

# 2025 Prescription Drug Formulary

List of Covered Drugs or “Drug List”

MedMutual Advantage Signature HMO-POS

MedMutual Advantage Access PPO



## PLEASE READ:

This document contains information about the drugs we cover in this plan.

This formulary was updated on .

For more recent information or other questions, please contact Medical Mutual Medicare Part D Customer Service at **1-844-404-7947** (TTY: 711 for hearing impaired), 24 hours a day, seven days a week, or visit [MedMutual.com/MAPlanInfo](http://MedMutual.com/MAPlanInfo).

HPMS Approved Formulary File Submission ID 00025324, Version Number

Updated

## **Note to Existing Members**

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us” or “our,” it means Medical Mutual. When it refers to “plan” or “our plan,” it means MedMutual Advantage.

This document includes the drug list (formulary) for our plan, which is current as of .

For an updated drug list (formulary), please contact us. Our contact information, along with the date we last updated the drug list (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on Jan. 1, 2025, and from time to time during the year.

# Introduction

## What is the MedMutual Advantage Formulary?

In this document, we use the terms drug list and formulary to mean the same thing. A formulary is a list of covered drugs selected by Medical Mutual, in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Medical Mutual will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a MedMutual Advantage network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the Formulary Change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [MedMutual.com/Formulary](http://MedMutual.com/Formulary).

## Changes That Can Affect You This Year

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products**

We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific changes we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How Do I Request an Exception to the MedMutual Advantage Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What Are Original Biological Products and How Are They Related to Biosimilars?”

- **Drugs removed from the market**

If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes**

We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I Request an Exception to the MedMutual Advantage Formulary?”

## **Changes That Will Not Affect You if You Are Currently Taking the Drug**

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of [REDACTED]. To get updated information about the drugs covered by Medical Mutual, please contact us. Our contact information appears on the front and back cover pages. If there are additional changes made to the formulary that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time from when the changes are made.

## How Do I Use the Formulary?

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

- **Medical Condition**

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension/Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

- **Alphabetical Listing**

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

## What are Generic Drugs?

Medical Mutual covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## **■ What Are Original Biological Products and How Are They Related to Biosimilars?**

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

## **Are There Any Restrictions on My Coverage?**

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

### **■ Prior Authorization**

Medical Mutual requires you or your prescriber to get prior authorization for certain drugs. This means you will need to get approval from Medical Mutual before you fill your prescriptions. If you don't get approval, Medical Mutual may not cover the drug.

### **■ Quantity Limits**

For certain drugs, Medical Mutual limits the amount of the drug that Medical Mutual will cover. For example, Medical Mutual provides 30 capsules per prescription for Omeprazole DR 10mg. This may be in addition to a standard one-month or three-month supply.

### **■ Step Therapy**

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website, **MedMutual.com/Formulary**. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Medical Mutual to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section, “How Do I Request an Exception to the MedMutual Advantage Formulary?” on page v for information about how to request an exception.

## What if My Drug Is Not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact our Medicare Part D Customer Service and ask if your drug is covered. Our contact information appears on the front and back cover pages.

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

- You can ask our Medicare Part D Customer Service for a list of similar drugs that are covered by Medical Mutual. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Medical Mutual.
- You can ask Medical Mutual to make an exception and cover your drug. See below for information about how to request an exception.

## How Do I Request an Exception to the MedMutual Advantage Formulary?

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

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

Generally, Medical Mutual will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree or your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## **What Can I Do if My Drug Is Not on the Formulary or Has a Restriction?**

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug we cover or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Other times when we will cover a temporary 31-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care

The plan will send you a letter within three business days of your filling a temporary transition supply, notifying you this was a temporary supply and explaining your options.

## **For More Information**

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

If you have questions about Medical Mutual, please contact our Part D Customer Service. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **MedMutual Advantage's Formulary**

The formulary that begins on page 2 provides coverage information about the drugs covered by Medical Mutual. If you have trouble finding your drug in the list, turn to the Index that begins on page .

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ELIQUIS®) and generic drugs are listed in lower-case italics (e.g., *atorvastatin*). The information in the Requirements/Limits column tells you if Medical Mutual has any special requirements for coverage of your drug.

## Drug Tiers

| Tier                                  | Includes  | Helpful Tips   |
|---------------------------------------|---|--|
| Tier 1<br>Preferred Generic           | This tier includes many commonly prescribed low-cost drugs.   | This tier includes commonly prescribed generic drugs. Use Tier 1 drugs for low copayments.   |
| Tier 2<br>Generic                     | This tier includes additional low-cost drugs.   | This tier includes generic drugs. Use Tier 2 drugs to keep your copayments low.  |
| Tier 3<br>Preferred Brand and Generic | This tier includes preferred, brand-name drugs and generic drugs.   | Drugs in this tier will generally have lower copayments than non-preferred drugs.  |
| Tier 4<br>Non-preferred               | This tier includes non-preferred, brand-name and generic drugs.   | Many non-preferred drugs have lower-cost alternatives in Tiers 1, 2 and 3. Ask your doctor if switching to a lower-cost generic or preferred brand may be right for you. |
| Tier 5<br>Specialty                   | This tier includes very high-cost brand-name and generic drugs.<br><br>Drugs on this tier are limited to a 30-day supply. | To learn more about medications in this tier, you may contact a pharmacist at the numbers listed on the front and back covers of this document.                          |
| Tier 6<br>Select Care                 | This tier includes low-cost generic maintenance drugs.  | This tier includes certain generic low cost maintenance drugs. Use Tier 6 drugs for the lowest copayments.   |

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

## List of Abbreviations

**\$35/Mth:** You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it is on.

**B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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

**LTD30:** Tier 5 is limited to a 30 day supply

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

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

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

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

**V:** This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <b>ANTI - INFECTIVES</b>   |                  |                             |
| <b>ANTIFUNGAL AGENTS</b>   |                  |                             |
| ABELCET  | 4                | B/D PA                      |
| <i>amphotericin b</i>  | 4                | B/D PA; MO                  |
| <i>caspofungin</i>   | 4                |                             |
| <i>clotrimazole mucous membrane</i>  | 2                | MO                          |
| CRESEMBA ORAL  | 5                | PA; LTD30                   |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i> | 4                | PA                          |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>               | 4                | PA; MO                      |
| <i>fluconazole oral suspension for reconstitution</i>                                  | 3                | MO                          |
| <i>fluconazole oral tablet</i>   | 2                | MO                          |
| <i>flucytosine</i>   | 5                | MO; LTD30                   |
| <i>griseofulvin microsize</i>  | 4                | MO                          |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>                          | 4                | MO                          |
| <i>itraconazole oral capsule</i>   | 4                | MO; QL (120 per 30 days)    |
| <i>itraconazole oral solution</i>  | 4                | MO                          |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|--|------------------|------------------------------------|
| <i>ketoconazole oral</i>                                 | 2                | MO                                 |
| <i>micafungin</i>  | 4                | MO                                 |
| <i>nystatin oral</i>                                     | 2                | MO                                 |
| <i>posaconazole oral tablet, delayed release (dr/ec)</i> | 5                | PA; MO; LTD30; QL (96 per 30 days) |
| <i>terbinafine hcl oral</i>                              | 2                | MO                                 |
| <i>voriconazole intravenous</i>                          | 5                | PA; MO; LTD30                      |
| <i>voriconazole oral suspension for reconstitution</i>   | 5                | PA; MO; LTD30                      |
| <i>voriconazole oral tablet</i>                          | 4                | PA; MO                             |
| <b>ANTIVIRALS</b>  |                  |                                    |
| <i>abacavir</i>  | 3                | MO                                 |
| <i>abacavir-lamivudine</i>                               | 3                | MO                                 |
| <i>acyclovir oral capsule</i>                            | 2                | MO                                 |
| <i>acyclovir oral suspension 200 mg/5 ml</i>             | 4                | MO                                 |
| <i>acyclovir oral suspension 200 mg/5 ml (5 ml)</i>      | 4                |                                    |
| <i>acyclovir oral tablet</i>                             | 2                | MO                                 |
| <i>acyclovir sodium intravenous solution</i>             | 4                | B/D PA; MO                         |
| <i>adefovir</i>  | 4                | MO                                 |
| <i>amantadine hcl oral capsule</i>                       | 3                | MO                                 |
| <i>amantadine hcl oral solution</i>                      | 3                | MO                                 |

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

This drug list was last updated on 04/18/2025.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| APTIVUS   | 5                | MO; LTD30                   |
| <i>atazanavir</i>   | 4                | MO                          |
| BARACLUDE ORAL SOLUTION   | 5                | MO; LTD30                   |
| BIKTARVY  | 5                | MO; LTD30                   |
| CABENUVA  | 5                | MO; LTD30                   |
| <i>cidofovir</i>  | 5                | B/D PA; MO; LTD30           |
| CIMDUO  | 5                | MO; LTD30                   |
| COMPLERA  | 5                | MO; LTD30                   |
| <i>darunavir</i>  | 5                | MO; LTD30                   |
| DELSTRIGO   | 5                | MO; LTD30                   |
| DESCOVY   | 5                | MO; LTD30                   |
| DOVATO  | 5                | MO; LTD30                   |
| EDURANT   | 5                | MO; LTD30                   |
| <i>efavirenz oral tablet</i>  | 4                | MO                          |
| <i>efavirenz-emtricitabine-tenofovir disop</i>                                      | 5                | MO; LTD30                   |
| <i>efavirenz-lamivu-tenofovir disop</i>   | 5                | MO; LTD30                   |
| <i>emtricitabine</i>  | 4                | MO                          |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg</i>                         | 5                | MO; LTD30                   |
| <i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg</i> | 4                | MO                          |
| EMTRIVA ORAL SOLUTION   | 3                | MO                          |
| <i>entecavir</i>  | 4                | MO                          |
| <i>etravirine</i>   | 5                | MO; LTD30                   |
| EVOTAZ  | 5                | MO; LTD30                   |

| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|--|------------------|-------------------------------------|
| <i>famciclovir</i>                               | 3                | MO                                  |
| <i>fosamprenavir</i>                             | 4                | MO                                  |
| FUZEON SUBCUTANEOUS RECON SOLN                   | 5                | LTD30                               |
| <i>ganciclovir sodium intravenous recon soln</i> | 2                | B/D PA; MO                          |
| <i>ganciclovir sodium intravenous solution</i>   | 2                | B/D PA                              |
| GENVOYA  | 5                | MO; LTD30                           |
| INTELENCE ORAL TABLET 25 MG                      | 4                | MO                                  |
| ISENTRESS HD                                     | 5                | MO; LTD30                           |
| ISENTRESS ORAL POWDER IN PACKET                  | 5                | MO; LTD30                           |
| ISENTRESS ORAL TABLET                            | 5                | MO; LTD30                           |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG            | 5                | MO; LTD30                           |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG             | 3                | MO                                  |
| JULUCA   | 5                | MO; LTD30                           |
| <i>lamivudine</i>                                | 3                | MO                                  |
| <i>lamivudine-zidovudine</i>                     | 3                | MO                                  |
| LEDIPASVIR-SOFOSBUVIR                            | 5                | PA; MO; LTD30; QL (28 per 28 days)  |
| LIVTENCITY                                       | 5                | PA; LA; LTD30; QL (120 per 30 days) |

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

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|---|------------------|-------------------------------------|
| <i>lopinavir-ritonavir oral solution</i>                          | 4                | MO                                  |
| <i>lopinavir-ritonavir oral tablet</i>                            | 3                | MO                                  |
| <i>maraviroc</i>  | 5                | MO; LTD30                           |
| <i>MAVYRET ORAL PELLETS IN PACKET</i>                             | 5                | PA; MO; LTD30; QL (168 per 28 days) |
| <i>MAVYRET ORAL TABLET</i>  | 5                | PA; MO; LTD30; QL (84 per 28 days)  |
| <i>nevirapine oral suspension</i>                                 | 4                |                                     |
| <i>nevirapine oral tablet</i>                                     | 3                | MO                                  |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i>       | 4                | MO                                  |
| <i>NORVIR ORAL POWDER IN PACKET</i>                               | 4                | MO                                  |
| <i>ODEFSEY</i>  | 5                | MO; LTD30                           |
| <i>oseltamivir</i>  | 3                | MO                                  |
| <i>PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG</i>                 | 2                | QL (20 per 30 days)                 |
| <i>PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG</i> | 2                | QL (30 per 30 days)                 |
| <i>PIFELTRO</i>   | 5                | MO; LTD30                           |
| <i>PREVYMIS INTRAVENOUS</i>                                       | 5                | PA; LTD30                           |

| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|---|------------------|------------------------------------|
| <i>PREVYMIS ORAL TABLET</i>               | 5                | PA; MO; LTD30; QL (30 per 30 days) |
| <i>PREZCOBIX</i>                          | 5                | MO; LTD30                          |
| <i>PREZISTA ORAL SUSPENSION</i>           | 5                | MO; LTD30                          |
| <i>PREZISTA ORAL TABLET 150 MG, 75 MG</i> | 4                | MO                                 |
| <i>RELENZA DISKHALER</i>                  | 4                | MO                                 |
| <i>RETROVIR INTRAVENOUS</i>               | 3                | MO                                 |
| <i>REYATAZ ORAL POWDER IN PACKET</i>      | 5                | MO; LTD30                          |
| <i>ribavirin oral capsule</i>             | 3                | MO                                 |
| <i>ribavirin oral tablet 200 mg</i>       | 3                | MO                                 |
| <i>rimantadine</i>                        | 4                | MO                                 |
| <i>ritonavir</i>                          | 3                | MO                                 |
| <i>RUKOBIA</i>                            | 5                | MO; LTD30                          |
| <i>SELZENTRY ORAL SOLUTION</i>            | 3                | MO                                 |
| <i>SOFOSBUVIR-VELPATASVIR</i>             | 5                | PA; MO; LTD30; QL (28 per 28 days) |
| <i>STRIBILD</i>                           | 5                | MO; LTD30                          |
| <i>SUNLENCA</i>                           | 5                | LTD30                              |
| <i>SYMTUZA</i>                            | 5                | MO; LTD30                          |
| <i>SYNAGIS</i>                            | 5                | MO; LA; LTD30                      |

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

This drug list was last updated on 04/18/2025.

| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements /Limits</b>              |
|---|------------------|--|
| <i>tenofovir disoproxil fumarate</i>      | 4                | MO                                       |
| TIVICAY ORAL TABLET 50 MG                 | 5                | MO; LTD30                                |
| TIVICAY PD                                | 5                | MO; LTD30                                |
| TRIUMEQ                                   | 5                | MO; LTD30                                |
| TRIUMEQ PD                                | 4                | MO                                       |
| TROGARZO                                  | 5                | MO; LA;<br>LTD30                         |
| <i>valacyclovir oral tablet 1 gram</i>    | 3                | MO; QL (120 per 30 days)                 |
| <i>valacyclovir oral tablet 500 mg</i>    | 3                | MO; QL (60 per 30 days)                  |
| <i>valganciclovir oral recon soln</i>     | 5                | MO; LTD30                                |
| <i>valganciclovir oral tablet</i>         | 3                | MO                                       |
| VEMLIDY                                   | 5                | MO; LTD30                                |
| VIRACEPT ORAL TABLET                      | 5                | MO; LTD30                                |
| VIREAD ORAL POWDER                        | 5                | MO; LTD30                                |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 4                | MO                                       |
| VOSEVI                                    | 5                | PA; MO;<br>LTD30; QL<br>(28 per 28 days) |
| <i>zidovudine oral capsule</i>            | 4                | MO                                       |
| <i>zidovudine oral syrup</i>              | 4                | MO                                       |
| <i>zidovudine oral tablet</i>             | 2                | MO                                       |
| <b>CEPHALOSPORINS</b>                     |                  |  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>cefaclor oral capsule</i>  | 3                | MO                          |
| <i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>                          | 4                |                             |
| <i>cefadroxil oral capsule</i>  | 2                | MO                          |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>           | 3                | MO                          |
| <i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | 4                | MO                          |
| <i>cefazolin injection recon soln 1 gram, 500 mg</i>                                    | 4                | MO                          |
| <i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>                       | 4                |                             |
| <i>cefazolin intravenous recon soln 1 gram</i>  | 4                |                             |
| <i>cefdinir oral capsule</i>  | 2                | MO                          |
| <i>cefdinir oral suspension for reconstitution</i>                                      | 3                | MO                          |
| <i>cefepime in dextrose, iso-osm</i>  | 4                |                             |
| <i>cefepime injection</i>   | 4                | MO                          |
| <i>cefixime</i>   | 4                | MO                          |
| <i>cefoxitin in dextrose, iso-osm</i>   | 4                | PA                          |
| <i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>                                  | 4                | PA; MO                      |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>cefoxitin intravenous recon soln 10 gram</i>                        | 4                | PA                          |
| <i>cefpodoxime</i>   | 4                | MO                          |
| <i>cefprozil</i>   | 3                | MO                          |
| <i>ceftazidime injection recon soln 1 gram, 2 gram</i>                 | 4                | PA; MO                      |
| <i>ceftazidime injection recon soln 6 gram</i>                         | 4                | PA                          |
| <i>ceftriaxone in dextrose,iso-os</i>                                  | 4                | MO                          |
| <i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i> | 4                | MO                          |
| <i>ceftriaxone injection recon soln 10 gram</i>                        | 4                |                             |
| <i>ceftriaxone intravenous</i>   | 4                | MO                          |
| <i>cefuroxime axetil oral tablet</i>                                   | 3                | MO                          |
| <i>cefuroxime sodium injection recon soln 750 mg</i>                   | 4                | PA; MO                      |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram</i>               | 4                | PA; MO                      |
| <i>cefuroxime sodium intravenous recon soln 7.5 gram</i>               | 4                | PA                          |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                          | 2                | MO                          |
| <i>cephalexin oral suspension for reconstitution</i>                   | 2                | MO                          |
| <i>tazicef injection</i>   | 4                | PA; MO                      |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|---|------------------|--------------------------------|
| <i>tazicef intravenous</i>  | 4                | PA                             |
| <i>TEFLARO</i>  | 5                | PA; MO; LTD30                  |
| <b>ERYTHROMYCINS / OTHER MACROLIDES</b>                           |                  |                                |
| <i>azithromycin intravenous</i>                                   | 4                | PA; MO                         |
| <i>azithromycin oral packet</i>                                   | 3                | MO                             |
| <i>azithromycin oral suspension for reconstitution</i>            | 2                | MO                             |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>  | 2                |                                |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>            | 2                | MO                             |
| <i>clarithromycin oral suspension for reconstitution</i>          | 4                | MO                             |
| <i>clarithromycin oral tablet</i>                                 | 3                | MO                             |
| <i>clarithromycin oral tablet extended release 24 hr</i>          | 3                | MO                             |
| <i>DIFICID ORAL TABLET</i>  | 5                | MO; LTD30; QL (20 per 10 days) |
| <i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i> | 4                | MO                             |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                | 4                |                                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>            |
|---|------------------|--|
| <i>erythromycin ethylsuccinate oral tablet</i>                | 4                |  |
| <i>erythromycin oral</i>                                      | 4                | MO                                     |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>                           |                  |  |
| <i>albendazole</i>  | 5                | MO; LTD30                              |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> | 4                | PA; MO                                 |
| <b>ARIKAYCE</b>   | 5                | PA; LA; LTD30                          |
| <i>atovaquone</i>   | 4                | MO                                     |
| <i>atovaquone-proguanil</i>                                   | 4                | MO                                     |
| <i>aztreonam</i>  | 4                | PA; MO                                 |
| <b>CAYSTON</b>  | 5                | PA; MO; LA; LTD30; QL (84 per 56 days) |
| <i>chloramphenicol sod succinate</i>                          | 4                |  |
| <i>chloroquine phosphate</i>                                  | 4                | MO                                     |
| <i>clindamycin hcl</i>  | 2                | MO                                     |
| <i>clindamycin in 5 % dextrose</i>                            | 4                | PA; MO                                 |
| <i>clindamycin phosphate injection</i>                        | 4                | PA; MO                                 |
| <b>COARTEM</b>  | 4                | MO                                     |
| <i>colistin (colistimethate na)</i>                           | 5                | PA; MO; LTD30; QL (30 per 10 days)     |
| <i>dapsone oral</i>   | 3                | MO                                     |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG</i>   | 5                | MO; LTD30                   |
| <i>daptomycin intravenous recon soln 500 mg</i>   | 5                | MO; LTD30                   |
| <b>EMVERM</b>   | 5                | MO; LTD30                   |
| <i>ertapenem</i>  | 4                | PA; MO; QL (14 per 14 days) |
| <i>ethambutol</i>   | 3                | MO                          |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i> | 4                | PA; MO                      |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>                            | 4                | PA                          |
| <i>gentamicin injection solution 40 mg/ml</i>   | 4                | PA; MO                      |
| <i>gentamicin sulfate (ped) (pf)</i>  | 4                | PA; MO                      |
| <i>hydroxychloroquine oral tablet 200 mg</i>  | 2                | MO                          |
| <i>imipenem-cilastatin</i>  | 4                | PA; MO                      |
| <i>isoniazid injection</i>  | 4                |                             |
| <i>isoniazid oral solution</i>  | 4                | MO                          |
| <i>isoniazid oral tablet</i>  | 2                | MO                          |
| <i>ivermectin oral tablet 3 mg</i>  | 3                | PA; MO; QL (20 per 30 days) |

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| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|---|------------------|--------------------------------|
| <i>lincomycin</i>                                   | 4                | PA                             |
| <i>linezolid in dextrose 5%</i>                     | 4                | PA; MO                         |
| <i>linezolid oral suspension for reconstitution</i> | 5                | MO; LTD30                      |
| <i>linezolid oral tablet</i>                        | 4                | MO                             |
| <i>linezolid-0.9% sodium chloride</i>               | 4                | PA                             |
| <i>mefloquine</i>                                   | 2                |                                |
| <i>meropenem intravenous recon soln 1 gram</i>      | 3                | PA; QL (30 per 10 days)        |
| <i>meropenem intravenous recon soln 500 mg</i>      | 3                | PA; QL (10 per 10 days)        |
| <i>metro i.v.</i>                                   | 4                | PA; MO                         |
| <i>metronidazole in nacl (iso-os)</i>               | 4                | PA; MO                         |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>     | 2                | MO                             |
| <i>neomycin</i>                                     | 2                | MO                             |
| <i>nitazoxanide</i>                                 | 5                | MO; LTD30; QL (12 per 30 days) |
| <i>pentamidine inhalation</i>                       | 4                | B/D PA; MO; QL (1 per 28 days) |
| <i>pentamidine injection</i>                        | 4                | MO                             |
| <i>praziquantel</i>                                 | 4                | MO                             |
| <i>PRIFTIN</i>                                      | 3                | MO                             |
| <i>PRIMAQUINE</i>                                   | 4                | MO                             |
| <i>pyrazinamide</i>                                 | 4                | MO                             |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|---|------------------|-------------------------------------|
| <i>pyrimethamine</i>  | 5                | PA; MO; LTD30                       |
| <i>quinine sulfate</i>  | 4                | MO                                  |
| <i>rifabutin</i>  | 4                | MO                                  |
| <i>rifampin intravenous</i>   | 4                | MO                                  |
| <i>rifampin oral</i>  | 3                | MO                                  |
| <i>SIRTURO</i>  | 5                | PA; LA; LTD30                       |
| <i>STREPTOMYCIN</i>   | 5                | PA; MO; LTD30; QL (60 per 30 days)  |
| <i>tigecycline</i>  | 5                | PA; MO; LTD30                       |
| <i>tinidazole</i>   | 3                | MO                                  |
| <i>tobramycin in 0.225 % nacl</i>   | 5                | PA; MO; LTD30; QL (280 per 28 days) |
| <i>tobramycin inhalation</i>  | 5                | PA; MO; LTD30; QL (224 per 28 days) |
| <i>tobramycin sulfate injection recon soln</i>                            | 4                | PA; QL (9 per 14 days)              |
| <i>tobramycin sulfate injection solution</i>                              | 4                | PA; MO                              |
| <i>TRECATOR</i>   | 4                | MO                                  |
| <i>VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML</i> | 3                | PA; QL (4000 per 10 days)           |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|--|------------------|------------------------------------|
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML | 3                | PA; QL (1000 per 10 days)          |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML | 3                | PA; QL (4050 per 10 days)          |
| <i>vancomycin intravenous recon soln 1,000 mg</i>                  | 4                | PA; MO; QL (20 per 10 days)        |
| <i>vancomycin intravenous recon soln 10 gram</i>                   | 4                | PA; QL (2 per 10 days)             |
| <i>vancomycin intravenous recon soln 5 gram</i>                    | 4                | PA; QL (4 per 10 days)             |
| <i>vancomycin intravenous recon soln 500 mg</i>                    | 4                | PA; MO; QL (10 per 10 days)        |
| <i>vancomycin intravenous recon soln 750 mg</i>                    | 4                | PA; MO; QL (27 per 10 days)        |
| <i>vancomycin oral capsule 125 mg</i>                              | 4                | PA; MO; QL (40 per 10 days)        |
| <i>vancomycin oral capsule 250 mg</i>                              | 4                | PA; MO; QL (80 per 10 days)        |
| XIFAXAN ORAL TABLET 200 MG   | 3                | PA; QL (9 per 30 days)             |
| XIFAXAN ORAL TABLET 550 MG   | 5                | PA; MO; LTD30; QL (90 per 30 days) |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <b>PENICILLINS</b>  |                  |                             |
| <i>amoxicillin oral capsule</i>   | 2                | MO                          |
| <i>amoxicillin oral suspension for reconstitution</i>                                 | 2                | MO                          |
| <i>amoxicillin oral tablet</i>  | 2                | MO                          |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>                               | 2                | MO                          |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>                 | 2                | MO                          |
| <i>amoxicillin-pot clavulanate oral tablet</i>  | 2                | MO                          |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>                 | 4                | MO                          |
| <i>amoxicillin-pot clavulanate oral tablet, chewable</i>                              | 2                |                             |
| <i>ampicillin oral capsule 500 mg</i>   | 2                | MO                          |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | 4                | PA; MO                      |
| <i>ampicillin sodium intravenous</i>  | 4                | PA                          |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>                     | 4                | PA; MO                      |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>ampicillin-sulbactam injection recon soln 15 gram</i>                    | 4                | PA                          |
| <i>ampicillin-sulbactam intravenous</i>                                     | 4                | PA                          |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML              | 4                | MO                          |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML | 4                | PA; MO                      |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML                          | 4                | PA                          |
| <i>dicloxacillin</i>  | 2                | MO                          |
| <i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>    | 4                | PA                          |
| <i>nafcillin injection recon soln 1 gram, 2 gram</i>                        | 4                | PA; MO                      |
| <i>nafcillin injection recon soln 10 gram</i>                               | 5                | PA; LTD30                   |
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>    | 4                | PA                          |
| <i>oxacillin injection recon soln 1 gram, 10 gram</i>                       | 4                | PA                          |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>oxacillin injection recon soln 2 gram</i>  | 4                | PA; MO                      |
| <i>penicillin g potassium</i>   | 4                | PA; MO                      |
| <i>penicillin g sodium</i>  | 4                | PA; MO                      |
| <i>penicillin v potassium</i>   | 2                | MO                          |
| <i>pfizerpen-g</i>  | 4                | PA                          |
| <i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>            | 4                |                             |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i> | 4                | MO                          |
| <b>QUINOLONES</b>   |                  |                             |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>                           | 2                | MO                          |
| <i>ciprofloxacin in 5 % dextrose</i>  | 4                | PA; MO                      |
| <i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>                   | 4                |                             |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>                         | 4                | PA                          |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>         | 4                | PA; MO                      |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>levofloxacin intravenous</i>                           | 4                | PA                          |
| <i>levofloxacin oral solution</i>                         | 4                | MO                          |
| <i>levofloxacin oral tablet</i>                           | 2                | MO                          |
| <i>moxifloxacin oral</i>                                  | 3                | MO                          |
| <i>moxifloxacin-sod.chloride(iso)</i>                     | 4                | PA; MO                      |
| <b>SULFA'S / RELATED AGENTS</b>                           |                  |                             |
| <i>sulfadiazine</i>                                       | 4                | MO                          |
| <i>sulfamethoxazole-trimethoprim intravenous</i>          | 4                | PA; MO                      |
| <i>sulfamethoxazole-trimethoprim oral suspension</i>      | 3                | MO                          |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>          | 1                | MO                          |
| <b>TETRACYCLINES</b>                                      |                  |                             |
| <i>doxy-100</i>   | 4                | PA; MO                      |
| <i>doxycycline hyclate intravenous</i>                    | 4                | PA                          |
| <i>doxycycline hyclate oral capsule</i>                   | 2                | MO                          |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>      | 2                | MO                          |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | 2                | MO                          |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | 4                | MO                          |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>   | 2                | MO                          |
| <i>minocycline oral capsule</i>                                   | 2                | MO                          |
| <i>minocycline oral tablet</i>                                    | 4                | MO                          |
| <i>monodoxine nl oral capsule 100 mg</i>                          | 2                |                             |
| <i>tetracycline oral capsule</i>                                  | 4                | MO                          |
| <b>URINARY TRACT AGENTS</b>                                       |                  |                             |
| <i>methenamine hippurate</i>                                      | 3                | MO                          |
| <i>methenamine mandelate</i>                                      | 2                | MO                          |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>     | 3                | MO                          |
| <i>nitrofurantoin monohyd/m-cryst</i>                             | 3                | MO                          |
| <i>trimethoprim</i>   | 2                | MO                          |
| <b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>                   |                  |                             |
| <b>ADJUNCTIVE AGENTS</b>  |                  |                             |
| <i>dexrazoxane hcl</i>  | 5                | B/D PA; MO; LTD30           |
| <i>ELITEK</i>   | 5                | MO; LTD30                   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>                  |
|--|------------------|--|
| KHAPZORY<br>INTRAVENOUS<br>RECON SOLN 175<br>MG              | 5                | B/D PA;<br>LTD30                             |
| <i>leucovorin calcium<br/>oral</i>                           | 3                | MO   |
| <i>levoleucovorin<br/>calcium intravenous<br/>recon soln</i> | 5                | B/D PA; MO;<br>LTD30                         |
| <i>levoleucovorin<br/>calcium intravenous<br/>solution</i>   | 5                | B/D PA;<br>LTD30                             |
| <i>mesna intravenous</i>                                     | 2                | B/D PA; MO                                   |
| <i>mesna oral</i>  | 5                | MO; LTD30                                    |
| MESNEX ORAL  | 5                | MO; LTD30                                    |
| XGEVA  | 5                | B/D PA; MO;<br>LTD30                         |
| <b>ANTINEOPLASTIC /<br/>IMMUNOSUPPRESSANT DRUGS</b>          |                  |  |
| <i>abiraterone oral<br/>tablet 250 mg</i>                    | 5                | PA; MO;<br>LTD30; QL<br>(120 per 30<br>days) |
| <i>abiraterone oral<br/>tablet 500 mg</i>                    | 5                | PA; MO;<br>LTD30; QL<br>(60 per 30<br>days)  |
| ABRAXANE   | 5                | B/D PA; MO;<br>LTD30                         |
| ADCETRIS   | 5                | B/D PA; MO;<br>LTD30                         |
| ADSTILADRIN  | 5                | PA; LTD30                                    |
| AKEEGA   | 5                | PA; LA;<br>LTD30; QL<br>(60 per 30<br>days)  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>                  |
|--|------------------|--|
| ALECENSA   | 5                | PA; MO;<br>LTD30; QL<br>(240 per 30<br>days) |
| ALIQOPA  | 5                | B/D PA; LA;<br>LTD30                         |
| ALUNBRIG ORAL<br>TABLET 180 MG,<br>90 MG                     | 5                | PA; LTD30;<br>QL (30 per 30<br>days)         |
| ALUNBRIG ORAL<br>TABLET 30 MG                                | 5                | PA; LTD30;<br>QL (60 per 30<br>days)         |
| ALUNBRIG ORAL<br>TABLETS,DOSE<br>PACK                        | 5                | PA; LTD30;<br>QL (30 per<br>180 days)        |
| <i>anastrozole</i>   | 2                | MO   |
| ANKTIVA  | 5                | PA; MO;<br>LTD30                             |
| <i>arsenic trioxide<br/>intravenous solution<br/>1 mg/ml</i> | 5                | B/D PA;<br>LTD30                             |
| <i>arsenic trioxide<br/>intravenous solution<br/>2 mg/ml</i> | 5                | B/D PA; MO;<br>LTD30                         |
| ASPARLAS   | 5                | PA; LTD30                                    |
| AUGTYRO ORAL<br>CAPSULE 160 MG                               | 5                | PA; MO;<br>LTD30; QL<br>(60 per 30<br>days)  |
| AUGTYRO ORAL<br>CAPSULE 40 MG                                | 5                | PA; MO;<br>LTD30; QL<br>(240 per 30<br>days) |
| AYVAKIT  | 5                | PA; LA;<br>LTD30; QL<br>(30 per 30<br>days)  |

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| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|---|------------------|-------------------------------------|
| <i>azacitidine</i>                            | 5                | B/D PA; MO; LTD30                   |
| <i>azathioprine oral tablet 50 mg</i>         | 2                | B/D PA; MO                          |
| <i>azathioprine sodium</i>                    | 2                | B/D PA; MO                          |
| BALVERSA                                      | 5                | PA; LA; LTD30                       |
| BAVENCIO                                      | 5                | B/D PA; LA; LTD30                   |
| BELEODAQ                                      | 5                | B/D PA; LTD30                       |
| <i>bendamustine intravenous recon soln</i>    | 5                | B/D PA; MO; LTD30                   |
| BENDEKA                                       | 5                | B/D PA; MO; LTD30                   |
| BESPONSA                                      | 5                | B/D PA; MO; LA; LTD30               |
| <i>bexarotene</i>                             | 5                | PA; MO; LTD30                       |
| <i>bicalutamide</i>                           | 2                | MO                                  |
| BIZENGRI                                      | 5                | PA; LTD30                           |
| <i>bleomycin</i>                              | 2                | B/D PA; MO                          |
| BLINCYTO INTRAVENOUS KIT                      | 5                | B/D PA; LTD30                       |
| BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG  | 5                | B/D PA; LTD30                       |
| <i>bortezomib injection recon soln 3.5 mg</i> | 5                | B/D PA; MO; LTD30                   |
| BOSULIF ORAL CAPSULE 100 MG                   | 5                | PA; MO; LTD30; QL (180 per 30 days) |

| <b>Drug Name</b>                   | <b>Drug Tier</b> | <b>Requirements /Limits</b>             |
|------------------------------------|------------------|---|
| BOSULIF ORAL CAPSULE 50 MG         | 5                | PA; MO; LTD30; QL (330 per 30 days)     |
| BOSULIF ORAL TABLET 100 MG         | 5                | PA; MO; LTD30; QL (90 per 30 days)      |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5                | PA; MO; LTD30; QL (30 per 30 days)      |
| BRAFTOVI                           | 5                | PA; MO; LA; LTD30; QL (180 per 30 days) |
| BRUKINSA                           | 5                | PA; LA; LTD30; QL (120 per 30 days)     |
| <i>busulfan</i>                    | 5                | B/D PA; LTD30                           |
| CABOMETYX                          | 5                | PA; MO; LA; LTD30; QL (30 per 30 days)  |
| CALQUENCE                          | 5                | PA; LA; LTD30; QL (60 per 30 days)      |
| CALQUENCE (ACALABRUTINIB MAL)      | 5                | PA; LA; LTD30; QL (60 per 30 days)      |
| CAPRELSA ORAL TABLET 100 MG        | 5                | PA; LA; LTD30; QL (60 per 30 days)      |

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| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements /Limits</b>                  |
|---|------------------|--|
| CAPRELSA ORAL TABLET 300 MG                         | 5                | PA; LA;<br>LTD30; QL<br>(30 per 30 days)     |
| <i>carboplatin intravenous solution</i>             | 2                | B/D PA; MO                                   |
| <i>carmustine intravenous recon soln 100 mg</i>     | 5                | B/D PA; MO;<br>LTD30                         |
| <i>cisplatin intravenous solution</i>               | 2                | B/D PA; MO                                   |
| <i>cladribine</i>                                   | 5                | B/D PA; MO;<br>LTD30                         |
| <i>clofarabine</i>                                  | 5                | B/D PA;<br>LTD30                             |
| COLUMVI   | 5                | PA; MO;<br>LTD30                             |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | 5                | PA; MO;<br>LTD30; QL<br>(56 per 28 days)     |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 5                | PA; MO;<br>LTD30; QL<br>(112 per 28 days)    |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)     | 5                | PA; MO;<br>LTD30; QL<br>(84 per 28 days)     |
| COPIKTRA  | 5                | PA; LA;<br>LTD30; QL<br>(60 per 30 days)     |
| COTELLIC  | 5                | PA; MO; LA;<br>LTD30; QL<br>(63 per 28 days) |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|--|------------------|------------------------------------|
| <i>cyclophosphamide intravenous recon soln</i>   | 2                | B/D PA; MO                         |
| <i>cyclophosphamide oral capsule</i>   | 3                | B/D PA; MO                         |
| CYCLOPHOSPHA MIDE ORAL TABLET  | 3                | B/D PA                             |
| <i>cyclosporine modified oral capsule</i>  | 4                | B/D PA; MO                         |
| <i>cyclosporine modified oral solution</i>   | 4                | B/D PA                             |
| <i>cyclosporine oral capsule</i>   | 4                | B/D PA; MO                         |
| CYRAMZA  | 5                | B/D PA; MO;<br>LTD30               |
| <i>cytarabine</i>  | 2                | B/D PA; MO                         |
| <i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i> | 2                | B/D PA; MO                         |
| <i>cytarabine (pf) injection solution 20 mg/ml</i>   | 2                | B/D PA                             |
| <i>dacarbazine</i>   | 2                | B/D PA; MO                         |
| <i>dactinomycin</i>  | 2                | B/D PA; MO                         |
| DANYELZA   | 5                | B/D PA;<br>LTD30                   |
| DANZITEN   | 5                | PA; LTD30;<br>QL (112 per 28 days) |
| DARZALEX   | 5                | B/D PA; MO;<br>LA; LTD30           |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>              |
|--|------------------|--|
| <i>dasatinib oral tablet</i><br>100 mg, 140 mg, 50 mg, 80 mg   | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30 days) |
| <i>dasatinib oral tablet</i><br>20 mg  | 5                | PA; MO;<br>LTD30; QL<br>(90 per 30 days) |
| <i>dasatinib oral tablet</i><br>70 mg  | 5                | PA; MO;<br>LTD30; QL<br>(60 per 30 days) |
| DATROWAY   | 5                | PA; LTD30                                |
| <i>daunorubicin</i>  | 2                | B/D PA                                   |
| DAURISMO ORAL TABLET 100 MG  | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG   | 5                | PA; MO;<br>LTD30; QL<br>(60 per 30 days) |
| <i>decitabine</i>  | 5                | B/D PA; MO;<br>LTD30                     |
| <i>docetaxel</i><br><i>intravenous solution</i><br>160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)  | 5                | B/D PA;<br>LTD30                         |
| <i>docetaxel</i><br><i>intravenous solution</i><br>160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml) | 5                | B/D PA; MO;<br>LTD30                     |
| <i>doxorubicin</i><br><i>intravenous recon soln</i> 10 mg  | 2                | B/D PA                                   |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>doxorubicin</i><br><i>intravenous recon soln</i> 50 mg                                 | 2                | B/D PA; MO                  |
| <i>doxorubicin</i><br><i>intravenous solution</i><br>10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml | 2                | B/D PA; MO                  |
| <i>doxorubicin</i><br><i>intravenous solution</i><br>2 mg/ml                              | 2                | B/D PA                      |
| <i>doxorubicin, peg-liposomal</i>   | 5                | B/D PA; MO;<br>LTD30        |
| DROXIA  | 3                | MO                          |
| ELAHERE   | 5                | PA; LA;<br>LTD30            |
| ELIGARD   | 3                | PA; MO                      |
| ELIGARD (3 MONTH)   | 3                | PA; MO                      |
| ELIGARD (4 MONTH)   | 3                | PA; MO                      |
| ELIGARD (6 MONTH)   | 3                | PA; MO                      |
| ELREXFIO  | 5                | PA; LTD30                   |
| ELZONRIS  | 5                | B/D PA; LA;<br>LTD30        |
| EMPLICITI   | 5                | B/D PA; MO;<br>LTD30        |
| ENVARSUS XR   | 4                | B/D PA; MO                  |
| <i>epirubicin</i><br><i>intravenous solution</i><br>200 mg/100 ml                         | 2                | B/D PA                      |
| EPKINLY   | 5                | PA; LTD30                   |
| ERBITUX   | 5                | B/D PA; MO;<br>LTD30        |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>               | <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>               |
|--|------------------|---|---|------------------|---|
| <i>eribulin</i>  | 5                | B/D PA;<br>LTD30                          | <i>everolimus<br/>(antineoplastic) oral tablet for suspension 5 mg</i>  | 5                | PA; MO;<br>LTD30; QL<br>(180 per 30 days) |
| ERIVEDGE   | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30 days)  | <i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>               | 3                | B/D PA; MO                                |
| ERLEADA ORAL TABLET 240 MG   | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30 days)  | <i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i> | 5                | B/D PA; MO;<br>LTD30                      |
| ERLEADA ORAL TABLET 60 MG  | 5                | PA; MO;<br>LTD30; QL<br>(120 per 30 days) | <i>exemestane</i>   | 4                | MO  |
| <i>erlotinib oral tablet 100 mg, 150 mg</i>                        | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30 days)  | FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG           | 5                | PA; MO;<br>LTD30                          |
| <i>erlotinib oral tablet 25 mg</i>                                 | 5                | PA; MO;<br>LTD30; QL<br>(60 per 30 days)  | FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG            | 4                | PA; MO                                    |
| ERWINASE   | 5                | B/D PA;<br>LTD30                          | <i>floxuridine</i>  | 2                | B/D PA                                    |
| ETOPOPHOS  | 4                | B/D PA; MO                                | <i>fludarabine intravenous recon soln</i>                               | 2                | B/D PA; MO                                |
| <i>etoposide intravenous</i>                                       | 2                | B/D PA; MO                                | <i>fludarabine intravenous solution</i>                                 | 2                | B/D PA                                    |
| <i>everolimus (antineoplastic) oral tablet</i>                     | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30 days)  | <i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>     | 2                | B/D PA; MO                                |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i> | 5                | PA; MO;<br>LTD30; QL<br>(330 per 30 days) | <i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>  | 2                | B/D PA                                    |
| <i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i> | 5                | PA; MO;<br>LTD30; QL<br>(240 per 30 days) |   |                  |   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>                  |
|---|------------------|--|
| FOTIVDA   | 5                | PA; LA;<br>LTD30; QL<br>(21 per 28<br>days)  |
| FRUZAQLA ORAL<br>CAPSULE 1 MG   | 5                | PA; LTD30;<br>QL (84 per 28<br>days)         |
| FRUZAQLA ORAL<br>CAPSULE 5 MG   | 5                | PA; LTD30;<br>QL (21 per 28<br>days)         |
| <i>fulvestrant</i>  | 5                | B/D PA; MO;<br>LTD30                         |
| FYARRO  | 5                | PA; LTD30                                    |
| GAVRETO   | 5                | PA; LA;<br>LTD30; QL<br>(120 per 30<br>days) |
| GAZYVA  | 5                | B/D PA; MO;<br>LTD30                         |
| <i>gefitinib</i>  | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30<br>days)  |
| <i>gemcitabine<br/>intravenous recon<br/>soln 1 gram, 200 mg</i>  | 2                | B/D PA; MO                                   |
| <i>gemcitabine<br/>intravenous recon<br/>soln 2 gram</i>  | 2                | B/D PA                                       |
| <i>gemcitabine<br/>intravenous solution<br/>1 gram/26.3 ml (38<br/>mg/ml), 2 gram/52.6<br/>ml (38 mg/ml), 200<br/>mg/5.26 ml (38<br/>mg/ml)</i> | 2                | B/D PA; MO                                   |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>                     |
|---|------------------|---|
| GEMCITABINE<br>INTRAVENOUS<br>SOLUTION 100<br>MG/ML         | 3                | B/D PA  |
| <i>gengraf</i>  | 4                | B/D PA; MO                                      |
| GILOTRIF  | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30<br>days)     |
| GLEOSTINE ORAL<br>CAPSULE 10 MG                             | 4                | MO  |
| GLEOSTINE ORAL<br>CAPSULE 100 MG,<br>40 MG                  | 5                | MO; LTD30                                       |
| GRAFAPEX  | 5                | B/D PA;<br>LTD30                                |
| <i>hydroxyurea</i>  | 2                | MO  |
| IBRANCE   | 5                | PA; MO;<br>LTD30; QL<br>(21 per 28<br>days)     |
| ICLUSIG   | 5                | PA; LTD30;<br>QL (30 per 30<br>days)            |
| <i>idarubicin</i>   | 2                | B/D PA; MO                                      |
| IDHIFA  | 5                | PA; MO; LA;<br>LTD30; QL<br>(30 per 30<br>days) |
| <i>ifosfamide<br/>intravenous recon<br/>soln</i>            | 2                | B/D PA; MO                                      |
| <i>ifosfamide<br/>intravenous solution<br/>1 gram/20 ml</i> | 2                | B/D PA; MO                                      |
| <i>ifosfamide<br/>intravenous solution<br/>3 gram/60 ml</i> | 2                | B/D PA  |

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| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements /Limits</b>         | <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>             |
|--|------------------|-------------------------------------|---|------------------|---|
| <i>imatinib oral tablet 100 mg</i>           | 5                | PA; MO; LTD30; QL (180 per 30 days) | INQOVI  | 5                | PA; MO; LTD30; QL (5 per 28 days)       |
| <i>imatinib oral tablet 400 mg</i>           | 5                | PA; MO; LTD30; QL (60 per 30 days)  | INREBIC   | 5                | PA; MO; LA; LTD30; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG                | 5                | PA; LTD30; QL (120 per 30 days)     | <i>irinotecan intravenous solution 100 mg/5 ml</i>                | 2                | B/D PA; MO                              |
| IMBRUVICA ORAL CAPSULE 70 MG                 | 5                | PA; LTD30; QL (30 per 30 days)      | <i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i> | 5                | B/D PA; LTD30                           |
| IMBRUVICA ORAL SUSPENSION                    | 5                | PA; LTD30; QL (324 per 30 days)     | <i>irinotecan intravenous solution 40 mg/2 ml</i>                 | 5                | B/D PA; MO; LTD30                       |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 5                | PA; LTD30; QL (30 per 30 days)      | ISTODAX   | 5                | B/D PA; MO; LTD30                       |
| IMDELLTRA                                    | 5                | PA; MO; LTD30                       | ITOVEBI ORAL TABLET 3 MG  | 5                | PA; MO; LTD30; QL (60 per 30 days)      |
| IMFINZI                                      | 5                | B/D PA; MO; LA; LTD30               | ITOVEBI ORAL TABLET 9 MG  | 5                | PA; MO; LTD30; QL (30 per 30 days)      |
| IMJUDO                                       | 5                | PA; MO; LTD30                       | IWILFIN   | 5                | PA; LA; LTD30; QL (240 per 30 days)     |
| IMKELDI                                      | 5                | PA; MO; LTD30; QL (280 per 28 days) | IXEMPRA   | 5                | B/D PA; MO; LTD30                       |
| INLYTA ORAL TABLET 1 MG                      | 5                | PA; MO; LTD30; QL (180 per 30 days) | JAKAFI  | 5                | PA; MO; LTD30; QL (60 per 30 days)      |
| INLYTA ORAL TABLET 5 MG                      | 5                | PA; MO; LTD30; QL (120 per 30 days) |   |                  |   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>        | <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|--|------------------|------------------------------------|--|------------------|-------------------------------------|
| JAYPIRCA ORAL TABLET 100 MG                                      | 5                | PA; MO; LTD30; QL (60 per 30 days) | KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)                | 5                | PA; MO; LTD30; QL (63 per 28 days)  |
| JAYPIRCA ORAL TABLET 50 MG                                       | 5                | PA; MO; LTD30; QL (30 per 30 days) | KOSELUGO   | 5                | PA; LTD30                           |
| JEMPERLI   | 5                | PA; MO; LTD30                      | KRAZATI  | 5                | PA; LTD30; QL (180 per 30 days)     |
| JEVTANA  | 5                | B/D PA; MO; LTD30                  | KYPROLIS   | 5                | B/D PA; LTD30                       |
| JYLAMVO  | 4                | B/D PA; MO                         | <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>       | 5                | PA; MO; LTD30                       |
| KADCYLA  | 5                | PA; MO; LTD30                      | <i>lapatinib</i>   | 5                | PA; MO; LTD30; QL (180 per 30 days) |
| KEYTRUDA   | 5                | PA; MO; LTD30                      | LAZCLUZE ORAL TABLET 240 MG                                | 5                | PA; LA; LTD30; QL (30 per 30 days)  |
| KIMMTRAK   | 5                | B/D PA; LTD30                      | LAZCLUZE ORAL TABLET 80 MG                                 | 5                | PA; LA; LTD30; QL (60 per 30 days)  |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 5                | PA; LTD30; QL (70 per 28 days)     | <i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i> | 5                | PA; MO; LTD30; QL (28 per 28 days)  |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 5                | PA; LTD30; QL (91 per 28 days)     | <i>lenalidomide oral capsule 2.5 mg, 20 mg</i>             | 5                | PA; LTD30; QL (28 per 28 days)      |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)                      | 5                | PA; MO; LTD30; QL (21 per 28 days) | LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG           | 5                | PA; MO; LTD30; QL (30 per 30 days)  |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)                      | 5                | PA; MO; LTD30; QL (42 per 28 days) |  |                  |                                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>         | <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|---|------------------|-------------------------------------|--|------------------|-------------------------------------|
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) | 5                | PA; MO; LTD30; QL (90 per 30 days)  | LUMAKRAS ORAL TABLET 240 MG                              | 5                | PA; MO; LTD30; QL (120 per 30 days) |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)          | 5                | PA; MO; LTD30; QL (60 per 30 days)  | LUMAKRAS ORAL TABLET 320 MG                              | 5                | PA; MO; LTD30; QL (90 per 30 days)  |
| <i>letrozole</i>  | 2                | MO                                  | LUNSUMIO   | 5                | PA; MO; LTD30                       |
| LEUKERAN  | 5                | MO; LTD30                           | LUPRON DEPOT   | 5                | PA; MO; LTD30                       |
| <i>leuprolide subcutaneous kit</i>  | 4                | PA; MO                              | LYNPARZA   | 5                | PA; MO; LTD30; QL (120 per 30 days) |
| LIBTAYO   | 5                | PA; LA; LTD30                       | LYSODREN   | 5                | LTD30                               |
| LONSURF   | 5                | PA; MO; LTD30                       | LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)                 | 5                | PA; LA; LTD30; QL (84 per 28 days)  |
| LOQTORZI  | 5                | PA; MO; LTD30                       | LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)                 | 5                | PA; LA; LTD30; QL (112 per 28 days) |
| LORBRENA ORAL TABLET 100 MG   | 5                | PA; MO; LTD30; QL (30 per 30 days)  | LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)                 | 5                | PA; LA; LTD30; QL (140 per 28 days) |
| LORBRENA ORAL TABLET 25 MG  | 5                | PA; MO; LTD30; QL (90 per 30 days)  | MARGENZA   | 5                | B/D PA; LTD30                       |
| LUMAKRAS ORAL TABLET 120 MG   | 5                | PA; MO; LTD30; QL (240 per 30 days) | MATULANE   | 5                | LTD30                               |
|   |                  |                                     | <i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>    | 3                | PA                                  |
|   |                  |                                     | <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i> | 3                | PA; MO                              |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>             |
|--|------------------|---|
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i> | 4                | PA; MO                                  |
| <i>megestrol oral tablet</i>                             | 3                | PA; MO                                  |
| MEKINIST ORAL RECON SOLN                                 | 5                | PA; MO; LTD30; QL (1260 per 30 days)    |
| MEKINIST ORAL TABLET 0.5 MG                              | 5                | PA; MO; LTD30; QL (90 per 30 days)      |
| MEKINIST ORAL TABLET 2 MG                                | 5                | PA; MO; LTD30; QL (30 per 30 days)      |
| MEKTOVI  | 5                | PA; MO; LA; LTD30; QL (180 per 30 days) |
| <i>melphalan hcl</i>                                     | 5                | B/D PA; LTD30                           |
| <i>mercaptopurine oral tablet</i>                        | 3                | MO                                      |
| <i>methotrexate sodium</i>                               | 2                | B/D PA; MO                              |
| <i>methotrexate sodium (pf) injection recon soln</i>     | 2                | B/D PA                                  |
| <i>methotrexate sodium (pf) injection solution</i>       | 2                | B/D PA; MO                              |
| <i>mitomycin intravenous recon soln 20 mg, 5 mg</i>      | 2                | B/D PA; MO                              |
| <i>mitomycin intravenous recon soln 40 mg</i>            | 5                | B/D PA; MO; LTD30                       |
| <i>mitoxantrone</i>                                      | 2                | B/D PA; MO                              |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>             |
|---|------------------|---|
| MONJUVI   | 5                | PA; LA; LTD30                           |
| <i>mycophenolate mofetil (hcl)</i>                                    | 4                | B/D PA; MO                              |
| <i>mycophenolate mofetil oral capsule</i>                             | 3                | B/D PA; MO                              |
| <i>mycophenolate mofetil oral suspension for reconstitution</i>       | 5                | B/D PA; MO; LTD30                       |
| <i>mycophenolate mofetil oral tablet</i>                              | 3                | B/D PA; MO                              |
| <i>mycophenolate sodium</i>   | 4                | B/D PA; MO                              |
| MYHIBBIN  | 5                | B/D PA; MO; LTD30                       |
| MYLOTARG  | 5                | B/D PA; MO; LA; LTD30                   |
| <i>nelarabine</i>   | 5                | B/D PA; MO; LTD30                       |
| NERLYNX   | 5                | PA; MO; LA; LTD30                       |
| <i>nilutamide</i>   | 5                | PA; MO; LTD30                           |
| NINLARO   | 5                | PA; MO; LTD30; QL (3 per 28 days)       |
| NUBEQA  | 5                | PA; MO; LA; LTD30; QL (120 per 30 days) |
| NULOJIX   | 5                | B/D PA; MO; LTD30                       |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i> | 5                | PA; MO; LTD30                           |

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This drug list was last updated on 04/18/2025.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>            |
|---|------------------|--|
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>  | 4                | PA; MO                                 |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i> | 4                | PA; MO                                 |
| <i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>                   | 5                | PA; MO; LTD30                          |
| <i>octreotide,microspheres</i>  | 5                | PA; LTD30                              |
| ODOMZO  | 5                | PA; MO; LA; LTD30; QL (30 per 30 days) |
| OGSIVEO ORAL TABLET 100 MG, 150 MG  | 5                | PA; LTD30; QL (56 per 28 days)         |
| OGSIVEO ORAL TABLET 50 MG   | 5                | PA; LTD30; QL (180 per 30 days)        |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION                                       | 5                | PA; LTD30; QL (96 per 28 days)         |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)                                     | 5                | PA; LTD30; QL (16 per 28 days)         |
| OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)                                     | 5                | PA; LTD30; QL (20 per 28 days)         |
| OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)                                     | 5                | PA; LTD30; QL (24 per 28 days)         |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|---|------------------|------------------------------------|
| OJJAARA   | 5                | PA; LTD30; QL (30 per 30 days)     |
| ONCASPAR  | 5                | B/D PA; LTD30                      |
| ONIVYDE   | 5                | B/D PA; LTD30                      |
| ONUREG  | 5                | PA; MO; LTD30; QL (14 per 28 days) |
| OPDIVO  | 5                | PA; MO; LTD30                      |
| OPDIVO QVANTIG  | 5                | PA; LTD30                          |
| OPDUALAG  | 5                | PA; MO; LTD30                      |
| ORGOVYX   | 5                | PA; LA; LTD30; QL (30 per 28 days) |
| ORSERDU ORAL TABLET 345 MG  | 5                | PA; LTD30; QL (30 per 30 days)     |
| ORSERDU ORAL TABLET 86 MG   | 5                | PA; LTD30; QL (90 per 30 days)     |
| <i>oxaliplatin intravenous recon soln 100 mg</i>                            | 2                | B/D PA                             |
| <i>oxaliplatin intravenous recon soln 50 mg</i>                             | 2                | B/D PA; MO                         |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i> | 2                | B/D PA; MO                         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|--|------------------|-------------------------------------|
| <i>oxaliplatin intravenous solution 200 mg/40 ml</i>               | 2                | B/D PA                              |
| <i>paclitaxel</i>  | 2                | B/D PA; MO                          |
| <i>paclitaxel protein-bound</i>                                    | 5                | B/D PA; MO; LTD30                   |
| PADCEV   | 5                | PA; MO; LTD30                       |
| <i>paraplatin</i>  | 2                | B/D PA                              |
| <i>pazopanib</i>   | 5                | PA; MO; LTD30; QL (120 per 30 days) |
| PEMAZYRE   | 5                | PA; LA; LTD30; QL (28 per 28 days)  |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i> | 5                | B/D PA; MO; LTD30                   |
| <i>pemetrexed disodium intravenous recon soln 100 mg</i>           | 4                | B/D PA; MO                          |
| <i>pemetrexed disodium intravenous recon soln 750 mg</i>           | 5                | B/D PA; LTD30                       |
| PERJETA  | 5                | B/D PA; MO; LTD30                   |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)                         | 5                | PA; MO; LTD30; QL (28 per 28 days)  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>             |
|---|------------------|---|
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 5                | PA; MO; LTD30; QL (56 per 28 days)      |
| POLIVY  | 5                | PA; MO; LTD30                           |
| POMALYST  | 5                | PA; MO; LA; LTD30; QL (21 per 28 days)  |
| PORTRAZZA   | 5                | B/D PA; MO; LTD30                       |
| POTELIGEO   | 5                | PA; LTD30                               |
| PRALATREXATE  | 5                | B/D PA; MO; LTD30                       |
| PROGRAF INTRAVENOUS   | 3                | B/D PA; MO                              |
| PROGRAF ORAL GRANULES IN PACKET   | 4                | B/D PA; MO                              |
| PURIXAN   | 5                | LTD30                                   |
| QINLOCK   | 5                | PA; LA; LTD30; QL (90 per 30 days)      |
| RETEVMO ORAL CAPSULE 40 MG  | 5                | PA; MO; LA; LTD30; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG  | 5                | PA; MO; LA; LTD30; QL (120 per 30 days) |

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| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements /Limits</b>            |
|---|------------------|--|
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | 5                | PA; MO; LA; LTD30; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG                 | 5                | PA; MO; LA; LTD30; QL (90 per 30 days) |
| REVLIMID                                  | 5                | PA; MO; LA; LTD30; QL (28 per 28 days) |
| REVUFORJ ORAL TABLET 110 MG, 160 MG       | 5                | PA; LTD30; QL (60 per 30 days)         |
| REZLIDHIA                                 | 5                | PA; LTD30; QL (60 per 30 days)         |
| REZUROCK                                  | 5                | PA; LA; LTD30; QL (30 per 30 days)     |
| <i>romidepsin intravenous recon soln</i>  | 5                | B/D PA; LTD30                          |
| ROZLYTREK ORAL CAPSULE 100 MG             | 5                | PA; MO; LTD30; QL (150 per 30 days)    |
| ROZLYTREK ORAL CAPSULE 200 MG             | 5                | PA; MO; LTD30; QL (90 per 30 days)     |
| ROZLYTREK ORAL PELLETS IN PACKET          | 5                | PA; MO; LTD30; QL (336 per 28 days)    |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>             |
|--|------------------|---|
| RUBRACA  | 5                | PA; MO; LA; LTD30; QL (120 per 30 days) |
| RUXIENCE   | 5                | PA; MO; LTD30                           |
| RYBREVANT  | 5                | PA; MO; LTD30                           |
| RYDAPT   | 5                | PA; MO; LTD30; QL (224 per 28 days)     |
| RYLAZE   | 5                | B/D PA; LTD30                           |
| RYTELO   | 5                | PA; LTD30                               |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON | 5                | PA; MO; LTD30                           |
| SARCLISA   | 5                | PA; LA; LTD30                           |
| SCEMBLIX ORAL TABLET 100 MG  | 5                | PA; LTD30; QL (120 per 30 days)         |
| SCEMBLIX ORAL TABLET 20 MG   | 5                | PA; LTD30; QL (600 per 30 days)         |
| SCEMBLIX ORAL TABLET 40 MG   | 5                | PA; LTD30; QL (300 per 30 days)         |
| SIGNIFOR   | 5                | PA; LTD30                               |
| SIMULECT   | 3                | B/D PA; MO                              |
| <i>sirolimus oral solution</i>                                     | 5                | B/D PA; MO; LTD30                       |
| <i>sirolimus oral tablet</i>                                       | 4                | B/D PA; MO                              |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|--|------------------|-------------------------------------|
| SOLTAMOX   | 5                | MO; LTD30                           |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML | 5                | PA; MO; LTD30                       |
| <i>sorafenib</i>   | 5                | PA; MO; LTD30; QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG                 | 5                | PA; MO; LTD30; QL (30 per 30 days)  |
| SPRYCEL ORAL TABLET 20 MG  | 5                | PA; MO; LTD30; QL (90 per 30 days)  |
| SPRYCEL ORAL TABLET 70 MG  | 5                | PA; MO; LTD30; QL (60 per 30 days)  |
| STIVARGA   | 5                | PA; MO; LTD30; QL (84 per 28 days)  |
| <i>sunitinib malate</i>  | 5                | PA; MO; LTD30; QL (30 per 30 days)  |
| SYLVANT  | 5                | B/D PA; MO; LTD30                   |
| TABLOID  | 4                | MO                                  |
| TABRECTA   | 5                | PA; MO; LTD30                       |
| <i>tacrolimus oral capsule</i>                                   | 4                | B/D PA; MO                          |

| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements /Limits</b>            |
|-------------------------------------|------------------|--|
| TAFINLAR ORAL CAPSULE               | 5                | PA; MO; LTD30; QL (120 per 30 days)    |
| TAFINLAR ORAL TABLET FOR SUSPENSION | 5                | PA; MO; LTD30; QL (840 per 28 days)    |
| TAGRISSO                            | 5                | PA; MO; LA; LTD30; QL (30 per 30 days) |
| TALVEY                              | 5                | PA; LTD30                              |
| TALZENNA                            | 5                | PA; MO; LTD30; QL (30 per 30 days)     |
| <i>tamoxifen</i>                    | 2                | MO                                     |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 5                | PA; MO; LTD30; QL (112 per 28 days)    |
| TASIGNA ORAL CAPSULE 50 MG          | 5                | PA; MO; LTD30; QL (120 per 30 days)    |
| TAZVERIK                            | 5                | PA; LA; LTD30                          |
| TECENTRIQ                           | 5                | B/D PA; MO; LA; LTD30                  |
| TECENTRIQ HYBREZA                   | 5                | B/D PA; MO; LA; LTD30                  |
| TECVAYLI                            | 5                | PA; LTD30                              |
| TEMODAR INTRAVENOUS                 | 5                | B/D PA; MO; LTD30                      |
| <i>temsirolimus</i>                 | 5                | B/D PA; MO; LTD30                      |

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| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements /Limits</b>               |
|--|------------------|---|
| TEPMETKO   | 5                | PA; LA;<br>LTD30                          |
| TEVIMBRA   | 5                | PA; LTD30                                 |
| THALOMID ORAL CAPSULE 100 MG                         | 5                | PA; MO;<br>LTD30; QL<br>(112 per 28 days) |
| THALOMID ORAL CAPSULE 50 MG                          | 5                | PA; MO;<br>LTD30; QL<br>(28 per 28 days)  |
| <i>thiotepa injection recon soln 100 mg</i>          | 5                | B/D PA;<br>LTD30                          |
| <i>thiotepa injection recon soln 15 mg</i>           | 5                | B/D PA; MO;<br>LTD30                      |
| TIBSOVO  | 5                | PA; LTD30                                 |
| TIVDAK   | 5                | PA; MO;<br>LTD30                          |
| <i>topotecan</i>                                     | 5                | B/D PA; MO;<br>LTD30                      |
| <i>toremifene</i>                                    | 5                | MO; LTD30                                 |
| <i>torpenz</i>                                       | 5                | PA; LTD30;<br>QL (30 per 30 days)         |
| TRAZIMERA  | 5                | B/D PA; MO;<br>LTD30                      |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 4                | PA; MO                                    |
| <i>tretinoin (antineoplastic)</i>                    | 5                | MO; LTD30                                 |
| TRODELVY   | 5                | PA; LA;<br>LTD30                          |

| <b>Drug Name</b>             | <b>Drug Tier</b> | <b>Requirements /Limits</b>               |
|------------------------------|------------------|---|
| TRUQAP                       | 5                | PA; LTD30;<br>QL (64 per 28 days)         |
| TUKYSA ORAL TABLET 150 MG    | 5                | PA; LA;<br>LTD30; QL<br>(120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG     | 5                | PA; LA;<br>LTD30; QL<br>(300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG  | 5                | PA; LA;<br>LTD30; QL<br>(120 per 30 days) |
| UNITUXIN                     | 5                | B/D PA;<br>LTD30                          |
| <i>valrubicin</i>            | 5                | B/D PA; MO;<br>LTD30                      |
| VANFLYTA                     | 5                | PA; LTD30;<br>QL (56 per 28 days)         |
| VECTIBIX                     | 5                | B/D PA; MO;<br>LTD30                      |
| VENCLEXTA ORAL TABLET 10 MG  | 3                | PA; LA; QL<br>(60 per 30 days)            |
| VENCLEXTA ORAL TABLET 100 MG | 5                | PA; LA;<br>LTD30; QL<br>(180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG  | 5                | PA; LA;<br>LTD30; QL<br>(30 per 30 days)  |
| VENCLEXTA STARTING PACK      | 5                | PA; LA;<br>LTD30; QL<br>(42 per 180 days) |

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| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements /Limits</b>                      |
|--|------------------|--|
| VERZENIO                                     | 5                | PA; MO; LA;<br>LTD30; QL<br>(60 per 30<br>days)  |
| <i>vinblastine</i>                           | 2                | B/D PA; MO                                       |
| <i>vincristine</i>                           | 2                | B/D PA; MO                                       |
| <i>vinorelbine</i>                           | 2                | B/D PA; MO                                       |
| VITRAKVI ORAL<br>CAPSULE 100 MG              | 5                | PA; MO; LA;<br>LTD30; QL<br>(60 per 30<br>days)  |
| VITRAKVI ORAL<br>CAPSULE 25 MG               | 5                | PA; MO; LA;<br>LTD30; QL<br>(180 per 30<br>days) |
| VITRAKVI ORAL<br>SOLUTION                    | 5                | PA; MO; LA;<br>LTD30; QL<br>(300 per 30<br>days) |
| VIZIMPRO                                     | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30<br>days)      |
| VONJO  | 5                | PA; LTD30;<br>QL (120 per<br>30 days)            |
| VORANIGO ORAL<br>TABLET 10 MG                | 5                | PA; LTD30;<br>QL (60 per 30<br>days)             |
| VORANIGO ORAL<br>TABLET 40 MG                | 5                | PA; LTD30;<br>QL (30 per 30<br>days)             |
| VYLOY<br>INTRAVENOUS<br>RECON SOLN 100<br>MG | 5                | PA; LA;<br>LTD30                                 |
| VYXEOS                                       | 5                | B/D PA;<br>LTD30                                 |

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements /Limits</b>                  |
|--|------------------|--|
| WELIREG                                | 5                | PA; LA;<br>LTD30                             |
| XALKORI ORAL<br>CAPSULE                | 5                | PA; MO;<br>LTD30; QL<br>(60 per 30<br>days)  |
| XALKORI ORAL<br>PELLET 150 MG          | 5                | PA; MO;<br>LTD30; QL<br>(180 per 30<br>days) |
| XALKORI ORAL<br>PELLET 20 MG, 50<br>MG | 5                | PA; MO;<br>LTD30; QL<br>(120 per 30<br>days) |
| XERMELO                                | 5                | PA; LA;<br>LTD30; QL<br>(84 per 28<br>days)  |
| XOSPATA                                | 5                | PA; LA;<br>LTD30; QL<br>(90 per 30<br>days)  |
| XPOVIO                                 | 5                | PA; LA;<br>LTD30                             |
| XTANDI ORAL<br>CAPSULE                 | 5                | PA; MO;<br>LTD30; QL<br>(120 per 30<br>days) |
| XTANDI ORAL<br>TABLET 40 MG            | 5                | PA; MO;<br>LTD30; QL<br>(120 per 30<br>days) |
| XTANDI ORAL<br>TABLET 80 MG            | 5                | PA; MO;<br>LTD30; QL<br>(60 per 30<br>days)  |
| YEROVY                                 | 5                | B/D PA; MO;<br>LTD30                         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>                     |
|--------------------|------------------|---|
| YONDELIS           | 5                | B/D PA;<br>LTD30                                |
| ZALTRAP            | 5                | B/D PA; MO;<br>LTD30                            |
| ZEJULA ORAL TABLET | 5                | PA; MO; LA;<br>LTD30; QL<br>(30 per 30<br>days) |
| ZELBORAF           | 5                | PA; MO;<br>LTD30; QL<br>(240 per 30<br>days)    |
| ZEPZELCA           | 5                | PA; LTD30                                       |
| ZIIHERA            | 5                | PA; LTD30                                       |
| ZIRABEV            | 5                | B/D PA; MO;<br>LTD30                            |
| ZOLADEX            | 4                | PA; MO  |
| ZOLINZA            | 5                | PA; MO;<br>LTD30; QL<br>(120 per 30<br>days)    |
| ZYDELIG            | 5                | PA; MO;<br>LTD30; QL<br>(60 per 30<br>days)     |
| ZYKADIA            | 5                | PA; MO;<br>LTD30; QL<br>(90 per 30<br>days)     |
| ZYNLONTA           | 5                | PA; LA;<br>LTD30                                |
| ZYNYZ              | 5                | PA; MO;<br>LTD30                                |

**AUTONOMIC / CNS DRUGS,  
NEUROLOGY / PSYCH  
ANTICONVULSANTS**

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>           |
|---|------------------|---------------------------------------|
| APTIOM ORAL TABLET 200 MG   | 5                | MO; LTD30;<br>QL (180 per<br>30 days) |
| APTIOM ORAL TABLET 400 MG   | 5                | MO; LTD30;<br>QL (90 per 30<br>days)  |
| APTIOM ORAL TABLET 600 MG,<br>800 MG                                  | 5                | MO; LTD30;<br>QL (60 per 30<br>days)  |
| BRIVIACT INTRAVENOUS  | 4                | MO; QL (600<br>per 30 days)           |
| BRIVIACT ORAL SOLUTION  | 5                | MO; LTD30;<br>QL (600 per<br>30 days) |
| BRIVIACT ORAL TABLET  | 5                | MO; LTD30;<br>QL (60 per 30<br>days)  |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>                | 4                | MO                                    |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                      | 4                | MO                                    |
| <i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i> | 4                |                                       |
| <i>carbamazepine oral tablet</i>                                      | 3                | MO                                    |
| <i>carbamazepine oral tablet extended release 12 hr</i>               | 4                | MO                                    |
| <i>carbamazepine oral tablet, chewable 100 mg</i>                     | 3                | MO                                    |
| <i>clobazam oral suspension</i>                                       | 4                | PA; MO; QL<br>(480 per 30<br>days)    |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|--|------------------|-------------------------------------|
| <i>clobazam oral tablet</i>  | 4                | PA; MO; QL (60 per 30 days)         |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>                                   | 2                | MO; QL (90 per 30 days)             |
| <i>clonazepam oral tablet 2 mg</i>   | 2                | MO; QL (300 per 30 days)            |
| <i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 4                | MO; QL (90 per 30 days)             |
| <i>clonazepam oral tablet,disintegrating 2 mg</i>                            | 4                | MO; QL (300 per 30 days)            |
| DIACOMIT   | 5                | PA; LA; LTD30                       |
| <i>diazepam rectal</i>   | 4                | MO                                  |
| DILANTIN 30 MG   | 4                | MO                                  |
| <i>divalproex</i>  | 2                | MO                                  |
| EPIDIOLEX  | 5                | PA; MO; LA; LTD30                   |
| <i>epitol</i>  | 3                | MO                                  |
| EPRONTIA   | 4                | PA; MO                              |
| <i>ethosuximide</i>  | 3                | MO                                  |
| <i>felbamate</i>   | 4                | MO                                  |
| FINTEPLA   | 5                | PA; LA; LTD30; QL (360 per 30 days) |
| <i>fosphenytoin</i>  | 2                | MO                                  |
| FYCOMPA ORAL SUSPENSION  | 5                | MO; LTD30; QL (720 per 30 days)     |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG                                       | 5                | MO; LTD30; QL (30 per 30 days)      |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|--|------------------|--------------------------------|
| FYCOMPA ORAL TABLET 2 MG   | 4                | MO; QL (60 per 30 days)        |
| FYCOMPA ORAL TABLET 4 MG, 6 MG   | 5                | MO; LTD30; QL (60 per 30 days) |
| <i>gabapentin oral capsule 100 mg, 400 mg</i>                          | 2                | MO; QL (270 per 30 days)       |
| <i>gabapentin oral capsule 300 mg</i>                                  | 2                | MO; QL (360 per 30 days)       |
| <i>gabapentin oral solution 250 mg/5 ml</i>                            | 3                | MO; QL (2160 per 30 days)      |
| <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i> | 3                | QL (2160 per 30 days)          |
| <i>gabapentin oral tablet 600 mg</i>                                   | 2                | MO; QL (180 per 30 days)       |
| <i>gabapentin oral tablet 800 mg</i>                                   | 2                | MO; QL (120 per 30 days)       |
| <i>lacosamide intravenous</i>  | 3                | MO; QL (1200 per 30 days)      |
| <i>lacosamide oral solution</i>  | 4                | MO; QL (1200 per 30 days)      |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>                   | 4                | MO; QL (60 per 30 days)        |
| <i>lacosamide oral tablet 50 mg</i>                                    | 4                | MO; QL (120 per 30 days)       |
| <i>lamotrigine oral tablet</i>   | 1                | MO                             |
| <i>lamotrigine oral tablet, chewable dispersible</i>                   | 2                | MO                             |
| <i>lamotrigine oral tablet,disintegrating</i>                          | 4                | MO                             |

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This drug list was last updated on 04/18/2025.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>                 | <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|---|--|------------------|-----------------------------|
| <i>levetiracetam in nacl<br/>(iso-os) intravenous<br/>piggyback 1,000<br/>mg/100 ml, 500<br/>mg/100 ml</i> | 2                | MO  | <i>phenobarbital oral<br/>tablet 16.2 mg, 32.4<br/>mg, 64.8 mg, 97.2<br/>mg</i>        | 3                | PA; MO                      |
| <i>levetiracetam in nacl<br/>(iso-os) intravenous<br/>piggyback 1,500<br/>mg/100 ml</i>                    | 2                |   | <i>phenobarbital<br/>sodium injection<br/>solution 130 mg/ml</i>                       | 2                | MO                          |
| <i>levetiracetam<br/>intravenous</i>   | 2                | MO  | <i>phenobarbital<br/>sodium injection<br/>solution 65 mg/ml</i>                        | 2                |                             |
| <i>levetiracetam oral<br/>solution 100 mg/ml</i>   | 2                | MO  | <i>phenytoin oral<br/>suspension 125 mg/5<br/>ml</i>                                   | 2                | MO                          |
| <i>levetiracetam oral<br/>solution 500 mg/5 ml<br/>(5 ml)</i>  | 2                |   | <i>phenytoin oral<br/>tablet, chewable</i>   | 3                | MO                          |
| <i>levetiracetam oral<br/>tablet</i>   | 2                | MO  | <i>phenytoin sodium<br/>extended oral<br/>capsule 100 mg</i>                           | 2                | MO                          |
| <i>levetiracetam oral<br/>tablet extended<br/>release 24 hr</i>  | 3                | MO  | <i>phenytoin sodium<br/>extended oral<br/>capsule 200 mg, 300<br/>mg</i>               | 2                |                             |
| <b>LIBERVANT</b>   | 5                | PA; MO;<br>LTD30; QL<br>(10 per 30<br>days) | <i>phenytoin sodium<br/>intravenous solution</i>                                       | 2                |                             |
| <i>methsuximide</i>  | 4                | MO  | <i>pregabalin oral<br/>capsule 100 mg, 150<br/>mg, 200 mg, 25 mg,<br/>50 mg, 75 mg</i> | 3                | MO; QL (90<br>per 30 days)  |
| <b>NAYZILAM</b>  | 3                | PA; MO; QL<br>(10 per 30<br>days)           | <i>pregabalin oral<br/>capsule 225 mg, 300<br/>mg</i>                                  | 3                | MO; QL (60<br>per 30 days)  |
| <i>oxcarbazepine oral<br/>suspension</i>   | 4                | MO  | <i>pregabalin oral<br/>solution</i>  | 3                | MO; QL (900<br>per 30 days) |
| <i>oxcarbazepine oral<br/>tablet</i>   | 3                | MO  | <b>PRIMIDONE<br/>ORAL TABLET<br/>125 MG</b>  | 4                | MO                          |
| <i>phenobarbital oral<br/>elixir</i>   | 4                | PA; MO                                      | <i>primidone oral<br/>tablet 250 mg, 50 mg</i>   | 2                | MO                          |
| <i>phenobarbital oral<br/>tablet 100 mg, 15<br/>mg, 30 mg, 60 mg</i>                                       | 3                | PA  |  |                  |                             |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|--|------------------|------------------------------------|
| <i>roweepra oral tablet 500 mg</i>   | 2                | MO                                 |
| <i>rufinamide oral suspension</i>  | 5                | PA; MO; LTD30                      |
| <i>rufinamide oral tablet 200 mg</i>   | 4                | PA; MO                             |
| <i>rufinamide oral tablet 400 mg</i>   | 5                | PA; MO; LTD30                      |
| <b>SPRITAM</b>   | 4                | MO                                 |
| <i>subvenite</i>   | 1                | MO                                 |
| <b>SYMPAZAN ORAL FILM 10 MG, 20 MG</b>   | 5                | PA; MO; LTD30; QL (60 per 30 days) |
| <b>SYMPAZAN ORAL FILM 5 MG</b>   | 4                | PA; MO; QL (60 per 30 days)        |
| <i>tiagabine</i>   | 4                | MO                                 |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>  | 2                | PA; MO                             |
| <i>topiramate oral tablet</i>  | 2                | PA; MO                             |
| <i>valproate sodium</i>  | 2                | MO                                 |
| <i>valproic acid</i>   | 2                | MO                                 |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                              | 2                | MO                                 |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i> | 2                |                                    |
| <b>VALTOCO</b>   | 3                | PA; MO; QL (10 per 30 days)        |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>     |
|--|------------------|---------------------------------|
| <i>vigabatrin</i>  | 5                | PA; MO; LA; LTD30               |
| <i>vigadron</i>  | 5                | PA; LA; LTD30                   |
| <i>vigpoder</i>  | 5                | PA; LA; LTD30                   |
| <b>XCOPRI MAINTENANCE PACK</b>   | 5                | MO; LTD30; QL (56 per 28 days)  |
| <b>XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG</b>                               | 5                | MO; LTD30; QL (30 per 30 days)  |
| <b>XCOPRI ORAL TABLET 150 MG, 200 MG</b>                                     | 5                | MO; LTD30; QL (60 per 30 days)  |
| <b>XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)</b> | 4                | MO; QL (30 per 30 days)         |
| <b>XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14)</b> | 5                | MO; LTD30; QL (28 per 180 days) |
| <b>XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)</b>  | 5                | MO; LTD30; QL (30 per 30 days)  |
| <b>ZONISADE</b>  | 5                | PA; MO; LTD30                   |
| <i>zonisamide</i>  | 2                | PA; MO                          |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>                   |
|--|------------------|---|
| ZTALMY   | 5                | PA; LA;<br>LTD30; QL<br>(1100 per 30<br>days) |
| <b>ANTIPARKINSONISM AGENTS</b>                                 |                  |   |
| <i>benztropine injection</i>                                   | 2                | MO  |
| <i>benztropine oral</i>  | 2                | PA; MO  |
| <i>bromocriptine</i>   | 4                | MO  |
| <i>carbidopa</i>   | 4                | MO  |
| <i>carbidopa-levodopa<br/>oral tablet</i>                      | 2                | MO  |
| <i>carbidopa-levodopa<br/>oral tablet extended<br/>release</i> | 2                | MO  |
| <i>carbidopa-levodopa<br/>oral<br/>tablet,disintegrating</i>   | 4                | MO  |
| <i>carbidopa-levodopa-<br/>entacapone</i>                      | 4                | MO  |
| <i>entacapone</i>  | 4                | MO  |
| INBRIJA<br>INHALATION<br>CAPSULE,<br>W/INHALATION<br>DEVICE    | 5                | PA; LTD30;<br>QL (300 per<br>30 days)         |
| NEUPRO   | 4                | MO  |
| <i>pramipexole oral<br/>tablet</i>                             | 2                | MO  |
| <i>rasagiline</i>  | 4                | MO  |
| <i>ropinirole oral tablet</i>                                  | 2                | MO  |
| <i>selegiline hcl</i>  | 3                | MO  |
| <i>trihexyphenidyl oral<br/>tablet</i>                         | 1                | MO  |
| <b>MIGRAINE / CLUSTER HEADACHE<br/>THERAPY</b>                 |                  |   |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|--|------------------|-------------------------------|
| <i>dihydroergotamine<br/>injection</i>   | 5                | LTD30                         |
| <i>dihydroergotamine<br/>nasal</i>   | 5                | LTD30; QL (8<br>per 28 days)  |
| EMGALITY PEN   | 3                | PA; MO; QL<br>(2 per 30 days) |
| EMGALITY<br>SUBCUTANEOUS<br>SYRINGE 120<br>MG/ML                               | 3                | PA; MO; QL<br>(2 per 30 days) |
| <i>ergotamine-caffeine</i>   | 3                | MO                            |
| <i>naratriptan</i>   | 3                | MO; QL (18<br>per 28 days)    |
| NURTEC ODT   | 3                | PA; QL (16<br>per 30 days)    |
| <i>rizatriptan oral<br/>tablet</i>   | 2                | MO; QL (24<br>per 28 days)    |
| <i>rizatriptan oral<br/>tablet,disintegrating</i>                              | 3                | MO; QL (24<br>per 28 days)    |
| <i>sumatriptan</i>   | 4                | MO; QL (18<br>per 28 days)    |
| <i>sumatriptan<br/>succinate oral</i>  | 2                | MO; QL (18<br>per 28 days)    |
| <i>sumatriptan<br/>succinate<br/>subcutaneous<br/>cartridge</i>                | 4                | QL (8 per 28<br>days)         |
| <i>sumatriptan<br/>succinate<br/>subcutaneous pen<br/>injector 4 mg/0.5 ml</i> | 4                | QL (8 per 28<br>days)         |
| <i>sumatriptan<br/>succinate<br/>subcutaneous pen<br/>injector 6 mg/0.5 ml</i> | 4                | MO; QL (8 per<br>28 days)     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|---|------------------|-------------------------------------|
| <i>sumatriptan succinate subcutaneous solution</i>                              | 4                | MO; QL (8 per 28 days)              |
| <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>                                       |                  |                                     |
| AUSTEDO ORAL TABLET 12 MG, 9 MG   | 5                | PA; MO; LTD30; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG  | 5                | PA; MO; LTD30; QL (60 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG                             | 5                | PA; MO; LTD30; QL (90 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG | 5                | PA; MO; LTD30; QL (30 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG                             | 5                | PA; MO; LTD30; QL (60 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG                              | 5                | PA; MO; LTD30; QL (210 per 30 days) |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>          |
|--|------------------|--------------------------------------|
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG                  | 5                | PA; MO; LTD30; QL (28 per 180 days)  |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) | 5                | PA; LTD30; QL (42 per 180 days)      |
| BRIUMVI  | 5                | PA; MO; LTD30; QL (24 per 180 days)  |
| <i>dalfampridine</i>   | 3                | PA; MO; QL (60 per 30 days)          |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>                               | 5                | PA; MO; LTD30; QL (56 per 28 days)   |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>             | 5                | PA; MO; LTD30; QL (120 per 180 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>                               | 5                | PA; MO; LTD30; QL (60 per 30 days)   |
| <i>donepezil oral tablet 10 mg, 5 mg</i>   | 2                | MO                                   |
| <i>donepezil oral tablet, disintegrating</i>   | 2                | MO                                   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>                  |
|--|------------------|--|
| <i>fingolimod</i>  | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30<br>days)  |
| <i>galantamine oral<br/>capsule,ext rel.<br/>pellets 24 hr</i> | 3                | MO   |
| <i>galantamine oral<br/>solution</i>                           | 4                | MO   |
| <i>galantamine oral<br/>tablet</i>                             | 3                | MO   |
| <i>glatiramer<br/>subcutaneous<br/>syringe 20 mg/ml</i>        | 5                | PA; LTD30;<br>QL (30 per 30<br>days)         |
| <i>glatiramer<br/>subcutaneous<br/>syringe 40 mg/ml</i>        | 5                | PA; LTD30;<br>QL (12 per 28<br>days)         |
| <i>glatopa<br/>subcutaneous<br/>syringe 20 mg/ml</i>           | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30<br>days)  |
| <i>glatopa<br/>subcutaneous<br/>syringe 40 mg/ml</i>           | 5                | PA; MO;<br>LTD30; QL<br>(12 per 28<br>days)  |
| KESIMPTA PEN   | 5                | PA; MO;<br>LTD30; QL<br>(1.6 per 28<br>days) |
| <i>memantine oral<br/>capsule,sprinkle,er<br/>24hr</i>         | 4                | PA; MO                                       |
| <i>memantine oral<br/>solution</i>                             | 4                | PA; MO                                       |
| <i>memantine oral<br/>tablet</i>                               | 3                | PA; MO                                       |
| <i>memantine-<br/>donepezil</i>                                | 3                | PA; MO                                       |

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements /Limits</b>                  |
|--|------------------|--|
| NAMZARIC ORAL<br>CAP,SPRINKLE,ER<br>24HR DOSE PACK | 3                | PA   |
| NAMZARIC ORAL<br>CAPSULE,SPRINK<br>LE,ER 24HR      | 3                | PA; MO                                       |
| NUEDEXTA   | 5                | PA; MO;<br>LTD30                             |
| RADICAVA ORS                                       | 5                | PA; MO;<br>LTD30                             |
| RADICAVA ORS<br>STARTER KIT<br>SUSP                | 5                | PA; MO;<br>LTD30                             |
| rivastigmine                                       | 4                | MO   |
| rivastigmine tartrate                              | 3                | MO   |
| teriflunomide                                      | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30<br>days)  |
| tetrabenazine oral<br>tablet 12.5 mg               | 5                | PA; MO;<br>LTD30; QL<br>(240 per 30<br>days) |
| tetrabenazine oral<br>tablet 25 mg                 | 5                | PA; MO;<br>LTD30; QL<br>(120 per 30<br>days) |

| <b>MUSCLE RELAXANTS /<br/>ANTISPASMODIC THERAPY</b> |   |        |
|---|---|--------|
| baclofen oral tablet                                | 2 | MO     |
| cyclobenzaprine oral<br>tablet 10 mg, 5 mg          | 4 | PA; MO |
| dantrolene<br>intravenous                           | 2 |        |
| dantrolene oral                                     | 4 | MO     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>pyridostigmine bromide oral tablet 60 mg</i>   | 3                | MO                          |
| <i>pyridostigmine bromide oral tablet extended release</i>                                  | 3                | MO                          |
| <i>revonto</i>  | 2                |                             |
| <i>tizanidine oral tablet</i>   | 2                | MO                          |
| <i>VYVGART</i>  | 5                | PA; MO; LA; LTD30           |
| <i>VYVGART HYTRULO</i>  | 5                | PA; MO; LA; LTD30           |
| <b>NARCOTIC ANALGESICS</b>  |                  |                             |
| <i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i> | 3                | QL (4500 per 30 days)       |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>                                   | 3                | MO; QL (4500 per 30 days)   |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                               | 3                | MO; QL (360 per 30 days)    |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>  | 3                | MO; QL (180 per 30 days)    |
| <i>buprenorphine hcl injection syringe</i>  | 2                |                             |
| <i>buprenorphine hcl sublingual</i>   | 2                | MO                          |
| <i>endocet</i>  | 3                | MO; QL (360 per 30 days)    |
| <i>fentanyl citrate (pf) injection solution</i>   | 2                |                             |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|--|------------------|-------------------------------------|
| <i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>                        | 2                |                                     |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>                                     | 5                | PA; MO; LTD30; QL (120 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>                                       | 4                | PA; MO; QL (120 per 30 days)        |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 4                | PA; MO; QL (10 per 30 days)         |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>                                   | 3                | QL (5550 per 30 days)               |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                                  | 3                | MO; QL (5550 per 30 days)           |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>                     | 3                | MO; QL (360 per 30 days)            |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>  | 3                | QL (360 per 30 days)                |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>  | 3                | MO; QL (50 per 30 days)             |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>                | 4                |                                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| <i>hydromorphone injection solution 2 mg/ml</i>         | 4                | MO                            |
| <i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i> | 4                | MO                            |
| <i>hydromorphone injection syringe 2 mg/ml</i>          | 4                |                               |
| <i>hydromorphone oral liquid</i>                        | 4                | MO; QL (2400 per 30 days)     |
| <i>hydromorphone oral tablet</i>                        | 3                | MO; QL (180 per 30 days)      |
| <i>hydromorphone oral tablet extended release 24 hr</i> | 4                | PA; MO; QL (60 per 30 days)   |
| <i>methadone injection solution</i>                     | 3                |                               |
| <i>methadone intensol</i>                               | 3                | PA; MO; QL (90 per 30 days)   |
| <i>methadone oral concentrate</i>                       | 3                | PA; QL (90 per 30 days)       |
| <i>methadone oral solution 10 mg/5 ml</i>               | 3                | PA; MO; QL (600 per 30 days)  |
| <i>methadone oral solution 5 mg/5 ml</i>                | 3                | PA; MO; QL (1200 per 30 days) |
| <i>methadone oral tablet 10 mg</i>                      | 3                | PA; MO; QL (120 per 30 days)  |
| <i>methadone oral tablet 5 mg</i>                       | 3                | PA; MO; QL (240 per 30 days)  |
| <i>methadose oral concentrate</i>                       | 3                | PA; MO; QL (90 per 30 days)   |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>  |
|--|------------------|------------------------------|
| <i>morphine (pf) injection solution 0.5 mg/ml</i>              | 4                |                              |
| <i>morphine (pf) injection solution 1 mg/ml</i>                | 4                | MO                           |
| <i>morphine concentrate oral solution</i>                      | 3                | MO; QL (900 per 30 days)     |
| <i>morphine injection syringe 4 mg/ml</i>                      | 4                | MO                           |
| <i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>         | 4                | MO                           |
| <i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i> | 4                |                              |
| <i>morphine oral solution</i>                                  | 3                | MO; QL (900 per 30 days)     |
| <i>morphine oral tablet</i>                                    | 3                | MO; QL (180 per 30 days)     |
| <i>morphine oral tablet extended release</i>                   | 3                | PA; MO; QL (120 per 30 days) |
| <i>oxycodone oral capsule</i>                                  | 3                | MO; QL (360 per 30 days)     |
| <i>oxycodone oral concentrate</i>                              | 4                | MO; QL (180 per 30 days)     |
| <i>oxycodone oral solution</i>                                 | 3                | MO; QL (1200 per 30 days)    |
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>        | 3                | MO; QL (180 per 30 days)     |
| <i>oxycodone oral tablet 5 mg</i>                              | 3                | MO; QL (360 per 30 days)     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | 3                | MO; QL (360 per 30 days)    |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>                      | 3                | QL (360 per 30 days)        |
| SUBLOCADE  | 5                | MO; LTD30                   |
| <b>NON-NARCOTIC ANALGESICS</b>   |                  |                             |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i>                      | 3                | MO; QL (60 per 30 days)     |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>                     | 3                | MO; QL (360 per 30 days)    |
| <i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>               | 3                | MO; QL (90 per 30 days)     |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>                   | 2                | MO; QL (360 per 30 days)    |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>                     | 2                | MO; QL (90 per 30 days)     |
| <i>butorphanol injection</i>   | 2                | MO                          |
| <i>butorphanol nasal</i>   | 4                | MO; QL (10 per 28 days)     |
| <i>celecoxib</i>   | 3                | MO                          |
| <i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>                    | 2                |                             |
| <i>diclofenac potassium oral tablet 50 mg</i>                              | 2                | MO                          |
| <i>diclofenac sodium oral</i>  | 2                | MO                          |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>     |
|---|------------------|---------------------------------|
| <i>diclofenac sodium topical gel 1 %</i>                        | 3                | MO; QL (1000 per 28 days)       |
| <i>diclofenac sodium topical solution in metered-dose pump</i>  | 5                | MO; LTD30; QL (224 per 28 days) |
| <i>disflunisal</i>  | 3                | MO                              |
| <i>etodolac oral capsule</i>                                    | 3                | MO                              |
| <i>etodolac oral tablet</i>                                     | 3                | MO                              |
| <i>flurbiprofen oral tablet 100 mg</i>                          | 2                | MO                              |
| <i>ibu</i>  | 1                | MO                              |
| <i>ibuprofen oral suspension</i>                                | 2                | MO                              |
| <i>ibuprofen oral tablet 400 mg, 800 mg</i>                     | 1                | MO                              |
| <i>ibuprofen oral tablet 600 mg</i>                             | 1                |                                 |
| <i>meloxicam oral tablet</i>                                    | 1                | MO; QL (30 per 30 days)         |
| <i>nabumetone</i>   | 2                | MO                              |
| <i>nalbuphine</i>   | 2                |                                 |
| <i>naloxone injection solution</i>                              | 2                | MO                              |
| <i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i> | 2                |                                 |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>            | 2                | MO                              |
| <i>naloxone nasal</i>   | 2                | MO                              |
| <i>naltrexone</i>   | 2                | MO                              |
| <i>naproxen oral tablet</i>                                     | 1                | MO                              |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>     |
|---|------------------|---------------------------------|
| <i>naproxen oral tablet, delayed release (dr/ec)</i>                          | 2                | MO                              |
| <i>oxaprozin oral tablet</i>  | 4                | MO                              |
| <i>piroxicam</i>  | 3                | MO                              |
| <i>salsalate</i>  | 1                | MO                              |
| <i>sulindac</i>   | 2                | MO                              |
| <i>tramadol oral tablet 50 mg</i>   | 2                | MO; QL (240 per 30 days)        |
| <i>tramadol-acetaminophen</i>   | 2                | MO; QL (240 per 30 days)        |
| VIVITROL  | 5                | MO; LTD30                       |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>  |                  |                                 |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 720 MG/2.4 ML | 5                | MO; LTD30; QL (2.4 per 56 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 960 MG/3.2 ML | 5                | MO; LTD30; QL (3.2 per 56 days) |
| ABILIFY MAINTENA  | 5                | MO; LTD30; QL (1 per 28 days)   |
| <i>amitriptyline</i>  | 2                | MO                              |
| <i>amoxapine</i>  | 3                | MO                              |
| <i>ariPIPrazole oral solution</i>   | 4                | MO                              |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>      |
|--|------------------|----------------------------------|
| <i>ariPIPrazole oral tablet</i>  | 3                | MO; QL (30 per 30 days)          |
| <i>ariPIPrazole oral tablet,disintegrating</i>                         | 4                | MO; QL (60 per 30 days)          |
| ARISTADA INITIO  | 5                | MO; LTD30; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 1,064 MG/3.9 ML | 5                | MO; LTD30; QL (3.9 per 56 days)  |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 441 MG/1.6 ML   | 5                | MO; LTD30; QL (1.6 per 28 days)  |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 662 MG/2.4 ML   | 5                | MO; LTD30; QL (2.4 per 28 days)  |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 882 MG/3.2 ML   | 5                | MO; LTD30; QL (3.2 per 28 days)  |
| <i>armodafinil</i>   | 4                | PA; MO; QL (30 per 30 days)      |
| <i>asenapine maleate</i>   | 4                | MO; QL (60 per 30 days)          |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|--|------------------|--------------------------------|
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>     | 4                | MO; QL (60 per 30 days)        |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>           | 4                | MO; QL (30 per 30 days)        |
| AUVELITY   | 5                | ST; LTD30; QL (60 per 30 days) |
| BELSOMRA   | 3                | PA; QL (30 per 30 days)        |
| <i>bupropion hcl oral tablet</i>                               | 2                | MO                             |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> | 2                | MO; QL (90 per 30 days)        |
| <i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> | 2                | MO; QL (30 per 30 days)        |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i>       | 2                | MO; QL (60 per 30 days)        |
| buspirone  | 2                | MO                             |
| CAPLYTA  | 4                | MO; QL (30 per 30 days)        |
| <i>chlorpromazine injection</i>                                | 2                | MO                             |
| <i>chlorpromazine oral</i>                                     | 4                | MO                             |
| <i>citalopram oral solution</i>                                | 3                | MO                             |
| <i>citalopram oral tablet</i>                                  | 1                | MO; QL (30 per 30 days)        |
| clomipramine   | 4                | MO                             |
| <i>clonidine hcl oral tablet extended release 12 hr</i>        | 4                | MO                             |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| <i>clorazepate dipotassium oral tablet 15 mg</i>                        | 4                | PA; MO; QL (180 per 30 days)  |
| <i>clorazepate dipotassium oral tablet 3.75 mg</i>                      | 4                | PA; MO; QL (90 per 30 days)   |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i>                       | 4                | PA; MO; QL (360 per 30 days)  |
| <i>clozapine oral tablet</i>  | 3                |                               |
| <i>clozapine oral tablet,disintegrating</i>                             | 4                |                               |
| COBENFY   | 4                | MO; QL (60 per 30 days)       |
| COBENFY STARTER PACK  | 4                | MO; QL (56 per 180 days)      |
| desipramine   | 4                | MO                            |
| desvenlafaxine succinate  | 4                | MO; QL (30 per 30 days)       |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i> | 4                | MO                            |
| <i>dextroamphetamine-amphetamine oral tablet</i>                        | 3                | MO                            |
| <i>diazepam injection</i>   | 2                | PA                            |
| <i>diazepam intensol</i>  | 2                | PA; MO; QL (240 per 30 days)  |
| <i>diazepam oral concentrate</i>  | 2                | PA; QL (240 per 30 days)      |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                       | 2                | PA; MO; QL (1200 per 30 days) |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>  |
|--|------------------|------------------------------|
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>                    | 2                | PA; QL (1200 per 30 days)    |
| <i>diazepam oral tablet</i>  | 2                | PA; MO; QL (120 per 30 days) |
| <i>doxepin oral capsule</i>  | 4                | MO                           |
| <i>doxepin oral concentrate</i>  | 4                | MO                           |
| <i>doxepin oral tablet</i>   | 3                | MO; QL (30 per 30 days)      |
| <i>DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG</i>     | 4                | MO; QL (60 per 30 days)      |
| <i>DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG</i>                   | 4                | MO; QL (90 per 30 days)      |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> | 2                | MO; QL (60 per 30 days)      |
| <i>EMSAM</i>   | 5                | MO; LTD30                    |
| <i>escitalopram oxalate oral solution</i>                                  | 4                | MO                           |
| <i>escitalopram oxalate oral tablet</i>                                    | 2                | MO; QL (30 per 30 days)      |
| <i>FANAPT ORAL TABLET</i>  | 4                | ST; MO; QL (60 per 30 days)  |
| <i>FANAPT ORAL TABLETS,DOSE PACK</i>                                       | 4                | ST; MO; QL (8 per 180 days)  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)</i>             | 4                | QL (28 per 180 days)        |
| <i>FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR</i>                                 | 4                | QL (30 per 30 days)         |
| <i>flumazenil</i>   | 2                |                             |
| <i>fluoxetine oral capsule 10 mg</i>  | 1                | MO; QL (30 per 30 days)     |
| <i>fluoxetine oral capsule 20 mg</i>  | 1                | MO; QL (90 per 30 days)     |
| <i>fluoxetine oral capsule 40 mg</i>  | 1                | MO; QL (60 per 30 days)     |
| <i>fluoxetine oral solution</i>   | 2                | MO                          |
| <i>fluphenazine decanoate</i>   | 4                | MO                          |
| <i>fluphenazine hcl</i>   | 4                | MO                          |
| <i>fluvoxamine oral tablet 100 mg</i>   | 3                | MO; QL (90 per 30 days)     |
| <i>fluvoxamine oral tablet 25 mg</i>  | 3                | MO; QL (30 per 30 days)     |
| <i>fluvoxamine oral tablet 50 mg</i>  | 3                | MO; QL (60 per 30 days)     |
| <i>haloperidol</i>  | 2                | MO                          |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i> | 4                |                             |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>      | <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements /Limits</b>      |
|---|------------------|----------------------------------|---|------------------|----------------------------------|
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> | 4                | MO                               | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 3                | MO; QL (0.25 per 28 days)        |
| <i>haloperidol lactate injection</i>                                    | 4                | MO                               | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML  | 5                | MO; LTD30; QL (0.5 per 28 days)  |
| <i>haloperidol lactate intramuscular</i>                                | 2                |                                  | INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML  | 5                | MO; LTD30; QL (0.88 per 90 days) |
| <i>haloperidol lactate oral</i>   | 2                | MO                               | INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML  | 5                | MO; LTD30; QL (1.32 per 90 days) |
| <i>imipramine hcl</i>   | 4                | MO                               | INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML  | 5                | MO; LTD30; QL (1.75 per 90 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML                    | 5                | MO; LTD30; QL (3.5 per 180 days) | INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML  | 5                | MO; LTD30; QL (2.63 per 90 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML                      | 5                | MO; LTD30; QL (5 per 180 days)   | <i>lithium carbonate</i>                            | 2                | MO                               |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML                    | 5                | MO; LTD30; QL (0.75 per 28 days) | <i>lithium citrate</i>                              | 2                |                                  |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML                         | 5                | MO; LTD30; QL (1 per 28 days)    | <i>lorazepam injection</i>                          | 2                | PA; MO                           |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML                     | 5                | MO; LTD30; QL (1.5 per 28 days)  | <i>lorazepam intensol</i>                           | 2                | PA; QL (150 per 30 days)         |
|   |                  |                                  | <i>lorazepam oral concentrate</i>                   | 2                | PA; MO; QL (150 per 30 days)     |
|   |                  |                                  | <i>lorazepam oral tablet 0.5 mg, 1 mg</i>           | 2                | PA; MO; QL (90 per 30 days)      |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>  |
|---|------------------|------------------------------|
| <i>lorazepam oral tablet 2 mg</i>                         | 2                | PA; MO; QL (150 per 30 days) |
| <i>loxapine succinate</i>                                 | 2                | MO                           |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> | 4                | MO; QL (30 per 30 days)      |
| <i>lurasidone oral tablet 80 mg</i>                       | 4                | MO; QL (60 per 30 days)      |
| <i>MARPLAN</i>  | 4                | MO                           |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50</i> | 4                | MO                           |
| <i>methylphenidate hcl oral solution</i>                  | 4                | MO                           |
| <i>methylphenidate hcl oral tablet</i>                    | 3                | MO                           |
| <i>methylphenidate hcl oral tablet extended release</i>   | 4                | MO                           |
| <i>methylphenidate hcl oral tablet,chewable</i>           | 4                | MO                           |
| <i>mirtazapine oral tablet</i>                            | 2                | MO                           |
| <i>mirtazapine oral tablet,disintegrating</i>             | 3                | MO                           |
| <i>modafinil oral tablet 100 mg</i>                       | 3                | PA; MO; QL (30 per 30 days)  |
| <i>modafinil oral tablet 200 mg</i>                       | 3                | PA; MO; QL (60 per 30 days)  |
| <i>molindone oral tablet 10 mg, 25 mg</i>                 | 4                |                              |
| <i>molindone oral tablet 5 mg</i>                         | 4                | MO                           |
| <i>nefazodone</i>   | 4                | MO                           |

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

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|--|------------------|-------------------------------|
| <i>quetiapine oral tablet 300 mg, 400 mg</i>   | 2                | MO; QL (60 per 30 days)       |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>                                  | 4                | MO; QL (30 per 30 days)       |
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>                           | 4                | MO; QL (60 per 30 days)       |
| <i>ramelteon</i>   | 3                | MO; QL (30 per 30 days)       |
| <b>REXULTI ORAL TABLET</b>   | 4                | MO; QL (30 per 30 days)       |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> | 3                | MO; QL (2 per 28 days)        |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> | 5                | MO; LTD30; QL (2 per 28 days) |
| <i>risperidone oral solution</i>   | 2                | MO                            |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>                                     | 1                | MO; QL (60 per 30 days)       |
| <i>risperidone oral tablet 4 mg</i>  | 1                | MO; QL (120 per 30 days)      |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>                      | 4                | MO; QL (60 per 30 days)       |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|--|------------------|-------------------------------------|
| <i>risperidone oral tablet,disintegrating 4 mg</i>                           | 4                | MO; QL (120 per 30 days)            |
| <b>SECUADO</b>   | 5                | MO; LTD30; QL (30 per 30 days)      |
| <i>sertraline oral concentrate</i>   | 4                | MO                                  |
| <i>sertraline oral tablet 100 mg, 50 mg</i>                                  | 1                | MO; QL (60 per 30 days)             |
| <i>sertraline oral tablet 25 mg</i>  | 1                | MO; QL (30 per 30 days)             |
| <b>SODIUM OXYBATE</b>  | 5                | PA; LA; LTD30; QL (540 per 30 days) |
| <b>SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)</b> | 5                | PA; MO; LTD30                       |
| <i>thioridazine</i>  | 3                | MO                                  |
| <i>thiothixene</i>   | 4                | MO                                  |
| <i>tranylcypromine</i>   | 4                | MO                                  |
| <i>trazodone</i>   | 1                | MO                                  |
| <i>trifluoperazine</i>   | 3                | MO                                  |
| <i>trimipramine</i>  | 4                | MO                                  |
| <b>TRINTELLIX</b>  | 3                | QL (30 per 30 days)                 |
| <b>UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 100 MG/0.28 ML</b>     | 5                | MO; LTD30; QL (0.28 per 28 days)    |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>            |
|---|------------------|--|
| UZEDY<br>SUBCUTANEOUS<br>SUSPENSION,EXT<br>ENDED REL<br>SYRING 125<br>MG/0.35 ML  | 5                | MO; LTD30;<br>QL (0.35 per<br>28 days) |
| UZEDY<br>SUBCUTANEOUS<br>SUSPENSION,EXT<br>ENDED REL<br>SYRING 150<br>MG/0.42 ML  | 5                | MO; LTD30;<br>QL (0.42 per<br>56 days) |
| UZEDY<br>SUBCUTANEOUS<br>SUSPENSION,EXT<br>ENDED REL<br>SYRING 200<br>MG/0.56 ML  | 5                | MO; LTD30;<br>QL (0.56 per<br>56 days) |
| UZEDY<br>SUBCUTANEOUS<br>SUSPENSION,EXT<br>ENDED REL<br>SYRING 250<br>MG/0.7 ML   | 5                | MO; LTD30;<br>QL (0.7 per 56<br>days)  |
| UZEDY<br>SUBCUTANEOUS<br>SUSPENSION,EXT<br>ENDED REL<br>SYRING 50<br>MG/0.14 ML   | 5                | MO; LTD30;<br>QL (0.14 per<br>28 days) |
| UZEDY<br>SUBCUTANEOUS<br>SUSPENSION,EXT<br>ENDED REL<br>SYRING 75<br>MG/0.21 ML   | 5                | MO; LTD30;<br>QL (0.21 per<br>28 days) |
| <i>venlafaxine oral<br/>capsule,extended<br/>release 24hr 150 mg,<br/>37.5 mg</i> | 2                | MO; QL (30<br>per 30 days)             |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>                  |
|---|------------------|--|
| <i>venlafaxine oral<br/>capsule,extended<br/>release 24hr 75 mg</i>                     | 2                | MO; QL (90<br>per 30 days)                   |
| <i>venlafaxine oral<br/>tablet</i>  | 2                | MO; QL (90<br>per 30 days)                   |
| VERSACLOZ   | 5                | LTD30  |
| <i>vilazodone</i>   | 3                | MO; QL (30<br>per 30 days)                   |
| VRAYLAR ORAL<br>CAPSULE   | 4                | MO; QL (30<br>per 30 days)                   |
| <i>zaleplon oral<br/>capsule 10 mg</i>  | 4                | MO; QL (60<br>per 30 days)                   |
| <i>zaleplon oral<br/>capsule 5 mg</i>   | 4                | MO; QL (30<br>per 30 days)                   |
| <i>ziprasidone hcl</i>  | 4                | MO; QL (60<br>per 30 days)                   |
| <i>ziprasidone mesylate</i>   | 4                | MO   |
| <i>zolpidem oral tablet</i>   | 2                | MO; QL (30<br>per 30 days)                   |
| ZURZUVAE ORAL<br>CAPSULE 20 MG,<br>25 MG  | 5                | PA; MO;<br>LTD30; QL<br>(28 per 365<br>days) |
| ZURZUVAE ORAL<br>CAPSULE 30 MG  | 5                | PA; MO;<br>LTD30; QL<br>(14 per 365<br>days) |
| ZYPREXA<br>RELPREVV<br>INTRAMUSCULA<br>R SUSPENSION<br>FOR<br>RECONSTITUTIO<br>N 210 MG | 4                | MO; QL (2 per<br>28 days)                    |

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| Drug Name   | Drug Tier | Requirements /Limits             |
|---|-----------|----------------------------------|
| ZYPREXA<br>RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR<br>RECONSTITUTION 300 MG                                       | 5         | MO; LTD30;<br>QL (2 per 28 days) |
| ZYPREXA<br>RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR<br>RECONSTITUTION 405 MG                                       | 5         | MO; LTD30;<br>QL (1 per 28 days) |
| <b>CARDIOVASCULAR,<br/>HYPERTENSION / LIPIDS</b>  |           |                                  |
| <b>ANTIARRHYTHMIC AGENTS</b>  |           |                                  |
| adenosine   | 2         |                                  |
| amiodarone<br><i>intravenous solution</i>   | 2         | B/D PA; MO                       |
| amiodarone oral<br>tablet 100 mg  | 4         | MO                               |
| amiodarone oral<br>tablet 200 mg  | 2         | MO                               |
| amiodarone oral<br>tablet 400 mg  | 4         |                                  |
| dofetilide  | 4         | MO                               |
| flecainide  | 3         | MO                               |
| ibutilide fumarate  | 2         |                                  |
| lidocaine (pf)<br><i>intravenous</i>  | 2         |                                  |
| lidocaine in 5 %<br>dextrose (pf)<br><i>intravenous</i><br>parenteral solution 4<br>mg/ml (0.4 %), 8<br>mg/ml (0.8 %) | 4         |                                  |

| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>mexiletine</i>                                      | 3         | MO                   |
| <i>pacerone oral tablet 100 mg, 400 mg</i>             | 4         | MO                   |
| <i>pacerone oral tablet 200 mg</i>                     | 2         | MO                   |
| <i>procainamide injection</i>                          | 2         |                      |
| <i>propafenone oral capsule,extended release 12 hr</i> | 4         | MO                   |
| <i>propafenone oral tablet</i>                         | 3         | MO                   |
| <i>quinidine sulfate oral tablet</i>                   | 2         | MO                   |
| <i>sotalol af</i>                                      | 2         |                      |
| <i>sotalol oral</i>                                    | 2         | MO                   |
| <b>ANTIHYPERTENSIVE THERAPY</b>                        |           |                      |
| <i>acebutolol</i>                                      | 2         | MO                   |
| <i>aliskiren</i>                                       | 4         | MO                   |
| <i>amiloride</i>                                       | 2         | MO                   |
| <i>amiloride-hydrochlorothiazide</i>                   | 2         | MO                   |
| <i>amlodipine</i>                                      | 1         | MO                   |
| <i>amlodipine-benazepril</i>                           | 1         | MO                   |
| <i>amlodipine-olmesartan</i>                           | 1         | MO                   |
| <i>amlodipine-valsartan</i>                            | 6         | MO                   |
| <i>amlodipine-valsartan-hcthiazid</i>                  | 2         | MO                   |
| <i>atenolol</i>  | 1         | MO                   |
| <i>atenolol-chlorthalidone</i>                         | 1         | MO                   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>benazepril</i>   | 6                | MO                          |
| <i>benazepril-hydrochlorothiazide</i>                                       | 6                | MO                          |
| <i>betaxolol oral</i>   | 3                | MO                          |
| <i>bisoprolol fumarate</i>  | 2                | MO                          |
| <i>bisoprolol-hydrochlorothiazide</i>                                       | 1                | MO                          |
| <i>bumetanide injection</i>   | 4                | MO                          |
| <i>bumetanide oral</i>  | 2                | MO                          |
| <i>candesartan</i>  | 1                | MO                          |
| <i>candesartan-hydrochlorothiazide</i>                                      | 2                | MO                          |
| <i>captopril</i>  | 1                | MO                          |
| <i>captopril-hydrochlorothiazide</i>  | 2                |                             |
| <i>cartia xt oral capsule, extended release 24hr 120 mg</i>                 | 2                |                             |
| <i>cartia xt oral capsule, extended release 24hr 180 mg, 240 mg, 300 mg</i> | 2                | MO                          |
| <i>carvedilol</i>   | 1                | MO                          |
| <i>chlorothiazide sodium</i>  | 2                | MO                          |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                              | 2                | MO                          |
| <i>clonidine</i>  | 4                | MO; QL (4 per 28 days)      |
| <i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>        | 2                |                             |
| <i>clonidine hcl oral tablet</i>  | 1                | MO                          |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>diltiazem hcl intravenous</i>                               | 2                |                             |
| <i>diltiazem hcl oral</i>                                      | 2                | MO                          |
| <i>dilt-xr</i>   | 2                | MO                          |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>                  | 2                | MO; QL (30 per 30 days)     |
| <i>doxazosin oral tablet 8 mg</i>                              | 2                | MO; QL (60 per 30 days)     |
| <i>enalapril maleate oral tablet</i>                           | 6                | MO                          |
| <i>enalaprilat intravenous solution</i>                        | 2                |                             |
| <i>enalapril-hydrochlorothiazide</i>                           | 6                | MO                          |
| <i>eplerenone</i>  | 3                | MO                          |
| <i>esmolol intravenous solution</i>                            | 2                |                             |
| <i>ethacrynone sodium</i>                                      | 5                | LTD30                       |
| <i>felodipine</i>  | 2                | MO                          |
| <i>fosinopril</i>  | 6                | MO                          |
| <i>fosinopril-hydrochlorothiazide</i>                          | 1                | MO                          |
| <i>furosemide injection solution</i>                           | 4                | MO                          |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 2                | MO                          |
| <i>furosemide oral tablet</i>                                  | 1                | MO                          |
| <i>hydralazine</i>   | 2                | MO                          |
| <i>hydrochlorothiazide</i>                                     | 1                | MO                          |
| <i>indapamide</i>  | 1                | MO                          |
| <i>irbesartan</i>  | 6                | MO                          |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>irbesartan-hydrochlorothiazide</i>                       | 6                | MO                          |
| KERENDIA  | 3                | PA; QL (30 per 30 days)     |
| <i>labetalol intravenous solution</i>                       | 2                |                             |
| <i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>   | 2                |                             |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>         | 2                | MO                          |
| <i>lisinopril</i>   | 6                | MO                          |
| <i>lisinopril-hydrochlorothiazide</i>                       | 6                | MO                          |
| <i>losartan</i>   | 6                | MO                          |
| <i>losartan-hydrochlorothiazide</i>                         | 6                | MO                          |
| <i>mannitol 20 %</i>  | 4                |                             |
| <i>mannitol 25 % intravenous solution</i>                   | 2                | MO                          |
| <i>matzim la</i>  | 2                | MO                          |
| <i>metolazone</i>   | 3                | MO                          |
| <i>metoprolol succinate</i>                                 | 1                | MO                          |
| <i>metoprolol ta-hydrochlorothiaz</i>                       | 2                | MO                          |
| <i>metoprolol tartrate intravenous</i>                      | 2                |                             |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | 1                | MO                          |
| <i>metyrosine</i>   | 5                | PA; MO; LTD30               |
| <i>minoxidil oral</i>                                       | 2                | MO                          |

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>moexipril</i>                                       | 1                | MO                          |
| <i>nadolol</i>   | 4                | MO                          |
| <i>nebivolol</i>                                       | 2                | MO                          |
| <i>nicardipine intravenous solution</i>                | 2                |                             |
| <i>nicardipine oral</i>                                | 4                | MO                          |
| <i>nifedipine oral tablet extended release</i>         | 2                | MO                          |
| <i>nifedipine oral tablet extended release 24hr</i>    | 2                | MO                          |
| <i>nimodipine oral capsule</i>                         | 4                | MO                          |
| <i>olmesartan</i>                                      | 1                | MO                          |
| <i>olmesartan-amlodipin-hcthiazid</i>                  | 2                | MO                          |
| <i>olmesartan-hydrochlorothiazide</i>                  | 1                | MO                          |
| <i>osmitrol 20 %</i>                                   | 4                |                             |
| <i>perindopril erbumine</i>                            | 1                | MO                          |
| <i>phentolamine</i>                                    | 2                |                             |
| <i>pindolol</i>  | 3                | MO                          |
| <i>prazosin</i>  | 2                | MO                          |
| <i>propranolol intravenous</i>                         | 2                |                             |
| <i>propranolol oral capsule,extended release 24 hr</i> | 2                | MO                          |
| <i>propranolol oral solution</i>                       | 2                | MO                          |
| <i>propranolol oral tablet</i>                         | 1                | MO                          |
| <i>quinapril</i>                                       | 6                | MO                          |

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| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements /Limits</b>              |
|--|------------------|--|
| <i>quinapril-hydrochlorothiazide</i>           | 1                | MO                                       |
| <i>ramipril</i>                                | 6                | MO                                       |
| <i>spironolactone oral tablet</i>              | 1                | MO                                       |
| <i>spironolacton-hydrochlorothiaz</i>          | 2                | MO                                       |
| <i>telmisartan</i>                             | 1                | MO                                       |
| <i>telmisartan-amldipine</i>                   | 2                | MO                                       |
| <i>telmisartan-hydrochlorothiazid</i>          | 2                | MO                                       |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i> | 1                | MO; QL (30 per 30 days)                  |
| <i>terazosin oral capsule 10 mg</i>            | 1                | MO; QL (60 per 30 days)                  |
| <i>tiadylt er</i>                              | 2                | MO                                       |
| <i>timolol maleate oral</i>                    | 4                | MO                                       |
| <i>torsemide oral</i>                          | 2                | MO                                       |
| <i>trandolapril</i>                            | 6                | MO                                       |
| <i>treprostинil sodium</i>                     | 5                | PA; MO; LA; LTD30                        |
| <i>triamterene-hydrochlorothiazid</i>          | 1                | MO                                       |
| UPTRAVI ORAL TABLET                            | 5                | PA; MO; LA; LTD30; QL (60 per 30 days)   |
| UPTRAVI ORAL TABLETS,DOSE PACK                 | 5                | PA; MO; LA; LTD30; QL (200 per 180 days) |
| <i>valsartan oral tablet</i>                   | 6                | MO                                       |
| <i>valsartan-hydrochlorothiazide</i>           | 6                | MO                                       |

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>veletri</i>                                       | 2                | B/D PA; MO                  |
| <i>verapamil intravenous</i>                         | 2                |                             |
| <i>verapamil oral capsule, 24 hr er pellet ct</i>    | 2                | MO                          |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i> | 2                | MO                          |
| <i>verapamil oral tablet</i>                         | 1                | MO                          |
| <i>verapamil oral tablet extended release</i>        | 2                | MO                          |
| <b>COAGULATION THERAPY</b>                           |                  |                             |
| <i>aminocaproic acid intravenous</i>                 | 2                | MO                          |
| <i>aminocaproic acid oral</i>                        | 5                | MO; LTD30                   |
| <i>aspirin-dipyridamole</i>                          | 4                | MO                          |
| <i>BRILINTA</i>                                      | 3                | MO                          |
| <i>CABLIVI INJECTION KIT</i>                         | 5                | PA; LA; LTD30               |
| <i>CEPROTIN (BLUE BAR)</i>                           | 3                | PA; MO                      |
| <i>CEPROTIN (GREEN BAR)</i>                          | 3                | PA; MO                      |
| <i>cilostazol</i>                                    | 2                | MO                          |
| <i>clopidogrel oral tablet 300 mg</i>                | 2                | MO                          |
| <i>clopidogrel oral tablet 75 mg</i>                 | 1                | MO; QL (30 per 30 days)     |
| <i>dabigatran etexilate</i>                          | 4                | MO; QL (60 per 30 days)     |
| <i>dipyridamole intravenous</i>                      | 2                |                             |
| <i>dipyridamole oral</i>                             | 4                | MO                          |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| DOPTELET (10 TAB PACK)  | 5                | PA; MO; LA; LTD30           |
| DOPTELET (15 TAB PACK)  | 5                | PA; MO; LA; LTD30           |
| DOPTELET (30 TAB PACK)  | 5                | PA; MO; LA; LTD30           |
| ELIQUIS   | 3                | MO; QL (60 per 30 days)     |
| ELIQUIS DVT-PE TREAT 30D START  | 3                | MO; QL (74 per 180 days)    |
| <i>enoxaparin subcutaneous solution</i>   | 2                | MO; QL (30 per 30 days)     |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>                       | 4                | MO; QL (28 per 28 days)     |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>                | 4                | MO; QL (22.4 per 28 days)   |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>                 | 4                | MO; QL (16.8 per 28 days)   |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>                               | 4                | MO; QL (11.2 per 28 days)   |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> | 5                | MO; LTD30                   |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>                            | 4                | MO                          |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>                                  | 3                |                             |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> | 3                | MO                          |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>  | 3                | MO                          |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>  | 3                |                             |
| <i>heparin (porcine) injection cartridge</i>   | 3                | MO                          |
| <i>heparin (porcine) injection solution</i>  | 3                | MO                          |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>   | 3                | MO                          |
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML  | 3                |                             |
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>                         | 3                | MO                          |

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| Drug Name  | Drug Tier | Requirements /Limits     |
|--|-----------|--------------------------|
| heparin, porcine (pf) injection solution 1,000 unit/ml     | 3         |                          |
| heparin, porcine (pf) injection solution 5,000 unit/0.5 ml | 3         | MO                       |
| heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml  | 3         | MO                       |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML      | 3         |                          |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS                         | 3         | MO                       |
| jantoven   | 1         | MO                       |
| pentoxifylline   | 2         | MO                       |
| prasugrel hcl  | 3         | MO                       |
| PROMACTA   | 5         | PA; MO; LA; LTD30        |
| protamine  | 2         |                          |
| warfarin   | 1         | MO                       |
| XARELTO DVT-PE TREAT 30D START                             | 3         | MO; QL (51 per 180 days) |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION                 | 3         | MO; QL (775 per 28 days) |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG                    | 3         | MO; QL (30 per 30 days)  |
| XARELTO ORAL TABLET 2.5 MG                                 | 3         | MO; QL (60 per 30 days)  |

| Drug Name  | Drug Tier | Requirements /Limits    |
|--|-----------|-------------------------|
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>                         |           |                         |
| atorvastatin   | 6         | MO; QL (30 per 30 days) |
| cholestyramine (with sugar)                                      | 3         | MO                      |
| cholestyramine light oral powder                                 | 3         |                         |
| cholestyramine light oral powder in packet                       | 3         | MO                      |
| colesevelam  | 4         | MO                      |
| colestipol oral granules   | 4         | MO                      |
| colestipol oral packet   | 4         |                         |
| colestipol oral tablet   | 4         | MO                      |
| ezetimibe  | 2         | MO                      |
| ezetimibe-simvastatin  | 2         | MO; QL (30 per 30 days) |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg | 2         | MO                      |
| fenofibrate nanocrystallized                                     | 2         | MO                      |
| fenofibrate oral tablet 160 mg, 54 mg                            | 2         | MO                      |
| fenofibric acid  | 2         |                         |
| fenofibric acid (choline)  | 4         | MO                      |
| fluvastatin oral capsule 20 mg                                   | 2         | MO; QL (30 per 30 days) |
| fluvastatin oral capsule 40 mg                                   | 2         | MO; QL (60 per 30 days) |
| gemfibrozil  | 1         | MO                      |

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| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|--|------------------|------------------------------------|
| <i>icosapent ethyl</i>                           | 3                | MO                                 |
| <i>lovastatin oral tablet 10 mg</i>              | 6                | MO; QL (30 per 30 days)            |
| <i>lovastatin oral tablet 20 mg, 40 mg</i>       | 6                | MO; QL (60 per 30 days)            |
| <i>niacin oral tablet 500 mg</i>                 | 2                | MO                                 |
| <i>niacin oral tablet extended release 24 hr</i> | 4                | MO                                 |
| <i>omega-3 acid ethyl esters</i>                 | 2                | MO                                 |
| <i>pitavastatin calcium</i>                      | 6                | MO; QL (30 per 30 days)            |
| <i>pravastatin</i>                               | 6                | MO; QL (30 per 30 days)            |
| <i>prevalite</i>                                 | 3                | MO                                 |
| <b>REPATHA</b>                                   | 3                | PA; QL (6 per 28 days)             |
| <b>REPATHA PUSHTRONEX</b>                        | 3                | PA; QL (7 per 28 days)             |
| <b>REPATHA SURECLICK</b>                         | 3                | PA; QL (6 per 28 days)             |
| <i>rosuvastatin</i>                              | 6                | MO; QL (30 per 30 days)            |
| <i>simvastatin</i>                               | 6                | MO; QL (30 per 30 days)            |
| <b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>       |                  |                                    |
| <b>CAMZYOS</b>                                   | 5                | PA; MO; LTD30; QL (30 per 30 days) |
| <i>digoxin oral solution</i>                     | 3                | MO                                 |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>  | 2                | MO                          |
| <i>dobutamine</i>   | 2                | B/D PA                      |
| <i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>                          | 2                | B/D PA                      |
| <i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i> | 2                | B/D PA                      |
| <i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>   | 2                | B/D PA; MO                  |
| <i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>   | 2                | B/D PA                      |
| <i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>  | 2                | B/D PA; MO                  |
| <b>ENTRESTO</b>   | 3                | QL (60 per 30 days)         |
| <b>ENTRESTO SPRINKLE</b>  | 3                | QL (240 per 30 days)        |
| <i>ivabradine</i>   | 3                | MO; QL (60 per 30 days)     |

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| <b>Drug Name</b>                 | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|----------------------------------|------------------|-----------------------------|
| <i>milrinone</i>                 | 2                | B/D PA                      |
| <i>milrinone in 5 % dextrose</i> | 2                | B/D PA                      |
| <i>norepinephrine bitartrate</i> | 2                |                             |
| <i>ranolazine</i>                | 4                | MO                          |
| <i>sodium nitroprusside</i>      | 2                | B/D PA                      |
| <i>VERQUVO</i>                   | 3                | MO; QL (30 per 30 days)     |
| <i>VYNDAMAX</i>                  | 5                | PA; MO; LTD30               |

### **NITRATES**

|  |   |        |
|--|---|--------|
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>  | 2 | MO     |
| <i>isosorbide mononitrate</i>  | 1 | MO     |
| <i>nitro-bid</i>   | 3 | MO     |
| <i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i> | 2 | B/D PA |
| <i>nitroglycerin intravenous</i>   | 2 | B/D PA |
| <i>nitroglycerin sublingual</i>  | 2 | MO     |
| <i>nitroglycerin transdermal patch 24 hour</i>   | 2 | MO     |
| <i>nitroglycerin translingual</i>  | 4 | MO     |

### **DERMATOLOGICALS/TOPICAL THERAPY**

| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|---|------------------|-------------------------------------|
| <b>ANTIPSORIATIC / ANTISEBORRHEIC</b>             |                  |                                     |
| <i>acitretin</i>                                  | 4                | MO                                  |
| <i>calcipotriene scalp</i>                        | 3                | MO; QL (120 per 30 days)            |
| <i>calcipotriene topical cream</i>                | 4                | MO; QL (120 per 30 days)            |
| <i>calcipotriene topical ointment</i>             | 4                | MO; QL (120 per 30 days)            |
| <i>COSENTYX (2 SYRINGES)</i>                      | 5                | PA; MO; LTD30; QL (10 per 28 days)  |
| <i>COSENTYX INTRAVENOUS</i>                       | 5                | PA; LTD30; QL (20 per 28 days)      |
| <i>COSENTYX PEN</i>                               | 5                | PA; MO; LTD30; QL (5 per 28 days)   |
| <i>COSENTYX PEN (2 PENS)</i>                      | 5                | PA; MO; LTD30; QL (10 per 28 days)  |
| <i>COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML</i>    | 5                | PA; MO; LTD30; QL (5 per 28 days)   |
| <i>COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML</i> | 5                | PA; MO; LTD30; QL (2.5 per 28 days) |
| <i>COSENTYX UNOREADY PEN</i>                      | 5                | PA; MO; LTD30; QL (10 per 28 days)  |

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| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements /Limits</b>                   | <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>                   |
|--|------------------|---|--|------------------|---|
| SELARSDI<br>INTRAVENOUS                            | 5                | PA; MO;<br>LTD30; QL<br>(104 per 180<br>days) | TREMFYA<br>INTRAVENOUS                                     | 5                | PA; MO;<br>LTD30; QL<br>(20 per 28<br>days)   |
| SELARSDI<br>SUBCUTANEOUS<br>SYRINGE 90<br>MG/ML    | 5                | PA; MO;<br>LTD30; QL (1<br>per 28 days)       | TREMFYA PEN<br>SUBCUTANEOUS<br>PEN INJECTOR<br>100 MG/ML   | 5                | PA; LTD30;<br>QL (2 per 28<br>days)           |
| <i>selenium sulfide<br/>topical lotion</i>         | 2                | MO  | TREMFYA PEN<br>SUBCUTANEOUS<br>PEN INJECTOR<br>200 MG/2 ML | 5                | PA; MO;<br>LTD30; QL (2<br>per 28 days)       |
| SKYRIZI<br>SUBCUTANEOUS<br>PEN INJECTOR            | 5                | PA; MO;<br>LTD30; QL (2<br>per 28 days)       | TREMFYA<br>SUBCUTANEOUS                                    | 5                | PA; MO;<br>LTD30; QL (2<br>per 28 days)       |
| SKYRIZI<br>SUBCUTANEOUS<br>SYRINGE 150<br>MG/ML    | 5                | PA; MO;<br>LTD30; QL (2<br>per 28 days)       | YESINTEK<br>INTRAVENOUS                                    | 5                | PA; MO;<br>LTD30; QL<br>(104 per 180<br>days) |
| SOTYKTU  | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30<br>days)   | YESINTEK<br>SUBCUTANEOUS<br>SOLUTION                       | 5                | PA; MO;<br>LTD30; QL<br>(0.5 per 28<br>days)  |
| STELARA<br>INTRAVENOUS                             | 5                | PA; MO;<br>LTD30; QL<br>(104 per 180<br>days) | YESINTEK<br>SUBCUTANEOUS<br>SYRINGE 45<br>MG/0.5 ML        | 5                | PA; MO;<br>LTD30; QL<br>(0.5 per 28<br>days)  |
| STELARA<br>SUBCUTANEOUS<br>SOLUTION                | 5                | PA; MO;<br>LTD30; QL<br>(0.5 per 28<br>days)  | YESINTEK<br>SUBCUTANEOUS<br>SYRINGE 90<br>MG/ML            | 5                | PA; MO;<br>LTD30; QL (1<br>per 28 days)       |
| STELARA<br>SUBCUTANEOUS<br>SYRINGE 45<br>MG/0.5 ML | 5                | PA; MO;<br>LTD30; QL<br>(0.5 per 28<br>days)  | <b>MISCELLANEOUS<br/>DERMATOLOGICALS</b>                   |                  |   |
| STELARA<br>SUBCUTANEOUS<br>SYRINGE 90<br>MG/ML     | 5                | PA; MO;<br>LTD30; QL (1<br>per 28 days)       | <i>ammonium lactate</i>                                    | 2                | MO  |
|  |                  |   | <i>chloroprocaine (pf)</i>                                 | 2                |   |
|  |                  |   | <i>dermacinrx lidocan</i>                                  | 4                | PA; QL (90<br>per 30 days)                    |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>                   |
|--|------------------|---|
| DUPIXENT PEN<br>SUBCUTANEOUS<br>PEN INJECTOR<br>200 MG/1.14 ML   | 5                | PA; MO;<br>LTD30; QL<br>(4.56 per 28<br>days) |
| DUPIXENT<br>SUBCUTANEOUS<br>PEN INJECTOR<br>300 MG/2 ML          | 5                | PA; MO;<br>LTD30; QL (8<br>per 28 days)       |
| DUPIXENT<br>SUBCUTANEOUS<br>SYRINGE 200<br>MG/1.14 ML            | 5                | PA; MO;<br>LTD30; QL<br>(4.56 per 28<br>days) |
| DUPIXENT<br>SUBCUTANEOUS<br>SYRINGE 300<br>MG/2 ML               | 5                | PA; MO;<br>LTD30; QL (8<br>per 28 days)       |
| <i>fluorouracil topical<br/>cream 5 %</i>                        | 3                | MO  |
| <i>fluorouracil topical<br/>solution</i>                         | 3                | MO  |
| <i>glydo</i>   | 2                | MO; QL (60<br>per 30 days)                    |
| <i>imiquimod topical<br/>cream in packet 5 %</i>                 | 3                | MO  |
| <i>lidocaine (pf)<br/>injection solution</i>                     | 2                |   |
| <i>lidocaine hcl<br/>injection solution</i>                      | 2                |   |
| <i>lidocaine hcl<br/>laryngotracheal</i>                         | 3                |   |
| <i>lidocaine hcl mucous<br/>membrane jelly</i>                   | 2                | QL (60 per 30<br>days)                        |
| <i>lidocaine hcl mucous<br/>membrane jelly in<br/>applicator</i> | 2                | MO; QL (60<br>per 30 days)                    |
| <i>lidocaine hcl mucous<br/>membrane solution 2<br/>%</i>        | 2                | MO  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|---|------------------|------------------------------------|
| <i>lidocaine hcl mucous<br/>membrane solution 4<br/>% (40 mg/ml)</i>                                  | 3                | MO                                 |
| <i>lidocaine topical<br/>adhesive<br/>patch,medicated 5 %</i>   | 4                | PA; MO; QL<br>(90 per 30<br>days)  |
| <i>lidocaine topical<br/>ointment</i>   | 4                | MO; QL (36<br>per 30 days)         |
| <i>lidocaine viscous</i>  | 2                |                                    |
| <i>lidocaine-<br/>epinephrine</i>   | 2                |                                    |
| <i>lidocaine-<br/>epinephrine (pf)<br/>injection solution 1.5<br/>%-1:200,000, 2 %-<br/>1:200,000</i> | 2                |                                    |
| <i>lidocaine-prilocaine<br/>topical cream</i>   | 3                | MO; QL (30<br>per 30 days)         |
| <i>lidocan iii</i>  | 4                | PA; QL (90<br>per 30 days)         |
| <i>lidocan iv</i>   | 4                | PA; QL (90<br>per 30 days)         |
| <i>lidocan v</i>  | 4                | PA; QL (90<br>per 30 days)         |
| <i>methoxsalen</i>  | 5                | MO; LTD30                          |
| PANRETIN  | 5                | PA; MO;<br>LTD30                   |
| <i>pimecrolimus</i>   | 4                | PA; MO; QL<br>(100 per 30<br>days) |
| <i>podofilox topical<br/>solution</i>   | 3                | MO                                 |
| <i>polocaine injection<br/>solution 1 % (10<br/>mg/ml)</i>  | 2                |                                    |
| <i>polocaine-mpf</i>  | 2                |                                    |

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| Drug Name                  | Drug Tier | Requirements /Limits                 |
|----------------------------|-----------|--------------------------------------|
| REGRANEX                   | 5         | MO; LTD30;<br>QL (15 per 30<br>days) |
| SANTYL                     | 3         | MO; QL (180<br>per 30 days)          |
| <i>silver sulfadiazine</i> | 2         | MO                                   |
| <i>ssd</i>                 | 2         | MO                                   |
| <i>tacrolimus topical</i>  | 4         | PA; MO; QL<br>(100 per 30<br>days)   |
| <i>tridacaine ii</i>       | 4         | PA; QL (90<br>per 30 days)           |
| VALCHLOR                   | 5         | PA; MO;<br>LTD30                     |

#### THERAPY FOR ACNE

|  |   |                             |
|--|---|-----------------------------|
| <i>accutane</i>                                      | 4 |                             |
| <i>amnesteem</i>                                     | 4 |                             |
| <i>claravis</i>                                      | 4 |                             |
| <i>clindamycin phosphate topical gel</i>             | 3 | MO; QL (120<br>per 30 days) |
| <i>clindamycin phosphate topical gel, once daily</i> | 3 | MO; QL (150<br>per 30 days) |
| <i>clindamycin phosphate topical lotion</i>          | 3 | MO; QL (120<br>per 30 days) |
| <i>clindamycin phosphate topical solution</i>        | 3 | MO; QL (120<br>per 30 days) |
| <i>ery pads</i>                                      | 3 | MO                          |
| <i>erythromycin with ethanol topical solution</i>    | 2 | MO                          |

| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 4         |                      |
| <i>metronidazole topical</i>                                | 4         | MO                   |
| <i>tazarotene topical cream</i>                             | 4         | PA; MO               |
| <i>tazarotene topical gel</i>                               | 4         | PA; MO               |
| <i>tretinoiin topical cream 0.025 %, 0.05 %, 0.1 %</i>      | 4         | PA; MO               |
| <i>tretinoiin topical gel 0.01 %, 0.025 %, 0.05 %</i>       | 3         | PA; MO               |
| <i>zenatane</i>   | 4         |                      |

#### TOPICAL ANTIBACTERIALS

|                                    |   |                            |
|------------------------------------|---|----------------------------|
| <i>gentamicin topical cream</i>    | 4 | MO; QL (60<br>per 30 days) |
| <i>gentamicin topical ointment</i> | 3 | MO; QL (60<br>per 30 days) |
| <i>mupirocin ointment</i>          | 2 | MO; QL (44<br>per 30 days) |
| <i>sulfacetamide sodium (acne)</i> | 4 | MO                         |

#### TOPICAL ANTIFUNGALS

|                                    |   |                             |
|------------------------------------|---|-----------------------------|
| <i>ciclodan topical solution</i>   | 2 | QL (6.6 per 28<br>days)     |
| <i>ciclopirox topical cream</i>    | 2 | MO; QL (90<br>per 28 days)  |
| <i>ciclopirox topical gel</i>      | 3 | MO; QL (100<br>per 28 days) |
| <i>ciclopirox topical shampoo</i>  | 3 | MO; QL (120<br>per 28 days) |
| <i>ciclopirox topical solution</i> | 2 | MO; QL (6.6<br>per 28 days) |

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| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| ciclopirox topical suspension              | 3                | MO; QL (60 per 28 days)     |
| clotrimazole topical cream                 | 2                | MO; QL (45 per 28 days)     |
| clotrimazole topical solution              | 2                | MO; QL (30 per 28 days)     |
| clotrimazole- betamethasone topical cream  | 3                | MO; QL (45 per 28 days)     |
| clotrimazole- betamethasone topical lotion | 4                | MO; QL (60 per 28 days)     |
| econazole nitrate                          | 4                | MO; QL (85 per 28 days)     |
| ketoconazole topical cream                 | 2                | MO; QL (60 per 28 days)     |
| ketoconazole topical shampoo               | 2                | MO; QL (120 per 28 days)    |
| klayesta                                   | 3                | MO; QL (180 per 30 days)    |
| naftifine topical gel                      | 4                | MO; QL (60 per 28 days)     |
| nyamyc                                     | 3                | MO; QL (180 per 30 days)    |
| nystatin topical cream                     | 2                | MO; QL (30 per 28 days)     |
| nystatin topical ointment                  | 2                | MO; QL (30 per 28 days)     |
| nystatin topical powder                    | 3                | MO; QL (180 per 30 days)    |
| nystatin- triamcinolone                    | 3                | MO; QL (60 per 28 days)     |
| nystop                                     | 3                | MO; QL (180 per 30 days)    |
| <b>TOPICAL ANTIVIRALS</b>                  |                  |                             |

| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| acyclovir topical ointment                | 4                | PA; MO; QL (30 per 30 days) |
| penciclovir                               | 4                | MO; QL (5 per 30 days)      |
| <b>TOPICAL CORTICOSTEROIDS</b>            |                  |                             |
| ala-cort topical cream 1 %                | 2                | MO                          |
| alclometasone                             | 3                |                             |
| betamethasone dipropionate                | 3                | MO                          |
| betamethasone valerate topical cream      | 3                | MO                          |
| betamethasone valerate topical lotion     | 3                | MO                          |
| betamethasone valerate topical ointment   | 3                | MO                          |
| betamethasone, augmented topical cream    | 2                | MO                          |
| betamethasone, augmented topical gel      | 3                | MO                          |
| betamethasone, augmented topical lotion   | 4                | MO                          |
| betamethasone, augmented topical ointment | 2                | MO                          |
| clobetasol scalp                          | 4                | MO; QL (100 per 28 days)    |
| clobetasol topical cream 0.05 %           | 4                | MO; QL (120 per 28 days)    |

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| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>clobetasol topical foam</i>                 | 4                | MO; QL (100 per 28 days)    |
| <i>clobetasol topical gel</i>                  | 4                | MO; QL (120 per 28 days)    |
| <i>clobetasol topical lotion</i>               | 4                | MO; QL (118 per 28 days)    |
| <i>clobetasol topical ointment</i>             | 4                | MO; QL (120 per 28 days)    |
| <i>clobetasol topical shampoo</i>              | 4                | MO; QL (236 per 28 days)    |
| <i>clobetasol-emollient topical cream</i>      | 4                | MO; QL (120 per 28 days)    |
| <i>desonide topical cream</i>                  | 4                | MO                          |
| <i>desonide topical ointment</i>               | 4                | MO                          |
| <i>fluocinolone</i>                            | 4                | MO                          |
| <i>fluocinolone and shower cap</i>             | 4                | MO                          |
| <i>fluocinonide topical cream 0.05 %</i>       | 4                | MO; QL (120 per 30 days)    |
| <i>fluocinonide topical gel</i>                | 4                | MO; QL (120 per 30 days)    |
| <i>fluocinonide topical ointment</i>           | 4                | MO; QL (120 per 30 days)    |
| <i>fluocinonide topical solution</i>           | 4                | MO; QL (120 per 30 days)    |
| <i>fluocinonide-emollient</i>                  | 4                | MO; QL (120 per 30 days)    |
| <i>halobetasol propionate topical cream</i>    | 4                | MO                          |
| <i>halobetasol propionate topical ointment</i> | 4                | MO                          |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>                        | 2                | MO                          |
| <i>hydrocortisone topical lotion 2.5 %</i>                            | 2                | MO                          |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>                     | 2                | MO                          |
| <i>mometasone topical</i>   | 2                | MO                          |
| <i>prednicarbate topical ointment</i>                                 | 4                |                             |
| <i>triamcinolone acetonide topical cream</i>                          | 2                | MO                          |
| <i>triamcinolone acetonide topical lotion</i>                         | 2                | MO                          |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 2                | MO                          |
| <i>triderm topical cream 0.5 %</i>                                    | 2                |                             |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                             |                  |                             |
| <i>malathion</i>  | 4                | MO                          |
| <i>permethrin</i>   | 3                | MO; QL (60 per 30 days)     |
| <b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>                             |                  |                             |
| <b>ANTIDOTES</b>  |                  |                             |
| <i>acetylcysteine intravenous</i>                                     | 3                |                             |
| <b>IRRIGATING SOLUTIONS</b>   |                  |                             |
| <i>lactated ringers irrigation</i>                                    | 4                |                             |

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| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>neomycin-polymyxin b gu</i>                | 2                |                             |
| <i>ringer's irrigation</i>                    | 4                | MO                          |
| <b>MISCELLANEOUS AGENTS</b>                   |                  |                             |
| <i>acamprosate</i>                            | 4                | MO                          |
| <i>acetic acid irrigation</i>                 | 2                | MO                          |
| <i>anagrelide</i>                             | 3                | MO                          |
| <i>caffeine citrate intravenous</i>           | 2                |                             |
| <i>caffeine citrate oral</i>                  | 2                | MO                          |
| <i>carglumic acid</i>                         | 5                | PA; MO;<br>LTD30            |
| <b>CHEMET</b>                                 | 3                | PA                          |
| <b>CLINIMIX<br/>4.25%/D5W<br/>SULFIT FREE</b> | 4                | B/D PA                      |
| <i>d10 %-0.45 % sodium chloride</i>           | 4                |                             |
| <i>d2.5 %-0.45 % sodium chloride</i>          | 4                |                             |
| <i>d5 % and 0.9 % sodium chloride</i>         | 4                | MO                          |
| <i>d5 %-0.45 % sodium chloride</i>            | 4                | MO                          |
| <i>deferasirox oral tablet</i>                | 3                | PA; MO                      |
| <i>deferiprone</i>                            | 5                | PA; MO;<br>LTD30            |
| <i>deferoxamine</i>                           | 2                | B/D PA; MO                  |
| <i>dextrose 10 % and 0.2 % nacl</i>           | 4                |                             |
| <i>dextrose 10 % in water (d10w)</i>          | 4                |                             |
| <i>dextrose 25 % in water (d25w)</i>          | 4                |                             |

| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>dextrose 5 % in water (d5w)</i>           | 4                | MO                          |
| <i>dextrose 5 %-lactated ringers</i>         | 4                | MO                          |
| <i>dextrose 5%-0.2 % sod chloride</i>        | 4                |                             |
| <i>dextrose 5%-0.3 % sod.chloride</i>        | 4                |                             |
| <i>dextrose 50 % in water (d50w)</i>         | 4                |                             |
| <i>dextrose 70 % in water (d70w)</i>         | 4                |                             |
| <i>disulfiram oral tablet 250 mg</i>         | 3                | MO                          |
| <i>disulfiram oral tablet 500 mg</i>         | 3                |                             |
| <i>droxidopa</i>                             | 5                | PA; MO;<br>LTD30            |
| <i>glutamine (sickle cell)</i>               | 5                | PA; MO;<br>LTD30            |
| <b>INCRELEX</b>                              | 5                | LA; LTD30                   |
| <i>kionex (with sorbitol)</i>                | 3                |                             |
| <i>levocarnitine (with sugar)</i>            | 4                | MO                          |
| <i>levocarnitine oral solution 100 mg/ml</i> | 4                | MO                          |
| <i>levocarnitine oral tablet</i>             | 4                | MO                          |
| <b>LOKELMA</b>                               | 3                | MO                          |
| <i>midodrine</i>                             | 3                | MO                          |
| <i>nitisinone</i>                            | 5                | PA; MO;<br>LTD30            |
| <i>pilocarpine hcl oral</i>                  | 4                | MO                          |

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| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|---|------------------|------------------------------------|
| PROLASTIN-C INTRAVENOUS SOLUTION                | 5                | PA; MO; LA; LTD30                  |
| REZDIFFRA                                       | 5                | PA; MO; LTD30; QL (30 per 30 days) |
| <i>riluzole</i>                                 | 3                | PA; MO                             |
| <i>sevelamer carbonate oral tablet</i>          | 4                | PA; MO                             |
| <i>sodium benzoate-sod phenylacet</i>           | 5                | LTD30                              |
| <i>sodium chloride 0.9 % intravenous</i>        | 4                | MO                                 |
| <i>sodium chloride irrigation</i>               | 4                | MO                                 |
| <i>sodium phenylbutyrate oral powder</i>        | 5                | PA; MO; LTD30                      |
| <i>sodium phenylbutyrate oral tablet</i>        | 5                | PA; LTD30                          |
| <i>sodium polystyrene sulfonate oral powder</i> | 3                | MO                                 |
| <i>sps (with sorbitol) oral</i>                 | 3                | MO                                 |
| <i>sps (with sorbitol) rectal</i>               | 3                |                                    |
| <i>trientine oral capsule 250 mg</i>            | 5                | PA; MO; LTD30                      |
| <i>water for irrigation, sterile</i>            | 4                | MO                                 |
| XIAFLEX   | 5                | PA; LTD30                          |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> | 2                | PA; MO                      |
| <b>SMOKING DETERRENTS</b>   |                  |                             |
| <i>bupropion hcl (smoking deter)</i>                                    | 2                | MO                          |
| NICOTROL NS   | 4                | MO                          |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>                    | 4                | MO                          |
| <i>varenicline tartrate oral tablet 1 mg (56 pack)</i>                  | 4                |                             |
| <i>varenicline tartrate oral tablets,dose pack</i>                      | 4                | MO                          |
| <b>EAR, NOSE / THROAT MEDICATIONS</b>                                   |                  |                             |
| <b>MISCELLANEOUS AGENTS</b>   |                  |                             |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>               | 3                | MO; QL (60 per 30 days)     |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>            | 3                | QL (60 per 30 days)         |
| <i>chlorhexidine gluconate mucous membrane</i>                          | 2                | MO                          |
| <i>denta 5000 plus</i>  | 2                | MO                          |
| <i>dentagel</i>   | 2                | MO                          |
| <i>fluoride (sodium) dental cream</i>                                   | 2                |                             |
| <i>fluoride (sodium) dental gel</i>                                     | 2                |                             |

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| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>fluoride (sodium) dental paste</i>  | 2                | MO                          |
| <i>fraiche 5000</i>                    | 2                |                             |
| <i>ipratropium bromide nasal</i>       | 2                | MO; QL (30 per 30 days)     |
| <i>kourzeq</i>                         | 2                |                             |
| <i>oralone</i>                         | 2                |                             |
| <i>periogard</i>                       | 2                | MO                          |
| <i>sf</i>                              | 2                | MO                          |
| <i>sf 5000 plus</i>                    | 2                | MO                          |
| <i>sodium fluoride 5000 dry mouth</i>  | 2                | MO                          |
| <i>sodium fluoride 5000 plus</i>       | 2                |                             |
| <i>sodium fluoride-pot nitrate</i>     | 2                | MO                          |
| <i>triamcinolone acetonide dental</i>  | 2                | MO                          |
| <b>MISCELLANEOUS OTIC PREPARATIONS</b> |                  |                             |
| <i>acetic acid otic (ear)</i>          | 2                | MO                          |
| <i>ciprofloxacin hcl otic (ear)</i>    | 4                | MO                          |
| <i>flac otic oil</i>                   | 4                |                             |
| <i>fluocinolone acetonide oil</i>      | 4                | MO                          |
| <i>hydrocortisone-acetic acid</i>      | 4                | MO                          |
| <i>ofloxacin otic (ear)</i>            | 3                | MO                          |
| <b>OTIC STEROID / ANTIBIOTIC</b>       |                  |                             |
| <i>ciprofloxacin-dexamethasone</i>     | 3                | MO; QL (7.5 per 7 days)     |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>neomycin-polymyxin-hc otic (ear)</i>                                  | 3                | MO                          |
| <b>ENDOCRINE/DIABETES</b>  |                  |                             |
| <b>ADRENAL HORMONES</b>  |                  |                             |
| <i>cortisone</i>   | 4                |                             |
| <i>dexamethasone intensol</i>  | 2                | MO                          |
| <i>dexamethasone oral elixir</i>   | 2                | MO                          |
| <i>dexamethasone oral solution</i>                                       | 2                | MO                          |
| <i>dexamethasone oral tablet</i>   | 2                | MO                          |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>        | 2                | MO                          |
| <i>dexamethasone sodium phosphate injection</i>                          | 2                | MO                          |
| <i>fludrocortisone</i>   | 2                | MO                          |
| <i>hydrocortisone oral</i>   | 2                | MO                          |
| <i>methylprednisolone acetate</i>  | 3                | MO                          |
| <i>methylprednisolone oral tablet</i>                                    | 2                | B/D PA; MO                  |
| <i>methylprednisolone oral tablets, dose pack</i>                        | 2                | MO                          |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> | 3                | MO                          |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>methylprednisolone sodium succ intravenous</i>   | 3                | MO                          |
| <i>prednisolone oral solution</i>   | 3                | MO                          |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 3                | MO                          |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>  | 3                |                             |
| <i>prednisone</i>   | 2                | MO                          |
| <i>prednisone intensol</i>  | 4                | MO                          |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i>  | 2                | MO                          |
| <b>ANTITHYROID AGENTS</b>   |                  |                             |
| <i>methimazole oral tablet 10 mg, 5 mg</i>  | 2                | MO                          |
| <i>propylthiouracil</i>   | 3                | MO                          |
| <b>DIABETES THERAPY</b>   |                  |                             |
| <i>acarbose oral tablet 100 mg</i>  | 2                | MO; QL (90 per 30 days)     |
| <i>acarbose oral tablet 25 mg</i>   | 2                | MO; QL (360 per 30 days)    |
| <i>acarbose oral tablet 50 mg</i>   | 2                | MO; QL (180 per 30 days)    |
| <i>alcohol pads</i>   | 3                | PA; MO                      |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>  |
|--|------------------|------------------------------|
| <i>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</i> | 3                | PA; MO; QL (2.4 per 30 days) |
| <i>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</i> | 3                | PA; MO; QL (1.2 per 30 days) |
| <i>diazoxide</i>   | 5                | MO; LTD30                    |
| <i>DROPSAFE ALCOHOL PREP PADS</i>                                      | 3                | PA                           |
| <i>FARXIGA ORAL TABLET 10 MG</i>                                       | 3                | MO; QL (30 per 30 days)      |
| <i>FARXIGA ORAL TABLET 5 MG</i>  | 3                | MO; QL (60 per 30 days)      |
| <i>glimepiride oral tablet 1 mg</i>                                    | 6                | MO; QL (240 per 30 days)     |
| <i>glimepiride oral tablet 2 mg</i>                                    | 6                | MO; QL (120 per 30 days)     |
| <i>glimepiride oral tablet 4 mg</i>                                    | 6                | MO; QL (60 per 30 days)      |
| <i>glipizide oral tablet 10 mg</i>                                     | 6                | MO; QL (120 per 30 days)     |
| <i>glipizide oral tablet 5 mg</i>                                      | 6                | MO; QL (240 per 30 days)     |
| <i>glipizide oral tablet extended release 24hr 10 mg</i>               | 6                | MO; QL (60 per 30 days)      |
| <i>glipizide oral tablet extended release 24hr 2.5 mg</i>              | 6                | MO; QL (240 per 30 days)     |
| <i>glipizide oral tablet extended release 24hr 5 mg</i>                | 6                | MO; QL (120 per 30 days)     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| glipizide-metformin oral tablet 2.5-250 mg                      | 6                | MO; QL (240 per 30 days)    |
| glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg            | 6                | MO; QL (120 per 30 days)    |
| GVOKE   | 3                | MO                          |
| GVOKE HYPOEN 1-PACK<br>SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML | 3                |                             |
| GVOKE HYPOEN 1-PACK<br>SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML   | 3                | MO                          |
| GVOKE HYPOEN 2-PACK   | 3                | MO                          |
| GVOKE PFS 1-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2 ML    | 3                | MO                          |
| GVOKE PFS 2-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2 ML    | 3                | MO                          |
| HUMALOG JUNIOR KWIKPEN U-100                                    | 3                | MO; \$35/Mth                |
| HUMALOG KWIKPEN INSULIN   | 3                | MO; \$35/Mth                |
| HUMALOG MIX 50-50 KWIKPEN                                       | 3                | MO; \$35/Mth                |
| HUMALOG MIX 75-25 KWIKPEN                                       | 3                | MO; \$35/Mth                |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| HUMALOG MIX 75-25(U-100)INSULN                                     | 3                | MO; \$35/Mth                |
| HUMALOG U-100 INSULIN  | 3                | MO; \$35/Mth                |
| HUMULIN 70/30 U-100 INSULIN  | 3                | MO; \$35/Mth                |
| HUMULIN 70/30 U-100 KWIKPEN  | 3                | MO; \$35/Mth                |
| HUMULIN N NPH INSULIN KWIKPEN                                      | 3                | MO; \$35/Mth                |
| HUMULIN N NPH U-100 INSULIN  | 3                | MO; \$35/Mth                |
| HUMULIN R REGULAR U-100 INSULN                                     | 3                | MO; \$35/Mth                |
| HUMULIN R U-500 (CONC) INSULIN                                     | 3                | MO; \$35/Mth                |
| HUMULIN R U-500 (CONC) KWIKPEN                                     | 3                | MO; \$35/Mth                |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION VIALS                         | 3                | MO; \$35/Mth                |
| JANUMET  | 3                | MO; QL (60 per 30 days)     |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG           | 3                | MO; QL (30 per 30 days)     |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 3                | MO; QL (60 per 30 days)     |
| JANUVIA  | 3                | MO; QL (30 per 30 days)     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| JARDIANCE  | 3                | MO; QL (30 per 30 days)     |
| JENTADUETO   | 3                | MO; QL (60 per 30 days)     |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 3                | MO; QL (60 per 30 days)     |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG   | 3                | MO; QL (30 per 30 days)     |
| LANTUS SOLOSTAR U-100 INSULIN                                  | 3                | MO; \$35/Mth                |
| LANTUS U-100 INSULIN   | 3                | MO; \$35/Mth                |
| LYUMJEV KWIKPEN U-100 INSULIN                                  | 3                | MO; \$35/Mth                |
| LYUMJEV KWIKPEN U-200 INSULIN                                  | 3                | MO; \$35/Mth                |
| LYUMJEV U-100 INSULIN  | 3                | MO; \$35/Mth                |
| <i>metformin oral tablet 1,000 mg</i>                          | 6                | MO; QL (75 per 30 days)     |
| <i>metformin oral tablet 500 mg</i>                            | 6                | MO; QL (150 per 30 days)    |
| <i>metformin oral tablet 850 mg</i>                            | 6                | MO; QL (90 per 30 days)     |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>     | 6                | MO; QL (120 per 30 days)    |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>     | 6                | MO; QL (60 per 30 days)     |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| MOUNJARO  | 3                | PA; MO; QL (2 per 28 days)  |
| <i>nateglinide oral tablet 120 mg</i>   | 2                | MO; QL (90 per 30 days)     |
| <i>nateglinide oral tablet 60 mg</i>  | 2                | MO; QL (180 per 30 days)    |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 3                | PA; MO; QL (3 per 28 days)  |
| <i>pioglitazone</i>   | 6                | MO; QL (30 per 30 days)     |
| <i>repaglinide oral tablet 0.5 mg</i>   | 2                | MO; QL (960 per 30 days)    |
| <i>repaglinide oral tablet 1 mg</i>   | 2                | MO; QL (480 per 30 days)    |
| <i>repaglinide oral tablet 2 mg</i>   | 2                | MO; QL (240 per 30 days)    |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG  | 3                | PA; MO; QL (30 per 30 days) |
| <i>saxagliptin</i>  | 3                | MO; QL (30 per 30 days)     |
| <i>saxagliptin- metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>                                   | 3                | MO; QL (60 per 30 days)     |
| <i>saxagliptin- metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>                           | 3                | MO; QL (30 per 30 days)     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>          |
|--|------------------|--------------------------------------|
| SOLIQUA 100/33   | 3                | MO; \$35/Mth;<br>QL (90 per 30 days) |
| SYNJARDY   | 3                | MO; QL (60 per 30 days)              |
| SYNJARDY XR<br>ORAL TABLET, IR - ER, BIPHASIC<br>24HR 10-1,000 MG,<br>25-1,000 MG      | 3                | MO; QL (30 per 30 days)              |
| SYNJARDY XR<br>ORAL TABLET, IR - ER, BIPHASIC<br>24HR 12.5-1,000 MG, 5-1,000 MG        | 3                | MO; QL (60 per 30 days)              |
| TOUJEO MAX U-300 SOLOSTAR  | 3                | MO; \$35/Mth                         |
| TOUJEO<br>SOLOSTAR U-300<br>INSULIN  | 3                | MO; \$35/Mth                         |
| TRADJENTA  | 3                | MO; QL (30 per 30 days)              |
| TRULICITY  | 3                | PA; MO; QL (2 per 28 days)           |
| XIGDUO XR<br>ORAL TABLET, IR - ER, BIPHASIC<br>24HR 10-1,000 MG, 10-500 MG             | 3                | MO; QL (30 per 30 days)              |
| XIGDUO XR<br>ORAL TABLET, IR - ER, BIPHASIC<br>24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG | 3                | MO; QL (60 per 30 days)              |
| <b>MISCELLANEOUS HORMONES</b>  |                  |                                      |
| ALDURAZYME   | 5                | PA; MO; LTD30                        |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>cabergoline</i>  | 3                | MO                          |
| <i>calcitonin (salmon) injection</i>                              | 5                | MO; LTD30                   |
| <i>calcitonin (salmon) nasal</i>                                  | 3                | MO                          |
| <i>calcitriol intravenous solution 1 mcg/ml</i>                   | 2                |                             |
| <i>calcitriol oral capsule</i>                                    | 2                | MO                          |
| <i>calcitriol oral solution</i>                                   | 4                |                             |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i>                        | 4                | PA; MO                      |
| <i>cinacalcet oral tablet 90 mg</i>                               | 5                | PA; MO; LTD30               |
| <i>clomid</i>   | 2                | PA; MO                      |
| <i>clomiphene citrate</i>   | 2                | PA                          |
| <b>CRYSVITA</b>   | 5                | PA; MO; LA; LTD30           |
| <i>danazol</i>  | 4                | MO                          |
| <i>desmopressin injection</i>                                     | 2                | MO                          |
| <i>desmopressin nasal spray with pump</i>                         | 4                | MO                          |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i> | 4                |                             |
| <i>desmopressin oral</i>  | 3                | MO                          |
| <i>doxercalciferol intravenous</i>                                | 2                | MO                          |
| <i>doxercalciferol oral</i>                                       | 4                | MO                          |
| <b>ELAPRASE</b>   | 5                | PA; MO; LTD30               |

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| Drug Name  | Drug Tier | Requirements /Limits            | Drug Name   | Drug Tier | Requirements /Limits             |
|--|-----------|---------------------------------|---|-----------|----------------------------------|
| FABRAZYME  | 5         | PA; MO;<br>LTD30                | <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>     | 3         | PA; MO; QL<br>(300 per 30 days)  |
| KANUMA   | 5         | PA; MO;<br>LTD30                | <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>  | 4         | PA; MO; QL<br>(150 per 30 days)  |
| LUMIZYME   | 5         | PA; MO;<br>LTD30                | <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> | 4         | PA; MO; QL<br>(300 per 30 days)  |
| MEPSEVII   | 5         | PA; MO;<br>LTD30                | <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>             | 4         | PA; MO; QL<br>(37.5 per 30 days) |
| <i>mifepristone oral tablet 300 mg</i>                               | 5         | PA; MO;<br>LTD30                | <i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>               | 4         | PA; MO; QL<br>(150 per 30 days)  |
| NAGLAZYME  | 5         | PA; MO; LA;<br>LTD30            | <i>tolvaptan</i>  | 5         | PA; MO;<br>LTD30                 |
| <i>pamidronate intravenous solution</i>                              | 2         | MO                              | <b>VIMIZIM</b>  | 5         | PA; MO; LA;<br>LTD30             |
| <i>paricalcitol intravenous</i>                                      | 2         |                                 | <i>zoledronic acid intravenous solution</i>   | 2         | B/D PA; MO                       |
| <i>paricalcitol oral</i>   | 4         | MO                              | <b>THYROID HORMONES</b>   |           |                                  |
| <i>sapropterin</i>   | 5         | PA; MO;<br>LTD30                | <i>euthyrox</i>   | 1         | MO                               |
| SOMAVERT   | 5         | PA; MO;<br>LTD30                | <i>levo-t</i>   | 1         |                                  |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | 3         | PA; MO                          |   |           |                                  |
| <i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>     | 3         | PA                              |   |           |                                  |
| <i>testosterone enanthate</i>  | 3         | PA; MO                          |   |           |                                  |
| <i>testosterone transdermal gel</i>                                  | 4         | PA; MO; QL<br>(300 per 30 days) |   |           |                                  |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>levothyroxine intravenous recon soln</i>  | 2         |                      |
| <i>levothyroxine oral tablet</i>   | 1         | MO                   |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1         | MO                   |
| <i>liothyronine</i>  | 2         | MO                   |
| <i>unithroid</i>   | 1         | MO                   |

## GASTROENTEROLOGY

### ANTIDIARRHEALS / ANTISPASMODICS

|   |   |    |
|---|---|----|
| <i>atropine injection solution 0.4 mg/ml</i>                  | 2 |    |
| <i>atropine injection syringe 0.1 mg/ml</i>                   | 2 |    |
| <i>atropine intravenous solution 0.4 mg/ml</i>                | 2 |    |
| <i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i> | 2 |    |
| <i>dicyclomine intramuscular</i>                              | 2 | MO |
| <i>dicyclomine oral capsule</i>                               | 2 | MO |
| <i>dicyclomine oral solution</i>                              | 4 | MO |
| <i>dicyclomine oral tablet</i>                                | 2 | MO |
| <i>diphenoxylate-atropine oral liquid</i>                     | 4 |    |

| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>diphenoxylate-atropine oral tablet</i>                                       | 3         | MO                   |
| <i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i> | 2         | MO                   |
| <i>glycopyrrolate injection</i>   | 2         | MO                   |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                                    | 3         | MO                   |
| <i>loperamide oral capsule</i>  | 2         | MO                   |
| <i>opium tincture</i>   | 2         | MO                   |
| MISCELLANEOUS GASTROINTESTINAL AGENTS   |           |                      |
| <i>alosetron oral tablet 0.5 mg</i>   | 4         | PA; MO               |
| <i>alosetron oral tablet 1 mg</i>   | 5         | PA; MO; LTD30        |
| <i>aprepitant</i>   | 4         | B/D PA; MO           |
| <i>balsalazide</i>  | 4         | MO                   |
| <i>betaine</i>  | 5         | MO; LTD30            |
| <i>budesonide oral capsule,delayed,extd.release</i>                             | 4         | MO                   |
| <i>budesonide oral tablet,delayed and ext.release</i>                           | 5         | MO; LTD30            |
| <i>CINVANTI</i>   | 3         | MO                   |
| <i>compro</i>   | 4         | MO                   |
| <i>constulose</i>   | 2         | MO                   |
| <i>CORTIFOAM</i>  | 3         | MO                   |
| <i>CREON</i>  | 3         | MO                   |
| <i>cromolyn oral</i>  | 4         | MO                   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>          |
|--|------------------|--------------------------------------|
| <i>dimenhydrinate injection solution</i>                     | 2                | MO                                   |
| <i>dronabinol</i>  | 4                | B/D PA; MO                           |
| <i>droperidol injection solution</i>                         | 2                | MO                                   |
| <b>ENTYVIO</b>   | 5                | PA; MO;<br>LTD30; QL (2 per 28 days) |
| <i>enulose</i>   | 2                | MO                                   |
| <i>fosaprepitant</i>   | 2                | MO                                   |
| <b>GATTEX 30-VIAL</b>  | 5                | PA; MO;<br>LTD30                     |
| <b>GATTEX ONE-VIAL</b>                                       | 5                | PA; MO;<br>LTD30                     |
| <i>gavilyte-c</i>  | 1                | MO                                   |
| <i>gavilyte-g</i>  | 1                | MO                                   |
| <i>gavilyte-n</i>  | 1                |                                      |
| <i>generlac</i>  | 2                | MO                                   |
| <i>gransetron (pf) intravenous solution 1 mg/ml (1 ml)</i>   | 2                | MO                                   |
| <i>gransetron hcl intravenous solution 1 mg/ml</i>           | 2                | MO                                   |
| <i>gransetron hcl intravenous solution 1 mg/ml (1 ml)</i>    | 2                |                                      |
| <i>gransetron hcl oral</i>                                   | 4                | B/D PA; MO                           |
| <i>hydrocortisone rectal</i>                                 | 4                | MO                                   |
| <i>hydrocortisone topical cream with perineal applicator</i> | 2                | MO                                   |

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements /Limits</b>              |
|---|------------------|--|
| <b>INFLECTRA</b>                                      | 5                | PA; MO;<br>LTD30; QL<br>(20 per 28 days) |
| <i>lactulose oral solution</i>                        | 2                | MO                                       |
| <b>LINZESS</b>  | 4                | ST; MO; QL<br>(30 per 30 days)           |
| <i>lubiprostone</i>                                   | 4                | MO; QL (60 per 30 days)                  |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>           | 2                | MO                                       |
| <i>mesalamine oral capsule (with del rel tablets)</i> | 4                | MO                                       |
| <i>mesalamine oral capsule, extended release</i>      | 4                |  |
| <i>mesalamine oral capsule,extended release 24hr</i>  | 4                | MO                                       |
| <i>mesalamine oral tablet,delayed release (dr/ec)</i> | 4                | MO                                       |
| <i>mesalamine rectal</i>                              | 4                | MO                                       |
| <i>mesalamine with cleansing wipe</i>                 | 4                | MO                                       |
| <i>metoclopramide hcl injection solution</i>          | 2                | MO                                       |
| <i>metoclopramide hcl injection syringe</i>           | 2                |  |
| <i>metoclopramide hcl oral solution</i>               | 2                | MO                                       |
| <i>metoclopramide hcl oral tablet</i>                 | 2                | MO                                       |
| <i>nitroglycerin rectal</i>                           | 3                | MO                                       |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>                     | <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>                  |
|---|------------------|---|--|------------------|--|
| OCALIVA   | 5                | PA; MO; LA;<br>LTD30; QL<br>(30 per 30<br>days) | RELISTOR<br>SUBCUTANEOUS<br>SOLUTION   | 5                | ST; MO;<br>LTD30; QL<br>(18 per 30<br>days)  |
| <i>ondansetron hcl (pf)<br/>injection solution</i>                                    | 2                | MO  | RELISTOR<br>SUBCUTANEOUS<br>SYRINGE 12<br>MG/0.6 ML  | 5                | ST; MO;<br>LTD30; QL<br>(18 per 30<br>days)  |
| <i>ondansetron hcl (pf)<br/>injection syringe</i>                                     | 2                |   | RELISTOR<br>SUBCUTANEOUS<br>SYRINGE 8 MG/0.4<br>ML   | 5                | ST; MO;<br>LTD30; QL<br>(12 per 30<br>days)  |
| <i>ondansetron hcl<br/>intravenous</i>  | 2                | MO  | <i>scopolamine base</i>  | 4                | MO   |
| <i>ondansetron hcl oral<br/>solution</i>  | 4                | B/D PA; MO                                      | SKYRIZI<br>INTRAVENOUS   | 5                | PA; MO;<br>LTD30; QL<br>(30 per 180<br>days) |
| <i>ondansetron hcl oral<br/>tablet 4 mg, 8 mg</i>                                     | 2                | B/D PA; MO                                      | SKYRIZI<br>SUBCUTANEOUS<br>WEARABLE<br>INJECTOR 180<br>MG/1.2 ML (150<br>MG/ML)                          | 5                | PA; MO;<br>LTD30; QL<br>(1.2 per 56<br>days) |
| <i>ondansetron oral<br/>tablet,disintegrating<br/>4 mg, 8 mg</i>                      | 2                | B/D PA; MO                                      | SKYRIZI<br>SUBCUTANEOUS<br>WEARABLE<br>INJECTOR 360<br>MG/2.4 ML (150<br>MG/ML)                          | 5                | PA; MO;<br>LTD30; QL<br>(2.4 per 56<br>days) |
| <i>palonosetron<br/>intravenous solution<br/>0.25 mg/5 ml</i>                         | 2                | MO  | <i>sodium,potassium,m<br/>ag sulfates oral<br/>recon soln 17.5-<br/>3.13-1.6 gram</i>                    | 4                | MO   |
| <i>palonosetron<br/>intravenous syringe</i>   | 2                |   | <i>sodium,potassium,m<br/>ag sulfates oral<br/>recon soln 17.5-<br/>3.13-1.6 gram 2<br/>pack (480ml)</i> | 4                |  |
| <i>peg 3350-<br/>electrolytes</i>   | 1                |   | SUCRAID  | 5                | PA; LTD30                                    |
| <i>peg-electrolyte</i>  | 1                | MO  |  |                  |  |
| <i>prochlorperazine</i>   | 4                | MO  |  |                  |  |
| <i>prochlorperazine<br/>edisylate injection<br/>solution 10 mg/2 ml<br/>(5 mg/ml)</i> | 2                | MO  |  |                  |  |
| <i>prochlorperazine<br/>maleate</i>   | 2                | MO  |  |                  |  |
| <i>procto-med hc</i>  | 2                | MO  |  |                  |  |
| <i>proctosol hc topical</i>   | 2                | MO  |  |                  |  |
| <i>protozozone-hc</i>   | 2                | MO  |  |                  |  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>       |
|---|------------------|-----------------------------------|
| sulfasalazine   | 2                | MO                                |
| SYMPROIC  | 3                | MO; QL (30 per 30 days)           |
| TRULANCE  | 3                | QL (30 per 30 days)               |
| ursodiol oral capsule 300 mg                                | 3                | MO                                |
| ursodiol oral tablet  | 3                | MO                                |
| VARUBI  | 3                | B/D PA                            |
| VOWST   | 5                | PA; LA; LTD30                     |
| ZYMFENTRA   | 5                | PA; MO; LTD30; QL (2 per 28 days) |
| <b>ULCER THERAPY</b>  |                  |                                   |
| famotidine (pf)   | 2                | MO                                |
| famotidine (pf)-nacl (iso-os)                               | 2                | MO                                |
| famotidine intravenous                                      | 2                | MO                                |
| famotidine oral tablet 20 mg, 40 mg                         | 1                | MO                                |
| lansoprazole oral capsule,delayed release(dr/ec) 15 mg      | 3                | MO; QL (30 per 30 days)           |
| lansoprazole oral capsule,delayed release(dr/ec) 30 mg      | 3                | MO; QL (60 per 30 days)           |
| misoprostol   | 3                | MO                                |
| omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg | 1                | MO; QL (30 per 30 days)           |
| omeprazole oral capsule,delayed release(dr/ec) 40 mg        | 1                | MO; QL (60 per 30 days)           |

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements /Limits</b>           |
|--|------------------|---------------------------------------|
| pantoprazole intravenous                               | 2                | MO                                    |
| pantoprazole oral tablet,delayed release (dr/ec) 20 mg | 1                | MO; QL (30 per 30 days)               |
| pantoprazole oral tablet,delayed release (dr/ec) 40 mg | 1                | MO; QL (60 per 30 days)               |
| sucralfate oral suspension                             | 4                | MO                                    |
| sucralfate oral tablet                                 | 2                | MO                                    |
| <b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>            |                  |                                       |
| <b>BIOTECHNOLOGY DRUGS</b>                             |                  |                                       |
| ACTIMMUNE  | 5                | PA; MO; LTD30                         |
| ARCALYST   | 5                | PA; LTD30                             |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT                  | 5                | PA; MO; LTD30; QL (1 per 28 days)     |
| AVONEX INTRAMUSCULAR SYRINGE KIT                       | 5                | PA; MO; LTD30; QL (1 per 28 days)     |
| BESREMI  | 5                | PA; LA; LTD30                         |
| BETASERON SUBCUTANEOUS KIT                             | 5                | PA; MO; LTD30; QL (14 per 28 days)    |
| ILARIS (PF)  | 5                | PA; MO; LA; LTD30; QL (2 per 28 days) |
| NIVESTYM   | 5                | PA; MO; LTD30                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|---|------------------|-------------------------------------|
| NYVEPRIA  | 5                | PA; MO;<br>LTD30                    |
| OMNITROPE   | 5                | PA; MO;<br>LTD30                    |
| PEGASYS<br>SUBCUTANEOUS<br>SOLUTION   | 5                | MO; LTD30;<br>QL (4 per 28<br>days) |
| PEGASYS<br>SUBCUTANEOUS<br>SYRINGE  | 5                | MO; LTD30;<br>QL (2 per 28<br>days) |
| <i>plerixafor</i>   | 5                | B/D PA; MO;<br>LTD30                |
| PROCRIT<br>INJECTION<br>SOLUTION 10,000<br>UNIT/ML, 2,000<br>UNIT/ML, 20,000<br>UNIT/2 ML, 3,000<br>UNIT/ML, 4,000<br>UNIT/ML                     | 3                | PA; MO                              |
| PROCRIT<br>INJECTION<br>SOLUTION 20,000<br>UNIT/ML, 40,000<br>UNIT/ML   | 5                | PA; MO;<br>LTD30                    |
| RETACRIT<br>INJECTION<br>SOLUTION 10,000<br>UNIT/ML, 2,000<br>UNIT/ML, 20,000<br>UNIT/2 ML, 20,000<br>UNIT/ML, 3,000<br>UNIT/ML, 4,000<br>UNIT/ML | 3                | PA; MO                              |
| RETACRIT<br>INJECTION<br>SOLUTION 40,000<br>UNIT/ML   | 5                | PA; MO;<br>LTD30                    |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <b>VACCINES / MISCELLANEOUS<br/>IMMUNOLOGICALS</b>                   |                  |                             |
| ABRYSVO (PF)   | 6                | V                           |
| ACTHIB (PF)  | 3                |                             |
| ADACEL(TDAP<br>ADOLESN/ADULT<br>(PF)                                 | 6                | V                           |
| AREXVY (PF)  | 6                | V                           |
| BCG VACCINE,<br>LIVE (PF)  | 6                | V                           |
| BEXZERO  | 6                | V                           |
| BOOSTRIX TDAP  | 6                | V                           |
| DAPTACEL (DTAP<br>PEDIATRIC) (PF)                                    | 3                |                             |
| DENGVAXIA (PF)   | 3                |                             |
| ENGERIX-B (PF)   | 6                | B/D PA; V                   |
| ENGERIX-B<br>PEDIATRIC (PF)  | 6                | B/D PA; V                   |
| <i>fomepizole</i>  | 2                |                             |
| GAMASTAN   | 3                | MO                          |
| GARDASIL 9 (PF)  | 6                | V                           |
| HAVRIX (PF)<br>INTRAMUSCULA<br>R SYRINGE 1,440<br>ELISA UNIT/ML      | 6                | V                           |
| HAVRIX (PF)<br>INTRAMUSCULA<br>R SYRINGE 720<br>ELISA UNIT/0.5<br>ML | 3                |                             |
| HEPLISAV-B (PF)  | 6                | B/D PA; V                   |
| HIBERIX (PF)   | 3                |                             |
| HIZENTRA   | 5                | B/D PA; MO;<br>LTD30        |
| HYPERHEP B   | 3                |                             |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> | <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|--|------------------|-----------------------------|
| HYPERHEP B NEONATAL   | 3                |                             | RECOMBIVAX HB (PF)                                 | 6                | B/D PA; V                   |
| IMOVAX RABIES VACCINE (PF)                                  | 6                | V                           | ROTARIX ORAL SUSPENSION                            | 3                |                             |
| INFANRIX (DTAP) (PF)  | 3                |                             | ROTATEQ VACCINE                                    | 3                |                             |
| IPOPOL  | 6                | V                           | SHINGRIX (PF)                                      | 6                | V; QL (2 per 720 days)      |
| IXCHIQ (PF)   | 6                | V                           | TENIVAC (PF)                                       | 6                | V                           |
| IXIARO (PF)   | 6                | V                           | TICE BCG   | 3                | B/D PA                      |
| JYNNEOS (PF)  | 6                | B/D PA; V                   | TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML      | 3                |                             |
| KINRIX (PF)   | 3                |                             | TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML       | 3                | V                           |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION                        | 6                | V                           | TRUMENBA   | 6                | V                           |
| MENQUADFI (PF)  | 6                | V                           | TWINRIX (PF)                                       | 6                | V                           |
| MENVEO A-C-Y-W-135-DIP (PF)                                 | 6                | V                           | TYPHIM VI  | 6                | V                           |
| M-M-R II (PF)   | 6                | V                           | VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | 3                |                             |
| MRESVIA (PF)  | 6                | V                           | VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML     | 6                | V                           |
| PEDIARIX (PF)   | 3                |                             | VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML    | 3                |                             |
| PEDVAX HIB (PF)   | 3                |                             | VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML        | 6                | V                           |
| PENBRAYA (PF)   | 6                | V                           |  |                  |                             |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF-62 DU/0.5 ML | 3                |                             |  |                  |                             |
| PRIORIX (PF)  | 6                | V                           |  |                  |                             |
| PRIVIGEN  | 5                | PA; MO; LTD30               |  |                  |                             |
| PROQUAD (PF)  | 3                |                             |  |                  |                             |
| QUADRACEL (PF)  | 3                |                             |  |                  |                             |
| RABAVERT (PF)   | 6                | V                           |  |                  |                             |

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| Drug Name                       | Drug Tier | Requirements /Limits    |
|---------------------------------|-----------|-------------------------|
| VARIVAX (PF)                    | 6         | V                       |
| VARIZIG                         | 3         |                         |
| VAXCHORA VACCINE                | 6         | V                       |
| VIVOTIF                         | 6         | MO; V                   |
| YF-VAX (PF)                     | 6         | V                       |
| <b>MISCELLANEOUS SUPPLIES</b>   |           |                         |
| <b>MISCELLANEOUS SUPPLIES</b>   |           |                         |
| CEQUR SIMPLICITY                | 3         | MO                      |
| CEQUR SIMPLICITY INSERTER       | 3         | MO                      |
| EMBECTA INSULIN SYRINGE         | 3         | PA; MO                  |
| BD INSULIN SYRINGE              | 1         | PA                      |
| BD PEN NEEDLE                   | 1         | PA                      |
| GAUZE PADS 2 X 2                | 3         | PA; MO                  |
| EMBECTA PEN NEEDLE              | 3         | PA; MO                  |
| NOVO PEN NEEDLE                 | 3         | PA; MO                  |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)     | 3         | MO                      |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5)  | 3         | MO; QL (1 per 720 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5)    | 3         | MO                      |
| OMNIPOD 5 INTRO(G6/LIBRE2 PLUS) | 3         | MO; QL (1 per 720 days) |

| Drug Name                                     | Drug Tier | Requirements /Limits    |
|---|-----------|-------------------------|
| OMNIPOD DASH INTRO KIT (GEN 4)                | 3         | QL (1 per 720 days)     |
| OMNIPOD DASH PODS (GEN 4)                     | 3         | MO                      |
| <b>MUSCULOSKELETAL / RHEUMATOLOGY</b>         |           |                         |
| <b>GOUT THERAPY</b>                           |           |                         |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1         | MO                      |
| <i>allopurinol sodium</i>                     | 2         |                         |
| <i>aloprim</i>                                | 2         |                         |
| <i>colchicine oral tablet</i>                 | 3         | MO                      |
| <i>febuxostat</i>                             | 3         | MO                      |
| <i>probenecid</i>                             | 3         | MO                      |
| <i>probenecid-colchicine</i>                  | 3         | MO                      |
| <b>OSTEOPOROSIS THERAPY</b>                   |           |                         |
| <i>alendronate oral tablet 10 mg</i>          | 6         | MO; QL (30 per 30 days) |
| <i>alendronate oral tablet 35 mg, 70 mg</i>   | 6         | MO; QL (4 per 28 days)  |
| <i>ibandronate intravenous solution</i>       | 3         | PA                      |
| <i>ibandronate intravenous syringe</i>        | 3         | PA; MO                  |
| <i>ibandronate oral</i>                       | 3         | MO; QL (1 per 30 days)  |
| <b>PROLIA</b>                                 | 4         | MO; QL (1 per 180 days) |
| <i>raloxifene</i>                             | 3         | MO                      |

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|--|------------------|--|---|------------------|---|
| TERIPARATIDE<br>SUBCUTANEOUS<br>PEN INJECTOR 20<br>MCG/DOSE<br>(620MCG/2.48ML) | 5                | PA; LTD30;<br>QL (2.48 per<br>28 days)       | CYLTEZO(CF)<br>SUBCUTANEOUS<br>SYRINGE KIT 40<br>MG/0.4 ML, 40<br>MG/0.8 ML   | 5                | PA; MO;<br>LTD30; QL (4<br>per 28 days) |
| <b>OTHER RHEUMATOLOGICALS</b>  |                  |  |   |                  |   |
| ACTEMRA<br>ACTPEN  | 5                | PA; MO;<br>LTD30; QL<br>(3.6 per 28<br>days) | ENBREL MINI   | 5                | PA; MO;<br>LTD30; QL (8<br>per 28 days) |
| ACTEMRA<br>INTRAVENOUS   | 5                | PA; MO;<br>LTD30; QL<br>(160 per 28<br>days) | ENBREL<br>SUBCUTANEOUS<br>SOLUTION  | 5                | PA; MO;<br>LTD30; QL (8<br>per 28 days) |
| ACTEMRA<br>SUBCUTANEOUS  | 5                | PA; MO;<br>LTD30; QL<br>(3.6 per 28<br>days) | ENBREL<br>SUBCUTANEOUS<br>SYRINGE   | 5                | PA; MO;<br>LTD30; QL (8<br>per 28 days) |
| BENLYSTA   | 5                | PA; MO;<br>LTD30                             | ENBREL<br>SURECLICK   | 5                | PA; MO;<br>LTD30; QL (8<br>per 28 days) |
| CYLTEZO(CF)<br>PEN   | 5                | PA; MO;<br>LTD30; QL (4<br>per 28 days)      | HUMIRA (ONLY<br>NDCS STARTING<br>WITH 00074)<br>SUBCUTANEOUS<br>SYRINGE KIT 40<br>MG/0.8 ML                         | 5                | PA; MO;<br>LTD30; QL (4<br>per 28 days) |
| CYLTEZO(CF)<br>PEN CROHN'S-UC-<br>HS   | 5                | PA; LTD30;<br>QL (6 per 180<br>days)         | HUMIRA PEN<br>(ONLY NDCS<br>STARTING WITH<br>00074)   | 5                | PA; MO;<br>LTD30; QL (4<br>per 28 days) |
| CYLTEZO(CF)<br>PEN PSORIASIS-<br>UV  | 5                | PA; LTD30;<br>QL (4 per 180<br>days)         | HUMIRA(CF)<br>(ONLY NDCS<br>STARTING WITH<br>00074)<br>SUBCUTANEOUS<br>SYRINGE KIT 10<br>MG/0.1 ML, 20<br>MG/0.2 ML | 5                | PA; MO;<br>LTD30; QL (2<br>per 28 days) |
| CYLTEZO(CF)<br>SUBCUTANEOUS<br>SYRINGE KIT 10<br>MG/0.2 ML                     | 5                | PA; MO;<br>LTD30; QL (1100 per 30<br>days)   |   |                  |   |
| CYLTEZO(CF)<br>SUBCUTANEOUS<br>SYRINGE KIT 20<br>MG/0.4 ML                     | 5                | PA; MO;<br>LTD30; QL (2<br>per 28 days)      |   |                  |   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>                 | <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>                  |
|---|------------------|---|---|------------------|--|
| HUMIRA(CF)<br>(ONLY NDCS<br>STARTING WITH<br>00074)<br><br>SUBCUTANEOUS<br>SYRINGE KIT 40<br>MG/0.4 ML          | 5                | PA; MO;<br>LTD30; QL (4<br>per 28 days)     | ORENCIA<br>SUBCUTANEOUS<br>SYRINGE 125<br>MG/ML   | 5                | PA; MO;<br>LTD30; QL (4<br>per 28 days)      |
| HUMIRA(CF) PEN<br>(ONLY NDCS<br>STARTING WITH<br>00074)<br><br>SUBCUTANEOUS<br>PEN INJECTOR<br>KIT 40 MG/0.4 ML | 5                | PA; MO;<br>LTD30; QL (4<br>per 28 days)     | ORENCIA<br>SUBCUTANEOUS<br>SYRINGE 50<br>MG/0.4 ML  | 5                | PA; MO;<br>LTD30; QL<br>(1.6 per 28<br>days) |
| HUMIRA(CF) PEN<br>(ONLY NDCS<br>STARTING WITH<br>00074)<br><br>SUBCUTANEOUS<br>PEN INJECTOR<br>KIT 80 MG/0.8 ML | 5                | PA; MO;<br>LTD30; QL (2<br>per 28 days)     | ORENCIA<br>SUBCUTANEOUS<br>SYRINGE 87.5<br>MG/0.7 ML  | 5                | PA; MO;<br>LTD30; QL<br>(2.8 per 28<br>days) |
| HUMIRA(CF) PEN<br>CROHNS-UC-HS<br>(ONLY NDCS<br>STARTING WITH<br>00074)   | 5                | PA; MO;<br>LTD30; QL (3<br>per 180 days)    | OTEZLA  | 5                | PA; MO;<br>LTD30; QL<br>(60 per 30<br>days)  |
| HUMIRA(CF) PEN<br>PSOR-UV-ADOL<br>HS (ONLY NDCS<br>STARTING WITH<br>00074)                                      | 5                | PA; MO;<br>LTD30; QL (3<br>per 180 days)    | OTEZLA<br>STARTER ORAL<br>TABLETS,DOSE<br>PACK 10 MG (4)-<br>20 MG (51), 10 MG<br>(4)-20 MG (4)-30<br>MG (47) | 5                | PA; MO;<br>LTD30; QL<br>(55 per 180<br>days) |
| <i>leflunomide</i>  | 3                | MO; QL (30<br>per 30 days)                  | <i>penicillamine oral<br/>tablet</i>  | 5                | PA; MO;<br>LTD30                             |
| ORENCIA (WITH<br>MALTOSE)   | 5                | PA; MO;<br>LTD30; QL<br>(12 per 28<br>days) | RIDAURA   | 5                | MO; LTD30                                    |
| ORENCIA<br>CLICKJECT  | 5                | PA; MO;<br>LTD30; QL (4<br>per 28 days)     | RINVOQ LQ   | 5                | PA; MO;<br>LTD30; QL<br>(360 per 30<br>days) |
|   |                  |   | RINVOQ ORAL<br>TABLET<br>EXTENDED<br>RELEASE 24 HR<br>15 MG, 30 MG  | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30<br>days)  |
|   |                  |   | RINVOQ ORAL<br>TABLET<br>EXTENDED<br>RELEASE 24 HR<br>45 MG   | 5                | PA; MO;<br>LTD30; QL<br>(84 per 180<br>days) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>               |
|---|------------------|---|
| TYENNE AUTOINJECTOR   | 5                | PA; MO;<br>LTD30; QL<br>(3.6 per 28 days) |
| TYENNE INTRAVENOUS  | 5                | PA; MO;<br>LTD30; QL<br>(160 per 28 days) |
| TYENNE SUBCUTANEOUS   | 5                | PA; MO;<br>LTD30; QL<br>(3.6 per 28 days) |
| XELJANZ ORAL SOLUTION   | 5                | PA; MO;<br>LTD30; QL<br>(480 per 24 days) |
| XELJANZ ORAL TABLET   | 5                | PA; MO;<br>LTD30; QL<br>(60 per 30 days)  |
| XELJANZ XR  | 5                | PA; MO;<br>LTD30; QL<br>(30 per 30 days)  |
| YUFLYMA(CF) AI CROHN'S-UC-HS  | 5                | PA; MO;<br>LTD30; QL (3 per 180 days)     |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | 5                | PA; MO;<br>LTD30; QL (4 per 28 days)      |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | 5                | PA; MO;<br>LTD30; QL (2 per 28 days)      |

| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements /Limits</b>          |
|---|------------------|--------------------------------------|
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML | 5                | PA; MO;<br>LTD30; QL (2 per 28 days) |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 5                | PA; MO;<br>LTD30; QL (4 per 28 days) |
| <b>OBSTETRICS / GYNECOLOGY</b>                    |                  |                                      |
| <b>ESTROGENS / PROGESTINS</b>                     |                  |                                      |
| <i>camila</i>                                     | 2                | MO                                   |
| <i>deblitane</i>                                  | 2                | MO                                   |
| <i>DEPO-SUBQ PROVERA 104</i>                      | 3                | MO                                   |
| <i>dotti</i>                                      | 3                | PA; MO; QL<br>(8 per 28 days)        |
| <i>emzahh</i>                                     | 2                |                                      |
| <i>errin</i>                                      | 2                | MO                                   |
| <i>estradiol oral</i>                             | 4                | PA; MO                               |
| <i>estradiol transdermal patch semiweekly</i>     | 3                | PA; MO; QL<br>(8 per 28 days)        |
| <i>estradiol transdermal patch weekly</i>         | 3                | PA; MO; QL<br>(4 per 28 days)        |
| <i>estradiol vaginal cream</i>                    | 3                | MO                                   |
| <i>estradiol vaginal tablet</i>                   | 4                | MO                                   |
| <i>estradiol valerate</i>                         | 4                | MO                                   |
| <i>estradiol-norethindrone acet</i>               | 3                | PA; MO                               |
| <i>fyavolv</i>                                    | 4                | PA; MO                               |
| <i>gallifrey</i>                                  | 2                | MO                                   |
| <i>heather</i>                                    | 2                | MO                                   |

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This drug list was last updated on 04/18/2025.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|--|------------------|-------------------------------|
| <i>incassia</i>  | 2                | MO                            |
| <i>jencycla</i>  | 2                | MO                            |
| <i>jinteli</i>   | 4                | PA; MO                        |
| <i>lyeq</i>  | 2                | MO                            |
| <i>lyllana</i>   | 3                | PA; MO; QL<br>(8 per 28 days) |
| <i>lyza</i>  | 2                |                               |
| <i>medroxyprogesterone</i>   | 2                | MO                            |
| <i>mimvey</i>  | 3                | PA; MO                        |
| <i>nora-be</i>   | 2                | MO                            |
| <i>norethindrone (contraceptive)</i>   | 2                |                               |
| <i>norethindrone acetate</i>   | 2                | MO                            |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 4                | PA; MO                        |
| <i>progesterone</i>  | 2                | MO                            |
| <i>progesterone micronized</i>   | 3                | MO                            |
| <i>sharobel</i>  | 2                | MO                            |
| <i>yuvafem</i>   | 4                |                               |
| <b>MISCELLANEOUS OB/GYN</b>  |                  |                               |
| <i>clindamycin phosphate vaginal</i>   | 4                | MO                            |
| <i>eluryng</i>   | 3                | MO                            |
| <i>etonogestrel-ethinyl estradiol</i>  | 3                |                               |
| <i>LILETTA</i>   | 3                | MO                            |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>                      | 3                | MO                            |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>misoprostol oral tablet 200 mg</i>                       | 2                | LA                          |
| <i>MYFEMBREE</i>  | 5                | PA; MO;<br>LTD30            |
| <i>NEXPLANON</i>  | 3                |                             |
| <i>norelgestromin-ethin.estradol</i>                        | 3                |                             |
| <i>terconazole</i>  | 3                | MO                          |
| <i>tranexamic acid oral</i>                                 | 3                | MO                          |
| <i>xulane</i>   | 3                |                             |
| <i>zafemy</i>   | 3                | MO                          |
| <b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>                 |                  |                             |
| <i>altavera (28)</i>  | 2                | MO                          |
| <i>alyacen 1/35 (28)</i>                                    | 2                | MO                          |
| <i>alyacen 7/7/7 (28)</i>                                   | 2                | MO                          |
| <i>apri</i>   | 2                | MO                          |
| <i>aranelle (28)</i>  | 2                | MO                          |
| <i>aubra eq</i>   | 2                | MO                          |
| <i>aviane</i>   | 2                | MO                          |
| <i>azurette (28)</i>  | 2                | MO                          |
| <i>cryselle (28)</i>  | 2                | MO                          |
| <i>cyred eq</i>   | 2                | MO                          |
| <i>dasetta 1/35 (28)</i>                                    | 2                | MO                          |
| <i>dasetta 7/7/7 (28)</i>                                   | 2                | MO                          |
| <i>desog-e.estradiol/e.estradio l</i>                       | 2                |                             |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> | 2                | MO                          |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> | 2                |                             |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>elinest</i>  | 2                | MO                          |
| <i>enpresse</i>   | 2                | MO                          |
| <i>enskyce</i>  | 2                | MO                          |
| <i>estarrylla</i>   | 2                | MO                          |
| <i>ethynodiol diac-eth estradiol</i>  | 2                |                             |
| <i>falmina (28)</i>   | 2                | MO                          |
| <i>introvale</i>  | 2                |                             |
| <i>isibloom</i>   | 2                | MO                          |
| <i>jasmiel (28)</i>   | 2                | MO                          |
| <i>jolessa</i>  | 2                | MO                          |
| <i>juleber</i>  | 2                | MO                          |
| <i>kalliga</i>  | 2                |                             |
| <i>kariva (28)</i>  | 2                |                             |
| <i>kelnor 1/35 (28)</i>   | 2                | MO                          |
| <i>kelnor 1/50 (28)</i>   | 2                | MO                          |
| <i>kurvelo (28)</i>   | 2                | MO                          |
| <i>l norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | 2                |                             |
| <i>larin 1.5/30 (21)</i>  | 2                | MO                          |
| <i>larin 1/20 (21)</i>  | 2                | MO                          |
| <i>larin fe 1.5/30 (28)</i>   | 2                | MO                          |
| <i>larin fe 1/20 (28)</i>   | 2                | MO                          |
| <i>lessina</i>  | 2                | MO                          |
| <i>levonest (28)</i>  | 2                | MO                          |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>                                      | 2                | MO                          |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>                 | 2                |                             |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>           | 2                |                             |
| <i>levonorg-eth estrad triphasic</i>  | 2                | MO                          |
| <i>levora-28</i>  | 2                |                             |
| <i>loryna (28)</i>  | 2                | MO                          |
| <i>low-ogestrel (28)</i>  | 2                |                             |
| <i>lo-zumandimine (28)</i>  | 2                | MO                          |
| <i>lutera (28)</i>  | 2                |                             |
| <i>marlissa (28)</i>  | 2                | MO                          |
| <i>microgestin 1.5/30 (21)</i>  | 2                | MO                          |
| <i>microgestin 1/20 (21)</i>  | 2                | MO                          |
| <i>microgestin fe 1.5/30 (28)</i>   | 2                | MO                          |
| <i>microgestin fe 1/20 (28)</i>   | 2                | MO                          |
| <i>mil</i>  | 2                | MO                          |
| <i>mono-linyah</i>  | 2                | MO                          |
| <i>nikki (28)</i>   | 2                | MO                          |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>  | 2                | MO                          |
| <i>norethindrone-e.estriadiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 2                |                             |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.25-0.035 mg</i> | 2                |                             |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>            | 2                | MO                          |
| <i>nortrel 0.5/35 (28)</i>   | 2                | MO                          |
| <i>nortrel 1/35 (21)</i>   | 2                | MO                          |
| <i>nortrel 1/35 (28)</i>   | 2                | MO                          |
| <i>nortrel 7/7/7 (28)</i>  | 2                | MO                          |
| <i>pimtrea (28)</i>  | 2                | MO                          |
| <i>portia 28</i>   | 2                | MO                          |
| <i>reclipsen (28)</i>  | 2                | MO                          |
| <i>setlakin</i>  | 2                | MO                          |
| <i>sprintec (28)</i>   | 2                | MO                          |
| <i>sronyx</i>  | 2                |                             |
| <i>syeda</i>   | 2                | MO                          |
| <i>tarina fe 1-20 eq (28)</i>  | 2                | MO                          |
| <i>tilia fe</i>  | 4                | MO                          |
| <i>tri-estarrylla</i>  | 2                | MO                          |
| <i>tri-legest fe</i>   | 4                | MO                          |
| <i>tri-linyah</i>  | 2                | MO                          |
| <i>tri-lo-estarrylla</i>   | 2                | MO                          |
| <i>tri-lo-marzia</i>   | 2                | MO                          |
| <i>tri-lo-sprintec</i>   | 2                |                             |
| <i>tri-sprintec (28)</i>   | 2                | MO                          |
| <i>trivora (28)</i>  | 2                |                             |
| <i>turqoz (28)</i>   | 2                | MO                          |

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>velvet triphasic regimen (28)</i>                | 2                | MO                          |
| <i>vestura (28)</i>                                 | 2                | MO                          |
| <i>vienna</i>                                       | 2                | MO                          |
| <i>viorele (28)</i>                                 | 2                | MO                          |
| <i>wera (28)</i>                                    | 2                | MO                          |
| <i>zovia 1-35 (28)</i>                              | 2                | MO                          |
| <i>zumandimine (28)</i>                             | 2                | MO                          |
| <b>OXYTOCICS</b>                                    |                  |                             |
| <i>methylergonovine oral</i>                        | 4                | PA                          |
| <b>OPHTHALMOLOGY</b>                                |                  |                             |
| <b>ANTIBIOTICS</b>                                  |                  |                             |
| <i>bacitracin ophthalmic (eye)</i>                  | 3                |                             |
| <i>bacitracin-polymyxin b</i>                       | 2                | MO                          |
| <i>ciprofloxacin hcl ophthalmic (eye)</i>           | 2                | MO                          |
| <i>erythromycin ophthalmic (eye)</i>                | 2                | MO; QL (3.5 per 14 days)    |
| <i>gentamicin ophthalmic (eye) drops</i>            | 2                | MO; QL (70 per 30 days)     |
| <i>levofloxacin ophthalmic (eye) drops 1.5 %</i>    | 3                |                             |
| <i>moxifloxacin ophthalmic (eye) drops</i>          | 3                | MO                          |
| <i>moxifloxacin ophthalmic (eye) drops, viscous</i> | 3                |                             |
| <i>NATACYN</i>                                      | 4                |                             |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>neomycin-bacitracin-polymyxin</i>                           | 3                | MO                          |
| <i>neomycin-polymyxin-gramicidin</i>                           | 3                | MO                          |
| <i>neo-polycin</i>   | 3                |                             |
| <i>ofloxacin ophthalmic (eye)</i>                              | 2                | MO                          |
| <i>polycin</i>   | 2                |                             |
| <i>polymyxin b sulf-trimethoprim</i>                           | 2                | MO                          |
| <i>tobramycin ophthalmic (eye)</i>                             | 2                | MO; QL (10 per 14 days)     |
| <b>ANTIVIRALS</b>  |                  |                             |
| <i>trifluridine</i>  | 3                | MO                          |
| ZIRGAN   | 4                | MO                          |
| <b>BETA-BLOCKERS</b>   |                  |                             |
| <i>betaxolol ophthalmic (eye)</i>                              | 3                | MO                          |
| <i>carteolol</i>   | 2                | MO                          |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                | 2                | MO                          |
| <i>timolol maleate ophthalmic (eye) drops (not single use)</i> | 1                | MO                          |
| <i>timolol maleate ophthalmic (eye) gel forming solution</i>   | 4                | MO                          |
| <b>MISCELLANEOUS OPHTHALMOLOGICS</b>                           |                  |                             |
| <i>atropine ophthalmic (eye) drops 1 %</i>                     | 3                | MO                          |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|---|------------------|--------------------------------|
| <i>azelastine ophthalmic (eye)</i>                          | 3                | MO                             |
| bss   | 2                |                                |
| CIMERLI   | 5                | PA; MO; LTD30                  |
| <i>cromolyn ophthalmic (eye)</i>                            | 2                | MO                             |
| <i>cyclosporine ophthalmic (eye)</i>                        | 3                | MO; QL (60 per 30 days)        |
| CYSTARAN  | 5                | PA; LTD30                      |
| <i>epinastine</i>   | 3                | MO                             |
| EYLEA   | 5                | PA; MO; LTD30                  |
| OXERVATE  | 5                | PA; MO; LTD30                  |
| PAVBLU  | 5                | PA; MO; LTD30                  |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 3                | MO                             |
| <i>sulfacetamide sodium ophthalmic (eye) drops</i>          | 2                | MO                             |
| <i>sulfacetamide sodium ophthalmic (eye) ointment</i>       | 2                |                                |
| <i>sulfacetamide-prednisolone</i>                           | 2                | MO                             |
| XDEMVY  | 5                | PA; LTD30; QL (10 per 42 days) |
| XIIDRA  | 3                | MO; QL (60 per 30 days)        |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>               |                  |                                |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>diclofenac sodium ophthalmic (eye)</i>                      | 2                | MO                          |
| <i>flurbiprofen sodium</i>                                     | 2                | MO                          |
| <i>ketorolac ophthalmic (eye)</i>                              | 2                | MO                          |
| <b>ORAL DRUGS FOR GLAUCOMA</b>                                 |                  |                             |
| <i>acetazolamide</i>   | 3                | MO                          |
| <i>acetazolamide sodium</i>                                    | 2                | MO                          |
| <i>methazolamide</i>   | 4                | MO                          |
| <b>OTHER GLAUCOMA DRUGS</b>                                    |                  |                             |
| <i>dorzolamide</i>   | 2                | MO                          |
| <i>dorzolamide-timolol</i>                                     | 2                | MO                          |
| <i>latanoprost</i>   | 1                | MO                          |
| <i>miostat</i>   | 2                |                             |
| <i>travoprost</i>  | 3                | MO                          |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>                         |                  |                             |
| <i>neomycin-<br/>bacitracin-poly-hc</i>                        | 3                | MO                          |
| <i>neomycin-polymyxin<br/>b-dexameth</i>                       | 2                | MO                          |
| <i>neomycin-<br/>polymyxin-hc<br/>ophthalmic (eye)</i>         | 4                | MO                          |
| <i>neo-polycin hc</i>  | 3                |                             |
| <i>tobramycin-<br/>dexamethasone</i>                           | 3                | MO; QL (10 per 14 days)     |
| <b>STEROIDS</b>  |                  |                             |
| <i>dexamethasone<br/>sodium phosphate<br/>ophthalmic (eye)</i> | 2                | MO                          |
| <i>fluorometholone</i>   | 3                | MO                          |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>loteprednol etabonate</i>                            | 3                | MO                          |
| <i>OZURDEX</i>  | 5                | MO; LTD30                   |
| <i>prednisolone acetate</i>                             | 2                | MO                          |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i>   | 2                | MO                          |
| <b>SYMPATHOMIMETICS</b>                                 |                  |                             |
| <i>apraclonidine</i>                                    | 3                | MO                          |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> | 3                | MO                          |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>         | 2                | MO                          |
| <b>RESPIRATORY AND ALLERGY</b>                          |                  |                             |
| <b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>            |                  |                             |
| <i>adrenalin injection solution 1 mg/ml</i>             | 2                |                             |
| <i>adrenalin injection solution 1 mg/ml (1 ml)</i>      | 2                | MO                          |
| <i>cetirizine oral solution 1 mg/ml</i>                 | 2                | MO                          |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>  | 2                | MO                          |
| <i>diphenhydramine hcl injection syringe</i>            | 2                | MO                          |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>            |
|--|------------------|--|
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i> | 3                | MO; QL (4 per 30 days)                 |
| <i>epinephrine injection solution</i>  | 2                |  |
| <i>hydroxyzine hcl oral tablet</i>   | 2                | PA; MO                                 |
| <i>levocetirizine oral solution</i>  | 4                | MO                                     |
| <i>levocetirizine oral tablet</i>  | 2                | MO; QL (30 per 30 days)                |
| <i>promethazine injection solution</i>   | 4                | MO                                     |
| <i>promethazine oral</i>   | 4                | PA; MO                                 |
| <b>PULMONARY AGENTS</b>  |                  |  |
| <i>acetylcysteine</i>  | 3                | B/D PA; MO                             |
| <i>ADEMPAS</i>   | 5                | PA; MO; LA; LTD30; QL (90 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>                                   | 2                | MO; QL (17 per 30 days)                |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>               | 2                | QL (13.4 per 30 days)                  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>            |
|---|------------------|--|
| <i>ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)</i>  | 4                | QL (36 per 30 days)                    |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i> | 2                | B/D PA; MO                             |
| <i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>   | 2                | B/D PA                                 |
| <i>albuterol sulfate oral syrup</i>   | 2                | MO                                     |
| <i>albuterol sulfate oral tablet</i>  | 4                | MO                                     |
| <i>alyq</i>   | 5                | PA; MO; LTD30; QL (60 per 30 days)     |
| <i>ambrisentan</i>  | 5                | PA; MO; LA; LTD30; QL (30 per 30 days) |
| <i>arformoterol</i>   | 4                | B/D PA; MO; QL (120 per 30 days)       |
| <i>ASMANEX HFA</i>  | 3                | MO; QL (13 per 30 days)                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>                  |
|---|------------------|--|
| ASMANEX<br>TWISTHALER<br>INHALATION<br>AEROSOL POWDR<br>BREATH<br>ACTIVATED 110<br>MCG/<br>ACTUATION (30),<br>220 MCG/<br>ACTUATION (30),<br>220 MCG/<br>ACTUATION (60) | 3                | MO; QL (1 per 30 days)                       |
| ASMANEX<br>TWISTHALER<br>INHALATION<br>AEROSOL POWDR<br>BREATH<br>ACTIVATED 220<br>MCG/<br>ACTUATION (120)  | 3                | MO; QL (2 per 30 days)                       |
| ASMANEX<br>TWISTHALER<br>INHALATION<br>AEROSOL POWDR<br>BREATH<br>ACTIVATED 220<br>MCG/<br>ACTUATION (14)   | 3                | QL (2 per 28 days)                           |
| ATROVENT HFA  | 4                | MO; QL (25.8 per 30 days)                    |
| <i>bosentan</i>   | 5                | PA; MO; LA;<br>LTD30; QL<br>(60 per 30 days) |
| <i>breyna</i>   | 3                | MO; QL (10.3 per 30 days)                    |
| BREZTRI<br>AEROSPHERE   | 3                | MO; QL (10.7 per 30 days)                    |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|--|------------------|-------------------------------------|
| <i>budesonide<br/>inhalation<br/>suspension for<br/>nebulization 0.25<br/>mg/2 ml, 0.5 mg/2 ml</i> | 4                | B/D PA; MO;<br>QL (120 per 30 days) |
| <i>budesonide<br/>inhalation<br/>suspension for<br/>nebulization 1 mg/2 ml</i>                     | 4                | B/D PA; MO;<br>QL (60 per 30 days)  |
| <i>budesonide-formoterol</i>   | 3                | QL (10.2 per 30 days)               |
| CINRYZE  | 5                | PA; MO;<br>LTD30                    |
| COMBIVENT<br>RESPIMAT  | 3                | QL (8 per 30 days)                  |
| <i>cromolyn inhalation</i>   | 3                | B/D PA                              |
| DULERA   | 3                | MO; QL (13 per 30 days)             |
| <i>flunisolide</i>   | 3                | MO; QL (50 per 30 days)             |
| FLUTICASONE<br>PROPIONATE<br>INHALATION HFA<br>AEROSOL<br>INHALER 110<br>MCG/ACTUATION             | 4                | ST; MO; QL<br>(12 per 30 days)      |
| FLUTICASONE<br>PROPIONATE<br>INHALATION HFA<br>AEROSOL<br>INHALER 220<br>MCG/ACTUATION             | 4                | ST; MO; QL<br>(24 per 30 days)      |
| FLUTICASONE<br>PROPIONATE<br>INHALATION HFA<br>AEROSOL<br>INHALER 44<br>MCG/ACTUATION              | 4                | ST; MO; QL<br>(10.6 per 30 days)    |

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

This drug list was last updated on 04/18/2025.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>            |
|--|------------------|--|
| <i>fluticasone propionate nasal</i>                                  | 2                | MO; QL (16 per 30 days)                |
| <i>fluticasone propion-salmeterol inhalation blister with device</i> | 3                | MO; QL (60 per 30 days)                |
| <i>formoterol fumarate</i>   | 4                | B/D PA; MO; QL (120 per 30 days)       |
| <i>icatibant</i>   | 5                | PA; MO; LTD30                          |
| <i>ipratropium bromide inhalation</i>                                | 2                | B/D PA; MO                             |
| <i>ipratropium-albuterol</i>   | 2                | B/D PA; MO                             |
| KALYDECO   | 5                | PA; MO; LTD30; QL (56 per 28 days)     |
| <i>montelukast oral granules in packet</i>                           | 4                | MO                                     |
| <i>montelukast oral tablet</i>                                       | 2                | MO                                     |
| <i>montelukast oral tablet, chewable</i>                             | 2                | MO                                     |
| OFEV   | 5                | PA; MO; LTD30; QL (60 per 30 days)     |
| OPSUMIT  | 5                | PA; MO; LA; LTD30; QL (30 per 30 days) |
| OPSYNVI  | 5                | PA; MO; LTD30; QL (30 per 30 days)     |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>         |
|---|------------------|-------------------------------------|
| ORKAMBI ORAL GRANULES IN PACKET   | 5                | PA; MO; LTD30; QL (56 per 28 days)  |
| ORKAMBI ORAL TABLET   | 5                | PA; MO; LTD30; QL (112 per 28 days) |
| <i>pirfenidone oral capsule</i>   | 5                | PA; MO; LTD30; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i>                                   | 5                | PA; MO; LTD30; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 801 mg</i>                                   | 5                | PA; MO; LTD30; QL (90 per 30 days)  |
| PULMOZYME   | 5                | B/D PA; MO; LTD30                   |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION | 3                | QL (10.6 per 30 days)               |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION | 3                | QL (21.2 per 30 days)               |
| roflumilast   | 4                | PA; MO; QL (30 per 30 days)         |

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This drug list was last updated on 04/18/2025.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>              |
|--|------------------|--|
| sajazir  | 5                | PA; MO;<br>LTD30                         |
| <i>sildenafil</i><br><i>(pulmonary arterial hypertension)</i><br><i>intravenous solution</i><br><i>10 mg/12.5 ml</i> | 5                | LTD30                                    |
| <i>sildenafil</i><br><i>(pulmonary arterial hypertension) oral tablet 20 mg</i>                                      | 3                | PA; MO; QL<br>(90 per 30 days)           |
| SPIRIVA RESPIMAT   | 3                | MO; QL (4 per 30 days)                   |
| STIOLTO RESPIMAT   | 3                | MO; QL (4 per 30 days)                   |
| STRIVERDI RESPIMAT   | 3                | MO; QL (4 per 30 days)                   |
| SYMDEKO  | 5                | PA; MO;<br>LTD30; QL<br>(56 per 28 days) |
| <i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>   | 5                | PA; LTD30;<br>QL (60 per 30 days)        |
| terbutaline oral   | 4                | MO                                       |
| terbutaline subcutaneous   | 2                | MO                                       |
| theophylline oral elixir   | 4                | MO                                       |
| theophylline oral solution   | 4                |  |
| theophylline oral tablet extended release 12 hr  | 2                | MO                                       |
| theophylline oral tablet extended release 24 hr  | 2                | MO                                       |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>                     |
|--|------------------|---|
| <i>tiotropium bromide</i>                                | 3                | QL (90 per 90 days)                             |
| TRELEGY ELLIPTA  | 3                | MO; QL (60 per 30 days)                         |
| TRIKAFTA ORAL GRANULES IN PACKET,<br>SEQUENTIAL          | 5                | PA; MO;<br>LTD30; QL<br>(56 per 28 days)        |
| TRIKAFTA ORAL TABLETS,<br>SEQUENTIAL                     | 5                | PA; MO;<br>LTD30; QL<br>(84 per 28 days)        |
| TYVASO   | 5                | B/D PA; MO;<br>LTD30; QL<br>(81.2 per 28 days)  |
| TYVASO INSTITUTIONAL START KIT                           | 5                | B/D PA;<br>LTD30; QL<br>(11.6 per 180 days)     |
| TYVASO REFILL KIT  | 5                | B/D PA; MO;<br>LTD30; QL<br>(81.2 per 28 days)  |
| TYVASO STARTER KIT                                       | 5                | B/D PA; MO;<br>LTD30; QL<br>(81.2 per 180 days) |
| wixela inhub   | 3                | QL (60 per 30 days)                             |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML | 5                | PA; MO; LA;<br>LTD30; QL (8 per 28 days)        |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML           | 5                | PA; MO; LA;<br>LTD30; QL (1 per 28 days)        |

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| Drug Name  | Drug Tier | Requirements /Limits                        |
|--|-----------|---|
| XOLAIR<br>SUBCUTANEOUS<br>RECON SOLN                                 | 5         | PA; MO; LA;<br>LTD30; QL (8<br>per 28 days) |
| XOLAIR<br>SUBCUTANEOUS<br>SYRINGE 150<br>MG/ML, 300 MG/2<br>ML       | 5         | PA; MO; LA;<br>LTD30; QL (8<br>per 28 days) |
| XOLAIR<br>SUBCUTANEOUS<br>SYRINGE 75<br>MG/0.5 ML                    | 5         | PA; MO; LA;<br>LTD30; QL (1<br>per 28 days) |
| <i>zafirlukast</i>   | 4         | MO  |
| <b>UROLOGICALS</b>   |           |   |
| <b>ANTICHOLINERGICS /<br/>ANTISPASMODICS</b>                         |           |   |
| <i>mirabegron</i>  | 3         | MO  |
| MYRBETRIQ<br>ORAL<br>SUSPENSION,EXT<br>ENDED REL<br>RECON            | 3         |   |
| MYRBETRIQ<br>ORAL TABLET<br>EXTENDED<br>RELEASE 24 HR                | 3         | MO  |
| <i>oxybutynin chloride<br/>oral syrup</i>                            | 2         | MO  |
| <i>oxybutynin chloride<br/>oral tablet 5 mg</i>                      | 2         | MO  |
| <i>oxybutynin chloride<br/>oral tablet extended<br/>release 24hr</i> | 2         | MO  |
| <i>tolterodine</i>   | 4         | MO  |
| <i>trospium oral tablet</i>  | 2         | MO  |
| <b>BENIGN PROSTATIC<br/>HYPERPLASIA(BPH) THERAPY</b>                 |           |   |

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| Drug Name   | Drug Tier | Requirements /Limits              |
|---|-----------|-----------------------------------|
| <i>alfuzosin</i>  | 2         | MO                                |
| <i>dutasteride</i>  | 2         | MO                                |
| <i>finasteride oral<br/>tablet 5 mg</i>                       | 2         | MO                                |
| <i>tamsulosin</i>   | 2         | MO                                |
| <b>MISCELLANEOUS UROLOGICALS</b>                              |           |                                   |
| <i>alprostadiol</i>   | 2         |                                   |
| <i>bethanechol chloride</i>                                   | 3         | MO                                |
| <b>CYSTAGON</b>   | 4         | PA; LA                            |
| <b>ELMIRON</b>  | 3         | MO                                |
| <i>glycine urologic</i>                                       | 2         |                                   |
| <i>glycine urologic<br/>solution</i>                          | 2         |                                   |
| <b>K-PHOS NO 2</b>  | 3         | MO                                |
| <b>K-PHOS<br/>ORIGINAL</b>                                    | 3         | MO                                |
| <i>potassium citrate<br/>oral tablet extended<br/>release</i> | 2         | MO                                |
| <b>RENACIDIN</b>  | 3         | MO                                |
| <i>tadalafil oral tablet<br/>2.5 mg</i>                       | 4         | PA; MO; QL<br>(60 per 30<br>days) |
| <i>tadalafil oral tablet<br/>5 mg</i>                         | 4         | PA; MO; QL<br>(30 per 30<br>days) |
| <b>VITAMINS, HEMATINICS /<br/>ELECTROLYTES</b>                |           |                                   |
| <b>BLOOD DERIVATIVES</b>                                      |           |                                   |
| <i>albumin, human 25<br/>%</i>                                | 4         |                                   |
| <i>alburx (human) 25<br/>%</i>                                | 4         |                                   |
| <i>alburx (human) 5 %</i>                                     | 4         |                                   |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>albutein 25 %</i>  | 4                |                             |
| <i>albutein 5 %</i>   | 4                |                             |
| <b>ELECTROLYTES</b>   |                  |                             |
| <i>calcium acetate(phosphat bind)</i>                               | 3                | PA; MO                      |
| <i>calcium chloride</i>   | 2                |                             |
| <i>calcium gluconate intravenous</i>                                | 2                |                             |
| <i>effer-k oral tablet, effervescent 25 meq</i>                     | 2                | MO                          |
| <i>klor-con</i>   | 4                | MO                          |
| <i>klor-con 10</i>  | 2                | MO                          |
| <i>klor-con 8</i>   | 2                | MO                          |
| <i>klor-con m10</i>   | 2                | MO                          |
| <i>klor-con m15</i>   | 2                | MO                          |
| <i>klor-con m20</i>   | 2                | MO                          |
| <i>klor-con/ef</i>  | 2                | MO                          |
| <i>lactated ringers intravenous</i>                                 | 4                | MO                          |
| <i>magnesium chloride injection</i>                                 | 4                |                             |
| <b>MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML</b> | 3                |                             |
| <i>magnesium sulfate in water</i>                                   | 4                |                             |
| <i>magnesium sulfate injection solution</i>                         | 4                | MO                          |
| <i>magnesium sulfate injection syringe</i>                          | 4                |                             |
| <i>potassium acetate</i>  | 4                |                             |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>potassium chlorid-d5-0.45%nacl</i>  | 4                |                             |
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>   | 4                |                             |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>  | 4                |                             |
| <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>  | 4                |                             |
| <i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i> | 4                |                             |
| <i>potassium chloride intravenous</i>  | 4                |                             |
| <i>potassium chloride oral capsule, extended release</i>   | 2                | MO                          |
| <i>potassium chloride oral liquid</i>  | 4                | MO                          |
| <i>potassium chloride oral packet</i>  | 4                |                             |
| <i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>   | 2                | MO                          |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>potassium chloride oral tablet extended release 20 meq</i>                  | 2                |                             |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq</i>             | 2                | MO                          |
| <i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>     | 2                |                             |
| <i>potassium chloride-0.45 % nacl</i>  | 4                |                             |
| <i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i> | 4                |                             |
| <i>potassium chloride-d5-0.9%nacl</i>  | 4                |                             |
| <i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>           | 4                |                             |
| <i>ringer's intravenous</i>  | 4                |                             |
| <i>sodium acetate</i>  | 4                |                             |
| <i>sodium bicarbonate intravenous</i>  | 4                |                             |
| <i>sodium chloride 0.45 % intravenous</i>                                      | 4                | MO                          |
| <i>sodium chloride 3 % hypertonic</i>  | 4                |                             |
| <i>sodium chloride 5 % hypertonic</i>  | 4                | MO                          |
| <i>sodium chloride intravenous</i>   | 4                |                             |
| <i>sodium phosphate</i>  | 4                | MO                          |

| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <b>MISCELLANEOUS NUTRITION PRODUCTS</b>     |                  |                             |
| CLINIMIX 5%/D15W SULFITE FREE               | 4                | B/D PA                      |
| CLINIMIX 4.25%/D10W SULF FREE               | 4                | B/D PA                      |
| CLINIMIX 5%-D20W(SULFITE-FREE)              | 4                | B/D PA                      |
| CLINIMIX 6%-D5W (SULFITE-FREE)              | 4                | B/D PA                      |
| CLINIMIX 8%-D10W(SULFITE-FREE)              | 4                | B/D PA                      |
| electrolyte-148                             | 3                |                             |
| electrolyte-48 in d5w                       | 4                |                             |
| electrolyte-a                               | 3                |                             |
| <i>intralipid intravenous emulsion 20 %</i> | 4                | B/D PA                      |
| ISOLYTE S PH 7.4                            | 4                |                             |
| ISOLYTE-P IN 5 % DEXTROSE                   | 4                |                             |
| ISOLYTE-S                                   | 4                |                             |
| PLENAMINE                                   | 4                | B/D PA                      |
| <i>premasol 10 %</i>                        | 4                | B/D PA                      |
| <i>travasol 10 %</i>                        | 4                | B/D PA                      |
| TROPHAMINE 10 %                             | 4                | B/D PA                      |
| <b>VITAMINS / HEMATINICS</b>                |                  |                             |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>fluoride (sodium) oral tablet</i>   | 2                | MO                          |
| <i>fluoride (sodium) oral tablet, chewable<br/>1 mg (2.2 mg sod.<br/>fluoride)</i> | 2                | MO                          |

| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|-------------------------------------|------------------|-----------------------------|
| <i>prenatal vitamin oral tablet</i> | 2                | MO                          |
| <i>wescap-pn dha</i>                | 2                | MO                          |

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| <i>fludrocortisone .....</i>                | 60         |
| <i>flumazenil .....</i>                     | 40         |
| <i>flunisolide .....</i>                    | 82         |
| <i>fluocinolone .....</i>                   | 57         |
| <i>fluocinolone acetonide oil ....</i>      | 60         |
| <i>fluocinolone and shower cap</i>          | 57         |
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| <i>fluorometholone .....</i>                | 80         |
| <i>fluorouracil .....</i>                   | 16, 54     |
| <i>fluoxetine .....</i>                     | 40         |
| <i>fluphenazine decanoate .....</i>         | 40         |
| <i>fluphenazine hcl.....</i>                | 40         |
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| <i>fluvastatin .....</i>                    | 50         |
| <i>fluvoxamine .....</i>                    | 40         |
| <i>fomepizole .....</i>                     | 70         |
| <i>fondaparinux.....</i>                    | 49         |
| <i>formoterol fumarate .....</i>            | 83         |
| <i>fosamprenavir .....</i>                  | 3          |

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|---------------------------------------|-----------|---------------------------------------|--------|-----------------------------------|-----------------|
| <i>fosaprepitant</i>                  | 67        | <i>glutamine (sickle cell)</i>        | 58     | HUMALOG MIX                       | 75-25           |
| <i>fosinopril</i>                     | 46        | <i>glycine urologic</i>               | 85     | KWIKPEN                           | .....62         |
| <i>fosinopril-hydrochlorothiazide</i> | 46        | <i>glycine urologic solution</i>      | 85     | HUMALOG MIX                       | 75-25(U-        |
| <i>fosphenytoin</i>                   | 29        | <i>glycopyrrolate</i>                 | 66     | 100)INSULN                        | .....62         |
| FOTIVDA                               | 17        | <i>glycopyrrolate (pf) in water</i>   | 66     | HUMALOG U-100 INSULIN             | .....62         |
| <i>fraiche 5000</i>                   | 60        | <i>glydo</i>                          | 54     | HUMIRA (ONLY NDCS                 |                 |
| FRUZAQLA                              | 17        | <i>GRAFAPEX</i>                       | 17     | STARTING WITH 00074)              |                 |
| <i>fulvestrant</i>                    | 17        | <i>granisetron (pf)</i>               | 67     | .....73                           |                 |
| <i>furosemide</i>                     | 46        | <i>granisetron hcl</i>                | 67     | HUMIRA PEN (ONLY NDCS             |                 |
| FUZEON                                | 3         | <i>griseofulvin microsize</i>         | 2      | STARTING WITH 00074)              |                 |
| FYARRO                                | 17        | <i>griseofulvin ultramicrosize</i>    | 2      | .....73                           |                 |
| <i>fyavolv</i>                        | 75        | <i>GVOKE</i>                          | 62     | HUMIRA(CF) (ONLY NDCS             |                 |
| FYCOMPA                               | 29        | <i>GVOKE HYPOOPEN 1-PACK</i>          | 62     | STARTING WITH 00074)              |                 |
| <b>G</b>                              |           | <i>GVOKE HYPOOPEN 2-PACK</i>          | 62     | .....73, 74                       |                 |
| <i>gabapentin</i>                     | 29        | <i>GVOKE PFS 1-PACK</i>               |        | HUMIRA(CF) PEN (ONLY              |                 |
| <i>galantamine</i>                    | 34        | <i>SYRINGE</i>                        | 62     | NDCS STARTING WITH                |                 |
| <i>gallifrey</i>                      | 75        | <i>GVOKE PFS 2-PACK</i>               |        | 00074)                            | .....74         |
| GAMASTAN                              | 70        | <i>SYRINGE</i>                        | 62     | HUMIRA(CF) PEN                    |                 |
| <i>ganciclovir sodium</i>             | 3         | <b>H</b>                              |        | CROHNS-UC-HS (ONLY                |                 |
| GARDASIL 9 (PF)                       | 70        | <i>halobetasol propionate</i>         | 57     | NDCS STARTING WITH                |                 |
| GATTEX 30-VIAL                        | 67        | <i>haloperidol</i>                    | 40     | 00074)                            | .....74         |
| GATTEX ONE-VIAL                       | 67        | <i>haloperidol decanoate</i>          | 40, 41 | HUMIRA(CF) PEN PSOR-              |                 |
| GAUZE PAD                             | 72        | <i>haloperidol lactate</i>            | 41     | UV-ADOL HS (ONLY                  |                 |
| <i>gavilyte-c</i>                     | 67        | <i>HAVRIX (PF)</i>                    | 70     | NDCS STARTING WITH                |                 |
| <i>gavilyte-g</i>                     | 67        | <i>heather</i>                        | 75     | 00074)                            | .....74         |
| <i>gavilyte-n</i>                     | 67        | <i>heparin (porcine)</i>              | 49     | HUMULIN 70/30 U-100               |                 |
| GAVRETO                               | 17        | <i>heparin (porcine) in 5 % dex</i>   | 49     | INSULIN                           | .....62         |
| GAZYVA                                | 17        | <i>heparin (porcine) in nacl (pf)</i> | 49     | HUMULIN 70/30 U-100               |                 |
| <i>gefitinib</i>                      | 17        | <i>heparin(porcine) in 0.45% nacl</i> | 49     | KWIKPEN                           | .....62         |
| <i>gemcitabine</i>                    | 17        | <b>HEPARIN(PORCINE) IN</b>            |        | HUMULIN N NPH INSULIN             |                 |
| GEMCITABINE                           | 17        | <i>0.45% NACL</i>                     | 49     | KWIKPEN                           | .....62         |
| <i>gemfibrozil</i>                    | 50        | <i>heparin, porcine (pf)</i>          | 50     | HUMULIN N NPH U-100               |                 |
| <i>generlac</i>                       | 67        | <b>HEPARIN, PORCINE (PF)</b>          | .50    | INSULIN                           | .....62         |
| <i>genograf</i>                       | 17        | <i>HEPLISAV-B (PF)</i>                | 70     | HUMULIN R REGULAR U-              |                 |
| <i>gentamicin</i>                     | 7, 55, 78 | <i>HIBERIX (PF)</i>                   | 70     | 100 INSULN                        | .....62         |
| <i>gentamicin in nacl (iso-osm)</i>   | ..7       | <i>HIZENTRA</i>                       | 70     | HUMULIN R U-500 (CONC)            |                 |
| <i>gentamicin sulfate (ped) (pf)</i>  | ..7       | <b>HUMALOG JUNIOR</b>                 |        | INSULIN                           | .....62         |
| GENVOYA                               | 3         | <i>KWIKPEN U-100</i>                  | 62     | HUMULIN R U-500 (CONC)            |                 |
| GILOTrif                              | 17        | <b>HUMALOG KWIKPEN</b>                |        | KWIKPEN                           | .....62         |
| <i>glatiramer</i>                     | 34        | <i>INSULIN</i>                        | 62     | <i>hydralazine</i>                | .....46         |
| <i>glatopa</i>                        | 34        | <b>HUMALOG MIX 50-50</b>              |        | <i>hydrochlorothiazide</i>        | .....46         |
| GLEOSTINE                             | 17        | <i>KWIKPEN</i>                        | 62     | <i>hydrocodone-acetaminophen</i>  | 35              |
| <i>glimepiride</i>                    | 61        |                                       |        | <i>hydrocodone-ibuprofen</i>      | .....35         |
| <i>glipizide</i>                      | 61        |                                       |        | <i>hydrocortisone</i>             | .....57, 60, 67 |
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| <i>hydromorphone</i>       | 36 | INVEGA HAFYERA                        | 41     | <i>juleber</i>                        | 77     |
| <i>hydromorphone (pf)</i>  | 35 | INVEGA SUSTENNA                       | 41     | JULUCA                                | 3      |
| <i>hydroxychloroquine</i>  | 7  | INVEGA TRINZA                         | 41     | JYLMAMVO                              | 19     |
| <i>hydroxyurea</i>         | 17 | IPOL                                  | 71     | JYNNEOS (PF)                          | 71     |
| <i>hydroxyzine hcl</i>     | 81 | <i>ipratropium bromide</i>            | 60, 83 | <b>K</b>                              |        |
| HYPERHEP B                 | 70 | <i>ipratropium-albuterol</i>          | 83     | KADCYLA                               | 19     |
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| <b>I</b>                   |    | <i>irbesartan-hydrochlorothiazide</i> | 47     | KALYDECO                              | 83     |
| <i>ibandronate</i>         | 72 | <i>irinotecan</i>                     | 18     | KANUMA                                | 65     |
| IBRANCE                    | 17 | ISENTRESS                             | 3      | <i>kariva (28)</i>                    | 77     |
| <i>ibu</i>                 | 37 | ISENTRESS HD                          | 3      | <i>kelnor 1/35 (28)</i>               | 77     |
| <i>ibuprofen</i>           | 37 | <i>isibloom</i>                       | 77     | <i>kelnor 1/50 (28)</i>               | 77     |
| <i>ibutilide fumarate</i>  | 45 | ISOLYTE S PH 7.4                      | 87     | KERENDIA                              | 47     |
| <i>icatibant</i>           | 83 | ISOLYTE-P IN 5 %                      |        | KESIMPTA PEN                          | 34     |
| ICLUSIG                    | 17 | DEXTROSE                              | 87     | <i>ketoconazole</i>                   | 2, 56  |
| <i>icosapent ethyl</i>     | 51 | ISOLYTE-S                             | 87     | <i>ketorolac</i>                      | 80     |
| <i>idarubicin</i>          | 17 | <i>isoniazid</i>                      | 7      | KEYTRUDA                              | 19     |
| IDHIFA                     | 17 | <i>isosorbide dinitrate</i>           | 52     | KHAPZORY                              | 12     |
| <i>ifosfamide</i>          | 17 | <i>isosorbide mononitrate</i>         | 52     | KIMMTRAK                              | 19     |
| ILARIS (PF)                | 69 | <i>isotretinoin</i>                   | 55     | KINRIX (PF)                           | 71     |
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| IMDELLTRA                  | 18 | <i>itraconazole</i>                   | 2      | KISQALI FEMARA CO-                    |        |
| IMFINZI                    | 18 | <i>ivabradine</i>                     | 51     | PACK                                  | 19     |
| <i>imipenem-cilastatin</i> | 7  | <i>ivermectin</i>                     | 7      | <i>klayesta</i>                       | 56     |
| <i>imipramine hcl</i>      | 41 | IWILFIN                               | 18     | <i>klor-con</i>                       | 86     |
| <i>imiquimod</i>           | 54 | IXCHIQ (PF)                           | 71     | <i>klor-con 10</i>                    | 86     |
| IMJUDO                     | 18 | IXEMPRA                               | 18     | <i>klor-con 8</i>                     | 86     |
| IMKELDI                    | 18 | IXIARO (PF)                           | 71     | <i>klor-con m10</i>                   | 86     |
| IMOVAX RABIES VACCINE      |    | <b>J</b>                              |        | <i>klor-con m15</i>                   | 86     |
| (PF)                       | 71 | JAKAFI                                | 18     | <i>klor-con m20</i>                   | 86     |
| INBRIJA                    | 32 | <i>jantoven</i>                       | 50     | <i>klor-con/ef</i>                    | 86     |
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| INCRELEX                   | 58 | JANUMET XR                            | 62     | <i>kourzeq</i>                        | 60     |
| <i>indapamide</i>          | 46 | JANUVIA                               | 62     | K-PHOS NO 2                           | 85     |
| INFANRIX (DTAP) (PF)       | 71 | JARDIANCE                             | 63     | K-PHOS ORIGINAL                       | 85     |
| INFLECTRA                  | 67 | <i>jasmiel (28)</i>                   | 77     | KRAZATI                               | 19     |
| INLYTA                     | 18 | JAYPIRCA                              | 19     | <i>kurvelo (28)</i>                   | 77     |
| INQOVI                     | 18 | JEMPERLI                              | 19     | KYPROLIS                              | 19     |
| INREBIC                    | 18 | <i>jencycla</i>                       | 76     | <b>L</b>                              |        |
| INSULIN LISPRO             | 62 | JENTADUETO                            | 63     | <i>l norgest/e.estradiol-e.estrad</i> | 77     |
| INSULIN PEN NEEDLE         | 72 | JENTADUETO XR                         | 63     | <i>labetalol</i>                      | 47     |
| INTELENCE                  | 3  | JEVTANA                               | 19     | <i>lacosamide</i>                     | 29     |
| <i>intralipid</i>          | 87 | <i>jinteli</i>                        | 76     | <i>lactated ringers</i>               | 57, 86 |
| <i>introvale</i>           | 77 | <i>jolessa</i>                        | 77     | <i>lactulose</i>                      | 67     |
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| <i>lamivudine-zidovudine</i>          | 3      | <i>lidocaine in 5 % dextrose (pf)</i> | 77     |
| <i>lamotrigine</i>                    | 29     | .....                                 | 45     |
| <i>lanreotide</i>                     | 19     | <i>lidocaine viscous</i>              | 54     |
| <i>lansoprazole</i>                   | 69     | <i>lidocaine-epinephrine</i>          | 54     |
| LANTUS SOLOSTAR U-100<br>INSULIN      | 63     | <i>lidocaine-epinephrine (pf)</i>     | 54     |
| LANTUS U-100 INSULIN                  | 63     | <i>lidocaine-prilocaine</i>           | 54     |
| <i>lapatinib</i>                      | 19     | <i>lidocan iii</i>                    | 54     |
| <i>larin 1.5/30 (21)</i>              | 77     | <i>lidocan iv</i>                     | 54     |
| <i>larin 1/20 (21)</i>                | 77     | <i>lidocan v</i>                      | 54     |
| <i>larin fe 1.5/30 (28)</i>           | 77     | LILETTA                               | 76     |
| <i>larin fe 1/20 (28)</i>             | 77     | <i>lincomycin</i>                     | 8      |
| <i>latanoprost</i>                    | 80     | <i>linezolid</i>                      | 8      |
| LAZCLUZE                              | 19     | <i>linezolid in dextrose 5%</i>       | 8      |
| LEDIPASVIR-SOFOSBUVIR                 | 3      | <i>linezolid-0.9% sodium chloride</i> | 8      |
| <i>leflunomide</i>                    | 74     | LINZESS                               | 67     |
| <i>lenalidomide</i>                   | 19     | <i>liothyronine</i>                   | 66     |
| LENVIMA                               | 19, 20 | <i>lisinopril</i>                     | 47     |
| <i>lessina</i>                        | 77     | <i>lisinopril-hydrochlorothiazide</i> | 47     |
| <i>letrozole</i>                      | 20     | <i>lithium carbonate</i>              | 41     |
| <i>leucovorin calcium</i>             | 12     | <i>lithium citrate</i>                | 41     |
| LEUKERAN                              | 20     | LIVTENCITY                            | 3      |
| <i>leuprolide</i>                     | 20     | LOKELMA                               | 58     |
| <i>levetiracetam</i>                  | 30     | LONSURF                               | 20     |
| <i>levetiracetam in nacl (iso-os)</i> | 30     | <i>loperamide</i>                     | 66     |
| <i>levobunolol</i>                    | 79     | <i>lopinavir-ritonavir</i>            | 4      |
| <i>levocarnitine</i>                  | 58     | LOQTORZI                              | 20     |
| <i>levocarnitine (with sugar)</i>     | 58     | <i>lorazepam</i>                      | 41, 42 |
| <i>levocetirizine</i>                 | 81     | <i>lorazepam intensol</i>             | 41     |
| <i>levofloxacin</i>                   | 11, 78 | LORBRENA                              | 20     |
| <i>levofloxacin in d5w</i>            | 10     | <i>loryna (28)</i>                    | 77     |
| <i>levoleucovorin calcium</i>         | 12     | <i>losartan</i>                       | 47     |
| <i>levonest (28)</i>                  | 77     | <i>losartan-hydrochlorothiazide</i>   | 47     |
| <i>levonorgestrel-ethinyl estrad</i>  | 77     | <i>loteprednol etabonate</i>          | 80     |
| <i>levonorg-eth estrad triphasic</i>  | 77     | <i>lovastatin</i>                     | 51     |
| <i>levora-28</i>                      | 77     | <i>low-ogestrel (28)</i>              | 77     |
| <i>levo-t</i>                         | 65     | <i>loxapine succinate</i>             | 42     |
| <i>levothyroxine</i>                  | 66     | <i>lo-zumandimine (28)</i>            | 77     |
| <i>levoxyl</i>                        | 66     | <i>lubiprostone</i>                   | 67     |
| LIBERVANT                             | 30     | LUMAKRAS                              | 20     |
| LIBTAYO                               | 20     | LUMIZYME                              | 65     |
| <i>lidocaine</i>                      | 54     | LUNSUMIO                              | 20     |
| <i>lidocaine (pf)</i>                 | 45, 54 | LUPRON DEPOT                          | 20     |
| <i>lidocaine hcl</i>                  | 54     | <i>lurasidone</i>                     | 42     |

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| <i>mesalamine with cleansing<br/>wipe</i> | 67        | <i>miostat</i>                        | 80     | <i>NAYZILAM</i>                            | 30     |
| <i>mesna</i>                              | 12        | <i>mirabegron</i>                     | 85     | <i>nebivolol</i>                           | 47     |
| <i>MESNEX</i>                             | 12        | <i>mirtazapine</i>                    | 42     | <b>NEEDLES, INSULIN</b>                    |        |
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| <i>methadone intensol</i>                 | 36        | <i>mitoxantrone</i>                   | 21     | <i>nelarabine</i>                          | 21     |
| <i>methadose</i>                          | 36        | <i>M-M-R II (PF)</i>                  | 71     | <i>neomycin</i>                            | 8      |
| <i>methazolamide</i>                      | 80        | <i>modafinil</i>                      | 42     | <i>neomycin-bacitracin-poly-hc</i>         | 80     |
| <i>methenamine hippurate</i>              | 11        | <i>moexipril</i>                      | 47     | <i>neomycin-bacitracin-<br/>polymyxin</i>  | 79     |
| <i>methenamine mandelate</i>              | 11        | <i>molindone</i>                      | 42     | <i>neomycin-polymyxin b gu</i>             | 58     |
| <i>methimazole</i>                        | 61        | <i>mometasone</i>                     | 57     | <i>neomycin-polymyxin b-<br/>dexameth</i>  | 80     |
| <i>methotrexate sodium</i>                | 21        | <i>monodoxyne nl</i>                  | 11     | <i>neomycin-polymyxin-<br/>gramicidin</i>  | 79     |
| <i>methotrexate sodium (pf)</i>           | 21        | <i>MONJUVI</i>                        | 21     | <i>neomycin-polymyxin-hc</i>               | 60, 80 |
| <i>methoxsalen</i>                        | 54        | <i>mono-linyah</i>                    | 77     | <i>neo-polycin</i>                         | 79     |
| <i>methsuximide</i>                       | 30        | <i>montelukast</i>                    | 83     | <i>neo-polycin hc</i>                      | 80     |
| <i>methylergonovine</i>                   | 78        | <i>morphine</i>                       | 36     | <i>NERLYNX</i>                             | 21     |
| <i>methylphenidate hcl</i>                | 42        | <i>morphine (pf)</i>                  | 36     | <i>NEUPRO</i>                              | 32     |
| <i>methylprednisolone</i>                 | 60        | <i>morphine concentrate</i>           | 36     | <i>nevirapine</i>                          | 4      |
| <i>methylprednisolone acetate</i>         | 60        | <i>MOUNJARO</i>                       | 63     | <i>NEXPLANON</i>                           | 76     |
| <i>methylprednisolone sodium<br/>succ</i> | 60, 61    | <i>moxifloxacin</i>                   | 11, 78 | <i>niacin</i>                              | 51     |
| <i>metoclopramide hcl</i>                 | 67        | <i>moxifloxacin-sod.chloride(iso)</i> | 11     | <i>nicardipine</i>                         | 47     |
| <i>metolazone</i>                         | 47        | <i>MRESVIA (PF)</i>                   | 71     | <i>NICOTROL NS</i>                         | 59     |
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| <i>metoprolol ta-hydrochlorothiaz</i>     | 47        | <i>mycophenolate mofetil</i>          | 21     | <i>nikki (28)</i>                          | 77     |
| <i>metoprolol tartrate</i>                | 47        | <i>mycophenolate mofetil (hcl)</i>    | 21     | <i>nilutamide</i>                          | 21     |
| <i>metro i.v.</i>                         | 8         | <i>mycophenolate sodium</i>           | 21     | <i>nimodipine</i>                          | 47     |
| <i>metronidazole</i>                      | 8, 55, 76 | <i>MYFEMBREE</i>                      | 76     | <i>NINLARO</i>                             | 21     |
| <i>metronidazole in nacl (iso-os)</i>     | 8         | <i>MYHIBBIN</i>                       | 21     | <i>nitazoxanide</i>                        | 8      |
| <i>metyrosine</i>                         | 47        | <i>MYLOTARG</i>                       | 21     | <i>nitisinone</i>                          | 58     |
| <i>mexiletine</i>                         | 45        | <i>MYRBETRIQ</i>                      | 85     | <i>nitro-bid</i>                           | 52     |
| <i>micafungin</i>                         | 2         | <b>N</b>                              |        | <i>nitrofurantoin macrocrystal</i>         | 11     |
| <i>microgestin 1.5/30 (21)</i>            | 77        | <i>nabumetone</i>                     | 37     | <i>nitrofurantoin monohyd/m-<br/>cryst</i> | 11     |
| <i>microgestin 1/20 (21)</i>              | 77        | <i>nadolol</i>                        | 47     | <i>nitroglycerin</i>                       | 52, 67 |
| <i>microgestin fe 1.5/30 (28)</i>         | 77        | <i>naftillin</i>                      | 10     | <i>nitroglycerin in 5 % dextrose</i>       |        |
| <i>microgestin fe 1/20 (28)</i>           | 77        | <i>naftillin in dextrose iso-osm</i>  | 10     | <b>NIVESTYM</b>                            | 69     |
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| <i>tarina fe 1-20 eq (28)</i>                                  | 78     | TIVDAK                            | 26     | <i>trihexyphenidyl</i>                | 32      |
| TASIGNA  | 25     | TIVICAY                           | 5      | TRIKAFTA                              | 84      |
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| TECENTRIQ HYBREZA  | 25     | <i>tobramycin sulfate</i>         | 8      | <i>tri-lo-sprintec</i>                | 78      |
| TECVAYLI   | 25     | <i>tobramycin-dexamethasone</i>   | 80     | <i>trimethoprim</i>                   | 11      |
| TEFLARO  | 6      | <i>tolterodine</i>                | 85     | <i>trimipramine</i>                   | 43      |
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