoven tab 6mg</i>                                  | 2                |                            |
| <i>jantoven tab 7.5mg</i>                                | 2                |                            |
| <i>jantoven tab 10mg</i>                                 | 2                |                            |
| PRADAXA CAP 75MG                                         | 4                |                            |
| PRADAXA CAP 110MG                                        | 4                |                            |
| PRADAXA CAP 150MG                                        | 4                |                            |

| <b>Drug Name</b>                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------|------------------|----------------------------|
| <i>warfarin sodium tab 1 mg</i>   | 2                |                            |
| <i>warfarin sodium tab 2 mg</i>   | 2                |                            |
| <i>warfarin sodium tab 2.5 mg</i> | 2                |                            |
| <i>warfarin sodium tab 3 mg</i>   | 2                |                            |
| <i>warfarin sodium tab 4 mg</i>   | 2                |                            |
| <i>warfarin sodium tab 5 mg</i>   | 2                |                            |
| <i>warfarin sodium tab 6 mg</i>   | 2                |                            |
| <i>warfarin sodium tab 7.5 mg</i> | 2                |                            |
| <i>warfarin sodium tab 10 mg</i>  | 2                |                            |

### **HEMATOPOIETIC GROWTH FACTORS**

|                       |   |                                     |
|-----------------------|---|-------------------------------------|
| GRANIX INJ 300/0.5    | 5 | NM; DL                              |
| GRANIX INJ 300/1ML    | 5 | NM; DL                              |
| GRANIX INJ 480/0.8    | 5 | NM; DL                              |
| GRANIX INJ 480/1.6    | 5 | NM; DL                              |
| MOZOBIL INJ           | 5 | NM, LA; DL                          |
| NIVESTYM INJ 300/0.5  | 5 | NM; DL                              |
| NIVESTYM INJ 300MCG   | 5 | NM; DL                              |
| NIVESTYM INJ 480/0.8  | 5 | NM; DL                              |
| NIVESTYM INJ 480MCG   | 5 | NM; DL                              |
| PROCRIT INJ 2000/ML   | 3 | B/D, NM                             |
| PROCRIT INJ 3000/ML   | 3 | B/D, NM                             |
| PROCRIT INJ 4000/ML   | 3 | B/D, NM                             |
| PROCRIT INJ 10000/ML  | 3 | B/D, NM                             |
| PROCRIT INJ 20000/ML  | 5 | B/D, NM; DL                         |
| PROCRIT INJ 40000/ML  | 5 | B/D, QL (8 vials / 30 days), NM; DL |
| RETACRIT INJ 2000UNIT | 3 | B/D, NM                             |
| RETACRIT INJ 3000UNIT | 3 | B/D, NM                             |
| RETACRIT INJ 4000UNIT | 3 | B/D, NM                             |
| RETACRIT INJ 10000UNT | 3 | B/D, NM                             |
| RETACRIT INJ 20000UNI | 3 | B/D, NM                             |
| RETACRIT INJ 40000UNT | 3 | B/D, QL (8 vials / 30 days), NM     |
| UDENYCA INJ 6MG/.6ML  | 5 | NM; DL                              |

### **MISCELLANEOUS**

|                                      |   |                |
|--------------------------------------|---|----------------|
| <i>aminocaproic acid tab 500 mg</i>  | 3 | DL             |
| <i>aminocaproic acid tab 1000 mg</i> | 3 | DL             |
| <i>anagrelide hcl cap 0.5 mg</i>     | 4 |                |
| <i>anagrelide hcl cap 1 mg</i>       | 4 |                |
| CABLIVI KIT 11MG                     | 5 | NM, LA; DL     |
| <i>cilostazol tab 50 mg</i>          | 2 |                |
| <i>cilostazol tab 100 mg</i>         | 2 |                |
| CINRYZE SOL 500 UNIT                 | 5 | NM, LA, PA; DL |
| DROXIA CAP 200MG                     | 3 |                |

| <b>Drug Name</b>                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------|------------------|----------------------------|
| DROXIA CAP 300MG                                         | 3                |                            |
| DROXIA CAP 400MG                                         | 3                |                            |
| <i>icatibant acetate inj 30 mg/3ml (base equivalent)</i> | 5                | NM, PA; DL                 |
| MULPLETA TAB 3MG                                         | 5                | NM, PA; DL                 |
| ORLADEYO CAP 110MG                                       | 5                | NM, LA, PA; DL             |
| ORLADEYO CAP 150MG                                       | 5                | NM, LA, PA; DL             |
| OXBRYTA TAB 300MG                                        | 5                | NM, LA; DL                 |
| OXBRYTA TAB 500MG                                        | 5                | NM, LA; DL                 |
| <i>pentoxifylline tab er 400 mg</i>                      | 2                |                            |
| PROMACTA PAK 25MG                                        | 5                | NM, LA, PA; DL             |
| PROMACTA POW 12.5MG                                      | 5                | NM, LA, PA; DL             |
| PROMACTA TAB 12.5MG                                      | 5                | NM, LA, PA; DL             |
| PROMACTA TAB 25MG                                        | 5                | NM, LA, PA; DL             |
| PROMACTA TAB 50MG                                        | 5                | NM, LA, PA; DL             |
| PROMACTA TAB 75MG                                        | 5                | NM, LA, PA; DL             |
| RUCONEST INJ 2100UNIT                                    | 5                | NM, LA, PA; DL             |
| TAKHZYRO INJ 300/2ML                                     | 5                | NM, LA, PA; DL             |
| <i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>  | 2                |                            |
| <i>tranexamic acid tab 650 mg</i>                        | 3                |                            |

#### **PLATELET AGGREGATION INHIBITORS**

|                                                      |   |  |
|------------------------------------------------------|---|--|
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>    | 3 |  |
| BRILINTA TAB 60MG                                    | 4 |  |
| BRILINTA TAB 90MG                                    | 4 |  |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i>  | 2 |  |
| <i>clopidogrel bisulfate tab 300 mg (base equiv)</i> | 2 |  |
| <i>prasugrel hcl tab 5 mg (base equiv)</i>           | 3 |  |
| <i>prasugrel hcl tab 10 mg (base equiv)</i>          | 3 |  |

#### **IMMUNOLOGIC AGENTS**

##### **AUTOIMMUNE AGENTS**

|                          |   |            |
|--------------------------|---|------------|
| DUPIXENT INJ 100/0.67    | 5 | NM, PA; DL |
| DUPIXENT INJ 200/1.14    | 5 | NM, PA; DL |
| DUPIXENT INJ 200MG       | 5 | NM, PA; DL |
| DUPIXENT INJ 300/2ML     | 5 | NM, PA; DL |
| ENBREL INJ 25/0.5ML      | 5 | NM, PA; DL |
| ENBREL INJ 25MG          | 5 | NM, PA; DL |
| ENBREL INJ 50MG/ML       | 5 | NM, PA; DL |
| ENBREL MINI INJ 50MG/ML  | 5 | NM, PA; DL |
| ENBREL SRCLK INJ 50MG/ML | 5 | NM, PA; DL |
| HUMIRA INJ 10/0.1ML      | 5 | NM, PA; DL |

| <b>Drug Name</b>         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------|------------------|----------------------------|
| HUMIRA INJ 20/0.2ML      | 5                | NM, PA; DL                 |
| HUMIRA INJ 40/0.4ML      | 5                | NM, PA; DL                 |
| HUMIRA KIT 40MG/0.8      | 5                | NM, PA; DL                 |
| HUMIRA PEDIA INJ CROHNS  | 5                | NM, PA; DL                 |
| HUMIRA PEN INJ 40/0.4ML  | 5                | NM, PA; DL                 |
| HUMIRA PEN INJ 40MG/0.8  | 5                | NM, PA; DL                 |
| HUMIRA PEN INJ 80/0.8ML  | 5                | NM, PA; DL                 |
| HUMIRA PEN INJ CD/UC/HS  | 5                | NM, PA; DL                 |
| HUMIRA PEN INJ PS/UV     | 5                | NM, PA; DL                 |
| HUMIRA PEN KIT CD/UC/HS  | 5                | NM, PA; DL                 |
| HUMIRA PEN KIT PED UC    | 5                | NM, PA; DL                 |
| HUMIRA PEN KIT PS/UV     | 5                | NM, PA; DL                 |
| KINERET INJ              | 5                | NM, PA; DL                 |
| OTEZLA TAB 10/20/30      | 5                | NM, PA; DL                 |
| OTEZLA TAB 30MG          | 5                | NM, PA; DL                 |
| RINVOQ TAB 15MG ER       | 5                | NM, PA; DL                 |
| RINVOQ TAB 30MG ER       | 5                | NM, PA; DL                 |
| RINVOQ TAB 45MG ER       | 5                | NM, PA; DL                 |
| SKYRIZI INJ 150DOSE      | 5                | NM, PA; DL                 |
| SKYRIZI INJ 150MG/ML     | 5                | NM, PA; DL                 |
| SKYRIZI INJ 360/2.4      | 5                | NM, PA; DL                 |
| SKYRIZI PEN INJ 150MG/ML | 5                | NM, PA; DL                 |
| STELARA INJ 45MG/0.5     | 5                | NM, LA, PA; DL; (vials)    |
| STELARA INJ 45MG/0.5     | 5                | NM, PA; DL; (syringes)     |
| STELARA INJ 90MG/ML      | 5                | NM, PA; DL                 |
| TALTZ INJ 80MG/ML        | 5                | NM, LA, PA; DL             |
| XELJANZ SOL 1MG/ML       | 5                | NM, PA; DL                 |
| XELJANZ TAB 5MG          | 5                | NM, PA; DL                 |
| XELJANZ TAB 10MG         | 5                | NM, PA; DL                 |
| XELJANZ XR TAB 11MG      | 5                | NM, PA; DL                 |
| XELJANZ XR TAB 22MG      | 5                | NM, PA; DL                 |

### ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)***

|                                                    |   |    |
|----------------------------------------------------|---|----|
| <i>hydroxychloroquine sulfate tab 200 mg</i>       | 3 |    |
| <i>leflunomide tab 10 mg</i>                       | 3 |    |
| <i>leflunomide tab 20 mg</i>                       | 3 |    |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i> | 2 |    |
| RIDAURA CAP 3MG                                    | 3 | DL |
| XATMEP SOL 2.5MG/ML                                | 4 | DL |

### ***IMMUNOGLOBULINS***

|                         |   |                |
|-------------------------|---|----------------|
| BIVIGAM INJ 10%         | 5 | NM, LA, PA; DL |
| FLEBOGAMMA INJ 5GM/50ML | 5 | NM, PA; DL     |
| GAMASTAN INJ            | 4 | NM, LA, PA     |
| GAMMAGARD INJ 2.5GM/25  | 5 | NM, PA; DL     |

| <b>Drug Name</b>               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------|------------------|----------------------------|
| GAMMAGARD INJ 5GM/50ML         | 5                | NM, PA; DL                 |
| GAMMAGARD INJ 10GM/100         | 5                | NM, PA; DL                 |
| GAMMAGARD INJ 20GM/200         | 5                | NM, PA; DL                 |
| GAMMAGARD INJ 30GM/300         | 5                | NM, PA; DL                 |
| GAMMAGARD SD INJ 5GM HU        | 5                | NM, PA; DL                 |
| GAMMAGARD SD INJ 10GM HU       | 5                | NM, PA; DL                 |
| GAMMAKED INJ 1GM/10ML          | 5                | NM, PA; DL                 |
| GAMMAKED INJ 5GM/50ML          | 5                | NM, PA; DL                 |
| GAMMAKED INJ 10GM/100          | 5                | NM, PA; DL                 |
| GAMMAKED INJ 20GM/200          | 5                | NM, PA; DL                 |
| GAMMAPLEX INJ 5%               | 5                | NM, LA, PA; DL             |
| GAMMAPLEX INJ 10%              | 5                | NM, LA, PA; DL             |
| GAMUNEX-C INJ 1GM/10ML         | 5                | NM, PA; DL                 |
| GAMUNEX-C INJ 5GM/50ML         | 5                | NM, PA; DL                 |
| GAMUNEX-C INJ 10GM/100         | 5                | NM, PA; DL                 |
| GAMUNEX-C INJ 20GM/200         | 5                | NM, PA; DL                 |
| GAMUNEX-C INJ 40/400ML         | 5                | NM, PA; DL                 |
| OCTAGAM INJ 1GM                | 5                | NM, PA; DL                 |
| OCTAGAM INJ 2GM/20ML           | 5                | NM, PA; DL                 |
| PANZYGA SOL 1GM/10ML           | 5                | NM, PA; DL                 |
| PANZYGA SOL 2.5/25ML           | 5                | NM, PA; DL                 |
| PANZYGA SOL 5GM/50ML           | 5                | NM, PA; DL                 |
| PANZYGA SOL 10/100ML           | 5                | NM, PA; DL                 |
| PANZYGA SOL 20/200ML           | 5                | NM, PA; DL                 |
| PANZYGA SOL 30/300ML           | 5                | NM, PA; DL                 |
| PRIVIGEN INJ 20GRAMS           | 5                | NM, PA; DL                 |
| <b>IMMUNOMODULATORS</b>        |                  |                            |
| ACTIMMUNE INJ 2MU/0.5          | 5                | NM, LA, PA; DL             |
| ARCALYST INJ 220MG             | 5                | NM, LA, PA; DL             |
| GRASTEK SUB 2800BAU            | 4                | PA; DL                     |
| INTRON A INJ 10MU              | 3                | NM, LA; DL                 |
| INTRON A INJ 18MU              | 3                | NM, LA; DL                 |
| INTRON A INJ 18MU              | 3                | NM; DL                     |
| INTRON A INJ 25MU              | 5                | NM; DL                     |
| INTRON A INJ 50MU              | 5                | NM, LA; DL                 |
| ODACTRA SUB                    | 4                | PA; DL                     |
| SYNAGIS INJ 50MG               | 5                | NM; DL                     |
| SYNAGIS INJ 100MG/ML           | 5                | NM; DL                     |
| <b>IMMUNOSUPPRESSANTS</b>      |                  |                            |
| ATGAM INJ 250MG                | 5                | DL                         |
| AZATHIOPRINE INJ 100MG         | 3                | B/D                        |
| <i>azathioprine tab 50 mg</i>  | 2                | B/D                        |
| <i>azathioprine tab 75 mg</i>  | 2                | B/D                        |
| <i>azathioprine tab 100 mg</i> | 2                | B/D                        |



| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>                      |
|---------------------------------------------------------------------|------------------|-------------------------------------------------|
| BENLYSTA INJ 120MG                                                  | 5                | NM, LA, PA; DL                                  |
| BENLYSTA INJ 200MG/ML                                               | 5                | QL (4 auto-injectors / 28 days), NM, LA, PA; DL |
| BENLYSTA INJ 200MG/ML                                               | 5                | QL (4 syringes / 28 days), NM, LA, PA; DL       |
| BENLYSTA INJ 400MG                                                  | 5                | NM, LA, PA; DL                                  |
| <i>cyclosporine cap 25 mg</i>                                       | 3                | B/D, NM                                         |
| <i>cyclosporine cap 100 mg</i>                                      | 3                | B/D, NM                                         |
| <i>cyclosporine iv soln 50 mg/ml</i>                                | 2                | B/D, NM                                         |
| <i>cyclosporine modified cap 25 mg</i>                              | 2                | B/D, NM                                         |
| <i>cyclosporine modified cap 50 mg</i>                              | 2                | B/D, NM                                         |
| <i>cyclosporine modified cap 100 mg</i>                             | 2                | B/D, NM                                         |
| <i>cyclosporine modified oral soln 100 mg/ml</i>                    | 2                | B/D, NM                                         |
| <i>everolimus tab 0.5 mg</i>                                        | 5                | B/D, NM; DL                                     |
| <i>everolimus tab 0.25 mg</i>                                       | 4                | B/D, QL (60 tabs / 30 days), NM; DL             |
| <i>everolimus tab 0.75 mg</i>                                       | 5                | B/D, NM; DL                                     |
| <i>everolimus tab 1 mg</i>                                          | 5                | B/D, NM; DL                                     |
| <i>engraf cap 25mg</i>                                              | 2                | B/D, NM                                         |
| <i>engraf cap 100mg</i>                                             | 2                | B/D, NM                                         |
| <i>engraf sol 100mg/ml</i>                                          | 2                | B/D, NM                                         |
| LUPKYNIS CAP 7.9MG                                                  | 5                | QL (180 caps / 30 days), NM, LA, PA; DL         |
| <i>mycophenolate mofetil cap 250 mg</i>                             | 2                | B/D, NM                                         |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i>                | 2                | B/D, NM                                         |
| <i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>    | 3                | B/D, NM                                         |
| <i>mycophenolate mofetil tab 500 mg</i>                             | 2                | B/D, NM                                         |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | 3                | B/D, NM                                         |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | 3                | B/D, NM                                         |
| NULOJIX INJ 250MG                                                   | 5                | B/D, NM; DL                                     |
| PROGRAF GRA 0.2MG                                                   | 4                | B/D, NM                                         |
| PROGRAF GRA 1MG                                                     | 4                | B/D, NM                                         |
| PROGRAF INJ 5MG/ML                                                  | 4                | B/D, NM                                         |
| SIMULECT INJ 10MG                                                   | 4                | B/D                                             |
| SIMULECT INJ 20MG                                                   | 4                | B/D                                             |
| <i>sirolimus oral soln 1 mg/ml</i>                                  | 4                | B/D, NM                                         |
| <i>sirolimus tab 0.5 mg</i>                                         | 3                | B/D, NM                                         |
| <i>sirolimus tab 1 mg</i>                                           | 3                | B/D, NM                                         |
| <i>sirolimus tab 2 mg</i>                                           | 3                | B/D, NM                                         |
| <i>tacrolimus cap 0.5 mg</i>                                        | 2                | B/D, NM                                         |
| <i>tacrolimus cap 1 mg</i>                                          | 2                | B/D, NM                                         |

| <b>Drug Name</b>           | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|----------------------------|------------------|-------------------------------|
| <i>tacrolimus cap 5 mg</i> | 2                | B/D, NM                       |
| THYMOGLOBULN INJ 25MG      | 3                | B/D                           |
| <b>VACCINES</b>            |                  |                               |
| ACTHIB INJ                 | 3                |                               |
| ADACEL INJ                 | 3                |                               |
| BCG VACCINE INJ 50MG       | 4                |                               |
| BEXSERO INJ                | 3                |                               |
| BOOSTRIX INJ               | 3                |                               |
| DAPTACEL INJ               | 3                |                               |
| DIP/TET PED INJ 25-5LFU    | 3                |                               |
| ENGRIX-B INJ 10/0.5ML      | 3                | B/D                           |
| ENGRIX-B INJ 20MCG/ML      | 3                | B/D                           |
| GARDASIL 9 INJ             | 4                |                               |
| HAVRIX INJ 720UNIT         | 3                |                               |
| HAVRIX INJ 1440UNIT        | 3                |                               |
| HIBERIX SOL 10MCG          | 3                |                               |
| IMOVAX RABIE INJ 2.5/ML    | 3                |                               |
| INFANRIX INJ               | 3                |                               |
| IPOL INJ INACTIVE          | 4                |                               |
| IXIARO INJ                 | 4                |                               |
| KINRIX INJ                 | 3                |                               |
| M-M-R II INJ               | 3                |                               |
| MENACTRA INJ               | 3                |                               |
| MENQUADFI INJ              | 3                |                               |
| MENVEO INJ                 | 3                |                               |
| PEDIARIX INJ 0.5ML         | 3                |                               |
| PEDVAX HIB INJ             | 4                |                               |
| PENTACEL INJ               | 3                |                               |
| PREHEVBRIO SUS 10MCG/ML    | 3                | B/D                           |
| PRIORIX INJ                | 3                |                               |
| PROQUAD INJ                | 4                |                               |
| QUADRACEL INJ              | 3                |                               |
| QUADRACEL INJ 0.5ML        | 3                |                               |
| RABAVERT INJ               | 3                | DL                            |
| RECOMBIVA HB INJ 5MCG/0.5  | 3                | B/D                           |
| RECOMBIVA HB INJ 10MCG/ML  | 3                | B/D                           |
| RECOMBIVA-HB INJ 40MCG/ML  | 3                | B/D                           |
| ROTARIX SUS                | 4                |                               |
| ROTATEQ SOL                | 4                |                               |
| SHINGRIX INJ 50/0.5ML      | 3                | QL (2 injections in lifetime) |
| TDVAX INJ 2-2 LF           | 3                |                               |
| TENIVAC INJ 5-2LF          | 3                |                               |
| TICOVAC INJ                | 3                |                               |

| Drug Name          | Drug Tier | Requirements/Limits |
|--------------------|-----------|---------------------|
| TRUMENBA INJ       | 3         |                     |
| TWINRIX INJ        | 3         |                     |
| TYPHIM VI INJ      | 4         |                     |
| VAQTA INJ 25/0.5ML | 3         |                     |
| VAQTA INJ 50UNT/ML | 3         |                     |
| VARIVAX INJ        | 3         |                     |
| YF-VAX INJ         | 4         |                     |

## NUTRITIONAL/SUPPLEMENTS

### ***ELECTROLYTES/MINERALS, INJECTABLE***

|                                                                  |   |    |
|------------------------------------------------------------------|---|----|
| D2.5W/NACL INJ 0.45%                                             | 3 |    |
| D10W/NACL INJ 0.2%                                               | 3 |    |
| <i>dextrose 5% in lactated ringers</i>                           | 3 |    |
| <i>dextrose 5% w/ sodium chloride 0.2%</i>                       | 3 |    |
| <i>dextrose 5% w/ sodium chloride 0.9%</i>                       | 3 |    |
| <i>dextrose 5% w/ sodium chloride 0.45%</i>                      | 3 |    |
| <i>dextrose 10% w/ sodium chloride 0.45%</i>                     | 3 |    |
| ISOLYTE-P INJ /D5W                                               | 4 | DL |
| ISOLYTE-S INJ PH 7.4                                             | 4 | DL |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> | 3 |    |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>   | 3 |    |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>   | 3 |    |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>  | 3 |    |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>                     | 3 |    |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> | 3 |    |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>   | 3 |    |
| KCL/D5W/LACT INJ 20MEQ/L                                         | 3 |    |
| KCL/D5W/NACL INJ 0.3/0.9%                                        | 3 |    |
| <i>lactated ringer's solution</i>                                | 3 |    |
| <i>magnesium sulfate inj 50%</i>                                 | 3 |    |
| PLASMA-LYTE INJ -148                                             | 4 | DL |
| PLASMA-LYTE INJ -A                                               | 4 | DL |
| POT CHL/NACL INJ 20MEQ/L                                         | 2 |    |
| POT CHL/NACL INJ 40MEQ/L                                         | 3 |    |
| POT CHLORIDE INJ 10MEQ                                           | 3 |    |
| POT CHLORIDE INJ 20MEQ                                           | 3 |    |
| POT CHLORIDE INJ 40MEQ                                           | 3 |    |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>    | 3 |    |

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>potassium chloride inj 2 meq/ml</i>                             | 2                |                            |
| <i>ringer's solution</i>                                           | 3                |                            |
| <i>sodium chloride iv soln 0.9%</i>                                | 2                |                            |
| <i>sodium chloride iv soln 0.45%</i>                               | 3                |                            |
| <i>sodium chloride iv soln 3%</i>                                  | 3                |                            |
| <b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>                        |                  |                            |
| <i>klor-con 8 tab 8meq er</i>                                      | 3                |                            |
| <i>klor-con 10 tab 10meq er</i>                                    | 3                |                            |
| <i>klor-con m10 tab 10meq er</i>                                   | 2                |                            |
| <i>klor-con m15 tab 15meq er</i>                                   | 3                |                            |
| <i>klor-con m20 tab 20meq er</i>                                   | 2                |                            |
| <i>klor-con pak 20meq</i>                                          | 2                |                            |
| <i>klor-con/ef tab 25meq ef</i>                                    | 2                |                            |
| <i>pot chloride tab 25meq ef</i>                                   | 2                |                            |
| <i>potassium chloride cap er 8 meq</i>                             | 2                |                            |
| <i>potassium chloride cap er 10 meq</i>                            | 2                |                            |
| <i>potassium chloride microencapsulated crys<br/>er tab 10 meq</i> | 2                |                            |
| <i>potassium chloride microencapsulated crys<br/>er tab 15 meq</i> | 2                |                            |
| <i>potassium chloride microencapsulated crys<br/>er tab 20 meq</i> | 2                |                            |
| <i>potassium chloride oral soln 10% (20<br/>meq/15ml)</i>          | 3                |                            |
| <i>potassium chloride oral soln 20% (40<br/>meq/15ml)</i>          | 3                |                            |
| <i>potassium chloride tab er 8 meq (600 mg)</i>                    | 2                |                            |
| <i>potassium chloride tab er 10 meq</i>                            | 2                |                            |
| <i>potassium chloride tab er 20 meq (1500<br/>mg)</i>              | 3                |                            |
| <i>sodium fluoride 2.2 mg</i>                                      | 2                |                            |
| <b>IV NUTRITION</b>                                                |                  |                            |
| <i>dextrose inj 5%</i>                                             | 2                |                            |
| <i>dextrose inj 10%</i>                                            | 3                |                            |
| INTRALIPID INJ 20%                                                 | 4                | B/D; DL                    |
| INTRALIPID INJ 30%                                                 | 4                | B/D; DL                    |
| PREMASOL SOL 10%                                                   | 3                | B/D; DL                    |
| PROSOL INJ 20%                                                     | 4                | B/D; DL                    |
| TRAVASOL INJ 10%                                                   | 3                | B/D; DL                    |
| TROPHAMINE INJ 10%                                                 | 4                | B/D; DL                    |
| <b>OPHTHALMIC</b>                                                  |                  |                            |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>                            |                  |                            |
| <i>bacitracin-polymyxin-neomycin-hc ophth<br/>oint 1%</i>          | 2                |                            |

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| BLEPHAMIDE OIN S.O.P.                                               | 4                |                            |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>             | 2                |                            |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>             | 2                |                            |
| <i>neomycin-polymyxin-hc ophth susp</i>                             | 2                |                            |
| PRED-G S.O.P OIN OP                                                 | 4                |                            |
| PRED-G SUS OP                                                       | 4                |                            |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>  | 2                |                            |
| TOBRADEX OIN 0.3-0.1%                                               | 3                |                            |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                 | 2                |                            |
| <b>ANTI-INFECTIVES</b>                                              |                  |                            |
| AZASITE SOL 1%                                                      | 4                |                            |
| <i>bacitracin ophth oint 500 unit/gm</i>                            | 2                |                            |
| <i>bacitracin-polymyxin b ophth oint</i>                            | 2                |                            |
| CILOXAN OIN 0.3% OP                                                 | 4                |                            |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>          | 2                |                            |
| <i>erythromycin ophth oint 5 mg/gm</i>                              | 2                |                            |
| <i>gatifloxacin ophth soln 0.5%</i>                                 | 2                |                            |
| <i>gentak oin 0.3% op</i>                                           | 2                |                            |
| <i>gentamicin sulfate ophth soln 0.3%</i>                           | 2                |                            |
| <i>levofloxacin ophth soln 0.5%</i>                                 | 2                |                            |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>                | 2                |                            |
| NATACYN SUS 5% OP                                                   | 4                |                            |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 2                |                            |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 2                |                            |
| <i>ofloxacin ophth soln 0.3%</i>                                    | 2                |                            |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>       | 2                |                            |
| <i>sulfacetamide sodium ophth oint 10%</i>                          | 2                |                            |
| <i>sulfacetamide sodium ophth soln 10%</i>                          | 2                |                            |
| <i>tobramycin ophth soln 0.3%</i>                                   | 2                |                            |
| TOBREX OIN 0.3% OP                                                  | 4                |                            |
| <i>trifluridine ophth soln 1%</i>                                   | 2                |                            |
| ZIRGAN GEL 0.15%                                                    | 4                |                            |
| <b>ANTI-INFLAMMATORIES</b>                                          |                  |                            |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>  | 2                |                            |

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------|------------------|----------------------------|
| <i>dexamethasone sodium phosphate ophth soln 0.1%</i> | 2                |                            |
| <i>diclofenac sodium ophth soln 0.1%</i>              | 2                |                            |
| <i>difluprednate ophth emulsion 0.05%</i>             | 3                |                            |
| <i>fluorometholone ophth susp 0.1%</i>                | 3                |                            |
| <i>flurbiprofen sodium ophth soln 0.03%</i>           | 2                |                            |
| FML FORTE SUS 0.25% OP                                | 4                |                            |
| FML OIN 0.1% OP                                       | 4                |                            |
| <i>ketorolac tromethamine ophth soln 0.4%</i>         | 2                |                            |
| <i>ketorolac tromethamine ophth soln 0.5%</i>         | 2                |                            |
| LOTEMAX OIN 0.5%                                      | 3                |                            |
| LOTEMAX SM GEL 0.38%                                  | 4                |                            |
| <i>loteprednol etabonate ophth gel 0.5%</i>           | 3                |                            |
| <i>loteprednol etabonate ophth susp 0.5%</i>          | 3                |                            |
| NEVANAC SUS 0.1%                                      | 4                |                            |
| PRED MILD SUS 0.12% OP                                | 4                |                            |
| PRED SOD PHO SOL 1% OP                                | 3                |                            |
| <i>prednisolone acetate ophth susp 1%</i>             | 3                |                            |
| PROLENSA SOL 0.07%                                    | 4                |                            |

#### **ANTIALLERGICS**

|                                                          |   |  |
|----------------------------------------------------------|---|--|
| <i>azelastine hcl ophth soln 0.05%</i>                   | 2 |  |
| <i>bepotastine besilate ophth soln 1.5%</i>              | 2 |  |
| <i>cromolyn sodium ophth soln 4%</i>                     | 2 |  |
| <i>epinastine hcl ophth soln 0.05%</i>                   | 2 |  |
| <i>olopatadine hcl ophth soln 0.1% (base equivalent)</i> | 2 |  |
| <i>olopatadine hcl ophth soln 0.2% (base equivalent)</i> | 3 |  |
| ZERVIAE DRO 0.24%                                        | 3 |  |

#### **ANTIGLAUCOMA**

|                                                                 |   |  |
|-----------------------------------------------------------------|---|--|
| ALPHAGAN P SOL 0.1%                                             | 3 |  |
| <i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>      | 2 |  |
| <i>betaxolol hcl ophth soln 0.5%</i>                            | 2 |  |
| BETOPTIC-S SUS 0.25% OP                                         | 4 |  |
| <i>bimatoprost ophth soln 0.03%</i>                             | 2 |  |
| <i>brimonidine tartrate ophth soln 0.2%</i>                     | 2 |  |
| <i>brimonidine tartrate ophth soln 0.15%</i>                    | 3 |  |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> | 2 |  |
| <i>brinzolamide ophth susp 1%</i>                               | 2 |  |
| <i>carteolol hcl ophth soln 1%</i>                              | 2 |  |
| <i>dorzolamide hcl ophth soln 2%</i>                            | 2 |  |

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>   | 2                |                            |
| IOPIDINE SOL 1% OP                                                 | 4                |                            |
| <i>latanoprost ophth soln 0.005%</i>                               | 2                |                            |
| <i>levobunolol hcl ophth soln 0.5%</i>                             | 2                |                            |
| LUMIGAN SOL 0.01%                                                  | 3                |                            |
| <i>pilocarpine hcl ophth soln 1%</i>                               | 3                |                            |
| <i>pilocarpine hcl ophth soln 2%</i>                               | 3                |                            |
| <i>pilocarpine hcl ophth soln 4%</i>                               | 3                |                            |
| RHOPRESSA SOL 0.02%                                                | 3                |                            |
| ROCKLATAN DRO                                                      | 3                |                            |
| SIMBRINZA SUS 1-0.2%                                               | 3                |                            |
| <i>timolol maleate ophth gel forming soln 0.5%</i>                 | 2                |                            |
| <i>timolol maleate ophth gel forming soln 0.25%</i>                | 2                |                            |
| <i>timolol maleate ophth soln 0.5%</i>                             | 2                |                            |
| <i>timolol maleate ophth soln 0.25%</i>                            | 2                |                            |
| <i>timolol maleate preservative free ophth soln 0.5%</i>           | 2                |                            |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> | 2                |                            |
| VYZULTA SOL 0.024%                                                 | 4                |                            |

### **MISCELLANEOUS**

|                                            |   |                |
|--------------------------------------------|---|----------------|
| <i>atropine sulfate ophth soln 1%</i>      | 3 |                |
| <i>cyclosporine (ophth) emulsion 0.05%</i> | 3 |                |
| CYSTADROPS SOL 0.37%                       | 5 | NM, LA, PA; DL |
| CYSTARAN SOL 0.44%                         | 5 | NM, LA, PA; DL |
| EYLEA INJ 2/0.05ML                         | 5 | NM, LA; DL     |
| LUCENTIS SOL 0.3MG                         | 5 | NM, LA; DL     |
| LUCENTIS SOL 0.5MG                         | 5 | NM, LA; DL     |
| OXERVATE SOL 20MCG/ML                      | 5 | NM, LA; DL     |
| RESTASIS EMU 0.05% OP                      | 3 |                |
| RESTASIS MUL EMU 0.05% OP                  | 3 |                |
| XIIDRA DRO 5%                              | 3 |                |

### **OTIC**

#### **OTIC AGENTS**

|                                                           |   |  |
|-----------------------------------------------------------|---|--|
| <i>acetic acid otic soln 2%</i>                           | 3 |  |
| CIPRO HC SUS OTIC                                         | 4 |  |
| <i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i> | 2 |  |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>     | 2 |  |
| <i>fluocinolone acetonide (otic) oil 0.01%</i>            | 2 |  |

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>neomycin-polymyxin-hc otic soln 1%</i>                         | 2                |                            |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 2                |                            |
| <i>ofloxacin otic soln 0.3%</i>                                   | 2                |                            |

## **RESPIRATORY**

### **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

|                                                          |   |     |
|----------------------------------------------------------|---|-----|
| <i>ANORO ELLIPT AER 62.5-25</i>                          | 3 |     |
| <i>BEVESPI AER 9-4.8MCG</i>                              | 3 |     |
| <i>COMBIVENT AER 20-100</i>                              | 3 |     |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 2 | B/D |
| <i>TRELEGY AER 100MCG</i>                                | 3 |     |
| <i>TRELEGY AER 200MCG</i>                                | 3 |     |

### **ANTICHOLINERGICS**

|                                                            |   |     |
|------------------------------------------------------------|---|-----|
| <i>ATROVENT HFA AER 17MCG</i>                              | 3 |     |
| <i>INCRUSE ELPT INH 62.5MCG</i>                            | 3 |     |
| <i>ipratropium bromide inhal soln 0.02%</i>                | 2 | B/D |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i> | 2 |     |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i> | 2 |     |
| <i>YUPELRI SOL</i>                                         | 4 | B/D |

### **ANTI HISTAMINES**

|                                                                   |   |  |
|-------------------------------------------------------------------|---|--|
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>            | 2 |  |
| <i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>         | 2 |  |
| <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> | 2 |  |
| <i>cyproheptadine hcl tab 4 mg</i>                                | 3 |  |
| <i>desloratadine tab 5 mg</i>                                     | 2 |  |
| <i>diphenhydramine hcl inj 50 mg/ml</i>                           | 2 |  |
| <i>hydroxyzine hcl tab 10 mg</i>                                  | 2 |  |
| <i>hydroxyzine hcl tab 25 mg</i>                                  | 2 |  |
| <i>hydroxyzine hcl tab 50 mg</i>                                  | 2 |  |
| <i>hydroxyzine pamoate cap 25 mg</i>                              | 2 |  |
| <i>hydroxyzine pamoate cap 50 mg</i>                              | 2 |  |
| <i>hydroxyzine pamoate cap 100 mg</i>                             | 2 |  |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i> | 2 |  |
| <i>levocetirizine dihydrochloride tab 5 mg</i>                    | 2 |  |
| <i>olopatadine hcl nasal soln 0.6%</i>                            | 2 |  |



| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <b>BETA AGONISTS</b>                                               |                  |                            |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> | 2                |                            |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>                  | 2                | B/D                        |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>        | 2                | B/D                        |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>             | 2                | B/D                        |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>        | 2                | B/D                        |
| <i>albuterol sulfate syrup 2 mg/5ml</i>                            | 2                |                            |
| <i>albuterol sulfate tab 2 mg</i>                                  | 2                |                            |
| <i>albuterol sulfate tab 4 mg</i>                                  | 2                |                            |
| <i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>     | 4                | B/D; DL                    |
| <i>formoterol fumarate soln nebu 20 mcg/2ml</i>                    | 4                | B/D; DL                    |
| <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>         | 2                | B/D                        |
| <i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>         | 2                | B/D                        |
| <i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>         | 2                | B/D                        |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>  | 2                | B/D                        |
| <i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i> | 3                |                            |
| SEREVENT DIS AER 50MCG                                             | 3                |                            |
| <i>terbutaline sulfate inj 1 mg/ml</i>                             | 2                |                            |
| <i>terbutaline sulfate tab 2.5 mg</i>                              | 2                |                            |
| <i>terbutaline sulfate tab 5 mg</i>                                | 2                |                            |
| VENTOLIN HFA AER                                                   | 3                |                            |
| <b>LEUKOTRIENE MODULATORS</b>                                      |                  |                            |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i>               | 2                |                            |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i>               | 2                |                            |
| <i>montelukast sodium tab 10 mg (base equiv)</i>                   | 2                |                            |
| <i>zafirlukast tab 10 mg</i>                                       | 2                |                            |
| <i>zafirlukast tab 20 mg</i>                                       | 2                |                            |
| <b>MISCELLANEOUS</b>                                               |                  |                            |
| <i>acetylcysteine inhal soln 10%</i>                               | 2                | B/D; DL                    |
| <i>acetylcysteine inhal soln 20%</i>                               | 2                | B/D; DL                    |
| ARALAST NP INJ 1000MG                                              | 5                | NM, LA, PA; DL             |
| BREZTRI AERO AER SPHERE                                            | 3                |                            |

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|-------------------------------------------------------------------|------------------|----------------------------------------|
| <i>cromolyn sodium soln nebu 20 mg/2ml</i>                        | 2                | B/D                                    |
| DALIRESP TAB 250MCG                                               | 4                | DL                                     |
| DALIRESP TAB 500MCG                                               | 4                | DL                                     |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>   | 3                | QL (4 pens / 30 days)                  |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>  | 3                | QL (4 pens / 30 days)                  |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> | 3                | QL (4 pens / 30 days)                  |
| ESBRIET CAP 267MG                                                 | 5                | NM, LA, PA; DL                         |
| ESBRIET TAB 267MG                                                 | 5                | NM, LA, PA; DL                         |
| ESBRIET TAB 801MG                                                 | 5                | NM, LA, PA; DL                         |
| FASENRA INJ 30MG/ML                                               | 5                | NM, LA, PA; DL                         |
| FASENRA PEN INJ 30MG/ML                                           | 5                | NM, LA, PA; DL                         |
| GLASSIA INJ                                                       | 5                | NM, LA, PA; DL                         |
| KALYDECO PAK 25MG                                                 | 5                | NM, LA, PA; DL                         |
| KALYDECO PAK 50MG                                                 | 5                | NM, LA, PA; DL                         |
| KALYDECO PAK 75MG                                                 | 5                | NM, LA, PA; DL                         |
| KALYDECO TAB 150MG                                                | 5                | QL (60 tabs / 30 days), NM, LA, PA; DL |
| OFEV CAP 100MG                                                    | 5                | NM, LA, PA; DL                         |
| OFEV CAP 150MG                                                    | 5                | NM, LA, PA; DL                         |
| ORKAMBI GRA 75-94MG                                               | 5                | LA, PA; DL                             |
| ORKAMBI GRA 100-125                                               | 5                | NM, LA, PA; DL                         |
| ORKAMBI GRA 150-188                                               | 5                | NM, LA, PA; DL                         |
| ORKAMBI TAB 100-125                                               | 5                | NM, LA, PA; DL                         |
| ORKAMBI TAB 200-125                                               | 5                | NM, LA, PA; DL                         |
| <i>pirfenidone tab 267 mg</i>                                     | 5                | NM, PA; DL                             |
| <i>pirfenidone tab 801 mg</i>                                     | 5                | NM, PA; DL                             |
| PROLASTIN-C INJ 1000MG                                            | 5                | NM, LA, PA; DL                         |
| PULMOZYME SOL 1MG/ML                                              | 5                | B/D, NM; DL                            |
| SYMDEKO TAB 50-75MG                                               | 5                | QL (60 tabs / 30 days), NM, LA, PA; DL |
| THEO-24 CAP 100MG CR                                              | 4                |                                        |
| THEO-24 CAP 200MG CR                                              | 4                |                                        |
| <i>theophylline tab er 12hr 300 mg</i>                            | 3                |                                        |
| <i>theophylline tab er 12hr 450 mg</i>                            | 3                |                                        |
| <i>theophylline tab er 24hr 400 mg</i>                            | 2                |                                        |
| <i>theophylline tab er 24hr 600 mg</i>                            | 2                |                                        |
| TRIKAFTA TAB                                                      | 5                | QL (84 tabs / 28 days), NM, LA, PA; DL |
| XOLAIR INJ 75/0.5                                                 | 5                | NM, LA, PA; DL                         |
| XOLAIR INJ 150MG/ML                                               | 5                | NM, LA, PA; DL                         |
| XOLAIR SOL 150MG                                                  | 5                | NM, LA, PA; DL                         |
| ZEMAIRA INJ 1000MG                                                | 5                | NM, LA, PA; DL                         |

| Drug Name                                                  | Drug Tier | Requirements/Limits |
|------------------------------------------------------------|-----------|---------------------|
| <b>NASAL STEROIDS</b>                                      |           |                     |
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i>          | 2         |                     |
| <i>fluticasone propionate nasal susp 50 mcg/act</i>        | 2         |                     |
| <i>mometasone furoate nasal susp 50 mcg/act</i>            | 2         |                     |
| XHANCE MIS 93MCG                                           | 3         |                     |
| <b>STEROID INHALANTS</b>                                   |           |                     |
| ARNUITY ELPT INH 50MCG                                     | 3         |                     |
| ARNUITY ELPT INH 100MCG                                    | 3         |                     |
| ARNUITY ELPT INH 200MCG                                    | 3         |                     |
| <i>budesonide inhalation susp 0.5 mg/2ml</i>               | 3         | B/D                 |
| <i>budesonide inhalation susp 0.25 mg/2ml</i>              | 3         | B/D                 |
| <i>budesonide inhalation susp 1 mg/2ml</i>                 | 3         | B/D                 |
| FLOVENT DISK AER 50MCG                                     | 3         |                     |
| FLOVENT DISK AER 100MCG                                    | 3         |                     |
| FLOVENT DISK AER 250MCG                                    | 3         |                     |
| FLOVENT HFA AER 44MCG                                      | 3         |                     |
| FLOVENT HFA AER 110MCG                                     | 3         |                     |
| FLOVENT HFA AER 220MCG                                     | 3         |                     |
| FLUTICAS HFA AER 44MCG                                     | 3         |                     |
| FLUTICAS HFA AER 110MCG                                    | 3         |                     |
| FLUTICAS HFA AER 220MCG                                    | 3         |                     |
| PULMICORT INH 90MCG                                        | 4         |                     |
| PULMICORT INH 180MCG                                       | 4         |                     |
| <b>STEROID/BETA-AGONIST COMBINATIONS</b>                   |           |                     |
| ADVAIR DISKU AER 100/50                                    | 3         |                     |
| ADVAIR DISKU AER 250/50                                    | 3         |                     |
| ADVAIR DISKU AER 500/50                                    | 3         |                     |
| ADVAIR HFA AER 45/21                                       | 3         |                     |
| ADVAIR HFA AER 115/21                                      | 3         |                     |
| ADVAIR HFA AER 230/21                                      | 3         |                     |
| BREO ELLIPTA INH 100-25                                    | 3         |                     |
| BREO ELLIPTA INH 200-25                                    | 3         |                     |
| FLUTIC/VILAN INH 100-25                                    | 3         |                     |
| FLUTIC/VILAN INH 200-25                                    | 3         |                     |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 2         |                     |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 2         |                     |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 2         |                     |
| SYMBICORT AER 80-4.5                                       | 3         |                     |
| SYMBICORT AER 160-4.5                                      | 3         |                     |

| <b>Drug Name</b>               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------|------------------|----------------------------|
| <i>wixela inhub aer 100/50</i> | 2                |                            |
| <i>wixela inhub aer 250/50</i> | 2                |                            |
| <i>wixela inhub aer 500/50</i> | 2                |                            |

## **TOPICAL**

### **DERMATOLOGY, ACNE**

|                                                                    |   |        |
|--------------------------------------------------------------------|---|--------|
| <i>accutane cap 10mg</i>                                           | 3 |        |
| <i>accutane cap 20mg</i>                                           | 3 |        |
| <i>accutane cap 30mg</i>                                           | 3 |        |
| <i>accutane cap 40mg</i>                                           | 3 |        |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>                      | 3 |        |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 3 |        |
| <i>clindamycin phosphate gel 1%</i>                                | 2 |        |
| <i>clindamycin phosphate lotion 1%</i>                             | 2 |        |
| <i>clindamycin phosphate soln 1%</i>                               | 2 |        |
| <i>clindamycin phosphate swab 1%</i>                               | 2 |        |
| <i>ery pad 2%</i>                                                  | 2 |        |
| <i>erythromycin gel 2%</i>                                         | 2 |        |
| <i>erythromycin soln 2%</i>                                        | 2 |        |
| <i>myorisan cap 10mg</i>                                           | 3 |        |
| <i>myorisan cap 20mg</i>                                           | 3 |        |
| <i>myorisan cap 30mg</i>                                           | 3 |        |
| <i>myorisan cap 40mg</i>                                           | 3 |        |
| <i>sulfacetamide sodium lotion 10% (acne)</i>                      | 2 |        |
| <i>tretinoin cream 0.1%</i>                                        | 3 | PA; DL |
| <i>tretinoin cream 0.05%</i>                                       | 3 | PA; DL |
| <i>tretinoin cream 0.025%</i>                                      | 3 | PA; DL |
| <i>tretinoin gel 0.01%</i>                                         | 3 | PA; DL |
| <i>tretinoin gel 0.05%</i>                                         | 3 | PA; DL |
| <i>tretinoin gel 0.025%</i>                                        | 3 | PA; DL |

### **DERMATOLOGY, ANTIBIOTICS**

|                                      |   |  |
|--------------------------------------|---|--|
| <i>ALTABAX OIN 1%</i>                | 4 |  |
| <i>gentamicin sulfate cream 0.1%</i> | 2 |  |
| <i>gentamicin sulfate oint 0.1%</i>  | 2 |  |
| <i>mupirocin calcium cream 2%</i>    | 2 |  |
| <i>mupirocin oint 2%</i>             | 2 |  |
| <i>silver sulfadiazine cream 1%</i>  | 3 |  |
| <i>ssd cre 1%</i>                    | 3 |  |
| <i>SULFAMYLON CRE 85MG/GM</i>        | 3 |  |

### **DERMATOLOGY, ANTIFUNGALS**

|                                                    |   |  |
|----------------------------------------------------|---|--|
| <i>ciclopirox gel 0.77%</i>                        | 2 |  |
| <i>ciclopirox olamine cream 0.77% (base equiv)</i> | 2 |  |

| <b>Drug Name</b>                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------|------------------|----------------------------|
| <i>ciclopirox olamine susp 0.77% (base equiv)</i>        | 2                |                            |
| <i>ciclopirox shampoo 1%</i>                             | 3                |                            |
| <i>ciclopirox solution 8%</i>                            | 2                | DL                         |
| <i>clotrimazole cream 1%</i>                             | 2                |                            |
| <i>clotrimazole soln 1%</i>                              | 2                | QL (90 mL / 30 days)       |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i>       | 3                | QL (90 gm / 30 days)       |
| <i>ketoconazole cream 2%</i>                             | 2                |                            |
| <i>luliconazole cream 1%</i>                             | 2                |                            |
| <i>nyamyc pow 100000</i>                                 | 2                |                            |
| <i>nystatin cream 100000 unit/gm</i>                     | 2                |                            |
| <i>nystatin oint 100000 unit/gm</i>                      | 2                |                            |
| <i>nystatin topical powder 100000 unit/gm</i>            | 2                |                            |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | 3                |                            |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>  | 3                |                            |
| <i>nystop pow 100000</i>                                 | 2                |                            |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                       |                  |                            |
| <i>acitretin cap 10 mg</i>                               | 3                |                            |
| <i>acitretin cap 17.5 mg</i>                             | 3                |                            |
| <i>acitretin cap 25 mg</i>                               | 3                |                            |
| <i>calcipotriene cream 0.005%</i>                        | 4                |                            |
| <i>calcipotriene oint 0.005%</i>                         | 4                |                            |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i>             | 4                |                            |
| <i>calcitriol oint 3 mcg/gm</i>                          | 3                |                            |
| <i>methoxsalen rapid cap 10 mg</i>                       | 5                | DL                         |
| <i>tazarotene cream 0.1%</i>                             | 4                |                            |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>                      |                  |                            |
| <i>ketoconazole shampoo 2%</i>                           | 2                |                            |
| <i>selenium sulfide lotion 2.5%</i>                      | 2                |                            |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                      |                  |                            |
| <i>ala-cort cre 2.5%</i>                                 | 2                |                            |
| <i>alclometasone dipropionate cream 0.05%</i>            | 2                |                            |
| <i>alclometasone dipropionate oint 0.05%</i>             | 2                |                            |
| <i>amcinonide cream 0.1%</i>                             | 3                |                            |
| <i>amcinonide lotion 0.1%</i>                            | 3                |                            |
| <i>betamethasone dipropionate augmented cream 0.05%</i>  | 2                |                            |
| <i>betamethasone dipropionate augmented gel 0.05%</i>    | 2                |                            |
| <i>betamethasone dipropionate augmented lotion 0.05%</i> | 3                |                            |

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>betamethasone dipropionate augmented oint 0.05%</i>            | 3                |                            |
| <i>betamethasone dipropionate cream 0.05%</i>                     | 2                |                            |
| <i>betamethasone dipropionate lotion 0.05%</i>                    | 2                |                            |
| <i>betamethasone dipropionate oint 0.05%</i>                      | 2                |                            |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i>        | 2                |                            |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i>       | 2                |                            |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i>         | 2                |                            |
| <i>calcipotriene foam 0.005%</i>                                  | 4                |                            |
| <i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> | 4                |                            |
| <i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> | 4                |                            |
| <i>clobetasol e cre 0.05%</i>                                     | 4                | QL (120 gm / 30 days)      |
| <i>clobetasol propionate cream 0.05%</i>                          | 4                | QL (120 gm / 30 days)      |
| <i>clobetasol propionate emulsion foam 0.05%</i>                  | 4                | QL (100 gm / 30 days)      |
| <i>clobetasol propionate foam 0.05%</i>                           | 4                | QL (100 gm / 30 days)      |
| <i>clobetasol propionate gel 0.05%</i>                            | 4                | QL (120 gm / 30 days)      |
| <i>clobetasol propionate lotion 0.05%</i>                         | 4                | QL (120 mL / 30 days)      |
| <i>clobetasol propionate oint 0.05%</i>                           | 4                | QL (120 gm / 30 days)      |
| <i>clobetasol propionate shampoo 0.05%</i>                        | 4                | QL (120 mL / 30 days)      |
| <i>clobetasol propionate soln 0.05%</i>                           | 4                | QL (100 mL / 30 days)      |
| <i>clobetasol propionate spray 0.05%</i>                          | 4                | QL (120 mL / 30 days)      |
| <i>clocortolone pivalate cream 0.1%</i>                           | 2                |                            |
| <i>desonide cream 0.05%</i>                                       | 4                | QL (90 gm / 30 days)       |
| <i>desonide lotion 0.05%</i>                                      | 4                | QL (120 mL / 30 days)      |
| <i>desonide oint 0.05%</i>                                        | 4                | QL (90 gm / 30 days)       |
| <i>fluocinolone acetonide cream 0.01%</i>                         | 2                |                            |
| <i>fluocinolone acetonide cream 0.025%</i>                        | 2                |                            |
| <i>fluocinolone acetonide oil 0.01% (scalp oil)</i>               | 3                | QL (120 mL / 30 days)      |
| <i>fluocinolone acetonide oint 0.025%</i>                         | 2                |                            |
| <i>fluocinolone acetonide soln 0.01%</i>                          | 3                | QL (120 mL / 30 days)      |
| <i>fluocinonide cream 0.05%</i>                                   | 2                |                            |
| <i>fluocinonide emulsified base cream 0.05%</i>                   | 2                |                            |
| <i>fluocinonide gel 0.05%</i>                                     | 2                |                            |
| <i>fluocinonide oint 0.05%</i>                                    | 2                |                            |
| <i>fluocinonide soln 0.05%</i>                                    | 3                | QL (120 mL / 30 days)      |
| <i>fluticasone propionate cream 0.05%</i>                         | 2                |                            |
| <i>fluticasone propionate lotion 0.05%</i>                        | 3                | QL (120 mL / 30 days)      |
| <i>fluticasone propionate oint 0.005%</i>                         | 2                |                            |
| <i>halobetasol propionate cream 0.05%</i>                         | 3                | QL (120 gm / 30 days)      |

| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--------------------------------------------------|------------------|------------------------------|
| <i>halobetasol propionate oint 0.05%</i>         | 3                | QL (120 gm / 30 days)        |
| <i>hydrocortisone butyrate cream 0.1%</i>        | 3                |                              |
| <i>hydrocortisone butyrate oint 0.1%</i>         | 3                |                              |
| <i>hydrocortisone butyrate soln 0.1%</i>         | 3                |                              |
| <i>hydrocortisone lotion 2.5%</i>                | 2                |                              |
| <i>hydrocortisone oint 2.5%</i>                  | 2                |                              |
| <i>hydrocortisone valerate cream 0.2%</i>        | 3                |                              |
| <i>hydrocortisone valerate oint 0.2%</i>         | 3                |                              |
| <i>mometasone furoate cream 0.1%</i>             | 2                |                              |
| <i>mometasone furoate oint 0.1%</i>              | 2                |                              |
| <i>mometasone furoate solution 0.1% (lotion)</i> | 2                |                              |
| <i>tovet aer 0.05%</i>                           | 4                | QL (100 gm / 30 days)        |
| <i>triamcinolone acetonide cream 0.1%</i>        | 2                |                              |
| <i>triamcinolone acetonide cream 0.5%</i>        | 2                |                              |
| <i>triamcinolone acetonide cream 0.025%</i>      | 2                |                              |
| <i>triamcinolone acetonide lotion 0.1%</i>       | 2                |                              |
| <i>triamcinolone acetonide lotion 0.025%</i>     | 2                |                              |
| <i>triamcinolone acetonide oint 0.1%</i>         | 2                |                              |
| <i>triamcinolone acetonide oint 0.5%</i>         | 2                |                              |
| <i>triamcinolone acetonide oint 0.025%</i>       | 2                |                              |
| <i>triderm cre 0.5%</i>                          | 2                |                              |
| VERDESO AER 0.05%                                | 5                | QL (100 gm / 30 days);<br>DL |

### **DERMATOLOGY, LOCAL ANESTHETICS**

|                                            |   |                                  |
|--------------------------------------------|---|----------------------------------|
| <i>lidocaine hcl soln 4%</i>               | 3 | QL (50 mL / 30 days),<br>PA      |
| <i>lidocaine oint 5%</i>                   | 3 | PA                               |
| <i>lidocaine patch 5%</i>                  | 3 | QL (90 patches / 30<br>days), PA |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i> | 2 | QL (30 gm / 30 days)             |

### **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

|                                                                |   |                       |
|----------------------------------------------------------------|---|-----------------------|
| <i>acyclovir oint 5%</i>                                       | 3 |                       |
| <i>azelaic acid gel 15%</i>                                    | 2 |                       |
| <i>bexarotene gel 1%</i>                                       | 5 | NM, PA; DL            |
| <i>diclofenac sodium gel 1% (1.16%<br/>diethylamine equiv)</i> | 2 | QL (500 gm / 30 days) |
| <i>diclofenac sodium soln 1.5%</i>                             | 3 | QL (300 mL / 30 days) |
| EUCRISA OIN 2%                                                 | 4 |                       |
| FLUOROPLEX CRE 1%                                              | 5 | DL                    |
| <i>fluorouracil cream 0.5%</i>                                 | 5 | DL                    |
| <i>fluorouracil cream 5%</i>                                   | 3 |                       |
| <i>fluorouracil soln 2%</i>                                    | 2 |                       |
| <i>fluorouracil soln 5%</i>                                    | 2 |                       |
| <i>hydrocortisone perianal cream 2.5%</i>                      | 2 |                       |

| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------|------------------|----------------------------|
| <i>imiquimod cream 5%</i>                        | 3                |                            |
| <i>lactic acid (ammonium lactate) cream 12%</i>  | 2                |                            |
| <i>lactic acid (ammonium lactate) lotion 12%</i> | 2                |                            |
| <i>metronidazole cream 0.75%</i>                 | 2                |                            |
| <i>metronidazole gel 0.75%</i>                   | 2                |                            |
| <i>metronidazole lotion 0.75%</i>                | 2                |                            |
| PANRETIN GEL 0.1%                                | 5                | DL                         |
| <i>pimecrolimus cream 1%</i>                     | 3                |                            |
| <i>podofilox soln 0.5%</i>                       | 2                |                            |
| <i>procto-med cre hc 2.5%</i>                    | 2                |                            |
| <i>procto-pak cre 1%</i>                         | 2                |                            |
| <i>proctosol hc cre 2.5%</i>                     | 2                |                            |
| <i>proctozone cre -hc 2.5%</i>                   | 2                |                            |
| QBREXZA PAD 2.4%                                 | 4                | QL (30 pledgets / 30 days) |
| RECTIV OIN 0.4%                                  | 4                |                            |
| <i>tacrolimus oint 0.1%</i>                      | 3                |                            |
| <i>tacrolimus oint 0.03%</i>                     | 3                |                            |
| TARGETIN GEL 1%                                  | 5                | NM, PA; DL                 |
| VALCHLOR GEL 0.016%                              | 5                | NM, LA, PA; DL             |
| ZYCLARA PUMP CRE 2.5%                            | 5                | DL                         |

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

|                              |   |  |
|------------------------------|---|--|
| <i>malathion lotion 0.5%</i> | 2 |  |
| <i>permethrin cream 5%</i>   | 2 |  |
| <i>spinosad susp 0.9%</i>    | 2 |  |

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

|                                                      |   |                          |
|------------------------------------------------------|---|--------------------------|
| <i>lactated ringer's for irrigation</i>              | 3 |                          |
| REGRANEX GEL 0.01%                                   | 5 | QL (30 gm / 30 days); DL |
| <i>ringer's solution for irrigation</i>              | 3 |                          |
| SANTYL OIN 250/GM                                    | 3 |                          |
| <i>sodium chloride irrigation soln 0.9%</i>          | 3 |                          |
| <i>water for irrigation, sterile irrigation soln</i> | 3 |                          |

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

|                                           |   |    |
|-------------------------------------------|---|----|
| ARESTIN MIS 1MG                           | 4 | NM |
| <i>cevimeline hcl cap 30 mg</i>           | 3 |    |
| <i>chlorhexidine gluconate soln 0.12%</i> | 2 |    |
| <i>clotrimazole troche 10 mg</i>          | 2 |    |
| <i>lidocaine hcl viscous soln 2%</i>      | 2 |    |
| <i>nystatin susp 100000 unit/ml</i>       | 2 |    |
| <i>periogard sol 0.12%</i>                | 2 |    |
| <i>pilocarpine hcl tab 5 mg</i>           | 2 |    |
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| <i>azelastine hcl nasal spray 0.15%</i>        |     | <i>benzoyl peroxide-erythromycin gel 5-</i>        |     |
| <i>(205.5 mcg/spray)</i> .....                 | 97  | 3% .....                                           | 101 |
| <i>azelastine hcl ophth soln 0.05%</i> .....   | 95  | <i>benztropine mesylate inj 1 mg/ml</i> ....       | 50  |
| <i>azelastine hcl-fluticasone prop nasal</i>   |     | <i>benztropine mesylate tab 0.5 mg</i> ....        | 50  |
| <i>spray 137-50 mcg/act</i> .....              | 97  | <i>benztropine mesylate tab 1 mg</i> .....         | 50  |
| <i>azithromycin for susp 100 mg/5ml</i> ...    | 13  | <i>benztropine mesylate tab 2 mg</i> .....         | 50  |
| <i>azithromycin for susp 200 mg/5ml</i> ...    | 13  | <i>bepotastine besilate ophth soln 1.5%</i> 95     |     |
| <i>azithromycin iv for soln 500 mg</i> .....   | 13  | BESREMI SOL 500MCG .....                           | 19  |
| <i>azithromycin tab 250 mg</i> .....           | 13  | <i>betaine powder for oral solution</i> .....      | 73  |
| <i>azithromycin tab 500 mg</i> .....           | 13  | <i>betamethasone dipropionate</i>                  |     |
| <i>azithromycin tab 600 mg</i> .....           | 13  | <i>augmented cream 0.05%</i> .....                 | 102 |
| <i>aztreonam for inj 1 gm</i> .....            | 4   | <i>betamethasone dipropionate</i>                  |     |
| <b>B</b>                                       |     | <i>augmented gel 0.05%</i> .....                   | 102 |
| <i>baciim inj 50000unt</i> .....               | 4   | <i>betamethasone dipropionate</i>                  |     |
| <i>bacitracin ophth oint 500 unit/gm</i> ....  | 94  | <i>augmented lotion 0.05%</i> .....                | 102 |
| <i>bacitracin-polymyxin b ophth oint</i> ..... | 94  | <i>betamethasone dipropionate</i>                  |     |
| <i>bacitracin-polymyxin-neomycin-hc</i>        |     | <i>augmented oint 0.05%</i> .....                  | 103 |
| <i>ophth oint 1%</i> .....                     | 93  | <i>betamethasone dipropionate cream</i>            |     |
| <i>baclofen tab 10 mg</i> .....                | 60  | 0.05% .....                                        | 103 |
| <i>baclofen tab 20 mg</i> .....                | 61  | <i>betamethasone dipropionate lotion</i>           |     |
| BAFIERTAM CAP 95MG .....                       | 60  | 0.05% .....                                        | 103 |
| BALCOLTRA TAB 0.1-20 .....                     | 67  | <i>betamethasone dipropionate oint</i>             |     |
| <i>balsalazide disodium cap 750 mg</i> ....    | 81  | 0.05% .....                                        | 103 |
| BALVERSA TAB 3MG .....                         | 21  | <i>betamethasone valerate cream 0.1%</i>           |     |
| BALVERSA TAB 4MG .....                         | 21  | <i>(base equivalent)</i> .....                     | 103 |
| BALVERSA TAB 5MG .....                         | 21  | <i>betamethasone valerate lotion 0.1%</i>          |     |
| <i>balziva tab</i> .....                       | 67  | <i>(base equivalent)</i> .....                     | 103 |

|                                                                       |     |                                                                               |     |
|-----------------------------------------------------------------------|-----|-------------------------------------------------------------------------------|-----|
| <i>betamethasone valerate oint 0.1%<br/>(base equivalent)</i> .....   | 103 | <i>briellyn tab</i> .....                                                     | 67  |
| BETASERON INJ 0.3MG .....                                             | 60  | BRILINTA TAB 60MG .....                                                       | 87  |
| <i>betaxolol hcl ophth soln 0.5%</i> .....                            | 95  | BRILINTA TAB 90MG .....                                                       | 87  |
| <i>betaxolol hcl tab 10 mg</i> .....                                  | 34  | <i>brimonidine tartrate ophth soln 0.15%</i><br>.....                         | 95  |
| <i>betaxolol hcl tab 20 mg</i> .....                                  | 34  | <i>brimonidine tartrate ophth soln 0.2%</i> 95                                |     |
| <i>bethanechol chloride tab 10 mg</i> .....                           | 83  | <i>brimonidine tartrate-timolol maleate<br/>ophth soln 0.2-0.5%</i> .....     | 95  |
| <i>bethanechol chloride tab 25 mg</i> .....                           | 83  | <i>brinzolamide ophth susp 1%</i> .....                                       | 95  |
| <i>bethanechol chloride tab 5 mg</i> .....                            | 83  | BRIVIACT INJ 50MG/5ML .....                                                   | 41  |
| <i>bethanechol chloride tab 50 mg</i> .....                           | 83  | BRIVIACT SOL 10MG/ML .....                                                    | 41  |
| BETOPTIC-S SUS 0.25% OP .....                                         | 95  | BRIVIACT TAB 100MG .....                                                      | 41  |
| BEVESPI AER 9-4.8MCG .....                                            | 97  | BRIVIACT TAB 10MG .....                                                       | 41  |
| <i>bexarotene cap 75 mg</i> .....                                     | 19  | BRIVIACT TAB 25MG .....                                                       | 41  |
| <i>bexarotene gel 1%</i> .....                                        | 104 | BRIVIACT TAB 50MG .....                                                       | 41  |
| BEXSERO INJ .....                                                     | 91  | BRIVIACT TAB 75MG .....                                                       | 41  |
| <i>bicalutamide tab 50 mg</i> .....                                   | 18  | <i>bromfenac sodium ophth soln 0.09%</i><br>(base equiv) (once-daily) .....   | 94  |
| BICILLIN C-R INJ 1200000 .....                                        | 15  | <i>bromocriptine mesylate tab 2.5 mg<br/>(base equivalent)</i> .....          | 50  |
| BICILLIN C-R INJ 900/300 .....                                        | 15  | BRUKINSA CAP 80MG .....                                                       | 21  |
| BICILLIN L-A INJ 1200000 .....                                        | 15  | <i>budesonide delayed release particles<br/>cap 3 mg</i> .....                | 81  |
| BICILLIN L-A INJ 2400000 .....                                        | 15  | <i>budesonide inhalation susp 0.25<br/>mg/2ml</i> .....                       | 100 |
| BICILLIN L-A INJ 600000 .....                                         | 15  | <i>budesonide inhalation susp 0.5 mg/2ml</i><br>.....                         | 100 |
| BICNU INJ 100MG .....                                                 | 16  | <i>budesonide inhalation susp 1 mg/2ml</i><br>.....                           | 100 |
| BIJUVA CAP 1-100MG .....                                              | 71  | <i>budesonide tab er 24hr 9 mg</i> .....                                      | 81  |
| BIKTARVY TAB .....                                                    | 9   | <i>bumetanide tab 0.5 mg</i> .....                                            | 37  |
| <i>bimatoprost ophth soln 0.03%</i> .....                             | 95  | <i>bumetanide tab 1 mg</i> .....                                              | 37  |
| <i>bisoprolol &amp; hydrochlorothiazide tab<br/>10-6.25 mg</i> .....  | 33  | <i>bumetanide tab 2 mg</i> .....                                              | 37  |
| <i>bisoprolol &amp; hydrochlorothiazide tab<br/>2.5-6.25 mg</i> ..... | 33  | <i>buprenorphine hcl inj 0.3 mg/ml (base<br/>equiv)</i> .....                 | 3   |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-<br/>6.25 mg</i> .....  | 33  | <i>buprenorphine hcl sl tab 2 mg (base<br/>equiv)</i> .....                   | 61  |
| <i>bisoprolol fumarate tab 10 mg</i> .....                            | 34  | <i>buprenorphine hcl sl tab 8 mg (base<br/>equiv)</i> .....                   | 61  |
| <i>bisoprolol fumarate tab 5 mg</i> .....                             | 34  | <i>buprenorphine hcl-naloxone hcl sl film<br/>12-3 mg (base equiv)</i> .....  | 61  |
| BIVIGAM INJ 10% .....                                                 | 88  | <i>buprenorphine hcl-naloxone hcl sl film<br/>2-0.5 mg (base equiv)</i> ..... | 61  |
| <i>bleomycin sulfate for inj 15 unit</i> .....                        | 17  | <i>buprenorphine hcl-naloxone hcl sl film<br/>4-1 mg (base equiv)</i> .....   | 61  |
| <i>bleomycin sulfate for inj 30 unit</i> .....                        | 17  | <i>buprenorphine hcl-naloxone hcl sl film<br/>8-2 mg (base equiv)</i> .....   | 61  |
| BLEPHAMIDE OIN S.O.P. ....                                            | 94  |                                                                               |     |
| <i>blisovi 24 tab fe 1/20</i> .....                                   | 67  |                                                                               |     |
| <i>blisovi fe tab 1.5/30</i> .....                                    | 67  |                                                                               |     |
| BOOSTRIX INJ .....                                                    | 91  |                                                                               |     |
| BOSULIF TAB 100MG .....                                               | 21  |                                                                               |     |
| BOSULIF TAB 400MG .....                                               | 21  |                                                                               |     |
| BOSULIF TAB 500MG .....                                               | 21  |                                                                               |     |
| BRAFTOVI CAP 75MG .....                                               | 21  |                                                                               |     |
| BREO ELLIPTA INH 100-25 .....                                         | 100 |                                                                               |     |
| BREO ELLIPTA INH 200-25 .....                                         | 100 |                                                                               |     |
| BREZTRI AERO AER SPHERE .....                                         | 98  |                                                                               |     |

|                                                |    |
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| <i>buprenorphine hcl-naloxone hcl sl tab</i>   |    |
| 2-0.5 mg (base equiv) .....                    | 61 |
| <i>buprenorphine hcl-naloxone hcl sl tab</i>   |    |
| 8-2 mg (base equiv) .....                      | 61 |
| <i>buprenorphine td patch weekly 10</i>        |    |
| mcg/hr .....                                   | 2  |
| <i>buprenorphine td patch weekly 15</i>        |    |
| mcg/hr .....                                   | 2  |
| <i>buprenorphine td patch weekly 20</i>        |    |
| mcg/hr .....                                   | 2  |
| <i>buprenorphine td patch weekly 5</i>         |    |
| mcg/hr .....                                   | 2  |
| <i>buprenorphine td patch weekly 7.5</i>       |    |
| mcg/hr .....                                   | 2  |
| <i>bupropion hcl (smoking deterrent) tab</i>   |    |
| er 12hr 150 mg .....                           | 62 |
| <i>bupropion hcl tab 100 mg</i> .....          | 47 |
| <i>bupropion hcl tab 75 mg</i> .....           | 47 |
| <i>bupropion hcl tab er 12hr 100 mg</i> ....   | 47 |
| <i>bupropion hcl tab er 12hr 150 mg</i> ....   | 47 |
| <i>bupropion hcl tab er 12hr 200 mg</i> ....   | 47 |
| <i>bupropion hcl tab er 24hr 150 mg</i> ....   | 47 |
| <i>bupropion hcl tab er 24hr 300 mg</i> ....   | 47 |
| <i>buspirone hcl tab 10 mg</i> .....           | 40 |
| <i>buspirone hcl tab 15 mg</i> .....           | 40 |
| <i>buspirone hcl tab 30 mg</i> .....           | 40 |
| <i>buspirone hcl tab 5 mg</i> .....            | 40 |
| <i>buspirone hcl tab 7.5 mg</i> .....          | 40 |
| <i>busulfan inj 6 mg/ml</i> .....              | 16 |
| <i>butalbital-acetaminophen tab 50-325</i>     |    |
| mg .....                                       | 1  |
| <i>butalbital-acetaminophen-caff w/ cod</i>    |    |
| cap 50-325-40-30 mg .....                      | 3  |
| <i>butalbital-acetaminophen-caffeine cap</i>   |    |
| 50-300-40 mg .....                             | 1  |
| <i>butalbital-acetaminophen-caffeine cap</i>   |    |
| 50-325-40 mg .....                             | 1  |
| <i>butalbital-acetaminophen-caffeine tab</i>   |    |
| 50-325-40 mg .....                             | 1  |
| <i>butalbital-aspirin-caffeine cap 50-325-</i> |    |
| 40 mg .....                                    | 1  |
| <i>butorphanol tartrate inj 1 mg/ml</i> .....  | 3  |
| <i>butorphanol tartrate inj 2 mg/ml</i> .....  | 3  |
| <i>butorphanol tartrate nasal soln 10</i>      |    |
| mg/ml .....                                    | 3  |
| <i>BYDUREON BC INJ 2/0.85ML</i> .....          | 63 |
| <i>BYDUREON INJ 2MG</i> .....                  | 63 |

|                                               |     |
|-----------------------------------------------|-----|
| <i>BYETTA INJ 10MCG</i> .....                 | 63  |
| <i>BYETTA INJ 5MCG</i> .....                  | 63  |
| <b>C</b>                                      |     |
| <i>cabergoline tab 0.5 mg</i> .....           | 73  |
| <i>CABLIVI KIT 11MG</i> .....                 | 86  |
| <i>CABOMETYX TAB 20MG</i> .....               | 21  |
| <i>CABOMETYX TAB 40MG</i> .....               | 21  |
| <i>CABOMETYX TAB 60MG</i> .....               | 21  |
| <i>calcipotriene cream 0.005%</i> .....       | 102 |
| <i>calcipotriene foam 0.005%</i> .....        | 103 |
| <i>calcipotriene oint 0.005%</i> .....        | 102 |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i>  |     |
| .....                                         | 102 |
| <i>calcipotriene-betamethasone</i>            |     |
| <i>dipropionate oint 0.005-0.064%..</i>       | 103 |
| <i>calcipotriene-betamethasone</i>            |     |
| <i>dipropionate susp 0.005-0.064%.</i>        | 103 |
| <i>calcitonin (salmon) nasal soln 200</i>     |     |
| <i>unit/act</i> .....                         | 66  |
| <i>calcitriol cap 0.25 mcg</i> .....          | 79  |
| <i>calcitriol cap 0.5 mcg</i> .....           | 79  |
| <i>calcitriol inj 1 mcg/ml</i> .....          | 79  |
| <i>calcitriol oint 3 mcg/gm</i> .....         | 102 |
| <i>calcitriol oral soln 1 mcg/ml</i> .....    | 79  |
| <i>calcium acetate (phosphate binder) cap</i> |     |
| 667 mg (169 mg ca) .....                      | 75  |
| <i>calcium acetate (phosphate binder) tab</i> |     |
| 667 mg .....                                  | 75  |
| <i>CALQUENCE CAP 100MG</i> .....              | 21  |
| <i>CALQUENCE TAB 100MG</i> .....              | 21  |
| <i>camila tab 0.35mg</i> .....                | 68  |
| <i>camrese lo tab</i> .....                   | 68  |
| <i>candesartan cilexetil tab 16 mg</i> .....  | 30  |
| <i>candesartan cilexetil tab 32 mg</i> .....  | 30  |
| <i>candesartan cilexetil tab 4 mg</i> .....   | 30  |
| <i>candesartan cilexetil tab 8 mg</i> .....   | 30  |
| <i>candesartan cilexetil-</i>                 |     |
| <i>hydrochlorothiazide tab 16-12.5 mg</i>     |     |
| .....                                         | 29  |
| <i>candesartan cilexetil-</i>                 |     |
| <i>hydrochlorothiazide tab 32-12.5 mg</i>     |     |
| .....                                         | 29  |
| <i>candesartan cilexetil-</i>                 |     |
| <i>hydrochlorothiazide tab 32-25 mg</i> .     | 29  |
| <i>CAPASTAT SUL INJ 1GM</i> .....             | 10  |
| <i>CAPLYTA CAP 10.5MG</i> .....               | 52  |
| <i>CAPLYTA CAP 21MG</i> .....                 | 52  |



|                                       |    |                                         |    |
|---------------------------------------|----|-----------------------------------------|----|
| CAPLYTA CAP 42MG.....                 | 52 | carteolol hcl ophth soln 1% .....       | 95 |
| CAPRELSA TAB 100MG.....               | 21 | cartia xt cap 120/24hr .....            | 35 |
| CAPRELSA TAB 300MG.....               | 21 | cartia xt cap 180/24hr .....            | 35 |
| captopril tab 100 mg .....            | 27 | cartia xt cap 240/24hr .....            | 35 |
| captopril tab 12.5 mg .....           | 27 | cartia xt cap 300/24hr .....            | 35 |
| captopril tab 25 mg .....             | 27 | carvedilol phosphate cap er 24hr 10     |    |
| captopril tab 50 mg .....             | 27 | mg .....                                | 34 |
| carbamazepine cap er 12hr 100 mg ..   | 41 | carvedilol phosphate cap er 24hr 20     |    |
| carbamazepine cap er 12hr 200 mg ..   | 41 | mg .....                                | 34 |
| carbamazepine cap er 12hr 300 mg ..   | 41 | carvedilol phosphate cap er 24hr 40     |    |
| carbamazepine chew tab 100 mg ....    | 41 | mg .....                                | 34 |
| carbamazepine susp 100 mg/5ml ....    | 41 | carvedilol phosphate cap er 24hr 80     |    |
| carbamazepine tab 200 mg .....        | 41 | mg .....                                | 34 |
| carbamazepine tab er 12hr 100 mg ..   | 41 | carvedilol tab 12.5 mg .....            | 34 |
| carbamazepine tab er 12hr 200 mg ..   | 41 | carvedilol tab 25 mg .....              | 34 |
| carbamazepine tab er 12hr 400 mg ..   | 41 | carvedilol tab 3.125 mg .....           | 34 |
| carbidopa & levodopa orally           |    | carvedilol tab 6.25 mg .....            | 34 |
| disintegrating tab 10-100 mg .....    | 50 | CAYSTON INH 75MG.....                   | 4  |
| carbidopa & levodopa orally           |    | cefaclor cap 250 mg .....               | 12 |
| disintegrating tab 25-100 mg .....    | 50 | cefaclor cap 500 mg .....               | 12 |
| carbidopa & levodopa orally           |    | cefadroxil cap 500 mg.....              | 12 |
| disintegrating tab 25-250 mg .....    | 50 | cefadroxil for susp 250 mg/5ml.....     | 12 |
| carbidopa & levodopa tab 10-100 mg    | 50 | cefadroxil for susp 500 mg/5ml.....     | 12 |
| carbidopa & levodopa tab 25-100 mg    | 50 | cefadroxil tab 1 gm .....               | 12 |
| carbidopa & levodopa tab 25-250 mg    | 50 | cefazolin sodium for inj 1 gm .....     | 12 |
| carbidopa & levodopa tab er 25-100    |    | cefazolin sodium for inj 10 gm .....    | 12 |
| mg .....                              | 51 | cefazolin sodium for inj 500 mg .....   | 12 |
| carbidopa & levodopa tab er 50-200    |    | cefdinir cap 300 mg.....                | 12 |
| mg .....                              | 51 | cefdinir for susp 125 mg/5ml.....       | 12 |
| carbidopa tab 25 mg.....              | 51 | cefdinir for susp 250 mg/5ml.....       | 12 |
| carbidopa-levodopa-entacapone tabs    |    | cefepime hcl for inj 1 gm.....          | 12 |
| 12.5-50-200 mg.....                   | 51 | cefepime hcl for inj 2 gm.....          | 12 |
| carbidopa-levodopa-entacapone tabs    |    | cefixime cap 400 mg .....               | 12 |
| 18.75-75-200 mg .....                 | 51 | cefixime for susp 100 mg/5ml.....       | 12 |
| carbidopa-levodopa-entacapone tabs    |    | cefixime for susp 200 mg/5ml.....       | 12 |
| 25-100-200 mg .....                   | 51 | cefotetan disodium for inj 1 gm .....   | 12 |
| carbidopa-levodopa-entacapone tabs    |    | cefotetan disodium for inj 2 gm .....   | 12 |
| 31.25-125-200 mg .....                | 51 | cefoxitin sodium for iv soln 1 gm.....  | 12 |
| carbidopa-levodopa-entacapone tabs    |    | cefoxitin sodium for iv soln 10 gm .... | 12 |
| 37.5-150-200 mg .....                 | 51 | cefoxitin sodium for iv soln 2 gm.....  | 12 |
| carbidopa-levodopa-entacapone tabs    |    | cefpodoxime proxetil for susp 100       |    |
| 50-200-200 mg.....                    | 51 | mg/5ml.....                             | 12 |
| carboplatin iv soln 150 mg/15ml ..... | 16 | cefpodoxime proxetil for susp 50        |    |
| carboplatin iv soln 450 mg/45ml ..... | 16 | mg/5ml.....                             | 12 |
| carboplatin iv soln 50 mg/5ml.....    | 16 | cefpodoxime proxetil tab 100 mg ....    | 12 |
| carboplatin iv soln 600 mg/60ml ..... | 16 | cefpodoxime proxetil tab 200 mg ....    | 12 |
| carglumic acid soluble tab 200 mg.... | 73 | cefprozil for susp 125 mg/5ml .....     | 12 |

|                                                       |     |                                                                  |     |
|-------------------------------------------------------|-----|------------------------------------------------------------------|-----|
| <i>cefprozil for susp 250 mg/5ml</i> .....            | 12  | <i>ciclopirox olamine cream 0.77% (base equiv)</i> .....         | 101 |
| <i>cefprozil tab 250 mg</i> .....                     | 12  | <i>ciclopirox olamine susp 0.77% (base equiv)</i> .....          | 102 |
| <i>cefprozil tab 500 mg</i> .....                     | 12  | <i>ciclopirox shampoo 1%</i> .....                               | 102 |
| <i>ceftazidime for inj 1 gm</i> .....                 | 12  | <i>ciclopirox solution 8%</i> .....                              | 102 |
| <i>ceftazidime for inj 6 gm</i> .....                 | 12  | <i>cidofovir iv inj 75 mg/ml</i> .....                           | 11  |
| <i>ceftriaxone sodium for inj 1 gm</i> .....          | 12  | <i>cilostazol tab 100 mg</i> .....                               | 86  |
| <i>ceftriaxone sodium for inj 10 gm</i> .....         | 12  | <i>cilostazol tab 50 mg</i> .....                                | 86  |
| <i>ceftriaxone sodium for inj 2 gm</i> .....          | 12  | <i>CILOXAN OIN 0.3% OP</i> .....                                 | 94  |
| <i>ceftriaxone sodium for inj 250 mg</i> ....         | 12  | <i>CIMDUO TAB 300-300</i> .....                                  | 9   |
| <i>ceftriaxone sodium for inj 500 mg</i> ....         | 12  | <i>cinacalcet hcl tab 30 mg (base equiv)</i> .....               | 73  |
| <i>cefuroxime axetil tab 250 mg</i> .....             | 12  | <i>cinacalcet hcl tab 60 mg (base equiv)</i> .....               | 73  |
| <i>cefuroxime axetil tab 500 mg</i> .....             | 12  | <i>cinacalcet hcl tab 90 mg (base equiv)</i> .....               | 73  |
| <i>cefuroxime sodium for inj 750 mg</i> ....          | 12  | <i>CINRYZE SOL 500 UNIT</i> .....                                | 86  |
| <i>cefuroxime sodium for iv soln 1.5 gm</i> .....     | 12  | <i>CIPRO HC SUS OTIC</i> .....                                   | 96  |
| <i>celecoxib cap 100 mg</i> .....                     | 1   | <i>ciprofloxacin 200 mg/100ml in d5w</i> ..                      | 13  |
| <i>celecoxib cap 200 mg</i> .....                     | 1   | <i>ciprofloxacin 400 mg/200ml in d5w</i> ..                      | 13  |
| <i>celecoxib cap 400 mg</i> .....                     | 1   | <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> ..... | 94  |
| <i>celecoxib cap 50 mg</i> .....                      | 1   | <i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i> .....  | 96  |
| <i>CELONTIN CAP 300MG</i> .....                       | 41  | <i>ciprofloxacin hcl tab 100 mg (base equiv)</i> .....           | 13  |
| <i>cephalexin cap 250 mg</i> .....                    | 13  | <i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....           | 14  |
| <i>cephalexin cap 500 mg</i> .....                    | 13  | <i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....           | 14  |
| <i>cephalexin for susp 125 mg/5ml</i> .....           | 13  | <i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....           | 14  |
| <i>cephalexin for susp 250 mg/5ml</i> .....           | 13  | <i>ciprofloxacin iv soln 200 mg/20ml (1%)</i> .....              | 14  |
| <i>cephalexin tab 250 mg</i> .....                    | 13  | <i>ciprofloxacin iv soln 400 mg/40ml (1%)</i> .....              | 14  |
| <i>cephalexin tab 500 mg</i> .....                    | 13  | <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....      | 96  |
| <i>cevimeline hcl cap 30 mg</i> .....                 | 105 | <i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .....                | 16  |
| <i>CHEMET CAP 100MG</i> .....                         | 67  | <i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..                     | 16  |
| <i>chlordiazepoxide hcl cap 10 mg</i> .....           | 40  | <i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....         | 47  |
| <i>chlordiazepoxide hcl cap 25 mg</i> .....           | 40  | <i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....      | 47  |
| <i>chlordiazepoxide hcl cap 5 mg</i> .....            | 40  |                                                                  |     |
| <i>chlorhexidine gluconate soln 0.12%</i> 105         |     |                                                                  |     |
| <i>chloroquine phosphate tab 250 mg</i> ....          | 7   |                                                                  |     |
| <i>chloroquine phosphate tab 500 mg</i> ....          | 7   |                                                                  |     |
| <i>chlorpromazine hcl inj 50 mg/2ml</i> ....          | 52  |                                                                  |     |
| <i>chlorpromazine hcl tab 10 mg</i> .....             | 52  |                                                                  |     |
| <i>chlorpromazine hcl tab 100 mg</i> .....            | 52  |                                                                  |     |
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| <i>cholestyramine powder packets 4 gm</i> 33          |     |                                                                  |     |
| <i>ciclopirox gel 0.77%</i> .....                     | 101 |                                                                  |     |

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| <i>citalopram hydrobromide tab 40 mg</i><br>(base equiv) .....                   | 47  |
| <i>clarithromycin for susp 125 mg/5ml</i> .                                      | 13  |
| <i>clarithromycin for susp 250 mg/5ml</i> .                                      | 13  |
| <i>clarithromycin tab 250 mg</i> .....                                           | 13  |
| <i>clarithromycin tab 500 mg</i> .....                                           | 13  |
| <i>clarithromycin tab er 24hr 500 mg</i> ...                                     | 13  |
| <i>CLEOCIN SUP 100MG</i> .....                                                   | 84  |
| <i>clindamycin hcl cap 150 mg</i> .....                                          | 4   |
| <i>clindamycin hcl cap 300 mg</i> .....                                          | 4   |
| <i>clindamycin hcl cap 75 mg</i> .....                                           | 4   |
| <i>clindamycin palmitate hcl for soln 75</i><br><i>mg/5ml (base equiv)</i> ..... | 4   |
| <i>clindamycin phosphate gel 1%</i> .....                                        | 101 |
| <i>clindamycin phosphate in d5w iv soln</i><br><i>300 mg/50ml</i> .....          | 5   |
| <i>clindamycin phosphate in d5w iv soln</i><br><i>600 mg/50ml</i> .....          | 5   |
| <i>clindamycin phosphate in d5w iv soln</i><br><i>900 mg/50ml</i> .....          | 5   |
| <i>clindamycin phosphate inj 300 mg/2ml</i><br>.....                             | 5   |
| <i>clindamycin phosphate inj 600 mg/4ml</i><br>.....                             | 5   |
| <i>clindamycin phosphate inj 900 mg/6ml</i><br>.....                             | 5   |
| <i>clindamycin phosphate lotion 1%</i> ...                                       | 101 |
| <i>clindamycin phosphate soln 1%</i> ....                                        | 101 |
| <i>clindamycin phosphate swab 1%</i> ....                                        | 101 |
| <i>clindamycin phosphate vaginal cream</i><br><i>2%</i> .....                    | 84  |
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| <i>clobazam tab 10 mg</i> .....                                                  | 41  |
| <i>clobazam tab 20 mg</i> .....                                                  | 41  |
| <i>clobetasol e cre 0.05%</i> .....                                              | 103 |
| <i>clobetasol propionate cream 0.05%</i>                                         | 103 |
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| <i>clobetasol propionate shampoo 0.05%</i><br>.....                              | 103 |
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| <i>clonazepam orally disintegrating tab</i><br><i>0.5 mg</i> .....               | 41  |
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| <i>clonazepam orally disintegrating tab 2</i><br><i>mg</i> .....                 | 41  |
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| <i>clorazepate dipotassium tab 15 mg</i> ..                                      | 42  |
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| <i>clotrimazole troche 10 mg</i> .....                                           | 105 |
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| <i>clozapine orally disintegrating tab 12.5</i><br><i>mg</i> .....               | 53  |
| <i>clozapine orally disintegrating tab 150</i><br><i>mg</i> .....                | 53  |
| <i>clozapine orally disintegrating tab 200</i><br><i>mg</i> .....                | 53  |
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| <i>clozapine tab 200 mg</i> .....             | 53 | <i>cyclosporine modified cap 100 mg</i> .... | 90 |
| <i>clozapine tab 25 mg</i> .....              | 53 | <i>cyclosporine modified cap 25 mg</i> ..... | 90 |
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| <i>colchicine tab 0.6 mg</i> .....            | 1  | <i>mg/ml</i> .....                           | 90 |
| <i>colchicine w/ probenecid tab 0.5-500</i>   |    | <i>cyproheptadine hcl tab 4 mg</i> .....     | 97 |
| <i>mg</i> .....                               | 1  | CYRAMZA INJ 100/10ML .....                   | 21 |
| <i>colesevelam hcl tab 625 mg</i> .....       | 33 | CYRAMZA INJ 500/50ML .....                   | 21 |
| <i>colestipol hcl granule packets 5 gm</i> .. | 33 | CYSTADROPS SOL 0.37%.....                    | 96 |
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| CREON CAP 3000UNIT .....                      | 82 | <i>dapsone tab 25 mg</i> .....               | 5  |
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| <i>cromolyn sodium oral conc 100 mg/5ml</i>   |    | <i>15 mg (base equiv)</i> .....              | 84 |
| .....                                         | 82 | <i>darifenacin hydrobromide tab er 24hr</i>  |    |
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| <i>cyclobenzaprine hcl tab 5 mg</i> .....     | 61 | <i>(base equiv)</i> .....                    | 17 |
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| <i>cyclophosphamide cap 25 mg</i> .....       | 16 | <i>deblitane tab 0.35mg</i> .....            | 68 |
| <i>cyclophosphamide cap 50 mg</i> .....       | 16 | <i>decitabine for inj 50 mg</i> .....        | 17 |
| <i>cyclosporine (ophth) emulsion 0.05%</i>    |    | <i>deferasirox granules packet 180 mg</i> .  | 67 |
| .....                                         | 96 | <i>deferasirox granules packet 360 mg</i> .  | 67 |
| <i>cyclosporine cap 100 mg</i> .....          | 90 | <i>deferasirox granules packet 90 mg</i> ... | 67 |
| <i>cyclosporine cap 25 mg</i> .....           | 90 | <i>deferasirox tab 180 mg</i> .....          | 67 |
| <i>cyclosporine iv soln 50 mg/ml</i> .....    | 90 | <i>deferasirox tab 360 mg</i> .....          | 67 |

|                                                     |     |                                                |    |
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| <i>deferasirox tab 90 mg</i> .....                  | 67  | <i>dexamethasone tab 0.75 mg</i> .....         | 72 |
| <i>deferasirox tab for oral susp 125 mg</i>         | 67  | <i>dexamethasone tab 1 mg</i> .....            | 72 |
| <i>deferasirox tab for oral susp 250 mg</i>         | 67  | <i>dexamethasone tab 1.5 mg</i> .....          | 72 |
| <i>deferasirox tab for oral susp 500 mg</i>         | 67  | <i>dexamethasone tab 2 mg</i> .....            | 72 |
| <i>deferiprone tab 1000 mg</i> .....                | 67  | <i>dexamethasone tab 4 mg</i> .....            | 72 |
| <i>deferiprone tab 500 mg</i> .....                 | 67  | <i>dexamethasone tab 6 mg</i> .....            | 72 |
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| <i>delyla tab 0.1-0.02</i> .....                    | 68  | <i>mg</i> .....                                | 83 |
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| DEPO-MEDROL INJ 40MG/ML .....                       | 72  | <i>dexmethylphenidate hcl tab 10 mg</i> ...    | 57 |
| DEPO-MEDROL INJ 80MG/ML .....                       | 72  | <i>dexmethylphenidate hcl tab 2.5 mg</i> ..    | 57 |
| DEPO-SQ PROV INJ 104 .....                          | 68  | <i>dexmethylphenidate hcl tab 5 mg</i> ....    | 57 |
| DESCOVY TAB 120-15MG .....                          | 9   | <i>dextrazoxane hcl for inj 250 mg (base</i>   |    |
| DESCOVY TAB 200/25MG .....                          | 9   | <i>equivalent)</i> .....                       | 26 |
| <i>desipramine hcl tab 10 mg</i> .....              | 47  | <i>dextroamphetamine sulfate oral</i>          |    |
| <i>desipramine hcl tab 100 mg</i> .....             | 47  | <i>solution 5 mg/5ml</i> .....                 | 57 |
| <i>desipramine hcl tab 150 mg</i> .....             | 47  | <i>dextroamphetamine sulfate tab 10 mg</i>     |    |
| <i>desipramine hcl tab 25 mg</i> .....              | 47  | .....                                          | 57 |
| <i>desipramine hcl tab 50 mg</i> .....              | 47  | <i>dextroamphetamine sulfate tab 5 mg</i>      | 57 |
| <i>desipramine hcl tab 75 mg</i> .....              | 47  | <i>dextrose 10% w/ sodium chloride</i>         |    |
| <i>desloratadine tab 5 mg</i> .....                 | 97  | <i>0.45%</i> .....                             | 92 |
| <i>desmopressin acetate nasal spray soln</i>        |     | <i>dextrose 5% in lactated ringers</i> .....   | 92 |
| <i>0.01%</i> .....                                  | 74  | <i>dextrose 5% w/ sodium chloride 0.2%</i>     |    |
| <i>desmopressin acetate tab 0.1 mg</i> ....         | 74  | .....                                          | 92 |
| <i>desmopressin acetate tab 0.2 mg</i> ....         | 74  | <i>dextrose 5% w/ sodium chloride 0.45%</i>    |    |
| <i>desogest-eth estrad &amp; eth estrad tab</i>     |     | .....                                          | 92 |
| <i>0.15-0.02/0.01 mg(21/5)</i> .....                | 68  | <i>dextrose 5% w/ sodium chloride 0.9%</i>     |    |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15</i> |     | .....                                          | 92 |
| <i>mg-30 mcg</i> .....                              | 68  | <i>dextrose inj 10%</i> .....                  | 93 |
| <i>desonide cream 0.05%</i> .....                   | 103 | <i>dextrose inj 5%</i> .....                   | 93 |
| <i>desonide lotion 0.05%</i> .....                  | 103 | DIACOMIT CAP 250MG.....                        | 42 |
| <i>desonide oint 0.05%</i> .....                    | 103 | DIACOMIT CAP 500MG.....                        | 42 |
| <i>desvenlafaxine succinate tab er 24hr</i>         |     | DIACOMIT PAK 250MG.....                        | 42 |
| <i>100 mg (base equiv)</i> .....                    | 47  | DIACOMIT PAK 500MG.....                        | 42 |
| <i>desvenlafaxine succinate tab er 24hr</i>         |     | DIASTAT ACDL GEL 12.5-20 .....                 | 42 |
| <i>25 mg (base equiv)</i> .....                     | 47  | DIASTAT ACDL GEL 5-10MG .....                  | 42 |
| <i>desvenlafaxine succinate tab er 24hr</i>         |     | DIASTAT PED GEL 2.5M GEL.....                  | 42 |
| <i>50 mg (base equiv)</i> .....                     | 47  | <i>diazepam conc 5 mg/ml</i> .....             | 42 |
| <i>dexamethasone sodium phosphate inj</i>           |     | <i>diazepam oral soln 1 mg/ml</i> .....        | 42 |
| <i>10 mg/ml</i> .....                               | 72  | <i>diazepam rectal gel delivery system 10</i>  |    |
| <i>dexamethasone sodium phosphate inj</i>           |     | <i>mg</i> .....                                | 42 |
| <i>120 mg/30ml</i> .....                            | 72  | <i>diazepam rectal gel delivery system 2.5</i> |    |
| <i>dexamethasone sodium phosphate</i>               |     | <i>mg</i> .....                                | 42 |
| <i>ophth soln 0.1%</i> .....                        | 95  | <i>diazepam rectal gel delivery system 20</i>  |    |
| <i>dexamethasone soln 0.5 mg/5ml</i> ....           | 72  | <i>mg</i> .....                                | 42 |
| <i>dexamethasone tab 0.5 mg</i> .....               | 72  | <i>diazepam tab 10 mg</i> .....                | 42 |

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|----------------------------------------------------------------------|-----|------------------------------------------------|----|
| <i>diazepam tab 2 mg</i> .....                                       | 42  | <i>diltiazem hcl coated beads tab er 24hr</i>  |    |
| <i>diazepam tab 5 mg</i> .....                                       | 42  | 180 mg .....                                   | 35 |
| <i>diazoxide susp 50 mg/ml</i> .....                                 | 73  | <i>diltiazem hcl coated beads tab er 24hr</i>  |    |
| <i>diclofenac sodium gel 1% (1.16%<br/>diethylamine equiv)</i> ..... | 104 | 240 mg .....                                   | 36 |
| <i>diclofenac sodium ophth soln 0.1%</i> ...                         | 95  | <i>diltiazem hcl coated beads tab er 24hr</i>  |    |
| <i>diclofenac sodium soln 1.5%</i> .....                             | 104 | 300 mg .....                                   | 36 |
| <i>diclofenac sodium tab delayed release</i>                         |     | <i>diltiazem hcl coated beads tab er 24hr</i>  |    |
| 50 mg .....                                                          | 1   | 360 mg .....                                   | 36 |
| <i>diclofenac sodium tab delayed release</i>                         |     | <i>diltiazem hcl coated beads tab er 24hr</i>  |    |
| 75 mg .....                                                          | 1   | 420 mg .....                                   | 36 |
| <i>diclofenac sodium tab er 24hr 100 mg</i>                          | 1   | <i>diltiazem hcl extended release beads</i>    |    |
| <i>dicloxacillin sodium cap 250 mg</i> .....                         | 15  | cap er 24hr 360 mg .....                       | 36 |
| <i>dicloxacillin sodium cap 500 mg</i> .....                         | 15  | <i>diltiazem hcl extended release beads</i>    |    |
| <i>dicyclomine hcl cap 10 mg</i> .....                               | 80  | cap er 24hr 420 mg .....                       | 36 |
| <i>dicyclomine hcl oral soln 10 mg/5ml</i> .                         | 81  | <i>diltiazem hcl iv soln 50 mg/10ml (5</i>     |    |
| <i>dicyclomine hcl tab 20 mg</i> .....                               | 81  | mg/ml) .....                                   | 36 |
| DIFICID SUS .....                                                    | 13  | <i>diltiazem hcl tab 120 mg</i> .....          | 36 |
| DIFICID TAB 200MG .....                                              | 13  | <i>diltiazem hcl tab 30 mg</i> .....           | 36 |
| <i>difluprednate ophth emulsion 0.05%</i>                            | 95  | <i>diltiazem hcl tab 60 mg</i> .....           | 36 |
| <i>digitek tab 0.125mg</i> .....                                     | 38  | <i>diltiazem hcl tab 90 mg</i> .....           | 36 |
| <i>digitek tab 0.25mg</i> .....                                      | 38  | <i>dilt-xr cap 120mg</i> .....                 | 35 |
| <i>digoxin inj 0.25 mg/ml</i> .....                                  | 38  | <i>dilt-xr cap 180mg</i> .....                 | 35 |
| <i>digoxin oral soln 0.05 mg/ml</i> .....                            | 38  | <i>dilt-xr cap 240mg</i> .....                 | 35 |
| <i>digoxin tab 125 mcg (0.125 mg)</i> .....                          | 38  | <i>dimethyl fumarate capsule delayed</i>       |    |
| <i>digoxin tab 250 mcg (0.25 mg)</i> .....                           | 38  | release 120 mg .....                           | 60 |
| <i>dihydroergotamine mesylate inj 1</i>                              |     | <i>dimethyl fumarate capsule delayed</i>       |    |
| mg/ml.....                                                           | 58  | release 240 mg .....                           | 60 |
| <i>dihydroergotamine mesylate nasal</i>                              |     | <i>dimethyl fumarate capsule dr starter</i>    |    |
| <i>spray 4 mg/ml</i> .....                                           | 58  | pack 120 mg & 240 mg .....                     | 60 |
| <i>DILANTIN CAP 100MG</i> .....                                      | 42  | DIP/TET PED INJ 25-5LFU .....                  | 91 |
| <i>DILANTIN CAP 30MG</i> .....                                       | 42  | <i>diphenhydramine hcl inj 50 mg/ml</i> ...    | 97 |
| <i>DILANTIN CHW 50MG</i> .....                                       | 42  | <i>diphenoxylate w/ atropine liq 2.5-0.025</i> |    |
| <i>DILANTIN-125 SUS 125/5ML</i> .....                                | 42  | mg/5ml.....                                    | 82 |
| <i>diltiazem hcl cap er 12hr 120 mg</i> .....                        | 35  | <i>diphenoxylate w/ atropine tab 2.5-</i>      |    |
| <i>diltiazem hcl cap er 12hr 60 mg</i> .....                         | 35  | 0.025 mg .....                                 | 82 |
| <i>diltiazem hcl cap er 12hr 90 mg</i> .....                         | 35  | <i>disopyramide phosphate cap 100 mg</i>       | 31 |
| <i>diltiazem hcl coated beads cap er 24hr</i>                        |     | <i>disopyramide phosphate cap 150 mg</i>       | 31 |
| 120 mg .....                                                         | 35  | <i>disulfiram tab 250 mg</i> .....             | 62 |
| <i>diltiazem hcl coated beads cap er 24hr</i>                        |     | <i>disulfiram tab 500 mg</i> .....             | 62 |
| 180 mg .....                                                         | 35  | <i>divalproex sodium cap delayed release</i>   |    |
| <i>diltiazem hcl coated beads cap er 24hr</i>                        |     | sprinkle 125 mg .....                          | 42 |
| 240 mg .....                                                         | 35  | <i>divalproex sodium tab delayed release</i>   |    |
| <i>diltiazem hcl coated beads cap er 24hr</i>                        |     | 125 mg .....                                   | 42 |
| 300 mg .....                                                         | 35  | <i>divalproex sodium tab delayed release</i>   |    |
| <i>diltiazem hcl coated beads cap er 24hr</i>                        |     | 250 mg .....                                   | 42 |
| 360 mg .....                                                         | 35  | <i>divalproex sodium tab delayed release</i>   |    |
|                                                                      |     | 500 mg .....                                   | 42 |

|                                                 |  |                                               |  |
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| <i>divalproex sodium tab er 24 hr 500 mg</i>    |  | <i>doxy 100 inj 100mg .....16</i>             |  |
| .....42                                         |  | <i>doxycycline hyclate cap 100 mg.....16</i>  |  |
| DOCETAXEL INJ 160/16ML .....20                  |  | <i>doxycycline hyclate cap 50 mg.....16</i>   |  |
| DOCETAXEL INJ 80MG/4ML .....20                  |  | <i>doxycycline hyclate tab 100 mg .....16</i> |  |
| <i>dofetilide cap 125 mcg (0.125 mg) ...31</i>  |  | <i>doxycycline hyclate tab 20 mg .....16</i>  |  |
| <i>dofetilide cap 250 mcg (0.25 mg) .....31</i> |  | <i>doxycycline monohydrate cap 100 mg</i>     |  |
| <i>dofetilide cap 500 mcg (0.5 mg) .....31</i>  |  | .....16                                       |  |
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| <i>dolishale tab 90-20mcg.....68</i>            |  | <i>doxycycline monohydrate cap 75 mg 16</i>   |  |
| <i>donepezil hydrochloride orally</i>           |  | <i>doxycycline monohydrate for susp 25</i>    |  |
| <i>disintegrating tab 10 mg .....46</i>         |  | <i>mg/5ml.....16</i>                          |  |
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| <i>donepezil hydrochloride tab 10 mg ...46</i>  |  | <i>doxycycline monohydrate tab 150 mg</i>     |  |
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| <i>donepezil hydrochloride tab 5 mg ....46</i>  |  | <i>doxycycline monohydrate tab 50 mg 16</i>   |  |
| DORIBAX INJ 250MG ..... 5                       |  | <i>doxycycline monohydrate tab 75 mg 16</i>   |  |
| <i>dorzolamide hcl ophth soln 2% .....95</i>    |  | DRIZALMA CAP 20MG DR .....48                  |  |
| <i>dorzolamide hcl-timolol maleate ophth</i>    |  | DRIZALMA CAP 30MG DR .....48                  |  |
| <i>soln 22.3-6.8 mg/ml .....96</i>              |  | DRIZALMA CAP 40MG DR .....48                  |  |
| <i>dotti dis 0.025mg .....71</i>                |  | DRIZALMA CAP 60MG DR .....48                  |  |
| <i>dotti dis 0.0375mg .....71</i>               |  | <i>dronabinol cap 10 mg .....80</i>           |  |
| <i>dotti dis 0.05mg.....71</i>                  |  | <i>dronabinol cap 2.5 mg .....79</i>          |  |
| <i>dotti dis 0.075mg .....71</i>                |  | <i>dronabinol cap 5 mg .....80</i>            |  |
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| <i>equiv) .....57</i>                           |  | <i>droxidopa cap 100 mg .....38</i>           |  |
| <i>doxepin hcl (sleep) tab 6 mg (base</i>       |  | <i>droxidopa cap 200 mg .....38</i>           |  |
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| <i>doxepin hcl cap 10 mg .....47</i>            |  | <i>duloxetine hcl enteric coated pellets</i>  |  |
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| erythromycin ethylsuccinate tab 400     |     | estradiol td patch weekly 0.05 mg/24hr |     |
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| <i>fentanyl citrate buccal tab 600 mcg</i><br>(base equiv) ..... | 3  | FLOVENT DISK AER 50MCG .....                                 | 100 |
| <i>fentanyl citrate buccal tab 800 mcg</i><br>(base equiv) ..... | 3  | FLOVENT HFA AER 110MCG .....                                 | 100 |
| <i>fentanyl citrate lozenge on a handle</i><br>1200 mcg .....    | 3  | FLOVENT HFA AER 220MCG .....                                 | 100 |
| <i>fentanyl citrate lozenge on a handle</i><br>1600 mcg .....    | 3  | FLOVENT HFA AER 44MCG .....                                  | 100 |
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| <i>fentanyl citrate lozenge on a handle</i><br>400 mcg .....     | 3  | <i>fluconazole for susp 40 mg/ml</i> .....                   | 7   |
| <i>fentanyl citrate lozenge on a handle</i><br>600 mcg .....     | 3  | <i>fluconazole in nacl 0.9% inj 200</i><br>mg/100ml .....    | 7   |
| <i>fentanyl citrate lozenge on a handle</i><br>800 mcg .....     | 3  | <i>fluconazole in nacl 0.9% inj 400</i><br>mg/200ml .....    | 7   |
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| <i>fentanyl td patch 72hr 12 mcg/hr</i> .....                    | 2  | <i>fluconazole tab 150 mg</i> .....                          | 7   |
| <i>fentanyl td patch 72hr 25 mcg/hr</i> .....                    | 2  | <i>fluconazole tab 200 mg</i> .....                          | 7   |
| <i>fentanyl td patch 72hr 50 mcg/hr</i> .....                    | 2  | <i>fluconazole tab 50 mg</i> .....                           | 7   |
| <i>fentanyl td patch 72hr 75 mcg/hr</i> .....                    | 2  | <i>flucytosine cap 250 mg</i> .....                          | 7   |
| <i>fesoterodine fumarate tab er 24hr 4</i><br>mg .....           | 84 | <i>flucytosine cap 500 mg</i> .....                          | 7   |
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| FETZIMA CAP 20MG .....                                           | 48 | <i>flunisolide nasal soln 25 mcg/act</i><br>(0.025%) .....   | 100 |
| FETZIMA CAP 40MG .....                                           | 48 | <i>fluocinolone acetonide (otic) oil 0.01%</i><br>.....      | 96  |
| FETZIMA CAP 80MG .....                                           | 48 | <i>fluocinolone acetonide cream 0.01%</i><br>.....           | 103 |
| FETZIMA CAP TITRATIO .....                                       | 48 | <i>fluocinolone acetonide cream 0.025%</i><br>.....          | 103 |
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methylprednisolone acetate inj susp 40  
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 methylprednisolone acetate inj susp 80  
 mg/ml.....72  
 methylprednisolone sod succ for inj  
 125 mg (base equiv).....72  
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 mg (base equiv) .....72  
 methylprednisolone tab 16 mg .....73  
 methylprednisolone tab 32 mg .....73  
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 equivalent) .....80  
 metoclopramide hcl soln 5 mg/5ml (10  
 mg/10ml) (base equiv) .....80  
 metoclopramide hcl tab 10 mg (base  
 equivalent) .....80  
 metoclopramide hcl tab 5 mg (base  
 equivalent) .....80  
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 mg (tartrate equiv).....34  
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 metronidazole lotion 0.75% .....105  
 metronidazole tab 250 mg ..... 5  
 metronidazole tab 500 mg ..... 5  
 metronidazole vaginal gel 0.75% .....84  
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 mg .....48  
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 mirtazapine tab 15 mg .....48  
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| <i>mitoxantrone hcl inj conc 25</i><br><i>mg/12.5ml (2 mg/ml)</i> .....               | 20  |
| <i>mitoxantrone hcl inj conc 30 mg/15ml</i><br>(2 mg/ml) .....                        | 20  |
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| <i>modafinil tab 200 mg</i> .....                                                     | 61  |
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| <i>moexipril hcl tab 7.5 mg</i> .....                                                 | 28  |
| <i>molindone hcl tab 10 mg</i> .....                                                  | 54  |
| <i>molindone hcl tab 25 mg</i> .....                                                  | 54  |
| <i>molindone hcl tab 5 mg</i> .....                                                   | 54  |
| <i>mometasone furoate cream 0.1%</i> ..                                               | 104 |
| <i>mometasone furoate nasal susp 50</i><br><i>mcg/act</i> .....                       | 100 |
| <i>mometasone furoate oint 0.1%</i> .....                                             | 104 |
| <i>mometasone furoate solution 0.1%</i><br>( <i>lotion</i> ) .....                    | 104 |
| <i>montelukast sodium chew tab 4 mg</i><br>( <i>base equiv</i> ) .....                | 98  |
| <i>montelukast sodium chew tab 5 mg</i><br>( <i>base equiv</i> ) .....                | 98  |
| <i>montelukast sodium tab 10 mg (base</i><br><i>equiv)</i> .....                      | 98  |
| <i>morphine sulfate oral soln 10 mg/5ml</i> 3                                         |     |
| <i>morphine sulfate oral soln 100 mg/5ml</i><br>(20 mg/ml) .....                      | 3   |
| <i>morphine sulfate oral soln 20 mg/5ml</i> 3                                         |     |
| <i>morphine sulfate suppos 10 mg</i> .....                                            | 3   |
| <i>morphine sulfate tab 15 mg</i> .....                                               | 4   |
| <i>morphine sulfate tab 30 mg</i> .....                                               | 4   |
| <i>morphine sulfate tab er 100 mg</i> .....                                           | 2   |
| <i>morphine sulfate tab er 15 mg</i> .....                                            | 2   |
| <i>morphine sulfate tab er 200 mg</i> .....                                           | 2   |
| <i>morphine sulfate tab er 30 mg</i> .....                                            | 2   |
| <i>morphine sulfate tab er 60 mg</i> .....                                            | 2   |
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| <i>pamidronate disodium iv soln 9 mg/ml</i> .....            | 66  | <i>penicillin v potassium for soln 125 mg/5ml</i> .....           | 15  |
| PANRETIN GEL 0.1% .....                                      | 105 | <i>penicillin v potassium for soln 250 mg/5ml</i> .....           | 15  |
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| PANZYGA SOL 2.5/25ML .....                                   | 89  | <i>pentamidine isethionate for nebulization soln 300 mg</i> ..... | 6   |
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| <i>paricalcitol cap 4 mcg</i> .....                          | 79  | PERJETA INJ 420/14ML .....                                        | 24  |
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| <i>paroxetine hcl tab 10 mg</i> .....                        | 49  | <i>perphenazine tab 4 mg</i> .....                                | 55  |
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| <i>testosterone td gel 10mg/act (2%)</i> ....                         | 62 | <i>tiagabine hcl tab 16 mg</i> .....                                     | 45 |
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| <i>verapamil hcl cap er 24hr 300 mg</i> ....                       | 37  | <i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i> ..... | 20 |
| <i>verapamil hcl cap er 24hr 360 mg</i> ....                       | 37  | VIRACEPT TAB 250MG .....                                                | 9  |
| <i>verapamil hcl tab 120 mg</i> .....                              | 37  | VIRACEPT TAB 625MG .....                                                | 9  |
| <i>verapamil hcl tab 40 mg</i> .....                               | 37  | VIREAD POW 40MG/GM .....                                                | 9  |
| <i>verapamil hcl tab 80 mg</i> .....                               | 37  | VIREAD TAB 150MG .....                                                  | 9  |
| <i>verapamil hcl tab er 120 mg</i> .....                           | 37  | VIREAD TAB 200MG .....                                                  | 9  |
| <i>verapamil hcl tab er 180 mg</i> .....                           | 37  | VIREAD TAB 250MG .....                                                  | 9  |
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| VERSACLOZ SUS 50MG/ML .....                                        | 56  | VITRAKVI SOL 20MG/ML .....                                              | 25 |
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| VERZENIO TAB 50MG .....                                            | 25  | VIZIMPRO TAB 45MG .....                                                 | 26 |
| <i>vestura tab 3-0.02mg</i> .....                                  | 70  | VONJO CAP 100MG .....                                                   | 26 |
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| V-GO 30 KIT .....                                                  | 66  | <i>voriconazole for susp 40 mg/ml</i> .....                             | 7  |
| V-GO 40 KIT .....                                                  | 66  | <i>voriconazole tab 200 mg</i> .....                                    | 7  |
| VICTOZA INJ 18MG/3ML .....                                         | 65  | <i>voriconazole tab 50 mg</i> .....                                     | 7  |
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| <i>vigadrone pow 500mg</i> .....                                   | 45  | VRAYLAR CAP 3MG .....                                                   | 56 |
| VIIBRYD KIT STARTER .....                                          | 50  | VRAYLAR CAP 4.5MG .....                                                 | 56 |
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Este formulario fue actualizado el 1 de enero de 2023. Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con el Centro de Servicios a los Afiliados de MVP.

Para miembros de Medicare Advantage:

**1-800-665-7924**

Siete días a la semana, de 8 am a 8 pm hora del este

1 de abril al 30 de septiembre, lunes a viernes, de 8 am a 8 pm

TTY: 711

Para miembros MVP DualAccess (HMO-DSNP):

**1-800-665-7924**

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1 de abril al 30 de septiembre, lunes a viernes, de 8 am a 8 pm

TTY: 711

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