

## **Senior Whole Health of New York NHC (HMO D-SNP)**

### **Wykaz leków 2025**

### **(Wykaz leków objętych ubezpieczeniem lub „wykaz leków”)**

**PROSZĘ PRZECZYTAĆ: NINIEJSZY DOKUMENT ZAWIERA INFORMACJE O LEKACH  
REFUNDOWANYCH W RAMACH TEGO PLANU**

Wykaz leków zatwierdzony przez HPMS, identyfikator zgłoszenia pliku: 00025316

Wykaz leków został uaktualniony dnia 12/1/2025. Aby uzyskać więcej informacji albo zadać inne pytania, należy skontaktować się z działem obsługi klienta Senior Whole Health New York NHC Member Service pod numerem (800) 665-3086 (użytkownicy TTY powinni dzwonić pod numer 711), 1 października – 31 marca: 7 dni w tygodniu w godzinach od 8:00 do 20:00 czasu miejscowego, 1 kwietnia – 30 września: Od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu miejscowego albo odwiedzić stronę [SWHNY.com](http://SWHNY.com).



**Informacja dla ubezpieczonych:** Od ubiegłego roku wykaz leków uległ zmianom. Proszę zapoznać się uważnie z niniejszym dokumentem, aby mieć pewność, że nadal uwzględnia on przyjmowane przez Pana/Panią leki.

W niniejszym wykazie leków (receptariuszu) słowa „my”, „nas” albo „nasz” odnoszą się do Senior Whole Health. Słowa „plan” albo „nasz plan” odnoszą się do planu Senior Whole Health of New York NHC.

Niniejszy dokument zawiera wykaz leków refundowanych w ramach naszego planu, odzwierciedlający stan na dzień 12/1/2025. Aby uzyskać najnowszą wersję wykazu leków, prosimy o kontakt. Nasze dane kontaktowe wraz z datą ostatniej aktualizacji wykazu leków znajdują się na pierwszej i ostatniej stronie okładki.

Aby uzyskać świadczenia związane z lekami na receptę, należy korzystać z aptek należących do naszej sieci. Zmiany dotyczące świadczeń, receptariusza, aptek należących do naszej sieci lub współpłaty/współfinansowania mogą zostać wprowadzone z dniem 1 stycznia 2025 r., a także w ciągu roku.

## **Czym jest wykaz leków NHC Senior Whole Health of New York?**

W niniejszym dokumencie terminy „wykaz leków” i „receptariusz” są używane w tym samym znaczeniu. Receptariusz to wykaz leków refundowanych wybranych przez nasz plan w porozumieniu z zespołem świadczeniodawców usług medycznych; odpowiada on wykazowi leków na receptę, które uważane są za niezbędne elementy wysokiej jakości programów leczenia. Nasz plan na ogół obejmuje leki wymienione w receptariuszu, jeśli stosowanie danego leku jest niezbędne z medycznego punktu widzenia, jeśli recepta zostanie zrealizowana w aptece należącej do sieci planu oraz jeśli będzie Pan/Pani przestrzegać innych zasad opisanych w planie. Aby dowiedzieć się więcej o tym, jak zrealizować swoją receptę, proszę zapoznać się z polisą ubezpieczeniową.

## **Czy wykaz leków może ulec zmianie?**

Większość zmian w zakresie refundacji leków ma miejsce 1 stycznia, ale w ramach naszego planu możemy dodawać albo usuwać leki z wykazu leków w ciągu roku, przenosić leki do innych grup podziału kosztów albo wprowadzać nowe ograniczenia. Wprowadzając te zmiany, musimy przestrzegać zasad Medicare. Aktualizacje wykazu leków są publikowane co miesiąc na naszej stronie internetowej: [SWHNY.com](http://SWHNY.com).

**Zmiany, które mogą dotyczyć Pana/Pani w tym roku:** W poniższych przypadkach zmiany w refundacji dokonywane w ciągu roku będą mieć wpływ na Pana/Panią:

- **Natychmiastowe zastąpienie niektórych nowych wersji leków oryginalnych i oryginalnych produktów biologicznych.** Możemy natychmiast usunąć lek z wykazu leków, jeśli zastąpimy go konkretną nową wersją leku w tej samej albo niższej grupie podziału kosztów oraz z taką samą albo mniejszą liczbą ograniczeń. Gdy dodajemy nową wersję leku do wykazu leków, możemy podjąć decyzję o zachowaniu leku oryginalnego lub oryginalnego produktu biologicznego, ale natychmiast przenieść go na inny poziom podziału kosztów lub dodać nowe ograniczenia.

Możemy wprowadzić te natychmiastowe zmiany tylko wtedy, gdy dodajemy nową wersję generyczną leku oryginalnego lub dodajemy pewne nowe wersje biopodobne oryginalnego produktu biologicznego, który znajdował się już w wykazie leków (np. dodanie zamiennego leku

biopodobnego, którym apteka może zastąpić oryginalny produkt biologiczny bez konieczności wystawiania nowej recepty).

Jeśli obecnie pacjent przyjmuje lek oryginalny lub oryginalny produkt biologiczny, może nie zostać o tym poinformowany z wyprzedzeniem przed wprowadzeniem tej zmiany, ale później prześlemy informacje o konkretnych zmianach, które wprowadziliśmy.

Jeśli wprowadzimy taką zmianę, pacjent albo osoba przepisująca mogą zwrócić się do nas o wyjątek i dalszą refundację leku, którego dotyczy zmiana. Więcej informacji znajduje się w części poniżej pt. „Jak mogę poprosić o wyjątek od receptariusza Senior Whole Health of New York NHC?”

Niektóre z tych rodzajów leków mogą być nowe dla pacjenta. Aby uzyskać więcej informacji, należy zapoznać się z częścią poniżej pt. „Czym są oryginalne produkty biologiczne i w jaki sposób są one powiązane z lekami biopodobnymi?”

- **Leki wycofane z obrotu.** Jeśli producent wycofa lek ze sprzedaży lub Agencja ds. Żywności i Leków (Food and Drug Administration, FDA) stwierdzi, że lek należy wycofać ze względów bezpieczeństwa lub z powodu nieskuteczności, możemy natychmiast usunąć lek z naszego receptariusza, a następnie powiadomić o tym członków, którzy przyjmują ten lek.
- **Inne zmiany.** Możemy wprowadzać inne zmiany mające wpływ na ubezpieczonych przyjmujących aktualnie dany lek. Na przykład możemy usunąć lek oryginalny z wykazu leków, dodając jego generyczny odpowiednik, albo usunąć oryginalny produkt biologiczny, dodając lek biopodobny. Możemy również zastosować nowe ograniczenia w stosunku do leku oryginalnego lub oryginalnego produktu biologicznego, przenieść go do innego poziomu podziału kosztów lub wprowadzić oba te rozwiązania. Możemy wprowadzać zmiany na podstawie nowych wytycznych klinicznych. Jeśli usuniemy jakiś lek z naszego receptariusza albo dodamy takie wymagania, jak konieczność uzyskania uprzedniej autoryzacji, limit ilościowy lub ograniczenia związane z leczeniem stopniowanym, albo przeniesiemy lek do wyższej kategorii podziału kosztów, mamy obowiązek powiadomić dotkniętych tą zmianą ubezpieczonych na co najmniej 30 dni przed wprowadzeniem zmiany. Alternatywnie, gdy członek poprosi o uzupełnienie zapasu leku, może otrzymać zapas na 31 dni i powiadomienie o zmianie.

Jeśli wprowadzimy te inne zmiany, pacjent albo osoba przepisująca może zwrócić się do nas o wyjątek i dalszą refundację przyjmowanego dotąd leku. Przekazane powiadomienie będzie również zawierać informacje o tym, jak złożyć wniosek o wyjątek. Informacje te można znaleźć poniżej w części „Jak złożyć wniosek o wyjątek od receptariusza Senior Whole Health of New York NHC?”.

**Zmiany, które nie będą miały wpływu na osoby obecnie przyjmujące dany lek.** Co do zasady, jeśli przyjmowany lek znajduje się w receptariuszu na rok 2025 i był objęty refundacją na początku tego roku, nie przerwiemy refundowania danego leku i nie obniżymy kwoty refundacji w ciągu roku 2025 z wyjątkiem sytuacji opisanych powyżej. Oznacza to, że dostępność oraz podział kosztów tych leków nie ulegną zmianie, a także nie zostaną wprowadzone żadne nowe ograniczenia w przypadku tych osób ubezpieczonych, które będą je przyjmować przez pozostałą część roku objętą ubezpieczeniem. Nie będziemy Pana/Pani w tym roku bezpośrednio powiadamiać o zmianach, które nie będą miały wpływu na Pana/Pani ubezpieczenie. Jednakże

od dnia 1 stycznia przyszedłego roku zmiany te zaczną obowiązywać Pana/Panią i należy sprawdzić, czy nie zostały wprowadzone zmiany w lekach zawartych w receptariuszu w nowym roku objętym ubezpieczeniem.

Załączony receptariusz jest aktualny na dzień 12/1/2025. Aby uzyskać aktualne informacje o lekach objętych refundacją w ramach naszego planu, proszę się z nami skontaktować. Nasze dane kontaktowe znajdują się na pierwszej i ostatniej stronie okładki.

## **Jak należy korzystać z receptariusza?**

Istnieją dwa sposoby na znalezienie danego leku w receptariuszu:

### **Dolegliwość zdrowotna**

Receptariusz zaczyna się na stronie 7. Leki wymienione w receptariuszu pogrupowane są w kategorii zależnie od tego, przy jakiej dolegliwości są stosowane. Na przykład leki stosowane w leczeniu chorób serca wymienione są w kategorii „Choroby sercowo-naczyniowe”. Jeśli pacjent wie, do czego stosowany jest dany lek, należy wyszukać nazwę kategorii w wykazie, który zaczyna się na stronie 7. Następnie należy zajrzeć pod odpowiednią kategorię, aby znaleźć swój lek.

### **Wykaz alfabetyczny**

W razie braku pewności co do tego, w której kategorii znajduje się dany lek, należy wyszukać go w indeksie, który rozpoczyna się na stronie 91. Indeks zawiera alfabetyczny spis wszystkich leków wymienionych w niniejszym dokumencie. Indeks zawiera nazwy leków zarówno oryginalnych, jak i generycznych. Należy zajrzeć do indeksu i wyszukać swój lek. Obok nazwy leku widoczny jest numer strony, na której znajdują się informacje dotyczące refundowania danego leku. Należy przejść na stronę wymienioną w indeksie i poszukać nazwy swojego leku w pierwszej kolumnie wykazu.

## **Co to są leki generyczne?**

W ramach naszego planu refundowane są zarówno leki oryginalne, jak i generyczne. Lek generyczny to lek dopuszczony do obrotu przez FDA jako zawierający tę samą substancję czynną co lek oryginalny. Zazwyczaj leki generyczne są tak samo skuteczne jak leki oryginalne, ale są od nich tańsze. W przypadku wielu leków oryginalnych dostępne są zamienniki generyczne. Leki generyczne mogą zazwyczaj zostać wydane w aptece zamiast leków oryginalnych bez konieczności posiadania nowej recepty (zależnie od przepisów obowiązujących w danym stanie).

## **Czym są oryginalne produkty biologiczne i w jaki sposób są one powiązane z lekami biopodobnymi?**

Jeśli w receptariuszu pojawia się termin „lek”, może chodzić o lek lub produkt biologiczny. Produkty biologiczne to leki, które są bardziej złożone niż leki typowe. Ponieważ produkty biologiczne są bardziej złożone niż leki typowe, w ich przypadku nie ma wersji generycznej, ale istnieją ich alternatywy, tzw. leki biopodobne. Zazwyczaj leki biopodobne są tak samo skuteczne jak oryginalny produkt biologiczny, ale mogą być tańsze. W przypadku niektórych oryginalnych produktów biologicznych istnieją zamienniki w postaci leków biopodobnych. Niektóre leki biopodobne są zamiennymi lekami biopodobnymi i (w zależności od przepisów obowiązujących w danym stanie) mogą zostać wydane w aptece zamiast oryginalnego produktu biologicznego bez konieczności wydawania nowej recepty, tak jak leki generyczne mogą zostać wydane zamiast leków oryginalnych.

- Aby sprawdzić omówienie rodzajów leków, należy się zapoznać z dokumentem Potwierdzenie zakresu ubezpieczenia, Rozdział 5, część 3.1 „Wykaz leków”, który zawiera informacje o tym, jakie leki objęte są ubezpieczeniem w ramach Części D.

## Czy na moje ubezpieczenie nałożone są jakieś ograniczenia?

Niektóre leki refundowane mogą mieć dodatkowe wymogi lub ograniczenia związane z ich refundowaniem. Do tych wymogów i ograniczeń mogą należeć między innymi:

- **Konieczność uzyskania uprzedniej autoryzacji:** Nasz plan wymaga od pacjenta albo lekarza przepisującego uzyskania uprzedniej autoryzacji na niektóre leki. Oznacza to, że przed zrealizowaniem recepty konieczne jest uzyskanie zgody w ramach naszego planu. Jeśli nie uzyska Pan/Pani zgody, nasz plan może nie udzielić refundacji na dany lek.
- **Ograniczenie ilościowe:** W przypadku niektórych leków nasz plan ogranicza ilość leku refundowaną w ramach naszego planu. Na przykład nasz plan zapewnia 30 tabletek na receptę na 30 dni na esomeprazol 40 mg. Może to być dodatek do standardowego zapasu na jeden miesiąc lub trzy miesiące.
- **Leczenie stopniowane:** W niektórych przypadkach nasz plan wymaga wypróbowania określonych leków stosowanych w leczeniu danej dolegliwości, zanim zrefundujemy inny lek stosowany w leczeniu tej dolegliwości. Na przykład jeśli w leczeniu konkretnej dolegliwości można zastosować zarówno lek A, jak i lek B, nasz plan może nie udzielić refundacji na lek B, dopóki nie zostanie wypróbowany lek A. Jeśli lek A okaże się nieskuteczny, wtedy nasz plan udzieli refundacji na lek B.

Aby dowiedzieć się, czy w przypadku danego leku obowiązują dodatkowe wymogi lub ograniczenia, należy zapoznać się z receptariuszem, który zaczyna się na stronie 7. Można także odwiedzić naszą stronę internetową, aby uzyskać więcej informacji na temat ograniczeń nałożonych na konkretne leki refundowane. Na stronie zamieściliśmy dokumenty, w których objaśniliśmy ograniczenia związane z koniecznością uzyskania uprzedniej autoryzacji i leczeniem stopniowanym. Można także zwrócić się do nas o przesłanie kopii dokumentów. Nasze dane kontaktowe, wraz z datą ostatniej aktualizacji receptariusza, znajdują się na pierwszej i ostatniej stronie okładki.

Można zwrócić się do planu o uczynienie wyjątku od tych ograniczeń albo poprosić o wykaz innych, podobnych leków, które mogą być skuteczne w leczeniu danej dolegliwości. Informacje o tym, jak złożyć wniosek o wyjątek, znajdują się w części „Jak złożyć wniosek o wyjątek od receptariusza Senior Whole Health of New York NHC?” na stronie 5.

## Co zrobić w przypadku, gdy w receptariuszu nie ma mojego leku?

Jeśli dany lek nie został wymieniony w receptariuszu (wykazie leków refundowanych), należy w pierwszej kolejności skontaktować się z działem obsługi klienta i zapytać, czy lek jest objęty refundacją.

Jeśli okaże się, że nasz plan nie udziela refundacji na dany lek, istnieją dwie możliwości:

- Można poprosić dział obsługi klienta o podanie wykazu podobnych leków, które są refundowane w ramach naszego planu. Po otrzymaniu tego wykazu należy go przekazać swojemu lekarzowi i poprosić o przepisanie podobnego leku refundowanego przez nasz plan.

- Można zwrócić się do planu o uczynienie wyjątku i refundowanie danego leku. Poniżej wskazano szczegółowo, jak należy złożyć wniosek o uczynienie wyjątku.

## Jak złożyć wniosek o wyjątek od receptariusza Senior Whole Health of New York NHC?

Można zwrócić się do planu o uczynienie wyjątku od reguł dotyczących refundowania leków. Mogą to być następujące rodzaje wyjątków.

- Można poprosić o refundowanie leku, nawet jeśli nie znajduje się on w naszym receptariuszu. Jeśli udzielimy na to zgody, dany lek będzie refundowany w oparciu o uprzednio ustalony poziom podziału kosztów i nie będzie możliwe ustalenie niższego poziomu podziału kosztów.
- Można zwrócić się do nas z wnioskiem o zniesienie ograniczeń dotyczących refundacji, w tym uprzedniej autoryzacji, terapii stopniowanej lub limitu ilościowego na dany lek. Na przykład w przypadku niektórych leków nasz plan ogranicza ilość refundowanego przez nas leku. Jeśli na dany lek nałożono ograniczenie ilości leku refundowanego, można poprosić o zniesienie tego limitu i o udzielenie refundacji na większą jego ilość.
- Można zwrócić się o refundowanie leku wymienionego w receptariuszu na niższym poziomie podziału kosztów, chyba że lek ten znajduje się na poziomie specjalistycznym. Jeśli wniosek zostanie rozpatrzony pozytywnie, kwota, którą pacjent musi zapłacić za lek, zostanie obniżona.

Na ogół nasz plan udziela takiej zgody tylko wtedy, gdy leki alternatywne wymienione w receptariuszu naszego planu, leki o niższym poziomie podziału kosztów albo ograniczenia nie będą tak samo skuteczne i/lub mogą spowodować wystąpienie działań niepożądanych.

Pacjent i lekarz powinni się z nami skontaktować, aby poprosić o wyjątek od poziomu lub wyjątek od receptariusza, w tym o wyjątek od ograniczenia refundacji. **Gdy pacjent wnioskuje o wyjątek, lekarz przepisujący lek będzie musiał wyjaśnić medyczne powody, dla których potrzebny jest wyjątek.** Na ogół musimy podjąć decyzję w ciągu 72 godzin od otrzymania oświadczenia osoby przepisującej lek, która wspiera taki wniosek. Można zażądać przyspieszonego trybu wydania decyzji, jeśli osoba wnioskująca ma podstawy sądzić, że czekanie do 72 godzin na decyzję może doprowadzić do ciężkiego uszczerbku na zdrowiu. Jeżeli wyrazimy zgodę lub jeżeli lekarz przepisujący lek zażąda przyspieszonego trybu wydania decyzji, musimy wydać decyzję nie później niż w ciągu 24 godzin od otrzymania zaświadczenia potwierdzającego od lekarza przepisującego lek.

## Co zrobić w przypadku, gdy w receptariuszu nie ma mojego leku lub istnieje ograniczenie dotyczące tego leku?

Osoba nowo lub wcześniej ubezpieczona w ramach naszego planu może przyjmować leki niewymienione w naszym receptariuszu. Można przyjmować lek, który znajduje się w naszym wykazie leków refundowanych, ale ma ograniczenia dotyczące refundacji, takie jak uprzednia autoryzacja. Należy porozmawiać z lekarzem przepisującym o możliwości wystąpienia o decyzję o refundacji, aby wykazać, że pacjent spełnia kryteria zatwierdzenia, o zmianie leku na inny, który refundujemy, lub o wystąpieniu o wyjątek od receptariusza, abyśmy mogli zrefundować koszty leku przyjmowanego przez pacjenta. Podczas rozmowy pacjenta z lekarzem o potrzebnych dalszych działaniach w pewnych przypadkach możemy udzielić refundacji na lek przez pierwsze 90 dni członkostwa w naszym planie.

W przypadku każdego leku niewymienionego w naszym receptariuszu albo w przypadku istnienia ograniczenia dotyczącego refundacji udzielimy refundacji na tymczasowy zapas leku na 31 dni. Jeżeli recepta jest wystawiona na mniejszą liczbę dni, zezwolimy na wielokrotną realizację recepty, aby zapewnić zapas leku na maksymalnie 31 dni. Jeśli refundacja nie zostanie zatwierdzona po przekazaniu pierwszego zapasu leków na 31 dni nie będziemy dalej refundować tych leków, nawet jeśli nie upłynęło 90 dni członkostwa w naszym planie.

Jeśli osoba przebywająca w zakładzie opieki długoterminowej potrzebuje leku niewymienionego w naszym receptariuszu albo ma ograniczoną możliwość uzyskania leków, ale minęło już pierwsze 90 dni od objęcia naszym planem, udzielimy refundacji na zapas danego leku na 31 dni na zasadzie sytuacji nagłej, podczas gdy osoba ta będzie ubiegać się o wyjątek od receptariusza.

## **Uzyskiwanie dodatkowych informacji**

Szczegółowe informacje na temat refundacji leków na receptę dostępne są w polisie ubezpieczeniowej i w innych materiałach związanych z planem.

W przypadku pytań dotyczących naszego planu prosimy o kontakt. Nasze dane kontaktowe, wraz z datą ostatniej aktualizacji receptariusza, znajdują się na pierwszej i ostatniej stronie okładki.

W przypadku ogólnych pytań dotyczących refundacji leków na receptę w ramach Medicare proszę skontaktować się z Medicare pod numerem 1-800-MEDICARE (1-800-633-4227), czynnym 24 godziny na dobę/7 dni w tygodniu. Użytkownicy TTY powinni dzwonić pod numer: 1-877-486-2048. Można także odwiedzić stronę internetową: <http://www.medicare.gov>.

## **Receptariusz NHC dla seniorów Whole Health of New York**

Poniższy receptariusz zawiera informacje dotyczące refundacji leków objętych refundacją w ramach naszego planu. W przypadku trudności ze znalezieniem potrzebnego leku w wykazie należy zapoznać się z indeksem, który zaczyna się na stronie 91.

Pierwsza kolumna tabeli zawiera nazwę leku. Nazwy leków oryginalnych podane są wielkimi literami (np. CIPRO), a nazwy leków generycznych podane są kursywą i małymi literami (np. ciprofloksacyna).

Kolumna Wymagania/ograniczenia zawiera informacje o tym, czy nasz plan nakłada jakieś szczególne ograniczenia na refundację danego leku.

PA = Prior Authorization (approval): musisz uzyskać zgodę, zanim otrzymasz ten lek.

QL = Quantity Limits: ilość leku, którą obejmuje plan.

ST = Step Therapy Criteria: musisz wypróbować inny lek, zanim otrzymasz ten.

NM = Non-Mail Order: tego leku nie można zamówić pocztą.

B/D = Ten lek może być objęty programem Medicare Part B lub D w zależności od okoliczności.

LA = Limited Access Drug: ten lek może być dostępny tylko w niektórych aptekach.

\_ = Non-Part D Drugs lub OTC, które są objęte programem Medicaid.

NDS = Non-Extended Days Supply: będziesz ograniczony liczbą dni, na które możesz otrzymać zapas.

**MOLINA\_CY25\_5T\_SNP eff 12/1/2025**

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

**ANALGESICS****GOUT**

|                                                |   |                         |
|------------------------------------------------|---|-------------------------|
| <i>allopurinol</i> TABS 100mg, 300mg           | 1 |                         |
| <i>colchicine</i> CAPS .6mg                    | 3 | QL (60 caps / 30 days)  |
| <i>colchicine</i> TABS .6mg                    | 2 | QL (120 tabs / 30 days) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 3 |                         |
| MITIGARE CAPS .6mg                             | 3 | QL (60 caps / 30 days)  |
| <i>probenecid</i> TABS 500mg                   | 3 |                         |

**MISCELLANEOUS**

|                                                             |   |     |
|-------------------------------------------------------------|---|-----|
| <i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2% | 3 | B/D |
|-------------------------------------------------------------|---|-----|

**NSAIDS**

|                                                                                |   |                         |
|--------------------------------------------------------------------------------|---|-------------------------|
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg                                       | 3 | QL (60 caps / 30 days)  |
| <i>celecoxib</i> CAPS 400mg                                                    | 3 | QL (30 caps / 30 days)  |
| <i>diclofenac potassium</i> TABS 50mg                                          | 2 | QL (120 tabs / 30 days) |
| <i>diclofenac sodium</i> TB24 100mg                                            | 3 |                         |
| <i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg                                 | 2 |                         |
| <i>diflunisal</i> TABS 500mg                                                   | 3 |                         |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | 3 |                         |
| <i>flurbiprofen</i> TABS 100mg                                                 | 3 |                         |
| <i>ibu</i> TABS 400mg, 600mg, 800mg                                            | 1 |                         |
| <i>ibuprofen</i> SUSP 100mg/5ml                                                | 3 |                         |
| <i>ibuprofen</i> TABS 400mg, 600mg, 800mg                                      | 1 |                         |
| <i>meloxicam</i> TABS 7.5mg, 15mg                                              | 1 |                         |
| <i>nabumetone</i> TABS 500mg, 750mg                                            | 2 |                         |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg                                       | 1 |                         |
| <i>naproxen</i> TBEC 375mg                                                     | 2 | QL (120 tabs / 30 days) |
| <i>naproxen dr</i> TBEC 500mg                                                  | 4 | QL (90 tabs / 30 days)  |
| <i>naproxen sodium</i> TABS 275mg, 550mg                                       | 3 |                         |
| <i>piroxicam</i> CAPS 10mg, 20mg                                               | 3 |                         |
| <i>sulindac</i> TABS 150mg, 200mg                                              | 2 |                         |

**OPIOID ANALGESICS, LONG-ACTING**

|                                                                                                            |   |                                 |
|------------------------------------------------------------------------------------------------------------|---|---------------------------------|
| <i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr                                 | 2 | QL (4 patches / 28 days), PA    |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr | 4 | QL (10 patches / 30 days), PA   |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg                                            | 4 | QL (30 tabs / 30 days), PA      |
| <i>hydrocodone bitartrate</i> T24A 100mg, 120mg                                                            | 5 | NDS, QL (30 tabs / 30 days), PA |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------|------------------|----------------------------|
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml                    | 3                | QL (450 mL / 30 days), PA  |
| <i>methadone hcl</i> TABS 5mg, 10mg                            | 3                | QL (90 tabs / 30 days), PA |
| <i>methadone hydrochloride i</i> CONC 10mg/ml                  | 3                | QL (90 mL / 30 days), PA   |
| <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg    | 3                | QL (90 tabs / 30 days), PA |
| <i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg | 3                | QL (60 tabs / 30 days), PA |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                         |                  |                            |
| <i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml             | 2                | QL (2700 mL / 30 days)     |
| <i>acetaminophen w/ codeine tab</i> 300-15 mg                  | 2                | QL (400 tabs / 30 days)    |
| <i>acetaminophen w/ codeine tab</i> 300-30 mg                  | 2                | QL (360 tabs / 30 days)    |
| <i>acetaminophen w/ codeine tab</i> 300-60 mg                  | 2                | QL (180 tabs / 30 days)    |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml                | 4                |                            |
| <i>endocet tab</i> 2.5-325mg                                   | 3                | QL (360 tabs / 30 days)    |
| <i>endocet tab</i> 5-325mg                                     | 3                | QL (360 tabs / 30 days)    |
| <i>endocet tab</i> 7.5-325mg                                   | 3                | QL (240 tabs / 30 days)    |
| <i>endocet tab</i> 10-325mg                                    | 3                | QL (180 tabs / 30 days)    |
| <i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml          | 4                | QL (2700 mL / 30 days)     |
| <i>hydrocodone-acetaminophen tab</i> 5-325 mg                  | 3                | QL (240 tabs / 30 days)    |
| <i>hydrocodone-acetaminophen tab</i> 7.5-325 mg                | 3                | QL (180 tabs / 30 days)    |
| <i>hydrocodone-acetaminophen tab</i> 10-325 mg                 | 3                | QL (180 tabs / 30 days)    |
| <i>hydrocodone-ibuprofen tab</i> 7.5-200 mg                    | 3                | QL (150 tabs / 30 days)    |
| <i>hydromorphone hcl</i> LIQD 1mg/ml                           | 4                | QL (600 mL / 30 days)      |
| <i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg                    | 3                | QL (180 tabs / 30 days)    |
| <i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml   | 4                | B/D                        |
| <i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml                | 3                | QL (900 mL / 30 days)      |
| <i>morphine sulfate</i> SOLN 100mg/5ml                         | 3                | QL (180 mL / 30 days)      |
| <i>morphine sulfate</i> TABS 15mg, 30mg                        | 3                | QL (180 tabs / 30 days)    |
| <i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml                    | 4                |                            |
| <i>oxycodone hcl</i> CONC 100mg/5ml                            | 4                | QL (180 mL / 30 days)      |
| <i>oxycodone hcl</i> SOLN 5mg/5ml                              | 4                | QL (900 mL / 30 days)      |
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg          | 3                | QL (180 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg               | 3                | QL (360 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab</i> 5-325 mg                 | 3                | QL (360 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg               | 3                | QL (240 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab</i> 10-325 mg                | 3                | QL (180 tabs / 30 days)    |
| <i>tramadol hcl</i> TABS 50mg                                  | 2                | QL (240 tabs / 30 days)    |
| <i>tramadol-acetaminophen tab</i> 37.5-325 mg                  | 2                | QL (240 tabs / 30 days)    |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| Drug Name                                                         | Drug Tier | Requirements/Limits           |
|-------------------------------------------------------------------|-----------|-------------------------------|
| <b>ANTI-INFECTIVES</b>                                            |           |                               |
| <b>ANTI-INFECTIVES - MISCELLANEOUS</b>                            |           |                               |
| <i>albendazole</i> TABS 200mg                                     | 5         | NDS, QL (672 tabs / year), PA |
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml                   | 4         |                               |
| ARIKAYCE SUSP 590mg/8.4ml                                         | 5         | NDS, NM, PA                   |
| <i>atovaquone</i> SUSP 750mg/5ml                                  | 4         | QL (300 mL / 30 days), PA     |
| <i>aztreonam</i> SOLR 1gm, 2gm                                    | 4         |                               |
| CAYSTON SOLR 75mg                                                 | 5         | NDS, NM, PA                   |
| <i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg                    | 2         |                               |
| <i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml          | 4         |                               |
| <i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | 3         |                               |
| <i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml           | 4         |                               |
| <i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml           | 4         |                               |
| <i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml           | 4         |                               |
| CLINDMYC/NAC INJ 300/50ML                                         | 4         |                               |
| CLINDMYC/NAC INJ 600/50ML                                         | 4         |                               |
| CLINDMYC/NAC INJ 900/50ML                                         | 4         |                               |
| <i>colistimethate sodium</i> SOLR 150mg                           | 4         |                               |
| <i>dapsone</i> TABS 25mg, 100mg                                   | 3         |                               |
| DAPTOMYCIN SOLR 350mg                                             | 5         | NDS                           |
| <i>daptomycin</i> SOLR 350mg, 500mg                               | 5         | NDS                           |
| EMVERM CHEW 100mg                                                 | 5         | NDS, QL (12 tabs / year)      |
| <i>ertapenem sodium</i> SOLR 1gm                                  | 3         |                               |
| <i>gentamicin in saline inj</i> 0.8 mg/ml                         | 3         |                               |
| <i>gentamicin in saline inj</i> 1 mg/ml                           | 3         |                               |
| <i>gentamicin in saline inj</i> 1.2 mg/ml                         | 3         |                               |
| <i>gentamicin in saline inj</i> 1.6 mg/ml                         | 3         |                               |
| <i>gentamicin in saline inj</i> 2 mg/ml                           | 3         |                               |
| <i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml                   | 3         |                               |
| <i>imipenem-cilastatin intravenous for soln</i> 250 mg            | 3         |                               |
| <i>imipenem-cilastatin intravenous for soln</i> 500 mg            | 3         |                               |
| IMPAVIDO CAPS 50mg                                                | 5         | NDS, PA                       |
| <i>ivermectin</i> TABS 3mg                                        | 3         | QL (12 tabs / 90 days), PA    |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|------------------------------------------------------------------------|------------------|---------------------------------|
| <i>ivermectin</i> TABS 6mg                                             | 3                | QL (10 tabs / 90 days), PA      |
| <i>linezolid</i> SOLN 600mg/300ml                                      | 4                |                                 |
| <i>linezolid</i> SUSR 100mg/5ml                                        | 5                | NDS, QL (1800 mL / 30 days)     |
| <i>linezolid</i> TABS 600mg                                            | 4                | QL (60 tabs / 30 days)          |
| LINEZOLID INJ 2MG/ML                                                   | 4                |                                 |
| <i>meropenem</i> SOLR 1gm, 2gm, 500mg                                  | 4                |                                 |
| <i>methenamine hippurate</i> TABS 1gm                                  | 3                |                                 |
| <i>metronidazole</i> SOLN 500mg/100ml                                  | 3                |                                 |
| <i>metronidazole</i> TABS 250mg, 500mg                                 | 1                |                                 |
| <i>neomycin sulfate</i> TABS 500mg                                     | 2                |                                 |
| <i>nitazoxanide</i> TABS 500mg                                         | 5                | NDS, QL (6 tabs / 30 days)      |
| <i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg                    | 3                |                                 |
| <i>nitrofurantoin monohyd macro</i> CAPS 100mg                         | 3                |                                 |
| <i>pentamidine isethionate inh</i> SOLR 300mg                          | 4                | B/D                             |
| <i>pentamidine isethionate inj</i> SOLR 300mg                          | 4                |                                 |
| <i>polymyxin b sulfate</i> SOLR 500000unit                             | 4                |                                 |
| <i>praziquantel</i> TABS 600mg                                         | 4                |                                 |
| <i>pyrimethamine</i> TABS 25mg                                         | 5                | NDS, QL (90 tabs / 30 days), PA |
| <i>streptomycin sulfate</i> SOLR 1gm                                   | 5                | NDS                             |
| <i>sulfadiazine</i> TABS 500mg                                         | 5                | NDS                             |
| <i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml             | 4                |                                 |
| <i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml                | 3                |                                 |
| <i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg                     | 1                |                                 |
| <i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg                    | 1                |                                 |
| <i>tinidazole</i> TABS 250mg, 500mg                                    | 3                |                                 |
| TOBI PODHALER CAPS 28mg                                                | 5                | NDS, NM, PA                     |
| <i>tobramycin</i> NEBU 300mg/5ml                                       | 5                | NDS, NM, PA                     |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml  | 3                |                                 |
| <i>trimethoprim</i> TABS 100mg                                         | 3                |                                 |
| <i>vancomycin hcl</i> CAPS 125mg                                       | 4                | QL (80 caps / 180 days)         |
| <i>vancomycin hcl</i> CAPS 250mg                                       | 4                | QL (160 caps / 180 days)        |
| <i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | 4                |                                 |
| VANCOMYCIN INJ 1 GM                                                    | 4                |                                 |
| VANCOMYCIN INJ 500MG                                                   | 4                |                                 |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| Drug Name                                                | Drug Tier | Requirements/Limits                                                             |
|----------------------------------------------------------|-----------|---------------------------------------------------------------------------------|
| VANCOMYCIN INJ 750MG                                     | 4         |                                                                                 |
| <b>ANTIFUNGALS</b>                                       |           |                                                                                 |
| <i>amphotericin b</i> SOLR 50mg                          | 4         | B/D                                                                             |
| <i>amphotericin b liposome</i> SUSR 50mg                 | 5         | NDS, B/D                                                                        |
| <i>caspofungin acetate</i> SOLR 50mg, 70mg               | 4         |                                                                                 |
| <i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg      | 3         |                                                                                 |
| <i>fluconazole</i> TABS 100mg, 150mg, 200mg              | 2         |                                                                                 |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>         | 3         |                                                                                 |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>         | 3         |                                                                                 |
| <i>flucytosine</i> CAPS 250mg, 500mg                     | 5         | NDS, PA                                                                         |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg | 4         |                                                                                 |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg     | 4         |                                                                                 |
| <i>itraconazole</i> CAPS 100mg                           | 4         | PA                                                                              |
| <i>ketoconazole</i> TABS 200mg                           | 3         | PA                                                                              |
| <i>miconazole sodium</i> SOLR 50mg, 100mg                | 4         |                                                                                 |
| <i>nystatin</i> TABS 500000unit                          | 3         |                                                                                 |
| <i>posaconazole</i> SUSP 40mg/ml                         | 5         | NDS, QL (630 mL / 30 days), PA                                                  |
| <i>posaconazole</i> TBEC 100mg                           | 5         | NDS, QL (93 tabs / 30 days), PA                                                 |
| <i>terbinafine hcl</i> TABS 250mg                        | 1         | QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year |
| <i>voriconazole</i> SOLR 200mg                           | 4         | PA                                                                              |
| <i>voriconazole</i> SUSR 40mg/ml                         | 5         | NDS, QL (600 mL / 28 days), PA                                                  |
| <i>voriconazole</i> TABS 50mg                            | 4         | QL (480 tabs / 30 days)                                                         |
| <i>voriconazole</i> TABS 200mg                           | 4         | QL (120 tabs / 30 days)                                                         |
| <b>ANTIMALARIALS</b>                                     |           |                                                                                 |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>           | 4         |                                                                                 |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>           | 4         |                                                                                 |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg           | 4         |                                                                                 |
| COARTEM TAB 20-120MG                                     | 4         |                                                                                 |
| <i>mefloquine hcl</i> TABS 250mg                         | 3         |                                                                                 |
| <i>primaquine phosphate</i> TABS 26.3mg                  | 3         |                                                                                 |
| PRIMAQUINE PHOSPHATE TABS 26.3mg                         | 3         |                                                                                 |
| <i>quinine sulfate</i> CAPS 324mg                        | 4         | PA                                                                              |
| <b>ANTIRETROVIRAL AGENTS</b>                             |           |                                                                                 |
| <i>abacavir sulfate</i> SOLN 20mg/ml                     | 4         | NM                                                                              |
| <i>abacavir sulfate</i> TABS 300mg                       | 3         | NM                                                                              |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|----------------------------------------------|------------------|----------------------------------|
| APTIVUS CAPS 250mg                           | 5                | NDS, NM                          |
| atazanavir sulfate CAPS 150mg, 200mg, 300mg  | 4                | NM                               |
| darunavir TABS 600mg                         | 5                | NDS, QL (60 tabs / 30 days), NM  |
| darunavir TABS 800mg                         | 5                | NDS, QL (30 tabs / 30 days), NM  |
| EDURANT TABS 25mg                            | 5                | NDS, NM                          |
| EDURANT PED TBSO 2.5mg                       | 5                | NDS, NM                          |
| efavirenz TABS 600mg                         | 4                | NM                               |
| emtricitabine CAPS 200mg                     | 3                | NM                               |
| EMTRIVA SOLN 10mg/ml                         | 4                | NM                               |
| etravirine TABS 100mg, 200mg                 | 5                | NDS, NM                          |
| fosamprenavir calcium TABS 700mg             | 5                | NDS, NM                          |
| FUZEON SOLR 90mg                             | 5                | NDS, NM                          |
| INTELENCE TABS 25mg                          | 4                | NM                               |
| ISENTRESS CHEW 25mg                          | 4                | NM                               |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | 5                | NDS, NM                          |
| ISENTRESS HD TABS 600mg                      | 5                | NDS, NM                          |
| lamivudine SOLN 10mg/ml; TABS 150mg, 300mg   | 3                | NM                               |
| maraviroc TABS 150mg, 300mg                  | 5                | NDS, NM                          |
| nevirapine SUSP 50mg/5ml; TB24 400mg         | 4                | NM                               |
| nevirapine TABS 200mg                        | 2                | NM                               |
| NORVIR PACK 100mg                            | 4                | NM                               |
| PIFELTRO TABS 100mg                          | 5                | NDS, NM                          |
| PREZISTA SUSP 100mg/ml                       | 5                | NDS, QL (400 mL / 30 days), NM   |
| PREZISTA TABS 75mg                           | 4                | QL (480 tabs / 30 days), NM      |
| PREZISTA TABS 150mg                          | 5                | NDS, QL (240 tabs / 30 days), NM |
| REYATAZ PACK 50mg                            | 5                | NDS, NM                          |
| ritonavir TABS 100mg                         | 3                | NM                               |
| RUKOBIA TB12 600mg                           | 5                | NDS, NM                          |
| SELZENTRY SOLN 20mg/ml                       | 5                | NDS, NM                          |
| SUNLENCA TABS 300mg; TBPk 300mg              | 5                | NDS, NM                          |
| tenofovir disoproxil fumarate TABS 300mg     | 3                | NM                               |
| TIVICAY TABS 10mg                            | 3                | NM                               |
| TIVICAY TABS 25mg, 50mg                      | 5                | NDS, NM                          |
| TIVICAY PD TBSO 5mg                          | 5                | NDS, NM                          |
| TROGARZO SOLN 200mg/1.33ml                   | 5                | NDS, NM                          |
| TYBOST TABS 150mg                            | 3                | NM                               |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| VIRACEPT TABS 250mg, 625mg                                        | 5                | NDS, NM                    |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg                     | 5                | NDS, NM                    |
| zidovudine CAPS 100mg; SYRP 50mg/5ml                              | 4                | NM                         |
| zidovudine TABS 300mg                                             | 3                | NM                         |
| <b>ANTIRETROVIRAL COMBINATION AGENTS</b>                          |                  |                            |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                 | 3                | NM                         |
| BIKTARVY TAB 30-120-15 MG                                         | 5                | NDS, NM                    |
| BIKTARVY TAB 50-200-25 MG                                         | 5                | NDS, NM                    |
| CIMDUO TAB 300-300                                                | 5                | NDS, NM                    |
| COMPLERA TAB                                                      | 5                | NDS, NM                    |
| DELSTRIGO TAB                                                     | 5                | NDS, NM                    |
| DESCOVY TAB 120-15MG                                              | 5                | NDS, NM                    |
| DESCOVY TAB 200/25MG                                              | 5                | NDS, NM                    |
| DOVATO TAB 50-300MG                                               | 5                | NDS, NM                    |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | 5                | NDS, NM                    |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>       | 5                | NDS, NM                    |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | 5                | NDS, NM                    |
| <i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>   | 5                | NDS, NM                    |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 5                | NDS, NM                    |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 5                | NDS, NM                    |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 5                | NDS, NM                    |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 4                | NM                         |
| EVOTAZ TAB 300-150                                                | 5                | NDS, NM                    |
| GENVOYA TAB                                                       | 5                | NDS, NM                    |
| JULUCA TAB 50-25MG                                                | 5                | NDS, NM                    |
| KALETRA SOL                                                       | 4                | NM                         |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | 4                | NM                         |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>      | 4                | NM                         |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                          | 4                | NM                         |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                          | 4                | NM                         |
| ODEFSEY TAB                                                       | 5                | NDS, NM                    |
| PREZCOBIX TAB 675/150                                             | 5                | NDS, NM                    |
| PREZCOBIX TAB 800-150                                             | 5                | NDS, NM                    |
| STRIBILD TAB                                                      | 5                | NDS, NM                    |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| Drug Name                                      | Drug Tier | Requirements/Limits                  |
|------------------------------------------------|-----------|--------------------------------------|
| SYMTUZA TAB                                    | 5         | NDS, NM                              |
| TRIUMEQ PD TAB                                 | 3         | NM                                   |
| TRIUMEQ TAB                                    | 5         | NDS, NM                              |
| <b>ANTITUBERCULAR AGENTS</b>                   |           |                                      |
| <i>cycloserine</i> CAPS 250mg                  | 5         | NDS                                  |
| <i>ethambutol hcl</i> TABS 100mg, 400mg        | 3         |                                      |
| <i>isoniazid</i> SYRP 50mg/5ml                 | 4         |                                      |
| <i>isoniazid</i> TABS 100mg, 300mg             | 1         |                                      |
| PRIFTIN TABS 150mg                             | 4         |                                      |
| <i>pyrazinamide</i> TABS 500mg                 | 4         |                                      |
| <i>rifabutin</i> CAPS 150mg                    | 4         |                                      |
| <i>rifampin</i> CAPS 150mg, 300mg              | 3         |                                      |
| <i>rifampin</i> SOLR 600mg                     | 4         |                                      |
| SIRTURO TABS 20mg, 100mg                       | 5         | NDS, NM, PA                          |
| <b>ANTIVIRALS</b>                              |           |                                      |
| <i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg | 2         |                                      |
| <i>acyclovir</i> SUSP 200mg/5ml                | 4         |                                      |
| <i>acyclovir sodium</i> SOLN 50mg/ml           | 4         | B/D                                  |
| <i>adefovir dipivoxil</i> TABS 10mg            | 4         | NM                                   |
| BARACLUDE SOLN .05mg/ml                        | 5         | NDS, NM, ST                          |
| <i>entecavir</i> TABS .5mg, 1mg                | 4         | NM                                   |
| EPCLUSA PAK 150-37.5                           | 5         | NDS, NM, PA                          |
| EPCLUSA PAK 200-50MG                           | 5         | NDS, NM, PA                          |
| EPCLUSA TAB 200-50MG                           | 5         | NDS, NM, PA                          |
| EPCLUSA TAB 400-100                            | 5         | NDS, NM, PA                          |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg    | 3         |                                      |
| <i>ganciclovir sodium</i> SOLR 500mg           | 4         | B/D                                  |
| HARVONI PAK 33.75-150MG                        | 5         | NDS, NM, PA                          |
| HARVONI PAK 45-200MG                           | 5         | NDS, NM, PA                          |
| HARVONI TAB 45-200MG                           | 5         | NDS, NM, PA                          |
| HARVONI TAB 90-400MG                           | 5         | NDS, NM, PA                          |
| <i>lamivudine (hbv)</i> TABS 100mg             | 4         | NM                                   |
| LIVTENCITY TABS 200mg                          | 5         | NDS, QL (336 tabs / 28 days), NM, PA |
| MAVYRET PAK 50-20MG                            | 5         | NDS, NM, PA                          |
| MAVYRET TAB 100-40MG                           | 5         | NDS, NM, PA                          |
| <i>oseltamivir phosphate</i> CAPS 30mg         | 3         | QL (168 caps / year)                 |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg   | 3         | QL (84 caps / year)                  |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml       | 3         | QL (1080 mL / year)                  |
| PAXLOVID PAK                                   | 2         | QL (22 tabs / 90 days)               |
| PAXLOVID TAB 150-100                           | 2         | QL (40 tabs / 90 days)               |
| PAXLOVID TAB 300-100                           | 2         | QL (60 tabs / 90 days)               |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---------------------------------------------------------------|------------------|---------------------------------|
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml                     | 5                | NDS, NM, PA                     |
| PREVYMIS TABS 240mg, 480mg                                    | 5                | NDS, QL (28 tabs / 28 days), PA |
| RELENZA DISKHALER AEPB 5mg/blister                            | 3                | QL (6 inhalers / year)          |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg         | 3                | NM                              |
| <i>rimantadine hydrochloride</i> TABS 100mg                   | 4                |                                 |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg                       | 3                |                                 |
| <i>valganciclovir hcl</i> SOLR 50mg/ml                        | 5                | NDS                             |
| <i>valganciclovir hcl</i> TABS 450mg                          | 3                |                                 |
| VOSEVI TAB                                                    | 5                | NDS, NM, PA                     |
| XOFLUZA TBPk 40mg, 80mg                                       | 4                | QL (1 tab / 180 days)           |
| <b>CEPHALOSPORINS</b>                                         |                  |                                 |
| <i>cefaclor</i> CAPS 250mg, 500mg                             | 3                |                                 |
| <i>cefadroxil</i> CAPS 500mg                                  | 2                |                                 |
| <i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml                   | 3                |                                 |
| CEFAZOLIN SOLR 2gm, 3gm                                       | 4                |                                 |
| CEFAZOLIN INJ 1GM/50ML                                        | 4                |                                 |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg       | 3                |                                 |
| CEFAZOLIN SOLN 2GM/100ML-4%                                   | 4                |                                 |
| CEFAZOLIN/DEX SOL 1GM/50ML-4%                                 | 4                |                                 |
| CEFAZOLIN/DEX SOL 2GM/50ML-3%                                 | 4                |                                 |
| CEFAZOLIN/DEX SOL 3GM/50ML-2%                                 | 4                |                                 |
| CEFAZOLIN/DEX SOL 3GM/150ML-4%                                | 4                |                                 |
| <i>cefdinir</i> CAPS 300mg                                    | 2                |                                 |
| <i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml                     | 3                |                                 |
| <i>cefepime hcl</i> SOLR 1gm, 2gm                             | 4                |                                 |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml         | 4                |                                 |
| <i>cefotetan disodium</i> SOLR 1gm, 2gm                       | 4                |                                 |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm                   | 4                |                                 |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml          | 4                |                                 |
| <i>cefpodoxime proxetil</i> TABS 100mg, 200mg                 | 3                |                                 |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 3                |                                 |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm                         | 4                |                                 |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg   | 4                |                                 |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg                    | 2                |                                 |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg                    | 3                |                                 |
| <i>cephalexin</i> CAPS 250mg, 500mg                           | 1                |                                 |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml                                                              | 3                |                            |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                                                        | 4                |                            |
| TEFLARO SOLR 400mg, 600mg                                                                                | 5                | NDS                        |
| <b>ERYTHROMYCINS/MACROLIDES</b>                                                                          |                  |                            |
| <i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml                                      | 3                |                            |
| <i>azithromycin</i> TABS 250mg, 500mg, 600mg                                                             | 1                |                            |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg                                              | 4                |                            |
| <i>clarithromycin</i> TABS 250mg, 500mg                                                                  | 3                |                            |
| DIFICID SUSR 40mg/ml; TABS 200mg                                                                         | 5                | NDS                        |
| e.e.s. 400 TABS 400mg                                                                                    | 4                |                            |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg                                                                  | 4                |                            |
| ERYTHROCIN LACTOBIONATE SOLR 500mg                                                                       | 4                |                            |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg                         | 4                |                            |
| <i>erythromycin ethylsuccinate</i> TABS 400mg                                                            | 4                |                            |
| <i>erythromycin lactobionate</i> SOLR 500mg                                                              | 4                |                            |
| <i>fidaxomicin</i> TABS 200mg                                                                            | 5                | NDS                        |
| <b>FLUOROQUINOLONES</b>                                                                                  |                  |                            |
| <i>ciprofloxacin</i> 200 mg/100ml in d5w                                                                 | 3                |                            |
| <i>ciprofloxacin</i> 400 mg/200ml in d5w                                                                 | 3                |                            |
| <i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg                                                        | 1                |                            |
| <i>levofloxacin</i> SOLN 25mg/ml                                                                         | 4                |                            |
| <i>levofloxacin</i> TABS 250mg, 500mg, 750mg                                                             | 1                |                            |
| <i>levofloxacin in d5w iv soln</i> 250 mg/50ml                                                           | 3                |                            |
| <i>levofloxacin in d5w iv soln</i> 500 mg/100ml                                                          | 3                |                            |
| <i>levofloxacin in d5w iv soln</i> 750 mg/150ml                                                          | 3                |                            |
| <i>moxifloxacin hcl</i> TABS 400mg                                                                       | 3                |                            |
| <i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj                                         | 4                |                            |
| <b>PENICILLINS</b>                                                                                       |                  |                            |
| <i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1                |                            |
| <i>amoxicillin</i> CHEW 125mg, 250mg                                                                     | 2                |                            |
| <i>amoxicillin &amp; k clavulanate for susp</i> 200-28.5 mg/5ml                                          | 3                |                            |
| <i>amoxicillin &amp; k clavulanate for susp</i> 250-62.5 mg/5ml                                          | 4                |                            |
| <i>amoxicillin &amp; k clavulanate for susp</i> 400-57 mg/5ml                                            | 3                |                            |
| <i>amoxicillin &amp; k clavulanate for susp</i> 600-42.9 mg/5ml                                          | 3                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------|------------------|----------------------------|
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>                    | 3                |                            |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>                    | 2                |                            |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>                    | 2                |                            |
| <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>          | 4                |                            |
| <i>ampicillin CAPS 500mg</i>                                             | 2                |                            |
| <i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>          | 4                |                            |
| <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>              | 4                |                            |
| <i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>      | 4                |                            |
| <i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>          | 4                |                            |
| <i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>        | 4                |                            |
| <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>        | 4                |                            |
| <i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i> | 4                |                            |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i>                            | 3                |                            |
| <i>nafcillin sodium SOLR 1gm, 2gm</i>                                    | 4                |                            |
| <i>nafcillin sodium SOLR 10gm</i>                                        | 5                | NDS                        |
| <i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>                              | 4                |                            |
| <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>             | 4                |                            |
| <i>penicillin g sodium SOLR 5000000unit</i>                              | 4                |                            |
| <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>                  | 2                |                            |
| <i>penicillin v potassium TABS 250mg, 500mg</i>                          | 1                |                            |
| <i>pfizerpen SOLR 5000000unit, 20000000unit</i>                          | 4                |                            |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>      | 4                |                            |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>       | 4                |                            |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>         | 4                |                            |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>       | 4                |                            |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>       | 4                |                            |
| <b>TETRACYCLINES</b>                                                     |                  |                            |
| <i>doxy 100 SOLR 100mg</i>                                               | 4                |                            |
| <i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>                        | 2                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---------------------------------------------------------------------------------------|------------------|------------------------------------|
| <i>doxycycline (monohydrate)</i> SUSR 25mg/5ml;<br>TABS 50mg, 75mg, 100mg             | 3                |                                    |
| <i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS<br>20mg, 100mg                      | 3                |                                    |
| <i>doxycycline hyclate</i> SOLR 100mg                                                 | 4                |                                    |
| <i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg                                         | 3                |                                    |
| NUZYRA SOLR 100mg                                                                     | 5                | NDS, NM                            |
| NUZYRA TABS 150mg                                                                     | 5                | NDS, QL (30 tabs / 14<br>days), NM |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg                                             | 4                |                                    |
| <i>tigecycline</i> SOLR 50mg                                                          | 5                | NDS                                |
| <b>ANTINEOPLASTIC AGENTS</b>                                                          |                  |                                    |
| <b>ALKYLATING AGENTS</b>                                                              |                  |                                    |
| BENDAMUSTINE HYDROCHLORID SOLN<br>100mg/4ml                                           | 5                | NDS, B/D, NM                       |
| BENDEKA SOLN 100mg/4ml                                                                | 5                | NDS, B/D, NM                       |
| <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml,<br>450mg/45ml, 600mg/60ml               | 3                | B/D                                |
| <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml,<br>200mg/200ml                          | 3                | B/D                                |
| <i>cyclophosphamide</i> CAPS 25mg, 50mg                                               | 3                | B/D                                |
| CYCLOPHOSPHAMIDE SOLN 1gm/2ml,<br>2gm/4ml, 500mg/ml                                   | 5                | NDS, B/D, NM                       |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml,<br>500mg/2.5ml, 500mg/5ml, 1000mg/10ml,<br>2000mg/20ml | 5                | NDS, B/D                           |
| <i>cyclophosphamide</i> SOLR 1gm, 500mg                                               | 4                | B/D                                |
| <i>cyclophosphamide</i> SOLR 2gm                                                      | 5                | NDS, B/D                           |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg                                                      | 4                | B/D                                |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN<br>2gm/10ml                                            | 5                | NDS, B/D                           |
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml,<br>500mg/ml                                          | 5                | NDS, B/D, NM                       |
| GLEOSTINE CAPS 10mg, 40mg                                                             | 4                | NM                                 |
| GLEOSTINE CAPS 100mg                                                                  | 5                | NDS, NM                            |
| LEUKERAN TABS 2mg                                                                     | 5                | NDS                                |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml,<br>200mg/40ml; SOLR 50mg               | 4                | B/D                                |
| <i>oxaliplatin</i> SOLR 100mg                                                         | 5                | NDS, B/D                           |
| VIVIMUSTA SOLN 100mg/4ml                                                              | 5                | NDS, B/D, NM                       |
| <b>ANTIMETABOLITES</b>                                                                |                  |                                    |
| <i>azacitidine</i> SUSR 100mg                                                         | 5                | NDS, B/D, NM                       |
| <i>cytarabine</i> SOLN 20mg/ml                                                        | 3                | B/D                                |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|----------------------------------------------------------------------------------------|------------------|--------------------------------------|
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml                   | 3                | B/D                                  |
| <i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | 4                | B/D                                  |
| INQOVI TAB 35-100MG                                                                    | 5                | NDS, QL (5 tabs / 28 days), NM, PA   |
| LONSURF TAB 15-6.14                                                                    | 5                | NDS, QL (100 tabs / 28 days), NM, PA |
| LONSURF TAB 20-8.19                                                                    | 5                | NDS, QL (80 tabs / 28 days), NM, PA  |
| <i>mercaptopurine</i> SUSP 2000mg/100ml                                                | 5                | NDS, NM                              |
| <i>mercaptopurine</i> TABS 50mg                                                        | 3                |                                      |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm               | 2                | B/D                                  |
| ONUREG TABS 200mg, 300mg                                                               | 5                | NDS, QL (14 tabs / 28 days), NM, PA  |
| <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg                            | 5                | NDS, B/D                             |
| PURIXAN SUSP 2000mg/100ml                                                              | 5                | NDS, NM                              |
| TABLOID TABS 40mg                                                                      | 5                | NDS                                  |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                                  |                  |                                      |
| <i>abiraterone acetate</i> TABS 250mg                                                  | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| <i>abiraterone acetate</i> TABS 500mg                                                  | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>abirtega</i> TABS 250mg                                                             | 4                | QL (120 tabs / 30 days), NM, PA      |
| AKEEGA TAB 50/500MG                                                                    | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| AKEEGA TAB 100/500                                                                     | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>anastrozole</i> TABS 1mg                                                            | 2                |                                      |
| <i>bicalutamide</i> TABS 50mg                                                          | 2                |                                      |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg                                                  | 4                | NM, PA                               |
| ERLEADA TABS 60mg                                                                      | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| ERLEADA TABS 240mg                                                                     | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| EULEXIN CAPS 125mg                                                                     | 5                | NDS                                  |
| <i>exemestane</i> TABS 25mg                                                            | 4                |                                      |
| FIRMAGON SOLR 80mg                                                                     | 4                | NM, PA                               |
| FIRMAGON SOLR 120mg/vial                                                               | 5                | NDS, NM, PA                          |
| <i>fulvestrant</i> SOSY 250mg/5ml                                                      | 5                | NDS, B/D                             |
| <i>letrozole</i> TABS 2.5mg                                                            | 2                |                                      |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|-------------------------------------------------|------------------|----------------------------------------|
| <i>leuprolide acetate</i> KIT 1mg/0.2ml         | 4                | NM, PA                                 |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg               | 5                | NDS, NM, PA                            |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg              | 5                | NDS, NM, PA                            |
| LYSODREN TABS 500mg                             | 5                | NDS, NM                                |
| <i>megestrol acetate</i> TABS 20mg, 40mg        | 3                |                                        |
| <i>nilutamide</i> TABS 150mg                    | 5                | NDS                                    |
| NUBEQA TABS 300mg                               | 5                | NDS, QL (120 tabs / 30 days), NM, PA   |
| ORGOVYX TABS 120mg                              | 5                | NDS, NM, PA                            |
| ORSERDU TABS 86mg                               | 5                | NDS, QL (90 tabs / 30 days), NM, PA    |
| ORSERDU TABS 345mg                              | 5                | NDS, QL (30 tabs / 30 days), NM, PA    |
| SOLTAMOX SOLN 10mg/5ml                          | 5                | NDS                                    |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg        | 2                |                                        |
| <i>toremifene citrate</i> TABS 60mg             | 4                | PA                                     |
| XTANDI CAPS 40mg                                | 5                | NDS, QL (120 caps / 30 days), NM, PA   |
| XTANDI TABS 40mg                                | 5                | NDS, QL (120 tabs / 30 days), NM, PA   |
| XTANDI TABS 80mg                                | 5                | NDS, QL (60 tabs / 30 days), NM, PA    |
| YONSA TABS 125mg                                | 5                | NDS, QL (120 tabs / 30 days), NM, PA   |
| <b>IMMUNOMODULATORS</b>                         |                  |                                        |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg | 5                | NDS, QL (28 caps / 28 days), NM, PA    |
| <i>lenalidomide</i> CAPS 20mg, 25mg             | 5                | NDS, QL (21 caps / 28 days), NM, PA    |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg                | 5                | NDS, QL (21 caps / 28 days), NM, PA    |
| THALOMID CAPS 50mg                              | 5                | NDS, QL (84 caps / 28 days), NM, PA    |
| THALOMID CAPS 100mg                             | 5                | NDS, QL (112 caps / 28 days), NM, PA   |
| THALOMID CAPS 150mg, 200mg                      | 5                | NDS, QL (56 caps / 28 days), NM, PA    |
| <b>MISCELLANEOUS</b>                            |                  |                                        |
| BESREMI SOSY 500mcg/ml                          | 5                | NDS, QL (2 syringes / 28 days), NM, PA |
| <i>bexarotene</i> CAPS 75mg                     | 5                | NDS, QL (300 caps / 30 days), NM, PA   |
| <i>doxorubicin hcl</i> SOLN 2mg/ml              | 4                | B/D                                    |
| <i>doxorubicin hcl liposomal</i> SUSP 2mg/ml    | 5                | NDS, B/D                               |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--------------------------------------------------------------------------------|------------------|--------------------------------------|
| <i>hydroxyurea</i> CAPS 500mg                                                  | 2                |                                      |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml         | 4                | B/D                                  |
| IWILFIN TABS 192mg                                                             | 5                | NDS, QL (240 tabs / 30 days), NM, PA |
| MATULANE CAPS 50mg                                                             | 5                | NDS, NM                              |
| MODEYSO CAPS 125mg                                                             | 5                | NDS, QL (20 caps / 28 days), NM, PA  |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg                                      | 5                | NDS                                  |
| WELIREG TABS 40mg                                                              | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <b>MITOTIC INHIBITORS</b>                                                      |                  |                                      |
| <i>docetaxel</i> CONC 20mg/ml                                                  | 4                | B/D                                  |
| <i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 5                | NDS, B/D                             |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml        | 5                | NDS, B/D                             |
| DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml                                    | 5                | NDS, B/D, NM                         |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml                          | 3                | B/D                                  |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml                | 4                | B/D                                  |
| <i>paclitaxel inj 100mg</i>                                                    | 5                | NDS, B/D, NM                         |
| <i>vincristine sulfate</i> SOLN 1mg/ml                                         | 2                | B/D                                  |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml                             | 4                | B/D                                  |
| <b>MOLECULAR TARGET AGENTS</b>                                                 |                  |                                      |
| ALECENSA CAPS 150mg                                                            | 5                | NDS, QL (240 caps / 30 days), NM, PA |
| ALUNBRIG TABS 30mg                                                             | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| ALUNBRIG TABS 90mg, 180mg                                                      | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| ALUNBRIG PAK                                                                   | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| AUGTYRO CAPS 40mg                                                              | 5                | NDS, QL (240 caps / 30 days), NM, PA |
| AUGTYRO CAPS 160mg                                                             | 5                | NDS, QL (60 caps / 30 days), NM, PA  |
| AVMAPKI PAK FAKZYNJA                                                           | 5                | NDS, QL (1 pack / 28 days), NM, PA   |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg                                   | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| BALVERSA TABS 3mg                                                              | 5                | NDS, QL (84 tabs / 28 days), NM, PA  |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|------------------------------------------------------|------------------|--------------------------------------|
| BALVERSA TABS 4mg                                    | 5                | NDS, QL (56 tabs / 28 days), NM, PA  |
| BALVERSA TABS 5mg                                    | 5                | NDS, QL (28 tabs / 28 days), NM, PA  |
| BORTEZOMIB SOLR 1mg, 2.5mg                           | 4                | NM, PA                               |
| <i>bortezomib</i> SOLR 3.5mg                         | 5                | NDS, NM, PA                          |
| BOSULIF CAPS 50mg                                    | 5                | NDS, QL (360 caps / 30 days), NM, PA |
| BOSULIF CAPS 100mg                                   | 5                | NDS, QL (150 caps / 25 days), NM, PA |
| BOSULIF TABS 100mg                                   | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| BOSULIF TABS 400mg, 500mg                            | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| BRAFTOVI CAPS 75mg                                   | 5                | NDS, QL (180 caps / 30 days), NM, PA |
| BRUKINSA CAPS 80mg                                   | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| BRUKINSA TABS 160mg                                  | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| CABOMETYX TABS 20mg, 40mg, 60mg                      | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| CALQUENCE TABS 100mg                                 | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| CAPRELSA TABS 100mg                                  | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| CAPRELSA TABS 300mg                                  | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| COMETRIQ (60MG DOSE) KIT 20mg                        | 5                | NDS, QL (84 caps / 28 days), NM, PA  |
| COMETRIQ KIT 100MG                                   | 5                | NDS, QL (56 caps / 28 days), NM, PA  |
| COMETRIQ KIT 140MG                                   | 5                | NDS, QL (112 caps / 28 days), NM, PA |
| COPIKTRA CAPS 15mg, 25mg                             | 5                | NDS, QL (56 caps / 28 days), NM, PA  |
| COTELLIC TABS 20mg                                   | 5                | NDS, QL (63 tabs / 28 days), NM, PA  |
| DANZITEN TABS 71mg, 95mg                             | 5                | NDS, QL (112 tabs / 28 days), NM, PA |
| <i>dasatinib</i> TABS 20mg                           | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| DAURISMO TABS 25mg                                   | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|------------------------------------------------|------------------|--------------------------------------|
| DAURISMO TABS 100mg                            | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| ERIVEDGE CAPS 150mg                            | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| <i>erlotinib hcl</i> TABS 25mg                 | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>erlotinib hcl</i> TABS 100mg, 150mg         | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>everolimus</i> TBSO 2mg                     | 5                | NDS, QL (150 tabs / 30 days), NM, PA |
| <i>everolimus</i> TBSO 3mg                     | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>everolimus</i> TBSO 5mg                     | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| FOTIVDA CAPS .89mg, 1.34mg                     | 5                | NDS, QL (21 caps / 28 days), NM, PA  |
| FRUZAQLA CAPS 1mg                              | 5                | NDS, QL (84 caps / 28 days), NM, PA  |
| FRUZAQLA CAPS 5mg                              | 5                | NDS, QL (21 caps / 28 days), NM, PA  |
| GAVRETO CAPS 100mg                             | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| <i>gefitinib</i> TABS 250mg                    | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| GILOTRIF TABS 20mg, 30mg, 40mg                 | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| GOMEKLI CAPS 1mg                               | 5                | NDS, QL (168 caps / 28 days), NM, PA |
| GOMEKLI CAPS 2mg                               | 5                | NDS, QL (84 caps / 28 days), NM, PA  |
| GOMEKLI TBSO 1mg                               | 5                | NDS, QL (168 tabs / 28 days), NM, PA |
| HERCEP HYLEC SOL 60-10000                      | 5                | NDS, NM, PA                          |
| HERCEPTIN SOLR 150mg                           | 5                | NDS, NM, PA                          |
| HERNEXEOS TABS 60mg                            | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| HERZUMA SOLR 150mg, 420mg                      | 5                | NDS, NM, PA                          |
| IBRANCE CAPS 75mg, 100mg, 125mg                | 5                | NDS, QL (21 caps / 28 days), NM, PA  |
| IBRANCE TABS 75mg, 100mg, 125mg                | 5                | NDS, QL (21 tabs / 28 days), NM, PA  |
| IBTROZI CAPS 200mg                             | 5                | NDS, QL (90 caps / 30 days), NM, PA  |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|-----------------------------------------|------------------|--------------------------------------|
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg     | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| IDHIFA TABS 50mg, 100mg                 | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>imatinib mesylate</i> TABS 100mg     | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>imatinib mesylate</i> TABS 400mg     | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| IMBRUVICA CAPS 70mg                     | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| IMBRUVICA CAPS 140mg                    | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| IMBRUVICA SUSP 70mg/ml                  | 5                | NDS, QL (216 mL / 27 days), NM, PA   |
| IMBRUVICA TABS 140mg, 280mg, 420mg      | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| IMKELDI SOLN 80mg/ml                    | 5                | NDS, QL (280 mL / 28 days), NM, PA   |
| INLYTA TABS 1mg                         | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| INLYTA TABS 5mg                         | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| INREBIC CAPS 100mg                      | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| ITOVEBI TABS 3mg                        | 5                | NDS, QL (56 tabs / 28 days), NM, PA  |
| ITOVEBI TABS 9mg                        | 5                | NDS, QL (28 tabs / 28 days), NM, PA  |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| JAYPIRCA TABS 50mg                      | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| JAYPIRCA TABS 100mg                     | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| KADCYLA SOLR 100mg, 160mg               | 5                | NDS, B/D, NM                         |
| KANJINTI SOLR 150mg, 420mg              | 5                | NDS, NM, PA                          |
| KEYTRUDA SOLN 100mg/4ml                 | 5                | NDS, NM, PA                          |
| KISQALI 200 DOSE TBPK 200mg             | 5                | NDS, QL (21 tabs / 28 days), NM, PA  |
| KISQALI 200 PAK FEMARA                  | 5                | NDS, QL (49 tabs / 28 days), NM, PA  |
| KISQALI 400 DOSE TBPK 200mg             | 5                | NDS, QL (42 tabs / 28 days), NM, PA  |
| KISQALI 400 PAK FEMARA                  | 5                | NDS, QL (70 tabs / 28 days), NM, PA  |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|----------------------------------------|------------------|--------------------------------------|
| KISQALI 600 DOSE TBPK 200mg            | 5                | NDS, QL (63 tabs / 28 days), NM, PA  |
| KISQALI 600 PAK FEMARA                 | 5                | NDS, QL (91 tabs / 28 days), NM, PA  |
| KOSELUGO CAPS 10mg                     | 5                | NDS, QL (240 caps / 30 days), NM, PA |
| KOSELUGO CAPS 25mg                     | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| KRAZATI TABS 200mg                     | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| <i>lapatinib ditosylate</i> TABS 250mg | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| LAZCLUZE TABS 80mg                     | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| LAZCLUZE TABS 240mg                    | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg       | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg       | 5                | NDS, QL (60 caps / 30 days), NM, PA  |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg     | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| LENVIMA 12MG DAILY DOSE CPPK 4mg       | 5                | NDS, QL (90 caps / 30 days), NM, PA  |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg     | 5                | NDS, QL (60 caps / 30 days), NM, PA  |
| LENVIMA CAP 14 MG                      | 5                | NDS, QL (60 caps / 30 days), NM, PA  |
| LENVIMA CAP 18 MG                      | 5                | NDS, QL (90 caps / 30 days), NM, PA  |
| LENVIMA CAP 24 MG                      | 5                | NDS, QL (90 caps / 30 days), NM, PA  |
| LORBRENA TABS 25mg                     | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| LORBRENA TABS 100mg                    | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| LUMAKRAS TABS 120mg                    | 5                | NDS, QL (240 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 240mg                    | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 320mg                    | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| LYNPARZA TABS 100mg, 150mg             | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg    | 5                | NDS, QL (84 tabs / 28 days), NM, PA  |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|----------------------------------------|------------------|--------------------------------------|
| LYTGOBI (16 MG DAILY DOSE) TBPk 4mg    | 5                | NDS, QL (112 tabs / 28 days), NM, PA |
| LYTGOBI (20 MG DAILY DOSE) TBPk 4mg    | 5                | NDS, QL (140 tabs / 28 days), NM, PA |
| MEKINIST SOLR .05mg/ml                 | 5                | NDS, QL (1260 mL / 30 days), NM, PA  |
| MEKINIST TABS 2mg                      | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| MEKINIST TABS .5mg                     | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| MEKTOVI TABS 15mg                      | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| MONJUVI SOLR 200mg                     | 5                | NDS, NM, PA                          |
| NERLYNX TABS 40mg                      | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| <i>nilotinib hcl</i> CAPS 50mg         | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| <i>nilotinib hcl</i> CAPS 150mg, 200mg | 5                | NDS, QL (112 caps / 28 days), NM, PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg           | 5                | NDS, QL (3 caps / 28 days), NM, PA   |
| ODOMZO CAPS 200mg                      | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| OGIVRI SOLR 150mg, 420mg               | 5                | NDS, NM, PA                          |
| OGSIVEO TABS 50mg                      | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| OGSIVEO TABS 100mg, 150mg              | 5                | NDS, QL (56 tabs / 28 days), NM, PA  |
| OJEMDA SUSR 25mg/ml                    | 5                | NDS, QL (96 mL / 28 days), NM, PA    |
| OJEMDA TABS 100mg                      | 5                | NDS, QL (24 tabs / 28 days), NM, PA  |
| OJJAARA TABS 100mg, 150mg, 200mg       | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| ONTRUZANT SOLR 150mg, 420mg            | 5                | NDS, NM, PA                          |
| <i>pazopanib hcl</i> TABS 200mg        | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg       | 5                | NDS, QL (28 tabs / 28 days), NM, PA  |
| PHESGO SOL                             | 5                | NDS, NM, PA                          |
| PIQRAY 200MG DAILY DOSE TBPk 200mg     | 5                | NDS, QL (28 tabs / 28 days), NM, PA  |
| PIQRAY 250MG TAB DOSE                  | 5                | NDS, QL (56 tabs / 28 days), NM, PA  |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|---------------------------------------------------------|------------------|-----------------------------------------|
| PIQRAY 300MG DAILY DOSE TBPk 150mg                      | 5                | NDS, QL (56 tabs / 28 days), NM, PA     |
| QINLOCK TABS 50mg                                       | 5                | NDS, QL (90 tabs / 30 days), NM, PA     |
| RETEVMO CAPS 40mg                                       | 5                | NDS, QL (240 caps / 30 days), NM, PA    |
| RETEVMO CAPS 80mg                                       | 5                | NDS, QL (120 caps / 30 days), NM, PA    |
| RETEVMO TABS 40mg                                       | 5                | NDS, QL (90 tabs / 30 days), NM, PA     |
| RETEVMO TABS 80mg, 120mg, 160mg                         | 5                | NDS, QL (60 tabs / 30 days), NM, PA     |
| REVUFORJ TABS 25mg                                      | 5                | NDS, QL (240 tabs / 30 days), NM, PA    |
| REVUFORJ TABS 110mg                                     | 5                | NDS, QL (120 tabs / 30 days), NM, PA    |
| REVUFORJ TABS 160mg                                     | 5                | NDS, QL (60 tabs / 30 days), NM, PA     |
| REZLIDHIA CAPS 150mg                                    | 5                | NDS, QL (60 caps / 30 days), NM, PA     |
| ROMVIMZA CAPS 14mg, 20mg, 30mg                          | 5                | NDS, QL (8 caps / 28 days), NM, PA      |
| ROZLYTREK CAPS 100mg                                    | 5                | NDS, QL (180 caps / 30 days), NM, PA    |
| ROZLYTREK CAPS 200mg                                    | 5                | NDS, QL (90 caps / 30 days), NM, PA     |
| ROZLYTREK PACK 50mg                                     | 5                | NDS, QL (336 packets / 28 days), NM, PA |
| RUBRACA TABS 200mg, 250mg, 300mg                        | 5                | NDS, QL (120 tabs / 30 days), NM, PA    |
| RYDAPT CAPS 25mg                                        | 5                | NDS, QL (224 caps / 28 days), NM, PA    |
| SCSEMBLIX TABS 20mg                                     | 5                | NDS, QL (60 tabs / 30 days), NM, PA     |
| SCSEMBLIX TABS 40mg                                     | 5                | NDS, QL (300 tabs / 30 days), NM, PA    |
| SCSEMBLIX TABS 100mg                                    | 5                | NDS, QL (120 tabs / 30 days), NM, PA    |
| <i>sorafenib tosylate</i> TABS 200mg                    | 5                | NDS, QL (120 tabs / 30 days), NM, PA    |
| STIVARGA TABS 40mg                                      | 5                | NDS, QL (84 tabs / 28 days), NM, PA     |
| <i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg | 5                | NDS, QL (30 caps / 30 days), NM, PA     |
| TABRECTA TABS 150mg, 200mg                              | 5                | NDS, QL (112 tabs / 28 days), NM, PA    |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---------------------------------------------|------------------|--------------------------------------|
| TAFINLAR CAPS 50mg, 75mg                    | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| TAFINLAR TBSO 10mg                          | 5                | NDS, QL (900 tabs / 30 days), NM, PA |
| TAGRISSE TABS 40mg, 80mg                    | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| TALZENNA CAPS .25mg                         | 5                | NDS, QL (90 caps / 30 days), NM, PA  |
| TASIGNA CAPS 50mg                           | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| TASIGNA CAPS 150mg, 200mg                   | 5                | NDS, QL (112 caps / 28 days), NM, PA |
| TAZVERIK TABS 200mg                         | 5                | NDS, QL (240 tabs / 30 days), NM, PA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml      | 5                | NDS, NM, PA                          |
| TECENTRIQ INJ HYBREZA                       | 5                | NDS, QL (1 vial / 21 days), NM, PA   |
| TEPMETKO TABS 225mg                         | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| TIBSOVO TABS 250mg                          | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| TRAZIMERA SOLR 150mg, 420mg                 | 5                | NDS, NM, PA                          |
| TRUQAP TABS 160mg, 200mg                    | 5                | NDS, QL (64 tabs / 28 days), NM, PA  |
| TRUQAP TBPB 160mg, 200mg                    | 5                | NDS, QL (4 packs / 28 days), NM, PA  |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml         | 5                | NDS, NM, PA                          |
| TUKYSA TABS 50mg, 150mg                     | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| TURALIO CAPS 125mg                          | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| VANFLYTA TABS 17.7mg, 26.5mg                | 5                | NDS, QL (56 tabs / 28 days), NM, PA  |
| VENCLEXTA TABS 10mg                         | 3                | QL (112 tabs / 28 days), NM, PA      |
| VENCLEXTA TABS 50mg                         | 5                | NDS, QL (112 tabs / 28 days), NM, PA |
| VENCLEXTA TABS 100mg                        | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| VENCLEXTA TAB START PK                      | 5                | NDS, QL (42 tabs / 28 days), NM, PA  |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|-------------------------------------------|------------------|--------------------------------------|
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg   | 5                | NDS, QL (56 tabs / 28 days), NM, PA  |
| VITRAKVI CAPS 25mg                        | 5                | NDS, QL (180 caps / 30 days), NM, PA |
| VITRAKVI CAPS 100mg                       | 5                | NDS, QL (60 caps / 30 days), NM, PA  |
| VITRAKVI SOLN 20mg/ml                     | 5                | NDS, QL (300 mL / 30 days), NM, PA   |
| VIZIMPRO TABS 15mg, 30mg, 45mg            | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| VONJO CAPS 100mg                          | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| VORANIGO TABS 10mg                        | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| VORANIGO TABS 40mg                        | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| XALKORI CAPS 200mg, 250mg; CPSP 50mg      | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| XALKORI CPSP 20mg                         | 5                | NDS, QL (240 caps / 30 days), NM, PA |
| XALKORI CPSP 150mg                        | 5                | NDS, QL (180 caps / 30 days), NM, PA |
| XOSPATA TABS 40mg                         | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg  | 5                | NDS, QL (16 tabs / 28 days), NM, PA  |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg  | 5                | NDS, QL (4 tabs / 28 days), NM, PA   |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg | 5                | NDS, QL (8 tabs / 28 days), NM, PA   |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg  | 5                | NDS, QL (4 tabs / 28 days), NM, PA   |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg | 5                | NDS, QL (24 tabs / 28 days), NM, PA  |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg  | 5                | NDS, QL (8 tabs / 28 days), NM, PA   |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg | 5                | NDS, QL (32 tabs / 28 days), NM, PA  |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg | 5                | NDS, QL (8 tabs / 28 days), NM, PA   |
| ZEJULA TABS 100mg, 200mg, 300mg           | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| ZELBORAF TABS 240mg                       | 5                | NDS, QL (240 tabs / 30 days), NM, PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml        | 5                | NDS, NM, PA                          |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---------------------------|------------------|--------------------------------------|
| ZOLINZA CAPS 100mg        | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| ZYDELIG TABS 100mg, 150mg | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| ZYKADIA TABS 150mg        | 5                | NDS, QL (84 tabs / 28 days), NM, PA  |

### **PROTECTIVE AGENTS**

|                                                                                  |   |     |
|----------------------------------------------------------------------------------|---|-----|
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 4 | B/D |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg                             | 3 |     |
| <i>mesna</i> TABS 400mg                                                          | 5 | NDS |
| MESNEX TABS 400mg                                                                | 5 | NDS |

### **CARDIOVASCULAR**

#### **ACE INHIBITOR COMBINATIONS**

|                                                                   |   |                        |
|-------------------------------------------------------------------|---|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>           | 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>             | 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>             | 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>             | 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>            | 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>            | 1 | QL (30 caps / 30 days) |
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i>          | 1 |                        |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | 1 |                        |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | 1 |                        |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>          | 1 |                        |
| <i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>           | 1 |                        |
| <i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>           | 1 |                        |
| <i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>           | 1 |                        |
| <i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>           | 1 |                        |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>  | 1 |                        |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>   | 1 |                        |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> | 1 |                        |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> | 1 |                        |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | 1 |                        |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | 1 |                        |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>        | 1                |                            |
| <b>ACE INHIBITORS</b>                                           |                  |                            |
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>                | 1                |                            |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>                 | 1                |                            |
| <i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>            | 1                |                            |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>                  | 1                |                            |
| <i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>       | 1                |                            |
| <i>moexipril hcl TABS 7.5mg, 15mg</i>                           | 1                |                            |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>                  | 1                |                            |
| <i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>                 | 1                |                            |
| <i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>                   | 1                |                            |
| <i>trandolapril TABS 1mg, 2mg, 4mg</i>                          | 1                |                            |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>                         |                  |                            |
| <i>eplerenone TABS 25mg, 50mg</i>                               | 3                |                            |
| <i>KERENDIA TABS 10mg, 20mg, 40mg</i>                           | 3                | QL (30 tabs / 30 days)     |
| <i>spironolactone TABS 25mg, 50mg, 100mg</i>                    | 1                |                            |
| <b>ALPHA BLOCKERS</b>                                           |                  |                            |
| <i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>               | 2                |                            |
| <i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>                          | 3                |                            |
| <i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>                   | 1                |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>          |                  |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>     | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>     | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>    | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>    | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i>               | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i>               | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i>              | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i>              | 1                | QL (30 tabs / 30 days)     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> | 1                | QL (60 tabs / 30 days)     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> | 1                | QL (30 tabs / 30 days)     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>   | 1                | QL (30 tabs / 30 days)     |
| <i>ENTRESTO CAP 6-6MG</i>                                       | 3                | QL (240 caps / 30 days)    |
| <i>ENTRESTO CAP 15-16MG</i>                                     | 3                | QL (240 caps / 30 days)    |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>               | 1                | QL (60 tabs / 30 days)     |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>               | 1                | QL (30 tabs / 30 days)     |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>  | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>   | 1                |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>      | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>      | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>        | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>   | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>   | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>     | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>  | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>    | 1                | QL (30 tabs / 30 days)     |
| <i>sacubitril-valsartan tab 24-26 mg</i>                            | 3                | QL (60 tabs / 30 days)     |
| <i>sacubitril-valsartan tab 49-51 mg</i>                            | 3                | QL (60 tabs / 30 days)     |
| <i>sacubitril-valsartan tab 97-103 mg</i>                           | 3                | QL (60 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                           | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 40-10 mg</i>                          | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 80-5 mg</i>                           | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 80-10 mg</i>                          | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>               | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>               | 1                | QL (60 tabs / 30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>                 | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>                 | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>                | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>                  | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>                | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>                  | 1                | QL (30 tabs / 30 days)     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                          |                  |                            |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>                    | 1                | QL (60 tabs / 30 days)     |
| <i>candesartan cilexetil TABS 32mg</i>                              | 1                | QL (30 tabs / 30 days)     |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i>                           | 1                | QL (30 tabs / 30 days)     |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i>                    | 1                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------|------------------|----------------------------|
| <i>olmesartan medoxomil</i> TABS 5mg                                         | 1                | QL (60 tabs / 30 days)     |
| <i>olmesartan medoxomil</i> TABS 20mg, 40mg                                  | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan</i> TABS 20mg, 40mg, 80mg                                     | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan</i> TABS 40mg, 80mg, 160mg                                      | 1                | QL (60 tabs / 30 days)     |
| <i>valsartan</i> TABS 320mg                                                  | 1                | QL (30 tabs / 30 days)     |
| <b>ANTIARRHYTHMICS</b>                                                       |                  |                            |
| <i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg | 4                |                            |
| <i>amiodarone hcl</i> TABS 200mg                                             | 1                |                            |
| <i>disopyramide phosphate</i> CAPS 100mg, 150mg                              | 4                |                            |
| <i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg                                | 4                | NM                         |
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg                            | 3                |                            |
| MULTAQ TABS 400mg                                                            | 4                | QL (60 tabs / 30 days)     |
| <i>pacerone</i> TABS 100mg, 400mg                                            | 4                |                            |
| <i>pacerone</i> TABS 200mg                                                   | 1                |                            |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg                              | 4                |                            |
| <i>propafenone hcl</i> TABS 150mg, 225mg, 300mg                              | 3                |                            |
| <i>quinidine sulfate</i> TABS 200mg, 300mg                                   | 4                |                            |
| <i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg                            | 2                |                            |
| <i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg                        | 3                |                            |
| <b>ANTILIPEMICS, FIBRATES</b>                                                |                  |                            |
| <i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg                             | 2                |                            |
| <i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg                        | 3                |                            |
| <i>gemfibrozil</i> TABS 600mg                                                | 1                |                            |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                            |                  |                            |
| <i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg                      | 1                | QL (30 tabs / 30 days)     |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg                                      | 1                | QL (60 tabs / 30 days)     |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg                        | 1                | QL (30 tabs / 30 days)     |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg                       | 1                | QL (30 tabs / 30 days)     |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg                          | 1                | QL (30 tabs / 30 days)     |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                                           |                  |                            |
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose                                | 3                |                            |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose                          | 3                |                            |
| <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg                               | 4                |                            |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm                                     | 4                |                            |
| <i>colestipol hcl</i> TABS 1gm                                               | 3                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------|------------------|----------------------------|
| <i>ezetimibe</i> TABS 10mg                                   | 3                |                            |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| NEXLETOL TABS 180mg                                          | 3                | QL (30 tabs / 30 days)     |
| NEXLIZET TAB 180/10MG                                        | 3                | QL (30 tabs / 30 days)     |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | 3                | QL (60 tabs / 30 days)     |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                    | 3                | PA                         |
| <i>prevalite</i> PACK 4gm; POWD 4gm/dose                     | 3                |                            |
| REPATHA SOSY 140mg/ml                                        | 3                | NM, PA                     |
| REPATHA SURECLICK SOAJ 140mg/ml                              | 3                | NM, PA                     |
| VASCEPA CAPS .5gm, 1gm                                       | 3                |                            |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                    |                  |                            |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>            | 2                |                            |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>           | 2                |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>  | 2                |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>    | 2                |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>   | 2                |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>     | 3                |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>    | 3                |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>    | 3                |                            |
| <b>BETA-BLOCKERS</b>                                         |                  |                            |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg                      | 3                |                            |
| <i>atenolol</i> TABS 25mg, 50mg, 100mg                       | 1                |                            |
| <i>betaxolol hcl</i> TABS 10mg, 20mg                         | 3                |                            |
| <i>bisoprolol fumarate</i> TABS 5mg, 10mg                    | 2                |                            |
| <i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg         | 1                |                            |
| <i>labetalol hcl</i> TABS 100mg, 200mg, 300mg                | 3                |                            |
| <i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg    | 1                |                            |
| <i>metoprolol tartrate</i> SOLN 5mg/5ml                      | 4                |                            |
| <i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg            | 1                |                            |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg                         | 3                |                            |
| <i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg                   | 3                | QL (30 tabs / 30 days)     |
| <i>nebivolol hcl</i> TABS 20mg                               | 3                | QL (60 tabs / 30 days)     |
| <i>pindolol</i> TABS 5mg, 10mg                               | 3                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml             | 3                |                            |
| <i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg                                  | 2                |                            |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg                                               | 3                |                            |
| <b>CALCIUM CHANNEL BLOCKERS</b>                                                           |                  |                            |
| <i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg                                          | 1                |                            |
| <i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg                                          | 2                |                            |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg                                                   | 2                |                            |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg                                               | 4                |                            |
| <i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml                                 | 3                |                            |
| <i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg                                         | 2                |                            |
| <i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg                         | 2                |                            |
| <i>diltiazem hcl coated beads</i> CP24 360mg                                              | 4                |                            |
| <i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 2                |                            |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg                                                   | 2                |                            |
| <i>isradipine</i> CAPS 2.5mg, 5mg                                                         | 4                |                            |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg                                                    | 4                |                            |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg                                                   | 3                |                            |
| <i>nimodipine</i> CAPS 30mg                                                               | 4                |                            |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                           | 2                |                            |
| <i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml                       | 4                |                            |
| <i>verapamil hcl</i> CP24 120mg, 180mg, 240mg                                             | 3                |                            |
| <i>verapamil hcl</i> TABS 40mg, 80mg, 120mg                                               | 1                |                            |
| <i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg                                             | 2                |                            |
| <b>DIURETICS</b>                                                                          |                  |                            |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg                                        | 3                |                            |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>                                    | 2                |                            |
| <i>amiloride hcl</i> TABS 5mg                                                             | 2                |                            |
| <i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg                                      | 3                |                            |
| <i>chlorthalidone</i> TABS 25mg, 50mg                                                     | 2                |                            |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml                                                  | 2                |                            |
| <i>furosemide</i> TABS 20mg, 40mg, 80mg                                                   | 1                |                            |
| <i>furosemide inj</i> SOLN 10mg/ml                                                        | 3                |                            |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg                           | 1                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--------------------------------------------------------------|------------------|--------------------------------------|
| <i>indapamide</i> TABS 1.25mg, 2.5mg                         | 1                |                                      |
| <i>methazolamide</i> TABS 25mg, 50mg                         | 4                |                                      |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg                      | 2                |                                      |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> | 2                |                                      |
| <i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg                 | 2                |                                      |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>  | 1                |                                      |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>  | 1                |                                      |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>    | 1                |                                      |
| <b>MISCELLANEOUS</b>                                         |                  |                                      |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg                  | 1                |                                      |
| <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr        | 3                |                                      |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg                   | 1                |                                      |
| CORLANOR SOLN 5mg/5ml                                        | 4                | QL (450 mL / 30 days)                |
| <i>digoxin</i> SOLN .05mg/ml, .25mg/ml                       | 4                |                                      |
| <i>digoxin</i> TABS 125mcg, 250mcg                           | 2                | QL (30 tabs / 30 days)               |
| <i>droxidopa</i> CAPS 100mg                                  | 5                | NDS, QL (90 caps / 30 days), NM, PA  |
| <i>droxidopa</i> CAPS 200mg, 300mg                           | 5                | NDS, QL (180 caps / 30 days), NM, PA |
| <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml                 | 4                |                                      |
| <i>guanfacine hcl</i> TABS 1mg, 2mg                          | 3                | PA; PA applies if 70 years and older |
| <i>hydralazine hcl</i> SOLN 20mg/ml                          | 4                |                                      |
| <i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg          | 1                |                                      |
| <i>ivabradine hcl</i> TABS 5mg, 7.5mg                        | 4                | QL (60 tabs / 30 days)               |
| <i>metyrosine</i> CAPS 250mg                                 | 5                | NDS, NM, PA                          |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg                         | 3                |                                      |
| <i>midodrine hcl</i> TABS 10mg                               | 4                |                                      |
| <i>minoxidil</i> TABS 2.5mg, 10mg                            | 2                |                                      |
| <i>ranolazine</i> TB12 500mg, 1000mg                         | 4                |                                      |
| VERQUVO TABS 2.5mg, 5mg, 10mg                                | 3                | QL (30 tabs / 30 days), PA           |
| <b>NITRATES</b>                                              |                  |                                      |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg       | 3                |                                      |
| <i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg         | 1                |                                      |
| NITRO-BID OINT 2%                                            | 3                |                                      |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--------------------------------------------------------------------------|------------------|--------------------------------------|
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr             | 3                |                                      |
| <i>nitroglycerin</i> SOLN .4mg/spray                                     | 4                |                                      |
| <i>nitroglycerin</i> SUBL .3mg, .4mg, .6mg                               | 2                |                                      |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                                   |                  |                                      |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg                                | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>alyq</i> TABS 20mg                                                    | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>ambrisentan</i> TABS 5mg, 10mg                                        | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>bosentan</i> TABS 62.5mg, 125mg                                       | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>bosentan</i> TBSO 32mg                                                | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| OPSUMIT TABS 10mg                                                        | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg             | 3                | QL (360 tabs / 30 days), NM, PA      |
| <i>tadalafil (pulmonary hypertension)</i> TABS 20mg                      | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml    | 5                | NDS, NM, PA                          |
| UPTRAIVI TABS 200mcg                                                     | 5                | NDS, QL (140 tabs / 28 days), NM, PA |
| UPTRAIVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| UPTRAIVI PACK TAB 200/800                                                | 5                | NDS, QL (1 pack / 28 days), NM, PA   |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg                                    | 5                | NDS, QL (140 caps / 28 days), NM, PA |
| YUTREPIA CAPS 106mcg                                                     | 5                | NDS, QL (224 caps / 28 days), NM, PA |
| <b>CENTRAL NERVOUS SYSTEM</b>                                            |                  |                                      |
| <b>ANTI-ANXIETY</b>                                                      |                  |                                      |
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg                             | 2                | QL (150 tabs / 30 days)              |
| <i>buspirone hcl</i> TABS 5mg, 10mg, 15mg                                | 1                |                                      |
| <i>buspirone hcl</i> TABS 7.5mg, 30mg                                    | 3                |                                      |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg                        | 3                |                                      |
| <i>lorazepam</i> CONC 2mg/ml                                             | 3                | QL (150 mL / 30 days)                |
| <i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml                                  | 2                |                                      |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg                                     | 2                | QL (150 tabs / 30 days)              |
| <i>lorazepam intensol</i> CONC 2mg/ml                                    | 3                | QL (150 mL / 30 days)                |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| Drug Name                                                          | Drug Tier | Requirements/Limits                    |
|--------------------------------------------------------------------|-----------|----------------------------------------|
| <b>ANTIDEMENTIA</b>                                                |           |                                        |
| <i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg                  | 2         | QL (30 tabs / 30 days)                 |
| <i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg                | 2         |                                        |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg               | 3         | QL (30 caps / 30 days)                 |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml                        | 4         | QL (200 mL / 30 days)                  |
| <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg                | 3         | QL (60 tabs / 30 days)                 |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml       | 4         | PA; PA applies if 29 years and younger |
| <i>memantine hcl</i> TABS 5mg, 10mg                                | 3         | PA; PA applies if 29 years and younger |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> | 4         | PA; PA applies if 29 years and younger |
| <i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>            | 4         |                                        |
| <i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>            | 4         |                                        |
| <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>            | 4         |                                        |
| NAMZARIC CAP 7-10MG                                                | 4         |                                        |
| NAMZARIC CAP 14-10MG                                               | 4         |                                        |
| NAMZARIC CAP 21-10MG                                               | 4         |                                        |
| NAMZARIC CAP 28-10MG                                               | 4         |                                        |
| NAMZARIC CAP PACK                                                  | 4         |                                        |
| <i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr       | 4         | QL (30 patches / 30 days)              |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg           | 3         | QL (60 caps / 30 days)                 |
| <b>ANTIDEPRESSANTS</b>                                             |           |                                        |
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 3         |                                        |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg                     | 3         |                                        |
| AUVELITY TAB 45-105MG                                              | 4         | QL (60 tabs / 30 days), PA             |
| <i>bupropion hcl</i> TABS 75mg, 100mg                              | 2         |                                        |
| <i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg          | 2         | QL (60 tabs / 30 days)                 |
| <i>bupropion hcl</i> TB24 300mg                                    | 2         | QL (30 tabs / 30 days)                 |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml                       | 3         |                                        |
| <i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg               | 1         |                                        |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg                      | 4         | PA                                     |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|----------------------------------------------------------------------------|------------------|------------------------------------|
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg           | 4                |                                    |
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg                     | 3                | QL (30 tabs / 30 days)             |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | 3                |                                    |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg                              | 4                | QL (60 caps / 30 days), PA         |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg                                | 3                | QL (60 caps / 30 days)             |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr                                   | 5                | NDS, QL (30 patches / 30 days), PA |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml                                   | 4                |                                    |
| <i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg                           | 1                |                                    |
| FETZIMA CP24 20mg, 40mg                                                    | 4                | QL (60 caps / 30 days), PA         |
| FETZIMA CP24 80mg, 120mg                                                   | 4                | QL (30 caps / 30 days), PA         |
| FETZIMA CAP TITRATIO                                                       | 4                | QL (2 packs / year), PA            |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg                                | 1                |                                    |
| <i>fluoxetine hcl</i> SOLN 20mg/5ml                                        | 3                |                                    |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg                                | 2                |                                    |
| MARPLAN TABS 10mg                                                          | 4                | QL (180 tabs / 30 days)            |
| <i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg                       | 3                |                                    |
| <i>mirtazapine</i> TABS 15mg, 30mg, 45mg                                   | 2                |                                    |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg                | 4                |                                    |
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg                       | 2                |                                    |
| <i>nortriptyline hcl</i> SOLN 10mg/5ml                                     | 4                |                                    |
| <i>paroxetine hcl</i> SUSP 10mg/5ml                                        | 4                | QL (900 mL / 30 days), PA          |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg                          | 2                |                                    |
| <i>phenelzine sulfate</i> TABS 15mg                                        | 3                |                                    |
| <i>protriptyline hcl</i> TABS 5mg, 10mg                                    | 4                |                                    |
| RALDESY SOLN 10mg/ml                                                       | 4                | QL (1800 mL / 30 days), PA         |
| <i>sertraline hcl</i> CONC 20mg/ml                                         | 3                |                                    |
| <i>sertraline hcl</i> TABS 25mg, 50mg, 100mg                               | 1                |                                    |
| <i>tranylcypromine sulfate</i> TABS 10mg                                   | 4                |                                    |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg                               | 1                |                                    |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg                                | 4                | QL (120 caps / 30 days)            |
| <i>trimipramine maleate</i> CAPS 100mg                                     | 4                | QL (60 caps / 30 days)             |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--------------------------------------------------------------------------------|------------------|--------------------------------------|
| TRINTELLIX TABS 5mg, 10mg, 20mg                                                | 4                | QL (30 tabs / 30 days), PA           |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg                                | 2                |                                      |
| <i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg                    | 3                |                                      |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg                                    | 4                | QL (30 tabs / 30 days)               |
| ZURZUVAE CAPS 20mg, 25mg                                                       | 5                | NDS, QL (28 caps / 14 days), NM, PA  |
| ZURZUVAE CAPS 30mg                                                             | 5                | NDS, QL (14 caps / 14 days), NM, PA  |
| <b>ANTIPARKINSONIAN AGENTS</b>                                                 |                  |                                      |
| <i>amantadine hcl</i> CAPS 100mg                                               | 3                | QL (120 caps / 30 days)              |
| <i>amantadine hcl</i> SOLN 50mg/5ml                                            | 3                |                                      |
| <i>amantadine hcl</i> TABS 100mg                                               | 4                |                                      |
| <i>benztropine mesylate</i> SOLN 1mg/ml                                        | 4                |                                      |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg                                | 2                | PA; PA applies if 70 years and older |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg                             | 4                |                                      |
| <i>carb/levo orally disintegrating tab 10-100mg</i>                            | 3                |                                      |
| <i>carb/levo orally disintegrating tab 25-100mg</i>                            | 3                |                                      |
| <i>carb/levo orally disintegrating tab 25-250mg</i>                            | 3                |                                      |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>                                  | 2                |                                      |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>                                  | 2                |                                      |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                                  | 2                |                                      |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                               | 3                |                                      |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                               | 3                |                                      |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>                       | 4                |                                      |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>                      | 4                |                                      |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>                        | 4                |                                      |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>                     | 4                |                                      |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>                      | 4                |                                      |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>                        | 4                |                                      |
| <i>entacapone</i> TABS 200mg                                                   | 4                |                                      |
| INBRIJA CAPS 42mg                                                              | 5                | NDS, QL (300 caps / 30 days), NM, PA |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg | 2                |                                      |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|
| <i>rasagiline mesylate</i> TABS .5mg, 1mg                                                                     | 4                | QL (30 tabs / 30 days)               |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg                                     | 2                |                                      |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg                                                                      | 3                |                                      |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml                                                                       | 3                | PA; PA applies if 70 years and older |
| <i>trihexyphenidyl hcl</i> TABS 2mg, 5mg                                                                      | 2                | PA; PA applies if 70 years and older |
| <b>ANTIPSYCHOTICS</b>                                                                                         |                  |                                      |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml                                                               | 5                | NDS, QL (1 syringe / 56 days)        |
| ABILIFY MAINTENA PRSY 300mg, 400mg                                                                            | 5                | NDS, QL (1 syringe / 28 days)        |
| ABILIFY MAINTENA SRER 300mg, 400mg                                                                            | 5                | NDS, QL (1 injection / 28 days)      |
| <i>aripiprazole</i> SOLN 1mg/ml                                                                               | 4                | QL (900 mL / 30 days)                |
| <i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg                                                     | 4                | QL (30 tabs / 30 days)               |
| <i>aripiprazole</i> TBDP 10mg, 15mg                                                                           | 4                | QL (60 tabs / 30 days), ST           |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml                                                           | 5                | NDS, QL (1 syringe / 28 days)        |
| ARISTADA PRSY 1064mg/3.9ml                                                                                    | 5                | NDS, QL (1 syringe / 56 days)        |
| ARISTADA INITIO PRSY 675mg/2.4ml                                                                              | 5                | NDS                                  |
| <i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg                                                                | 4                | QL (60 tabs / 30 days)               |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg                                                                               | 5                | NDS, QL (30 caps / 30 days)          |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 4                |                                      |
| <i>clozapine</i> TABS 25mg, 50mg                                                                              | 3                |                                      |
| <i>clozapine</i> TABS 100mg                                                                                   | 3                | QL (270 tabs / 30 days)              |
| <i>clozapine</i> TABS 200mg                                                                                   | 3                | QL (120 tabs / 30 days)              |
| <i>clozapine</i> TBDP 12.5mg, 25mg                                                                            | 4                | PA                                   |
| <i>clozapine</i> TBDP 100mg                                                                                   | 4                | QL (270 tabs / 30 days), PA          |
| <i>clozapine</i> TBDP 150mg                                                                                   | 4                | QL (180 tabs / 30 days), PA          |
| <i>clozapine</i> TBDP 200mg                                                                                   | 4                | QL (120 tabs / 30 days), PA          |
| COBENFY CAP 50-20MG                                                                                           | 5                | NDS, QL (60 caps / 30 days), PA      |
| COBENFY CAP 100-20MG                                                                                          | 5                | NDS, QL (60 caps / 30 days), PA      |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|------------------------------------------------------------------------------------------------|------------------|----------------------------------|
| COBENFY CAP 125-30MG                                                                           | 5                | NDS, QL (60 caps / 30 days), PA  |
| COBENFY STRT CAP PACK                                                                          | 5                | NDS, QL (2 packs / year), PA     |
| ERZOFRI SUSY 39mg/0.25ml                                                                       | 4                | QL (1 syringe / 28 days)         |
| ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml                                   | 5                | NDS, QL (1 syringe / 28 days)    |
| ERZOFRI SUSY 351mg/2.25ml                                                                      | 5                | NDS, QL (2 syringes / year)      |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg                                                | 5                | NDS, QL (60 tabs / 30 days), PA  |
| FANAPT PAK PACK A                                                                              | 4                | QL (2 packs / year), PA          |
| FANAPT PAK PACK B                                                                              | 4                | QL (2 packs / year), PA          |
| FANAPT PAK PACK C                                                                              | 4                | QL (2 packs / year), PA          |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml                                                     | 4                |                                  |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 4                |                                  |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg                                        | 3                |                                  |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml                                            | 3                |                                  |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml                                            | 3                |                                  |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml                                                   | 5                | NDS, QL (1 injection / 180 days) |
| INVEGA SUSTENNA SUSY 39mg/0.25ml                                                               | 4                | QL (1 syringe / 28 days)         |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml                           | 5                | NDS, QL (1 syringe / 28 days)    |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml                      | 5                | NDS, QL (1 syringe / 90 days)    |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg                                           | 3                |                                  |
| <i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg                                             | 4                | QL (30 tabs / 30 days)           |
| <i>lurasidone hcl</i> TABS 80mg                                                                | 4                | QL (60 tabs / 30 days)           |
| LYBALVI TAB 5-10MG                                                                             | 5                | NDS, QL (30 tabs / 30 days)      |
| LYBALVI TAB 10-10MG                                                                            | 5                | NDS, QL (30 tabs / 30 days)      |
| LYBALVI TAB 15-10MG                                                                            | 5                | NDS, QL (30 tabs / 30 days)      |
| LYBALVI TAB 20-10MG                                                                            | 5                | NDS, QL (30 tabs / 30 days)      |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg                                                      | 4                |                                  |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|-----------------------------------------------------------|------------------|-------------------------------------|
| NUPLAZID CAPS 34mg                                        | 5                | NDS, QL (30 caps / 30 days), NM, PA |
| NUPLAZID TABS 10mg                                        | 5                | NDS, QL (30 tabs / 30 days), NM, PA |
| <i>olanzapine</i> SOLR 10mg                               | 4                | QL (3 vials / 1 day)                |
| <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg                   | 2                | QL (60 tabs / 30 days)              |
| <i>olanzapine</i> TABS 7.5mg, 15mg, 20mg                  | 2                | QL (30 tabs / 30 days)              |
| <i>olanzapine</i> TBDP 5mg, 15mg, 20mg                    | 4                | QL (30 tabs / 30 days), ST          |
| <i>olanzapine</i> TBDP 10mg                               | 4                | QL (60 tabs / 30 days), ST          |
| OPIPZA FILM 2mg, 5mg                                      | 5                | NDS, QL (30 films / 30 days), PA    |
| OPIPZA FILM 10mg                                          | 5                | NDS, QL (90 films / 30 days), PA    |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 9mg                  | 4                | QL (30 tabs / 30 days)              |
| <i>paliperidone</i> TB24 6mg                              | 4                | QL (60 tabs / 30 days)              |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg              | 3                |                                     |
| <i>pimozide</i> TABS 1mg, 2mg                             | 4                |                                     |
| <i>quetiapine fumarate</i> TABS 25mg                      | 2                | QL (180 tabs / 30 days)             |
| <i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg | 2                | QL (90 tabs / 30 days)              |
| <i>quetiapine fumarate</i> TABS 300mg, 400mg              | 2                | QL (60 tabs / 30 days)              |
| <i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg        | 4                | QL (60 tabs / 30 days), PA          |
| <i>quetiapine fumarate</i> TB24 150mg, 200mg              | 4                | QL (30 tabs / 30 days), PA          |
| REXULTI TABS 3mg, 4mg                                     | 5                | NDS, QL (30 tabs / 30 days)         |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg                        | 5                | NDS, QL (60 tabs / 30 days)         |
| <i>risperidone</i> SOLN 1mg/ml                            | 3                | QL (240 mL / 30 days)               |
| <i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg   | 2                |                                     |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg                     | 4                | QL (60 tabs / 30 days), ST          |
| <i>risperidone</i> TBDP 4mg                               | 4                | QL (120 tabs / 30 days), ST         |
| <i>risperidone</i> TBDP .25mg, .5mg                       | 4                | QL (90 tabs / 30 days), ST          |
| <i>risperidone microspheres</i> SRER 12.5mg, 25mg         | 4                | QL (2 injections / 28 days)         |
| <i>risperidone microspheres</i> SRER 37.5mg, 50mg         | 5                | NDS, QL (2 injections / 28 days)    |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|----------------------------------------------------------------------------------------------|------------------|-------------------------------------|
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr                                              | 5                | NDS, QL (30 patches / 30 days)      |
| thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg                                                | 3                |                                     |
| thiothixene CAPS 1mg, 2mg, 5mg, 10mg                                                         | 4                |                                     |
| trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg                                                 | 3                |                                     |
| VERSACLOZ SUSP 50mg/ml                                                                       | 5                | NDS, QL (600 mL / 30 days), PA      |
| VRAYLAR CAPS 1.5mg                                                                           | 5                | NDS, QL (60 caps / 30 days)         |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg                                                                 | 5                | NDS, QL (30 caps / 30 days)         |
| ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg                                                  | 4                | QL (60 caps / 30 days)              |
| ziprasidone mesylate SOLR 20mg                                                               | 4                | QL (6 injections / 3 days)          |
| ZYPREXA RELPREVV SUSR 210mg                                                                  | 4                | QL (2 vials / 28 days), NM, PA      |
| ZYPREXA RELPREVV SUSR 300mg                                                                  | 5                | NDS, QL (2 vials / 28 days), NM, PA |
| ZYPREXA RELPREVV SUSR 405mg                                                                  | 5                | NDS, QL (1 vial / 28 days), NM, PA  |
| <b>ANTISEIZURE AGENTS</b>                                                                    |                  |                                     |
| APTiom TABS 200mg, 400mg                                                                     | 5                | NDS, QL (30 tabs / 30 days)         |
| APTiom TABS 600mg, 800mg                                                                     | 5                | NDS, QL (60 tabs / 30 days)         |
| BRIVIACT SOLN 10mg/ml                                                                        | 5                | NDS, QL (600 mL / 30 days), PA      |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg                                                  | 5                | NDS, QL (60 tabs / 30 days), PA     |
| carbamazepine CHEW 100mg; TABS 200mg                                                         | 3                |                                     |
| carbamazepine CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg | 4                |                                     |
| clobazam SUSP 2.5mg/ml                                                                       | 4                | QL (480 mL / 30 days), PA           |
| clobazam TABS 10mg, 20mg                                                                     | 4                | QL (60 tabs / 30 days), PA          |
| clonazepam TABS 2mg                                                                          | 2                | QL (300 tabs / 30 days)             |
| clonazepam TABS .5mg, 1mg                                                                    | 2                | QL (90 tabs / 30 days)              |
| clonazepam TBDP 2mg                                                                          | 3                | QL (300 tabs / 30 days)             |
| clonazepam TBDP .125mg, .25mg, .5mg, 1mg                                                     | 3                | QL (90 tabs / 30 days)              |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                                   |
|---------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------|
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg | 4                | QL (180 tabs / 30 days), PA; PA applies if 65 years and older                                |
| DIACOMIT CAPS 250mg                                     | 5                | NDS, QL (360 caps / 30 days), NM, PA                                                         |
| DIACOMIT CAPS 500mg                                     | 5                | NDS, QL (180 caps / 30 days), NM, PA                                                         |
| DIACOMIT PACK 250mg                                     | 5                | NDS, QL (360 packets / 30 days), NM, PA                                                      |
| DIACOMIT PACK 500mg                                     | 5                | NDS, QL (180 packets / 30 days), NM, PA                                                      |
| <i>diazepam</i> SOLN 5mg/5ml                            | 3                | QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply  |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg                     | 2                | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg  | 4                |                                                                                              |
| <i>diazepam inj</i> SOLN 5mg/ml                         | 4                |                                                                                              |
| <i>diazepam intensol</i> CONC 5mg/ml                    | 3                | QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply   |
| DILANTIN CAPS 30mg                                      | 4                |                                                                                              |
| <i>divalproex sodium</i> CSDR 125mg                     | 4                |                                                                                              |
| <i>divalproex sodium</i> TB24 250mg, 500mg              | 3                |                                                                                              |
| <i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg       | 2                |                                                                                              |
| EPIDIOLEX SOLN 100mg/ml                                 | 5                | NDS, QL (600 mL / 30 days), NM, PA                                                           |
| <i>epitol</i> TABS 200mg                                | 3                |                                                                                              |
| EPRONTIA SOLN 25mg/ml                                   | 4                | QL (480 mL / 30 days), PA                                                                    |
| <i>eslicarbazepine acetate</i> TABS 200mg, 400mg        | 4                | QL (30 tabs / 30 days)                                                                       |
| <i>eslicarbazepine acetate</i> TABS 600mg, 800mg        | 4                | QL (60 tabs / 30 days)                                                                       |
| <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml          | 3                |                                                                                              |
| <i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg      | 4                |                                                                                              |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|----------------------------------------------------------------|------------------|------------------------------------|
| FINTEPLA SOLN 2.2mg/ml                                         | 5                | NDS, QL (360 mL / 30 days), NM, PA |
| FYCOMPA SUSP .5mg/ml                                           | 5                | NDS, QL (720 mL / 30 days), PA     |
| FYCOMPA TABS 2mg                                               | 4                | QL (60 tabs / 30 days), PA         |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg                         | 5                | NDS, QL (30 tabs / 30 days), PA    |
| <i>gabapentin</i> CAPS 100mg, 300mg                            | 2                | QL (360 caps / 30 days)            |
| <i>gabapentin</i> CAPS 400mg                                   | 2                | QL (270 caps / 30 days)            |
| <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml                    | 3                | QL (2160 mL / 30 days)             |
| <i>gabapentin</i> TABS 600mg                                   | 2                | QL (180 tabs / 30 days)            |
| <i>gabapentin</i> TABS 800mg                                   | 2                | QL (120 tabs / 30 days)            |
| <i>lacosamide</i> SOLN 200mg/20ml                              | 4                |                                    |
| <i>lacosamide</i> TABS 50mg                                    | 4                | QL (120 tabs / 30 days)            |
| <i>lacosamide</i> TABS 100mg, 150mg, 200mg                     | 4                | QL (60 tabs / 30 days)             |
| <i>lacosamide oral</i> SOLN 10mg/ml                            | 4                | QL (1200 mL / 30 days)             |
| <i>lamotrigine</i> CHEW 5mg, 25mg                              | 3                |                                    |
| <i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg              | 1                |                                    |
| <i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 4                | ST                                 |
| <i>levetiracetam</i> SOLN 100mg/ml; TB24 500mg, 750mg          | 3                |                                    |
| <i>levetiracetam</i> SOLN 500mg/5ml                            | 4                |                                    |
| <i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg          | 2                |                                    |
| LEVETIRACETAM TB3D 250mg                                       | 4                | QL (360 tabs / 30 days)            |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>   | 4                |                                    |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>  | 4                |                                    |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>  | 4                |                                    |
| <i>methsuximide</i> CAPS 300mg                                 | 4                |                                    |
| NAYZILAM SOLN 5mg/0.1ml                                        | 4                | QL (10 nasal units / 30 days)      |
| <i>oxcarbazepine</i> SUSP 300mg/5ml                            | 4                |                                    |
| <i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg                  | 3                |                                    |
| <i>perampanel</i> TABS 2mg                                     | 4                | QL (60 tabs / 30 days), PA         |
| <i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg               | 5                | NDS, QL (30 tabs / 30 days), PA    |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                    |
|-----------------------------------------------------------------------------------|------------------|---------------------------------------------------------------|
| <i>phenobarbital</i> ELIX 20mg/5ml                                                | 4                | QL (1500 mL / 30 days), PA; PA applies if 70 years and older  |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | 3                | QL (120 tabs / 30 days), PA; PA applies if 70 years and older |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml                                | 4                | PA; PA applies if 70 years and older                          |
| <i>phenytek</i> CAPS 200mg, 300mg                                                 | 3                |                                                               |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml                                        | 3                |                                                               |
| <i>phenytoin sodium</i> SOLN 50mg/ml                                              | 3                |                                                               |
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg                         | 3                |                                                               |
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg                             | 3                | QL (120 caps / 30 days), PA                                   |
| <i>pregabalin</i> CAPS 200mg                                                      | 3                | QL (90 caps / 30 days), PA                                    |
| <i>pregabalin</i> CAPS 225mg, 300mg                                               | 3                | QL (60 caps / 30 days), PA                                    |
| <i>pregabalin</i> SOLN 20mg/ml                                                    | 4                | QL (900 mL / 30 days), PA                                     |
| <i>primidone</i> TABS 50mg, 125mg, 250mg                                          | 2                |                                                               |
| <i>roweepra</i> TABS 500mg                                                        | 2                |                                                               |
| <i>rufinamide</i> SUSP 40mg/ml                                                    | 5                | NDS, QL (2400 mL / 30 days), PA                               |
| <i>rufinamide</i> TABS 200mg                                                      | 4                | QL (480 tabs / 30 days), PA                                   |
| <i>rufinamide</i> TABS 400mg                                                      | 5                | NDS, QL (240 tabs / 30 days), PA                              |
| SPRITAM TB3D 250mg                                                                | 4                | QL (360 tabs / 30 days)                                       |
| SPRITAM TB3D 500mg                                                                | 4                | QL (180 tabs / 30 days)                                       |
| SPRITAM TB3D 750mg                                                                | 4                | QL (120 tabs / 30 days)                                       |
| SPRITAM TB3D 1000mg                                                               | 4                | QL (90 tabs / 30 days)                                        |
| <i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg                                   | 1                |                                                               |
| SYMPAZAN FILM 5mg, 10mg, 20mg                                                     | 5                | NDS, QL (60 films / 30 days), PA                              |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg                                    | 4                |                                                               |
| <i>topiramate</i> CPSP 15mg, 25mg                                                 | 3                |                                                               |
| <i>topiramate</i> CPSP 50mg                                                       | 4                |                                                               |
| <i>topiramate</i> SOLN 25mg/ml                                                    | 4                | QL (480 mL / 30 days), PA                                     |
| <i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg                                   | 2                |                                                               |
| <i>valproate sodium</i> SOLN 100mg/ml                                             | 4                |                                                               |
| <i>valproate sodium</i> SOLN 250mg/5ml                                            | 3                |                                                               |
| <i>valproic acid</i> CAPS 250mg                                                   | 3                |                                                               |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|--------------------------------------------------------|------------------|-----------------------------------------|
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml                       | 4                | QL (10 blister packs / 30 days)         |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml                     | 4                | QL (10 blister packs / 30 days)         |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml                    | 4                | QL (10 blister packs / 30 days)         |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml                     | 4                | QL (10 blister packs / 30 days)         |
| <i>vigabatrin</i> PACK 500mg                           | 5                | NDS, QL (180 packets / 30 days), NM, PA |
| <i>vigabatrin</i> TABS 500mg                           | 5                | NDS, QL (180 tabs / 30 days), NM, PA    |
| <i>vigadrone</i> PACK 500mg                            | 5                | NDS, QL (180 packets / 30 days), NM, PA |
| <i>vigadrone</i> TABS 500mg                            | 5                | NDS, QL (180 tabs / 30 days), NM, PA    |
| VIGAFYDE SOLN 100mg/ml                                 | 5                | NDS, QL (900 mL / 30 days), NM, PA      |
| <i>vigpoder</i> PACK 500mg                             | 5                | NDS, QL (180 packets / 30 days), NM, PA |
| XCOPRI TABS 25mg, 50mg, 100mg                          | 5                | NDS, QL (30 tabs / 30 days)             |
| XCOPRI TABS 150mg, 200mg                               | 5                | NDS, QL (60 tabs / 30 days)             |
| XCOPRI PAK 12.5-25                                     | 4                | QL (28 tabs / 28 days)                  |
| XCOPRI PAK 50-100MG                                    | 5                | NDS, QL (28 tabs / 28 days)             |
| XCOPRI PAK 100-150                                     | 5                | NDS, QL (56 tabs / 28 days)             |
| XCOPRI PAK 150-200MG (MAINTENANCE)                     | 5                | NDS, QL (56 tabs / 28 days)             |
| XCOPRI PAK 150-200MG (TITRATION)                       | 5                | NDS, QL (28 tabs / 28 days)             |
| ZONISADE SUSP 100mg/5ml                                | 5                | NDS, QL (900 mL / 30 days), PA          |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg               | 2                |                                         |
| ZTALMY SUSP 50mg/ml                                    | 5                | NDS, QL (1100 mL / 30 days), NM, PA     |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>        |                  |                                         |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>  | 4                | QL (30 caps / 30 days), PA              |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | 4                | QL (30 caps / 30 days), PA              |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | 4                | QL (30 caps / 30 days), PA              |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                   |
|--------------------------------------------------------|------------------|--------------------------------------------------------------|
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | 4                | QL (30 caps / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | 4                | QL (30 caps / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | 4                | QL (30 caps / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 5 mg</i>          | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i>        | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 10 mg</i>         | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>       | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 15 mg</i>         | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>         | 3                | QL (90 tabs / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>         | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>           | 4                | QL (120 caps / 30 days)                                      |
| <i>atomoxetine hcl CAPS 40mg</i>                       | 4                | QL (60 caps / 30 days)                                       |
| <i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>          | 4                | QL (30 caps / 30 days)                                       |
| <i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>          | 3                | QL (120 tabs / 30 days), PA                                  |
| <i>dexmethylphenidate hcl TABS 10mg</i>                | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>        | 3                | QL (30 tabs / 30 days), PA; PA applies if 70 years and older |
| <i>guanfacine hcl (adhd) TB24 3mg</i>                  | 3                | QL (60 tabs / 30 days), PA; PA applies if 70 years and older |
| <i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg</i>       | 4                | QL (180 tabs / 30 days), PA                                  |
| <i>methylphenidate hcl SOLN 5mg/5ml</i>                | 4                | QL (1800 mL / 30 days), PA                                   |
| <i>methylphenidate hcl SOLN 10mg/5ml</i>               | 4                | QL (900 mL / 30 days), PA                                    |
| <i>methylphenidate hcl TABS 5mg, 10mg</i>              | 3                | QL (180 tabs / 30 days), PA                                  |
| <i>methylphenidate hcl TABS 20mg</i>                   | 3                | QL (90 tabs / 30 days), PA                                   |
| <i>methylphenidate hcl TBCR 10mg, 20mg</i>             | 4                | QL (90 tabs / 30 days), PA                                   |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| Drug Name                              | Drug Tier | Requirements/Limits                                                                                   |
|----------------------------------------|-----------|-------------------------------------------------------------------------------------------------------|
| <b>HYPNOTICS</b>                       |           |                                                                                                       |
| DAYVIGO TABS 5mg, 10mg                 | 3         | QL (30 tabs / 30 days)                                                                                |
| doxepin hcl (sleep) TABS 3mg, 6mg      | 3         | QL (30 tabs / 30 days)                                                                                |
| eszopiclone TABS 1mg, 2mg, 3mg         | 4         | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| tasimelteon CAPS 20mg                  | 5         | NDS, QL (30 caps / 30 days), NM, PA                                                                   |
| temazepam CAPS 7.5mg, 30mg             | 4         | QL (30 caps / 30 days), PA; PA applies if 65 years and older                                          |
| temazepam CAPS 15mg                    | 4         | QL (60 caps / 30 days), PA; PA applies if 65 years and older                                          |
| zaleplon CAPS 5mg                      | 3         | QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| zaleplon CAPS 10mg                     | 3         | QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| zolpidem tartrate TABS 5mg, 10mg       | 2         | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| <b>MIGRAINE</b>                        |           |                                                                                                       |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml         | 3         | QL (1 pen / 30 days), NM, PA                                                                          |
| dihydroergotamine mesylate SOLN 1mg/ml | 5         | NDS                                                                                                   |
| dihydroergotamine mesylate SOLN 4mg/ml | 5         | NDS, QL (8 mL / 30 days), PA                                                                          |
| EMGALITY SOAJ 120mg/ml                 | 3         | QL (2 pens / 30 days), NM, PA                                                                         |
| EMGALITY SOSY 100mg/ml                 | 3         | QL (3 syringes / 30 days), NM, PA                                                                     |
| EMGALITY SOSY 120mg/ml                 | 3         | QL (2 syringes / 30 days), NM, PA                                                                     |
| ergotamine w/ caffeine tab 1-100 mg    | 3         | QL (40 tabs / 28 days), PA                                                                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|-----------------------------------------------------------------------------|------------------|--------------------------------------|
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg                                      | 3                | QL (12 tabs / 30 days)               |
| NURTEC TBDP 75mg                                                            | 3                | QL (16 tabs / 30 days), PA           |
| QULIPTA TABS 10mg, 30mg, 60mg                                               | 3                | QL (30 tabs / 30 days), PA           |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg                  | 3                | QL (18 tabs / 30 days)               |
| <i>sumatriptan</i> SOLN 5mg/act                                             | 4                | QL (24 units / 30 days)              |
| <i>sumatriptan</i> SOLN 20mg/act                                            | 4                | QL (12 units / 30 days)              |
| <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml                 | 4                | QL (18 injections / 30 days)         |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml | 4                | QL (12 injections / 30 days)         |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg                         | 2                | QL (12 tabs / 30 days)               |
| UBRELVY TABS 50mg, 100mg                                                    | 3                | QL (16 tabs / 30 days), PA           |
| <b>MISCELLANEOUS</b>                                                        |                  |                                      |
| AUSTEDO TABS 6mg                                                            | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| AUSTEDO TABS 9mg, 12mg                                                      | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 6mg                                                         | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| AUSTEDO XR TB24 12mg                                                        | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 18mg, 24mg                                                  | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg                                      | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| AUSTEDO XR TAB TITR KIT                                                     | 5                | NDS, QL (2 packs / year), NM, PA     |
| <i>lithium</i> SOLN 8meq/5ml                                                | 4                |                                      |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg               | 1                |                                      |
| <i>lithium carbonate</i> TBCR 300mg, 450mg                                  | 2                |                                      |
| NUDEXTA CAP 20-10MG                                                         | 5                | NDS, QL (60 caps / 30 days), PA      |
| <i>pyridostigmine bromide</i> TABS 60mg                                     | 3                |                                      |
| <i>riluzole</i> TABS 50mg                                                   | 4                |                                      |
| <i>tetrabenazine</i> TABS 12.5mg                                            | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>tetrabenazine</i> TABS 25mg                                              | 5                | NDS, QL (120 tabs / 30 days), NM, PA |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| Drug Name                                | Drug Tier | Requirements/Limits                                                                                    |
|------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| <b>MULTIPLE SCLEROSIS AGENTS</b>         |           |                                                                                                        |
| BAFIERTAM CPDR 95mg                      | 5         | NDS, QL (120 caps / 30 days), NM, PA                                                                   |
| BETASERON KIT .3mg                       | 5         | NDS, QL (14 syringes / 28 days), NM, PA                                                                |
| COPAXONE SOSY 20mg/ml                    | 5         | NDS, QL (30 syringes / 30 days), NM, PA                                                                |
| COPAXONE SOSY 40mg/ml                    | 5         | NDS, QL (12 syringes / 28 days), NM, PA                                                                |
| dalfampridine TB12 10mg                  | 3         | QL (60 tabs / 30 days), NM, PA                                                                         |
| fingolimod hcl CAPS .5mg                 | 5         | NDS, QL (30 caps / 30 days), NM, PA                                                                    |
| glatiramer acetate SOSY 20mg/ml          | 5         | NDS, QL (30 syringes / 30 days), NM, PA                                                                |
| glatiramer acetate SOSY 40mg/ml          | 5         | NDS, QL (12 syringes / 28 days), NM, PA                                                                |
| glatopa SOSY 20mg/ml                     | 5         | NDS, QL (30 syringes / 30 days), NM, PA                                                                |
| glatopa SOSY 40mg/ml                     | 5         | NDS, QL (12 syringes / 28 days), NM, PA                                                                |
| KESIMPTA SOAJ 20mg/0.4ml                 | 5         | NDS, QL (16 pens / 365 days), NM, PA                                                                   |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>    |           |                                                                                                        |
| baclofen TABS 5mg                        | 2         | QL (90 tabs / 30 days)                                                                                 |
| baclofen TABS 10mg, 20mg                 | 2         |                                                                                                        |
| carisoprodol TABS 350mg                  | 3         | QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| cyclobenzaprine hcl TABS 5mg, 10mg       | 3         | QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year  |
| dantrolene sodium CAPS 25mg, 50mg, 100mg | 4         |                                                                                                        |
| methocarbamol TABS 500mg                 | 3         | QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                                             |
|---------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------|
| <i>methocarbamol</i> TABS 750mg                                                 | 3                | QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>tizanidine hcl</i> TABS 2mg, 4mg                                             | 2                |                                                                                                        |
| <b><i>NARCOLEPSY/CATAPLEXY</i></b>                                              |                  |                                                                                                        |
| <i>armodafinil</i> TABS 50mg                                                    | 4                | QL (60 tabs / 30 days), PA                                                                             |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg                                     | 4                | QL (30 tabs / 30 days), PA                                                                             |
| <i>modafinil</i> TABS 100mg                                                     | 3                | QL (30 tabs / 30 days), PA                                                                             |
| <i>modafinil</i> TABS 200mg                                                     | 3                | QL (60 tabs / 30 days), PA                                                                             |
| SODIUM OXYBATE SOLN 500mg/ml                                                    | 5                | NDS, QL (540 mL / 30 days), NM, PA                                                                     |
| <b><i>PSYCHOTHERAPEUTIC-MISC</i></b>                                            |                  |                                                                                                        |
| <i>acamprosate calcium</i> TBEC 333mg                                           | 4                |                                                                                                        |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg                                          | 3                | QL (90 tabs / 30 days)                                                                                 |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>             | 4                | QL (90 films / 30 days)                                                                                |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>               | 4                | QL (90 films / 30 days)                                                                                |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>               | 4                | QL (90 films / 30 days)                                                                                |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>              | 4                | QL (60 films / 30 days)                                                                                |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>              | 2                | QL (90 tabs / 30 days)                                                                                 |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>                | 2                | QL (90 tabs / 30 days)                                                                                 |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg                             | 2                | QL (60 tabs / 30 days)                                                                                 |
| <i>disulfiram</i> TABS 250mg, 500mg                                             | 3                |                                                                                                        |
| KLOXXADO LIQD 8mg/0.1ml                                                         | 3                |                                                                                                        |
| <i>naloxone hcl</i> LIQD 4mg/0.1ml                                              | 3                |                                                                                                        |
| <i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | 2                |                                                                                                        |
| <i>naltrexone hcl</i> TABS 50mg                                                 | 3                |                                                                                                        |
| NICOTROL INHALER INHA 10mg                                                      | 4                |                                                                                                        |
| NICOTROL NS SOLN 10mg/ml                                                        | 4                |                                                                                                        |
| <i>varenicline tartrate</i> TABS .5mg, 1mg                                      | 4                | QL (56 tabs / 28 days)                                                                                 |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>          | 4                | QL (2 packs / year)                                                                                    |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|-------------------------------------------------------|------------------|----------------------------------|
| VIVITROL SUSR 380mg                                   | 5                | NDS, NM                          |
| <b>ENDOCRINE AND METABOLIC</b>                        |                  |                                  |
| <b>ANDROGENS</b>                                      |                  |                                  |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg                | 4                |                                  |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml      | 3                | PA                               |
| <i>methyltestosterone</i> CAPS 10mg                   | 5                | NDS, QL (600 caps / 30 days), PA |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm      | 4                | QL (300 gm / 30 days), PA        |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml | 3                | PA                               |
| <i>testosterone enanthate</i> SOLN 200mg/ml           | 3                | PA                               |
| <i>testosterone pump</i> GEL 1.62%                    | 4                | QL (150 gm / 30 days), PA        |
| <b>ANTIDIABETICS</b>                                  |                  |                                  |
| <i>acarbose</i> TABS 25mg, 50mg, 100mg                | 3                |                                  |
| FARXIGA TABS 5mg, 10mg                                | 3                | QL (30 tabs / 30 days)           |
| <i>glimepiride</i> TABS 1mg, 2mg                      | 1                | QL (90 tabs / 30 days)           |
| <i>glimepiride</i> TABS 4mg                           | 1                | QL (60 tabs / 30 days)           |
| <i>glipizide</i> TABS 5mg                             | 1                | QL (240 tabs / 30 days)          |
| <i>glipizide</i> TABS 10mg                            | 1                | QL (120 tabs / 30 days)          |
| <i>glipizide</i> TB24 2.5mg, 5mg                      | 1                | QL (90 tabs / 30 days)           |
| <i>glipizide</i> TB24 10mg                            | 1                | QL (60 tabs / 30 days)           |
| <i>glipizide xl</i> TB24 2.5mg, 5mg                   | 1                | QL (90 tabs / 30 days)           |
| <i>glipizide xl</i> TB24 10mg                         | 1                | QL (60 tabs / 30 days)           |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i>         | 1                | QL (240 tabs / 30 days)          |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i>         | 1                | QL (120 tabs / 30 days)          |
| <i>glipizide-metformin hcl tab 5-500 mg</i>           | 1                | QL (120 tabs / 30 days)          |
| GLYXAMBI TAB 10-5 MG                                  | 3                | QL (30 tabs / 30 days)           |
| GLYXAMBI TAB 25-5 MG                                  | 3                | QL (30 tabs / 30 days)           |
| JANUMET TAB 50-500MG                                  | 3                | QL (60 tabs / 30 days)           |
| JANUMET TAB 50-1000                                   | 3                | QL (60 tabs / 30 days)           |
| JANUMET XR TAB 50-500MG                               | 3                | QL (60 tabs / 30 days)           |
| JANUMET XR TAB 50-1000                                | 3                | QL (60 tabs / 30 days)           |
| JANUMET XR TAB 100-1000                               | 3                | QL (30 tabs / 30 days)           |
| JANUVIA TABS 25mg, 50mg, 100mg                        | 3                | QL (30 tabs / 30 days)           |
| JARDIANCE TABS 10mg, 25mg                             | 3                | QL (30 tabs / 30 days)           |
| JENTADUETO TAB 2.5-500                                | 3                | QL (60 tabs / 30 days)           |
| JENTADUETO TAB 2.5-850                                | 3                | QL (60 tabs / 30 days)           |
| JENTADUETO TAB 2.5-1000                               | 3                | QL (60 tabs / 30 days)           |
| JENTADUETO TAB XR 2.5-1000MG                          | 3                | QL (60 tabs / 30 days)           |
| JENTADUETO TAB XR 5-1000MG                            | 3                | QL (30 tabs / 30 days)           |
| <i>metformin hcl</i> TABS 500mg                       | 1                | QL (150 tabs / 30 days)          |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                |
|-----------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------|
| <i>metformin hcl</i> TABS 850mg                                                               | 1                | QL (90 tabs / 30 days)                                    |
| <i>metformin hcl</i> TABS 1000mg                                                              | 1                | QL (75 tabs / 30 days)                                    |
| <i>metformin hcl</i> TB24 500mg                                                               | 1                | QL (120 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR) |
| <i>metformin hcl</i> TB24 750mg                                                               | 1                | QL (60 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR)  |
| MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml,<br>7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml,<br>15mg/0.5ml | 3                | QL (4 pens / 28 days),<br>PA                              |
| <i>nateglinide</i> TABS 60mg, 120mg                                                           | 1                | QL (90 tabs / 30 days)                                    |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN<br>2mg/3ml                                                  | 3                | QL (1 pen / 28 days), PA                                  |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml                                                               | 3                | QL (1 pen / 28 days), PA                                  |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml                                                               | 3                | QL (1 pen / 28 days), PA                                  |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg                                                 | 1                | QL (30 tabs / 30 days)                                    |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>                                           | 1                | QL (90 tabs / 30 days)                                    |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>                                           | 1                | QL (90 tabs / 30 days)                                    |
| <i>repaglinide</i> TABS 2mg                                                                   | 1                | QL (240 tabs / 30 days)                                   |
| <i>repaglinide</i> TABS .5mg, 1mg                                                             | 1                | QL (120 tabs / 30 days)                                   |
| RYBELSUS TABS 3mg, 7mg, 14mg                                                                  | 3                | QL (30 tabs / 30 days),<br>PA                             |
| SYNJARDY TAB 5-500MG                                                                          | 3                | QL (120 tabs / 30 days)                                   |
| SYNJARDY TAB 5-1000MG                                                                         | 3                | QL (60 tabs / 30 days)                                    |
| SYNJARDY TAB 12.5-500                                                                         | 3                | QL (60 tabs / 30 days)                                    |
| SYNJARDY TAB 12.5-1000MG                                                                      | 3                | QL (60 tabs / 30 days)                                    |
| SYNJARDY XR TAB 5-1000MG                                                                      | 3                | QL (60 tabs / 30 days)                                    |
| SYNJARDY XR TAB 10-1000                                                                       | 3                | QL (60 tabs / 30 days)                                    |
| SYNJARDY XR TAB 12.5-1000                                                                     | 3                | QL (60 tabs / 30 days)                                    |
| SYNJARDY XR TAB 25-1000                                                                       | 3                | QL (30 tabs / 30 days)                                    |
| TRADJENTA TABS 5mg                                                                            | 3                | QL (30 tabs / 30 days)                                    |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG                                                          | 3                | QL (60 tabs / 30 days)                                    |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG                                                           | 3                | QL (30 tabs / 30 days)                                    |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG                                                       | 3                | QL (60 tabs / 30 days)                                    |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG                                                           | 3                | QL (30 tabs / 30 days)                                    |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml,<br>3mg/0.5ml, 4.5mg/0.5ml                            | 3                | QL (4 pens / 28 days),<br>PA                              |
| XIGDUO XR TAB 2.5-1000                                                                        | 3                | QL (60 tabs / 30 days)                                    |
| XIGDUO XR TAB 5-500MG                                                                         | 3                | QL (60 tabs / 30 days)                                    |
| XIGDUO XR TAB 5-1000MG                                                                        | 3                | QL (60 tabs / 30 days)                                    |
| XIGDUO XR TAB 10-500MG                                                                        | 3                | QL (30 tabs / 30 days)                                    |
| XIGDUO XR TAB 10-1000                                                                         | 3                | QL (30 tabs / 30 days)                                    |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| Drug Name                                 | Drug Tier | Requirements/Limits           |
|-------------------------------------------|-----------|-------------------------------|
| <b>ANTIDIABETICS, INSULINS</b>            |           |                               |
| ADMELOG SOLN 100unit/ml                   | 3         |                               |
| ADMELOG SOLOSTAR SOPN 100unit/ml          | 3         |                               |
| ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY       | 3         | PA                            |
| BASAGLAR KWIKPEN SOPN 100unit/ml          | 3         |                               |
| CEQUR SIMPL KIT PATCH 2U (3-DAY)          | 4         | QL (10 patches / 30 days), PA |
| CEQUR SIMPL KIT PATCH 2U (4-DAY)          | 4         | QL (8 patches / 24 days), PA  |
| CEQUR SIMPL MIS INSERTER                  | 4         | QL (2 inserters / year), PA   |
| FIASP SOLN 100unit/ml                     | 3         |                               |
| FIASP FLEXTOUCH SOPN 100unit/ml           | 3         |                               |
| FIASP PENFILL SOCT 100unit/ml             | 3         |                               |
| FIASP PUMPCART SOCT 100unit/ml            | 3         | B/D                           |
| GAUZE PADS 2" X 2"                        | 3         | PA                            |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | 5         | NDS, B/D                      |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml   | 5         | NDS                           |
| INSULIN PEN NEEDLES: BD-EMBECTA           | 3         | PA                            |
| INSULIN SAFETY NEEDLES: BD-EMBECTA        | 3         | PA                            |
| INSULIN SYRINGES: BD-EMBECTA              | 3         | PA                            |
| NOVOLIN INJ 70/30                         | 3         | (brand RELION not covered)    |
| NOVOLIN INJ 70/30 FP                      | 3         | (brand RELION not covered)    |
| NOVOLIN N SUSP 100unit/ml                 | 3         | (brand RELION not covered)    |
| NOVOLIN N FLEXPEN SUPN 100unit/ml         | 3         | (brand RELION not covered)    |
| NOVOLIN R SOLN 100unit/ml                 | 3         | (brand RELION not covered)    |
| NOVOLIN R FLEXPEN SOPN 100unit/ml         | 3         | (brand RELION not covered)    |
| NOVOLOG SOLN 100unit/ml                   | 3         | (brand RELION not covered)    |
| NOVOLOG FLEXPEN SOPN 100unit/ml           | 3         | (brand RELION not covered)    |
| NOVOLOG MIX INJ 70/30                     | 3         | (brand RELION not covered)    |
| NOVOLOG MIX INJ FLEXPEN                   | 3         | (brand RELION not covered)    |
| NOVOLOG PENFILL SOCT 100unit/ml           | 3         | (brand RELION not covered)    |
| OMNIPOD 5 DX KIT INT G7G6                 | 4         | QL (1 kit / year), PA         |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|-------------------------------------------------------|------------------|-------------------------------|
| OMNIPOD 5 DX MIS POD G7G6                             | 4                | QL (15 pods / 30 days), PA    |
| OMNIPOD 5 G7 KIT INTRO                                | 4                | QL (1 kit / year), PA         |
| OMNIPOD 5 G7 MIS PODS                                 | 4                | QL (15 pods / 30 days), PA    |
| OMNIPOD 5 L2 KIT INTRO G6                             | 4                | QL (1 kit / year), PA         |
| OMNIPOD 5 L2 MIS PODS G6                              | 4                | QL (15 pods / 30 days), PA    |
| OMNIPOD DASH KIT INTRO                                | 4                | QL (1 kit / year), PA         |
| OMNIPOD DASH MIS PODS                                 | 4                | QL (15 pods / 30 days), PA    |
| OMNIPOD GO KIT 10UNT/DY                               | 4                | QL (15 pods / 30 days), PA    |
| OMNIPOD GO KIT 15UNT/DY                               | 4                | QL (15 pods / 30 days), PA    |
| OMNIPOD GO KIT 20UNT/DY                               | 4                | QL (15 pods / 30 days), PA    |
| OMNIPOD GO KIT 25UNT/DY                               | 4                | QL (15 pods / 30 days), PA    |
| OMNIPOD GO KIT 30UNT/DY                               | 4                | QL (15 pods / 30 days), PA    |
| OMNIPOD GO KIT 35UNT/DY                               | 4                | QL (15 pods / 30 days), PA    |
| OMNIPOD GO KIT 40UNT/DY                               | 4                | QL (15 pods / 30 days), PA    |
| OMNIPOD MIS CLASSIC                                   | 4                | QL (15 pods / 30 days), PA    |
| SOLIQUA INJ 100/33                                    | 3                | QL (5 pens / 25 days)         |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml                   | 3                |                               |
| TOUJEO SOLOSTAR SOPN 300unit/ml                       | 3                |                               |
| TRESIBA SOLN 100unit/ml                               | 3                |                               |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml         | 3                |                               |
| XULTOPHY INJ 100/3.6                                  | 3                | QL (5 pens / 30 days)         |
| <b>CALCIUM REGULATORS</b>                             |                  |                               |
| <i>alendronate sodium</i> SOLN 70mg/75ml              | 4                | ST                            |
| <i>alendronate sodium</i> TABS 10mg, 35mg, 70mg       | 1                |                               |
| BONSITY SOPN 560mcg/2.24ml                            | 5                | NDS, NM, PA                   |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act     | 3                | B/D                           |
| <i>ibandronate sodium</i> TABS 150mg                  | 2                | B/D                           |
| PAMIDRONATE DISODIUM SOLN 6mg/ml                      | 3                | B/D                           |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml | 3                | B/D                           |
| PROLIA SOSY 60mg/ml                                   | 4                | QL (1 syringe / 180 days), NM |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|-----------------------------------------------------|------------------|-----------------------------------|
| <i>risedronate sodium</i> TABS 5mg, 35mg, 150mg     | 3                |                                   |
| <i>risedronate sodium</i> TBEC 35mg                 | 4                | ST                                |
| TERIPARATIDE SOPN 560mcg/2.24ml                     | 5                | NDS, NM, PA;<br>(ALVOGEN product) |
| WYOST SOLN 120mg/1.7ml                              | 5                | NDS, NM, PA                       |
| XGEVA SOLN 120mg/1.7ml                              | 5                | NDS, NM, PA                       |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml | 4                | B/D, NM                           |
| <b>CHELATING AGENTS</b>                             |                  |                                   |
| CHEMET CAPS 100mg                                   | 5                | NDS                               |
| <i>deferasirox</i> TABS 90mg                        | 3                | NM, PA                            |
| <i>deferasirox</i> TABS 180mg, 360mg; TBSO 125mg    | 4                | NM, PA                            |
| <i>deferasirox</i> TBSO 250mg, 500mg                | 5                | NDS, NM, PA                       |
| <i>kionex</i> SUSP 15gm/60ml                        | 3                |                                   |
| LOKELMA PACK 5gm, 10gm                              | 3                |                                   |
| <i>penicillamine</i> TABS 250mg                     | 5                | NDS, NM                           |
| <i>sodium polystyrene sulfonate powder</i>          | 3                |                                   |
| <i>sps</i> SUSP 15gm/60ml                           | 3                |                                   |
| <i>sps rectal</i> SUSP 15gm/60ml                    | 3                |                                   |
| <i>trientine hcl</i> CAPS 250mg                     | 5                | NDS, NM, PA                       |
| <b>CONTRACEPTIVES</b>                               |                  |                                   |
| <i>afirmelle</i>                                    | 2                |                                   |
| <i>altavera</i>                                     | 3                |                                   |
| <i>alyacen 1/35</i>                                 | 3                |                                   |
| <i>alyacen 7/7/7</i>                                | 3                |                                   |
| <i>amethia</i>                                      | 3                |                                   |
| <i>amethyst</i>                                     | 3                |                                   |
| <i>apri</i>                                         | 2                |                                   |
| <i>aranelle</i>                                     | 3                |                                   |
| <i>ashlyna</i>                                      | 3                |                                   |
| <i>aubra eq</i>                                     | 2                |                                   |
| <i>aurovela 1/20</i>                                | 3                |                                   |
| <i>aurovela 24 fe</i>                               | 3                |                                   |
| <i>aurovela fe 1.5/30</i>                           | 2                |                                   |
| <i>aurovela fe 1/20</i>                             | 2                |                                   |
| <i>aviane</i>                                       | 2                |                                   |
| <i>ayuna</i>                                        | 3                |                                   |
| <i>azurette</i>                                     | 3                |                                   |
| <i>balziva</i>                                      | 3                |                                   |
| <i>blisovi 24 fe</i>                                | 3                |                                   |
| <i>blisovi fe 1.5/30</i>                            | 2                |                                   |
| <i>briellyn</i>                                     | 3                |                                   |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------|------------------|----------------------------|
| <i>camila</i> TABS .35mg                                                     | 2                |                            |
| <i>camrese</i>                                                               | 3                |                            |
| <i>camrese lo</i>                                                            | 3                |                            |
| <i>chateal eq</i>                                                            | 3                |                            |
| <i>cryselle-28</i>                                                           | 3                |                            |
| <i>cyred eq</i>                                                              | 2                |                            |
| <i>dasetta 1/35</i>                                                          | 3                |                            |
| <i>dasetta 7/7/7</i>                                                         | 3                |                            |
| <i>daysee</i>                                                                | 3                |                            |
| <i>deblitane</i> TABS .35mg                                                  | 2                |                            |
| DEPO-SUBQ PROVERA 104 SUSY<br>104mg/0.65ml                                   | 3                |                            |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-<br/>0.02/0.01 mg(21/5)</i> | 3                |                            |
| <i>dolishale</i>                                                             | 3                |                            |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-<br/>0.02-0.451 mg</i>     | 3                |                            |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-<br/>0.03-0.451 mg</i>     | 3                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                          | 3                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                          | 3                |                            |
| <i>elinest</i>                                                               | 3                |                            |
| <i>eluryng</i>                                                               | 3                |                            |
| <i>emzahh</i> TABS .35mg                                                     | 2                |                            |
| <i>enilloring</i>                                                            | 3                |                            |
| <i>enpresse-28</i>                                                           | 2                |                            |
| <i>enskyce</i>                                                               | 2                |                            |
| <i>errin</i> TABS .35mg                                                      | 2                |                            |
| <i>estarylla</i>                                                             | 2                |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1<br/>mg-35 mcg</i>      | 2                |                            |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-<br/>0.015 mg/24hr</i>        | 3                |                            |
| <i>falmina</i>                                                               | 2                |                            |
| <i>feirza 1.5/30</i>                                                         | 2                |                            |
| <i>feirza 1/20</i>                                                           | 2                |                            |
| <i>finzala</i>                                                               | 3                |                            |
| <i>galbriela</i>                                                             | 3                |                            |
| <i>hailey 1.5/30</i>                                                         | 3                |                            |
| <i>hailey 24 fe</i>                                                          | 3                |                            |
| <i>haloette</i>                                                              | 3                |                            |
| <i>heather</i> TABS .35mg                                                    | 2                |                            |
| <i>iclevia</i>                                                               | 3                |                            |
| <i>incassia</i> TABS .35mg                                                   | 2                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------|------------------|----------------------------|
| <i>introvale</i>                                                            | 3                |                            |
| <i>isibloom</i>                                                             | 2                |                            |
| <i>jaimiess</i>                                                             | 3                |                            |
| <i>jasmiel</i>                                                              | 3                |                            |
| <i>jolessa</i>                                                              | 3                |                            |
| <i>juleber</i>                                                              | 2                |                            |
| <i>junel 1.5/30</i>                                                         | 3                |                            |
| <i>junel 1/20</i>                                                           | 3                |                            |
| <i>junel fe 1.5/30</i>                                                      | 2                |                            |
| <i>junel fe 1/20</i>                                                        | 2                |                            |
| <i>junel fe 24</i>                                                          | 3                |                            |
| <i>kaitlib fe</i>                                                           | 3                |                            |
| <i>kariva</i>                                                               | 3                |                            |
| <i>kelnor 1/35</i>                                                          | 2                |                            |
| <i>kelnor 1/50</i>                                                          | 3                |                            |
| <i>kurvelo</i>                                                              | 3                |                            |
| <i>larin 1.5/30</i>                                                         | 3                |                            |
| <i>larin 1/20</i>                                                           | 3                |                            |
| <i>larin 24 fe</i>                                                          | 3                |                            |
| <i>larin fe 1.5/30</i>                                                      | 2                |                            |
| <i>larin fe 1/20</i>                                                        | 2                |                            |
| <i>layolis fe</i>                                                           | 3                |                            |
| <i>lessina</i>                                                              | 2                |                            |
| <i>levonest</i>                                                             | 2                |                            |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg<br/>&amp;eth est 0.01 mg</i> | 3                |                            |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est<br/>tab 0.01mg(7)</i>  | 3                |                            |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est<br/>tab 0.01mg(7)</i> | 3                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab<br/>0.15-0.03 mg</i> | 3                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20<br/>mcg</i>         | 2                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-<br/>30 mcg</i>       | 3                |                            |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-<br/>40/0.125-30mg-mcg</i>    | 2                |                            |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab<br/>90-20 mcg</i>      | 3                |                            |
| <i>levora 0.15/30-28</i>                                                    | 3                |                            |
| <i>LILETTA IUD 20.1mcg/day</i>                                              | 3                | NM                         |
| <i>loestrin 1.5/30-21</i>                                                   | 3                |                            |
| <i>loestrin 1/20-21</i>                                                     | 3                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------|------------------|----------------------------|
| <i>loestrin fe 1.5/30</i>                                                       | 2                |                            |
| <i>loestrin fe 1/20</i>                                                         | 2                |                            |
| <i>lojaimiess</i>                                                               | 3                |                            |
| <i>loryna</i>                                                                   | 3                |                            |
| <i>low-ogestrel</i>                                                             | 3                |                            |
| <i>luizza 1.5/30</i>                                                            | 3                |                            |
| <i>luizza 1/20</i>                                                              | 3                |                            |
| <i>luteru</i>                                                                   | 2                |                            |
| <i>lyleq TABS .35mg</i>                                                         | 2                |                            |
| <i>lyza TABS .35mg</i>                                                          | 2                |                            |
| <i>marlissa</i>                                                                 | 3                |                            |
| <i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i> | 3                |                            |
| <i>meleya TABS .35mg</i>                                                        | 2                |                            |
| <i>mibelas 24 fe</i>                                                            | 3                |                            |
| <i>microgestin 1.5/30</i>                                                       | 3                |                            |
| <i>microgestin 1/20</i>                                                         | 3                |                            |
| <i>microgestin fe 1.5/30</i>                                                    | 2                |                            |
| <i>microgestin fe 1/20</i>                                                      | 2                |                            |
| <i>mili</i>                                                                     | 2                |                            |
| <i>mono-lynyah</i>                                                              | 2                |                            |
| <i>necon 0.5/35-28</i>                                                          | 3                |                            |
| <i>NEXPLANON IMPL 68mg</i>                                                      | 3                | NM                         |
| <i>nikki</i>                                                                    | 3                |                            |
| <i>nora-be TABS .35mg</i>                                                       | 2                |                            |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>                 | 3                |                            |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>          | 3                |                            |
| <i>norethindrone (contraceptive) TABS .35mg</i>                                 | 2                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>                | 3                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>              | 3                |                            |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>             | 3                |                            |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>                  | 2                |                            |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>              | 3                |                            |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>              | 3                |                            |
| <i>norlyroc TABS .35mg</i>                                                      | 2                |                            |
| <i>nortrel 0.5/35 (28)</i>                                                      | 3                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------|------------------|----------------------------|
| <i>nortrel 1/35 (21)</i>   | 3                |                            |
| <i>nortrel 1/35 (28)</i>   | 3                |                            |
| <i>nortrel 7/7/7</i>       | 3                |                            |
| <i>nylia 1/35</i>          | 3                |                            |
| <i>nylia 7/7/7</i>         | 3                |                            |
| <i>ocella</i>              | 3                |                            |
| <i>orquidea TABS .35mg</i> | 2                |                            |
| <i>philith</i>             | 3                |                            |
| <i>pimtrea</i>             | 3                |                            |
| <i>portia-28</i>           | 3                |                            |
| <i>reclipsen</i>           | 2                |                            |
| <i>rivelsa</i>             | 3                |                            |
| <i>rosyrah</i>             | 3                |                            |
| <i>setlakin</i>            | 3                |                            |
| <i>sharobel TABS .35mg</i> | 2                |                            |
| <i>simliya</i>             | 3                |                            |
| <i>simpesse</i>            | 3                |                            |
| <i>sprintec 28</i>         | 2                |                            |
| <i>sronyx</i>              | 2                |                            |
| <i>syeda</i>               | 3                |                            |
| <i>tarina 24 fe</i>        | 3                |                            |
| <i>tarina fe 1/20 eq</i>   | 2                |                            |
| <i>tilia fe</i>            | 3                |                            |
| <i>tri-estarylla</i>       | 3                |                            |
| <i>tri-legest fe</i>       | 3                |                            |
| <i>tri-linyah</i>          | 3                |                            |
| <i>tri-lo-estarylla</i>    | 3                |                            |
| <i>tri-lo-marzia</i>       | 3                |                            |
| <i>tri-lo-mili</i>         | 3                |                            |
| <i>tri-lo-sprintec</i>     | 3                |                            |
| <i>tri-mili</i>            | 3                |                            |
| <i>tri-nymyo</i>           | 3                |                            |
| <i>tri-sprintec</i>        | 3                |                            |
| <i>tri-vylibra</i>         | 3                |                            |
| <i>tri-vylibra lo</i>      | 3                |                            |
| <i>turqoz</i>              | 3                |                            |
| <i>tydemy</i>              | 3                |                            |
| <i>valtya 1/35</i>         | 2                |                            |
| <i>valtya 1/50</i>         | 3                |                            |
| <i>velivet</i>             | 3                |                            |
| <i>vestura</i>             | 3                |                            |
| <i>vienva</i>              | 2                |                            |
| <i>viorele</i>             | 3                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>vyfemla</i>                                                                                                                                                     | 3                |                            |
| <i>vylibra</i>                                                                                                                                                     | 2                |                            |
| <i>wera</i>                                                                                                                                                        | 3                |                            |
| <i>wymzya fe</i>                                                                                                                                                   | 3                |                            |
| <i>xarah fe</i>                                                                                                                                                    | 3                |                            |
| <i>xelria fe</i>                                                                                                                                                   | 3                |                            |
| <i>xulane</i>                                                                                                                                                      | 3                |                            |
| <i>zafemy</i>                                                                                                                                                      | 3                |                            |
| <i>zovia 1/35</i>                                                                                                                                                  | 2                |                            |
| <i>zumandimine</i>                                                                                                                                                 | 3                |                            |
| <b>ESTROGENS</b>                                                                                                                                                   |                  |                            |
| <i>abigale</i>                                                                                                                                                     | 3                |                            |
| <i>abigale lo</i>                                                                                                                                                  | 3                |                            |
| <i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr                                                                                     | 3                |                            |
| <i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 3                |                            |
| <i>estradiol</i> TABS .5mg, 1mg, 2mg                                                                                                                               | 2                |                            |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>                                                                                                        | 3                |                            |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>                                                                                                          | 3                |                            |
| <i>estradiol vaginal</i> CREA .1mg/gm                                                                                                                              | 3                |                            |
| <i>estradiol vaginal</i> TABS 10mcg                                                                                                                                | 4                |                            |
| <i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml                                                                                                            | 4                |                            |
| <i>fyavolv tab 0.5mg-2.5mcg</i>                                                                                                                                    | 3                |                            |
| <i>fyavolv tab 1mg-5mcg</i>                                                                                                                                        | 3                |                            |
| <i>jinteli</i>                                                                                                                                                     | 3                |                            |
| <i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr                                                                                   | 3                |                            |
| <i>mimvey</i>                                                                                                                                                      | 3                |                            |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>                                                                                                  | 3                |                            |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>                                                                                                      | 3                |                            |
| <i>yuvaferm</i> TABS 10mcg                                                                                                                                         | 4                |                            |
| <b>GLUCOCORTICOIDS</b>                                                                                                                                             |                  |                            |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg                                                                     | 3                |                            |
| DEXAMETHASONE INTENSOL CONC 1mg/ml                                                                                                                                 | 4                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------|
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml | 3                |                                       |
| <i>fludrocortisone acetate</i> TABS .1mg                                                                           | 2                |                                       |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg                                                                         | 3                |                                       |
| <i>hydrocortisone sod succinate</i> SOLR 100mg                                                                     | 4                |                                       |
| <i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg                                                                | 3                | B/D                                   |
| <i>methylprednisolone</i> TBPK 4mg                                                                                 | 2                |                                       |
| <i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml                                                            | 3                | B/D                                   |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg                                                        | 3                | B/D                                   |
| <i>prednisolone</i> SOLN 15mg/5ml                                                                                  | 2                | B/D                                   |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml                                                        | 4                | B/D                                   |
| <i>prednisolone sodium phosphate</i> SOLN 15mg/5ml                                                                 | 2                | B/D                                   |
| <i>prednisone</i> SOLN 5mg/5ml                                                                                     | 4                | B/D                                   |
| <i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg                                                           | 1                | B/D                                   |
| <i>prednisone</i> TBPK 5mg, 10mg                                                                                   | 3                |                                       |
| PREDNISONE INTENSOL CONC 5mg/ml                                                                                    | 4                | B/D                                   |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg                                                                       | 4                |                                       |
| <b>GLUCOSE ELEVATING AGENTS</b>                                                                                    |                  |                                       |
| <i>diazoxide</i> SUSP 50mg/ml                                                                                      | 5                | NDS                                   |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml                                                                         | 3                |                                       |
| <b>MISCELLANEOUS</b>                                                                                               |                  |                                       |
| ALDURAZYME SOLN 2.9mg/5ml                                                                                          | 5                | NDS, NM, PA                           |
| <i>betaine powder for oral solution</i>                                                                            | 5                | NDS, NM                               |
| <i>cabergoline</i> TABS .5mg                                                                                       | 3                |                                       |
| <i>carglumic acid</i> TBSO 200mg                                                                                   | 5                | NDS, NM, PA                           |
| CERDELGA CAPS 84mg                                                                                                 | 5                | NDS, NM, PA                           |
| CEREZYME SOLR 400unit                                                                                              | 5                | NDS, NM, PA                           |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg                                                                              | 4                | B/D, QL (60 tabs / 30 days), NM       |
| <i>cinacalcet hcl</i> TABS 90mg                                                                                    | 5                | NDS, B/D, QL (120 tabs / 30 days), NM |
| CYSTAGON CAPS 50mg, 150mg                                                                                          | 4                | NM, PA                                |
| <i>desmopressin acetate</i> SOLN 4mcg/ml                                                                           | 5                | NDS                                   |
| <i>desmopressin acetate</i> TABS .1mg, .2mg                                                                        | 3                |                                       |
| <i>desmopressin acetate spray</i> SOLN .01%                                                                        | 4                |                                       |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>desmopressin acetate spray refrigerated</i> SOLN .01%                                | 4                |                            |
| FABRAZYME SOLR 5mg, 35mg                                                                | 5                | NDS, NM, PA                |
| GENOTROPIN CART 5mg, 12mg                                                               | 5                | NDS, NM, PA                |
| GENOTROPIN MINIUICK PRSY .2mg                                                           | 3                | NM, PA                     |
| GENOTROPIN MINIUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg         | 5                | NDS, NM, PA                |
| INCRELEX SOLN 40mg/4ml                                                                  | 5                | NDS, NM, PA                |
| <i>javygtor</i> PACK 100mg, 500mg; TABS 100mg                                           | 5                | NDS, NM, PA                |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml                                              | 5                | NDS, NM, PA                |
| <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg                    | 4                | B/D                        |
| LUMIZYME SOLR 50mg                                                                      | 5                | NDS, NM, PA                |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg                                      | 5                | NDS, NM, PA                |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg                                             | 5                | NDS, NM, PA                |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg                                                      | 5                | NDS, NM, PA                |
| <i>mifepristone (hyperglycemia)</i> TABS 300mg                                          | 5                | NDS, NM, PA                |
| NAGLAZYME SOLN 1mg/ml                                                                   | 5                | NDS, NM, PA                |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg                                             | 5                | NDS, NM, PA                |
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | 4                | NM, PA                     |
| <i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml                    | 5                | NDS, NM, PA                |
| <i>raloxifene hcl</i> TABS 60mg                                                         | 3                |                            |
| <i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg                        | 5                | NDS, NM, PA                |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml                                                 | 5                | NDS, NM, PA                |
| <i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg                                   | 5                | NDS, NM, PA                |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml                               | 5                | NDS, NM, PA                |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg                                              | 5                | NDS, NM, PA                |
| SYNAREL SOLN 2mg/ml                                                                     | 5                | NDS, PA                    |
| VEOZAH TABS 45mg                                                                        | 4                | PA                         |
| <i>zelvysia</i> PACK 100mg, 500mg                                                       | 5                | NDS, NM, PA                |
| <b>PROGESTINS</b>                                                                       |                  |                            |
| <i>gallifrey</i> TABS 5mg                                                               | 3                |                            |
| <i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg                                | 1                |                            |
| <i>megestrol acetate</i> SUSP 40mg/ml                                                   | 3                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| Drug Name                                                                                                                   | Drug Tier | Requirements/Limits         |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>megestrol acetate (appetite) SUSP 625mg/5ml</i>                                                                          | 4         | PA                          |
| <i>norethindrone acetate TABS 5mg</i>                                                                                       | 3         |                             |
| <i>progesterone CAPS 100mg, 200mg</i>                                                                                       | 3         |                             |
| <b>THYROID AGENTS</b>                                                                                                       |           |                             |
| <i>levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>               | 1         |                             |
| <i>levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i> | 1         |                             |
| <i>levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>                      | 1         |                             |
| <i>liothyronine sodium TABS 5mcg, 25mcg, 50mcg</i>                                                                          | 3         |                             |
| <i>methimazole TABS 5mg, 10mg</i>                                                                                           | 1         |                             |
| <i>propylthiouracil TABS 50mg</i>                                                                                           | 3         |                             |
| <i>SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>            | 4         |                             |
| <i>unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>            | 1         |                             |
| <b>VITAMIN D ANALOGS</b>                                                                                                    |           |                             |
| <i>calcitriol CAPS .25mcg, .5mcg</i>                                                                                        | 2         | B/D                         |
| <i>calcitriol (oral) SOLN 1mcg/ml</i>                                                                                       | 4         | B/D                         |
| <i>paricalcitol CAPS 1mcg, 2mcg, 4mcg</i>                                                                                   | 4         | B/D                         |
| <b>GASTROINTESTINAL ANTIEMETICS</b>                                                                                         |           |                             |
| <i>aprepitant CAPS 40mg, 80mg, 125mg</i>                                                                                    | 4         | B/D                         |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>                                                                      | 4         | B/D                         |
| <i>compro SUPP 25mg</i>                                                                                                     | 4         |                             |
| <i>dronabinol CAPS 2.5mg, 5mg, 10mg</i>                                                                                     | 4         | B/D, QL (60 caps / 30 days) |
| <i>granisetron hcl SOLN 1mg/ml, 4mg/4ml</i>                                                                                 | 4         |                             |
| <i>granisetron hcl TABS 1mg</i>                                                                                             | 4         | B/D                         |
| <i>meclizine hcl TABS 12.5mg, 25mg</i>                                                                                      | 2         |                             |
| <i>metoclopramide hcl SOLN 5mg/5ml, 5mg/ml</i>                                                                              | 3         |                             |
| <i>metoclopramide hcl TABS 5mg, 10mg</i>                                                                                    | 1         |                             |
| <i>ondansetron TBP 4mg, 8mg</i>                                                                                             | 3         | B/D                         |
| <i>ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml</i>                                                                | 3         |                             |
| <i>ondansetron hcl SOLN 4mg/5ml</i>                                                                                         | 4         | B/D                         |
| <i>ondansetron hcl TABS 4mg, 8mg</i>                                                                                        | 3         | B/D                         |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                                               |
|------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------|
| <i>prochlorperazine</i> SUPP 25mg                                                  | 4                |                                                                                                          |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml                                    | 4                |                                                                                                          |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg                                     | 2                |                                                                                                          |
| <i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg | 3                | PA; PA applies if 70 years and older after a 30 day supply in a calendar year                            |
| <i>scopolamine</i> PT72 1mg/3days                                                  | 4                | QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <b>ANTISPASMODICS</b>                                                              |                  |                                                                                                          |
| <i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg                                        | 3                |                                                                                                          |
| <i>dicyclomine hcl</i> SOLN 10mg/5ml                                               | 4                |                                                                                                          |
| <i>glycopyrrolate</i> TABS 1mg                                                     | 3                | QL (90 tabs / 30 days)                                                                                   |
| <i>glycopyrrolate</i> TABS 2mg                                                     | 3                | QL (120 tabs / 30 days)                                                                                  |
| <b>H2-RECEPTOR ANTAGONISTS</b>                                                     |                  |                                                                                                          |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml                              | 3                |                                                                                                          |
| <i>famotidine</i> SUSR 40mg/5ml                                                    | 4                |                                                                                                          |
| <i>famotidine</i> TABS 20mg, 40mg                                                  | 1                |                                                                                                          |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>                                  | 3                |                                                                                                          |
| <i>nizatidine</i> CAPS 150mg, 300mg                                                | 4                |                                                                                                          |
| <b>INFLAMMATORY BOWEL DISEASE</b>                                                  |                  |                                                                                                          |
| <i>balsalazide disodium</i> CAPS 750mg                                             | 3                |                                                                                                          |
| <i>budesonide</i> CPEP 3mg                                                         | 4                | QL (90 caps / 30 days), PA                                                                               |
| <i>budesonide</i> TB24 9mg                                                         | 5                | NDS, QL (30 tabs / 30 days), PA                                                                          |
| <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml                                | 4                |                                                                                                          |
| <i>mesalamine</i> CP24 .375gm                                                      | 4                | QL (120 caps / 30 days)                                                                                  |
| <i>mesalamine</i> CPDR 400mg                                                       | 4                | QL (180 caps / 30 days)                                                                                  |
| <i>mesalamine</i> ENEM 4gm                                                         | 4                | QL (1680 mL / 28 days)                                                                                   |
| <i>mesalamine</i> SUPP 1000mg                                                      | 4                | QL (30 suppositories / 30 days)                                                                          |
| <i>mesalamine</i> TBEC 1.2gm                                                       | 4                | QL (120 tabs / 30 days)                                                                                  |
| <i>mesalamine w/ cleanser</i> KIT 4gm                                              | 4                | QL (28 bottles / 28 days)                                                                                |
| <i>sulfasalazine</i> TABS 500mg                                                    | 2                |                                                                                                          |
| <i>sulfasalazine</i> TBEC 500mg                                                    | 3                |                                                                                                          |
| <b>LAXATIVES</b>                                                                   |                  |                                                                                                          |
| <i>constulose</i> SOLN 10gm/15ml                                                   | 3                |                                                                                                          |
| <i>enulose</i> SOLN 10gm/15ml                                                      | 3                |                                                                                                          |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|---------------------------------------------------------------------|------------------|-------------------------------------|
| <i>gavilyte-c</i>                                                   | 2                |                                     |
| <i>gavilyte-g</i>                                                   | 2                |                                     |
| <i>gavilyte-n/ flavor pack</i>                                      | 2                |                                     |
| <i>generlac</i> SOLN 10gm/15ml                                      | 3                |                                     |
| <i>lactulose</i> SOLN 10gm/15ml                                     | 3                |                                     |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml                    | 3                |                                     |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>       | 2                |                                     |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                 | 2                |                                     |
| PLENVU SOL                                                          | 4                |                                     |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 3                |                                     |
| <b>MISCELLANEOUS</b>                                                |                  |                                     |
| <i>alosetron hcl</i> TABS 1mg                                       | 5                | NDS, QL (60 tabs / 30 days), PA     |
| <i>alosetron hcl</i> TABS .5mg                                      | 4                | QL (60 tabs / 30 days), PA          |
| CREON CAP 3000UNIT                                                  | 3                |                                     |
| CREON CAP 6000UNIT                                                  | 3                |                                     |
| CREON CAP 12000UNT                                                  | 3                |                                     |
| CREON CAP 24000UNT                                                  | 3                |                                     |
| CREON CAP 36000UNT                                                  | 3                |                                     |
| <i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml                | 4                |                                     |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>               | 4                |                                     |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>                   | 3                |                                     |
| GATTEX KIT 5mg                                                      | 5                | NDS, NM, PA                         |
| LINZESS CAPS 72mcg, 145mcg, 290mcg                                  | 3                | QL (30 caps / 30 days)              |
| <i>loperamide hcl</i> CAPS 2mg                                      | 3                |                                     |
| <i>misoprostol</i> TABS 100mcg, 200mcg                              | 3                |                                     |
| MOVANTIK TABS 12.5mg, 25mg                                          | 3                | QL (30 tabs / 30 days)              |
| RELISTOR SOLN 12mg/0.6ml; SOSY 8mg/0.4ml, 12mg/0.6ml                | 5                | NDS, QL (28 syringes / 28 days), PA |
| <i>sucalfate</i> TABS 1gm                                           | 3                |                                     |
| <i>ursodiol</i> CAPS 300mg                                          | 3                |                                     |
| <i>ursodiol</i> TABS 250mg, 500mg                                   | 4                |                                     |
| VOWST CAP                                                           | 5                | NDS, QL (12 caps / 30 days), NM, PA |
| XERMELO TABS 250mg                                                  | 5                | NDS, QL (84 tabs / 28 days), NM, PA |
| XIFAXAN TABS 550mg                                                  | 5                | NDS, PA                             |
| ZENPEP CAP 3000UNIT                                                 | 4                |                                     |
| ZENPEP CAP 5000UNIT                                                 | 4                |                                     |
| ZENPEP CAP 10000UNT                                                 | 4                |                                     |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---------------------------------------------------------------------|------------------|-------------------------------|
| ZENPEP CAP 15000UNT                                                 | 4                |                               |
| ZENPEP CAP 20000UNT                                                 | 4                |                               |
| ZENPEP CAP 25000UNT                                                 | 4                |                               |
| ZENPEP CAP 40000UNT                                                 | 4                |                               |
| ZENPEP CAP 60000UNT                                                 | 4                |                               |
| <b>PROTON PUMP INHIBITORS</b>                                       |                  |                               |
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg                       | 3                | QL (30 caps / 30 days),<br>ST |
| <i>lansoprazole</i> CPDR 15mg, 30mg                                 | 3                | QL (60 caps / 30 days)        |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg                             | 1                |                               |
| <i>pantoprazole sodium</i> SOLR 40mg                                | 4                |                               |
| <i>pantoprazole sodium</i> TBEC 20mg, 40mg                          | 1                |                               |
| <i>rabeprazole sodium</i> TBEC 20mg                                 | 3                | QL (30 tabs / 30 days)        |
| <b>GENITOURINARY</b>                                                |                  |                               |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>                                 |                  |                               |
| <i>alfuzosin hcl</i> TB24 10mg                                      | 2                | QL (30 tabs / 30 days)        |
| <i>dutasteride</i> CAPS .5mg                                        | 3                | QL (30 caps / 30 days)        |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>                    | 3                | QL (30 caps / 30 days)        |
| <i>finasteride</i> TABS 5mg                                         | 1                | QL (30 tabs / 30 days)        |
| <i>tadalafil</i> TABS 5mg                                           | 3                | QL (30 tabs / 30 days),<br>PA |
| <i>tamsulosin hcl</i> CAPS .4mg                                     | 1                | QL (60 caps / 30 days)        |
| <b>MISCELLANEOUS</b>                                                |                  |                               |
| <i>acetic acid</i> SOLN .25%                                        | 2                |                               |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg,<br>50mg           | 3                |                               |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq,<br>540mg, 1080mg | 3                |                               |
| <b>URINARY ANTISPASMODICS</b>                                       |                  |                               |
| <i>fesoterodine fumarate</i> TB24 4mg, 8mg                          | 4                | QL (30 tabs / 30 days)        |
| GEMTESA TABS 75mg                                                   | 4                | QL (30 tabs / 30 days)        |
| MYRBETRIQ SRER 8mg/ml                                               | 4                | QL (300 mL / 28 days)         |
| MYRBETRIQ TB24 25mg, 50mg                                           | 4                | QL (30 tabs / 30 days)        |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml                             | 3                | QL (600 mL / 30 days)         |
| <i>oxybutynin chloride</i> TABS 5mg                                 | 3                | QL (120 tabs / 30 days)       |
| <i>oxybutynin chloride</i> TB24 5mg                                 | 3                | QL (30 tabs / 30 days)        |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg                          | 3                | QL (60 tabs / 30 days)        |
| <i>solifenacin succinate</i> TABS 5mg, 10mg                         | 4                | QL (30 tabs / 30 days)        |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg                           | 4                | QL (30 caps / 30 days),<br>ST |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg                           | 4                | QL (60 tabs / 30 days)        |
| <i>trospium chloride</i> TABS 20mg                                  | 3                | QL (60 tabs / 30 days)        |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| Drug Name                                                                                                                     | Drug Tier | Requirements/Limits                    |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------|
| <b>VAGINAL ANTI-INFECTIVES</b>                                                                                                |           |                                        |
| <i>clindamycin phosphate vaginal</i> CREA 2%                                                                                  | 3         |                                        |
| <i>metronidazole vaginal</i> GEL .75%                                                                                         | 3         |                                        |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg                                                                           | 3         |                                        |
| <b>HEMATOLOGIC ANTICOAGULANTS</b>                                                                                             |           |                                        |
| <i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg                                                                         | 4         | QL (60 caps / 30 days)                 |
| <i>dabigatran etexilate mesylate</i> CAPS 110mg                                                                               | 4         | QL (120 caps / 30 days)                |
| ELIQUIS TABS 2.5mg                                                                                                            | 3         | QL (60 tabs / 30 days)                 |
| ELIQUIS TABS 5mg                                                                                                              | 3         | QL (74 tabs / 30 days)                 |
| ELIQUIS STARTER PACK TBPK 5mg                                                                                                 | 3         | QL (74 tabs / 30 days)                 |
| <i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 4         |                                        |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml                                                                                   | 4         |                                        |
| <i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml                                                            | 5         | NDS                                    |
| HEP SOD/NACL INJ 25000UNT                                                                                                     | 3         |                                        |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml                                     | 3         | B/D                                    |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                                                         | 1         |                                        |
| <i>rivaroxaban</i> SUSR 1mg/ml                                                                                                | 3         | QL (620 mL / 30 days)                  |
| <i>rivaroxaban</i> TABS 2.5mg                                                                                                 | 3         | QL (60 tabs / 30 days)                 |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                                                  | 1         |                                        |
| XARELTO SUSR 1mg/ml                                                                                                           | 3         | QL (620 mL / 30 days)                  |
| XARELTO TABS 2.5mg                                                                                                            | 3         | QL (60 tabs / 30 days)                 |
| XARELTO TABS 10mg, 15mg, 20mg                                                                                                 | 3         | QL (30 tabs / 30 days)                 |
| XARELTO STAR TAB 15/20MG                                                                                                      | 3         | QL (51 tabs / 30 days)                 |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                                                           |           |                                        |
| FULPHILA SOSY 6mg/0.6ml                                                                                                       | 5         | NDS, QL (2 syringes / 28 days), NM, PA |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml                                                              | 3         | NM, PA                                 |
| PROCRIT SOLN 20000unit/ml, 40000unit/ml                                                                                       | 5         | NDS, NM, PA                            |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml                                                                                        | 5         | NDS, NM, PA                            |
| <b>MISCELLANEOUS</b>                                                                                                          |           |                                        |
| ALVAIZ TABS 9mg, 54mg                                                                                                         | 5         | NDS, QL (60 tabs / 30 days), NM, PA    |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---------------------------------------------------|------------------|------------------------------------------|
| ALVAIZ TABS 18mg, 36mg                            | 5                | NDS, QL (90 tabs / 30 days), NM, PA      |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg              | 4                |                                          |
| BERINERT KIT 500unit                              | 5                | NDS, QL (24 boxes / 30 days), NM, PA     |
| <i>cilostazol</i> TABS 50mg, 100mg                | 2                |                                          |
| DOPTelet TABS 20mg                                | 5                | NDS, NM, PA                              |
| DROXIA CAPS 200mg, 300mg, 400mg                   | 4                |                                          |
| HAEGARDA SOLR 2000unit                            | 5                | NDS, QL (30 vials / 30 days), NM, PA     |
| HAEGARDA SOLR 3000unit                            | 5                | NDS, QL (20 vials / 30 days), NM, PA     |
| <i>icatibant acetate</i> SOSY 30mg/3ml            | 5                | NDS, QL (9 syringes / 30 days), NM, PA   |
| <i>l-glutamine (sickle cell)</i> PACK 5gm         | 5                | NDS, NM, PA                              |
| <i>pentoxifylline</i> TBCR 400mg                  | 2                |                                          |
| <i>sajazir</i> SOSY 30mg/3ml                      | 5                | NDS, QL (9 syringes / 30 days), NM, PA   |
| SIKLOS TABS 100mg                                 | 4                |                                          |
| SIKLOS TABS 1000mg                                | 5                | NDS                                      |
| TAVNEOS CAPS 10mg                                 | 5                | NDS, QL (180 caps / 30 days), NM, PA     |
| <i>tranexamic acid</i> SOLN 1000mg/10ml           | 4                |                                          |
| <i>tranexamic acid</i> TABS 650mg                 | 3                |                                          |
| <b>PLATELET AGGREGATION INHIBITORS</b>            |                  |                                          |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 4                |                                          |
| BRILINTA TABS 60mg, 90mg                          | 3                |                                          |
| <i>clopidogrel bisulfate</i> TABS 75mg            | 1                |                                          |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg         | 3                | PA; PA applies if 70 years and older     |
| <i>prasugrel hcl</i> TABS 5mg, 10mg               | 3                |                                          |
| <i>ticagrelor</i> TABS 60mg, 90mg                 | 3                |                                          |
| <b>IMMUNOLOGIC AGENTS</b>                         |                  |                                          |
| <b>AUTOIMMUNE AGENTS</b>                          |                  |                                          |
| ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml           | 5                | NDS, QL (56 pens / 365 days), NM, PA     |
| ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml         | 5                | NDS, QL (56 syringes / 365 days), NM, PA |
| ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml         | 5                | NDS, QL (2 packs / year), NM, PA         |
| COSENTYX SOLN 125mg/5ml                           | 5                | NDS, NM, PA                              |
| COSENTYX SOSY 75mg/0.5ml                          | 5                | NDS, QL (16 syringes / 365 days), NM, PA |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|--------------------------------------------|------------------|------------------------------------------|
| COSENTYX SOSY 150mg/ml                     | 5                | NDS, QL (32 syringes / 365 days), NM, PA |
| COSENTYX SENSOREADY PEN SOAJ 150mg/ml      | 5                | NDS, QL (32 pens / 365 days), NM, PA     |
| COSENTYX UNOREADY SOAJ 300mg/2ml           | 5                | NDS, QL (16 pens / 365 days), NM, PA     |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml      | 5                | NDS, QL (4 pens / 28 days), NM, PA       |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml      | 5                | NDS, QL (4 syringes / 28 days), NM, PA   |
| ENBREL SOLN 25mg/0.5ml                     | 5                | NDS, QL (16 vials / 28 days), NM, PA     |
| ENBREL SOSY 25mg/0.5ml                     | 5                | NDS, QL (16 syringes / 28 days), NM, PA  |
| ENBREL SOSY 50mg/ml                        | 5                | NDS, QL (8 syringes / 28 days), NM, PA   |
| ENBREL MINI SOCT 50mg/ml                   | 5                | NDS, QL (8 cartridges / 28 days), NM, PA |
| ENBREL SURECLICK SOAJ 50mg/ml              | 5                | NDS, QL (8 pens / 28 days), NM, PA       |
| HUMIRA PSKT 10mg/0.1ml                     | 5                | NDS, QL (2 syringes / 28 days), NM, PA   |
| HUMIRA PSKT 20mg/0.2ml                     | 5                | NDS, QL (4 syringes / 28 days), NM, PA   |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml         | 5                | NDS, QL (6 syringes / 28 days), NM, PA   |
| HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml     | 5                | NDS, QL (6 pens / 28 days), NM, PA       |
| HUMIRA PEN AJKT 80mg/0.8ml                 | 5                | NDS, QL (4 pens / 28 days), NM, PA       |
| HUMIRA PEN KIT PS/UV                       | 5                | NDS, QL (3 pens / 28 days), NM, PA       |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml  | 5                | NDS, QL (3 pens / 28 days), NM, PA       |
| HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml  | 5                | NDS, QL (4 pens / 28 days), NM, PA       |
| IDACIO (2 PEN) AJKT 40mg/0.8ml             | 5                | NDS, QL (56 pens / 365 days), NM, PA     |
| IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml   | 5                | NDS, QL (2 packs / year), NM, PA         |
| IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml | 5                | NDS, QL (2 packs / year), NM, PA         |
| INFLIXIMAB SOLR 100mg                      | 5                | NDS, NM, PA                              |
| PYZCHIVA SOAJ 45mg/0.5ml                   | 3                | QL (1 pen / 28 days), NM, PA             |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|------------------------------------------|------------------|-----------------------------------------|
| PYZCHIVA SOAJ 90mg/ml                    | 5                | NDS, QL (1 pen / 28 days), NM, PA       |
| PYZCHIVA SOLN 45mg/0.5ml                 | 3                | QL (1 vial / 28 days), NM, PA           |
| PYZCHIVA SOLN 130mg/26ml                 | 5                | NDS, NM, PA                             |
| PYZCHIVA SOSY 45mg/0.5ml                 | 3                | QL (1 syringe / 28 days), NM, PA        |
| PYZCHIVA SOSY 90mg/ml                    | 5                | NDS, QL (1 syringe / 28 days), NM, PA   |
| REMICADE SOLR 100mg                      | 5                | NDS, NM, PA                             |
| RENFLEXIS SOLR 100mg                     | 5                | NDS, NM, PA                             |
| RINVOQ TB24 15mg, 30mg                   | 5                | NDS, QL (30 tabs / 30 days), NM, PA     |
| RINVOQ TB24 45mg                         | 5                | NDS, QL (168 tabs / year), NM, PA       |
| RINVOQ LQ SOLN 1mg/ml                    | 5                | NDS, QL (360 mL / 30 days), NM, PA      |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml    | 5                | NDS, QL (1 cartridge / 56 days), NM, PA |
| SKYRIZI SOLN 600mg/10ml                  | 5                | NDS, NM, PA                             |
| SKYRIZI SOSY 150mg/ml                    | 5                | NDS, QL (6 syringes / 365 days), NM, PA |
| SKYRIZI PEN SOAJ 150mg/ml                | 5                | NDS, QL (6 pens / 365 days), NM, PA     |
| SOTYKTU TABS 6mg                         | 5                | NDS, QL (30 tabs / 30 days), NM, PA     |
| STELARA SOLN 45mg/0.5ml                  | 5                | NDS, QL (1 vial / 28 days), NM, PA      |
| STELARA SOLN 130mg/26ml                  | 5                | NDS, NM, PA                             |
| STELARA SOSY 45mg/0.5ml, 90mg/ml         | 5                | NDS, QL (1 syringe / 28 days), NM, PA   |
| TREMFYA SOAJ 200mg/2ml                   | 5                | NDS, QL (2 pens / 28 days), NM, PA      |
| TREMFYA SOLN 200mg/20ml                  | 5                | NDS, NM, PA                             |
| TREMFYA SOPN 100mg/ml                    | 5                | NDS, QL (1 pen / 28 days), NM, PA       |
| TREMFYA SOSY 100mg/ml                    | 5                | NDS, QL (1 syringe / 28 days), NM, PA   |
| TREMFYA SOSY 200mg/2ml                   | 5                | NDS, QL (2 syringes / 28 days), NM, PA  |
| TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml | 5                | NDS, QL (2 pens / 28 days), NM, PA      |
| TREMFYA PEN SOAJ 100mg/ml                | 5                | NDS, QL (1 pen / 28 days), NM, PA       |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|------------------------------------------------------------------------------------------|------------------|----------------------------------------|
| TYENNE SOAJ 162mg/0.9ml                                                                  | 5                | NDS, QL (4 pens / 28 days), NM, PA     |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml                                             | 5                | NDS, NM, PA                            |
| TYENNE SOSY 162mg/0.9ml                                                                  | 5                | NDS, QL (4 syringes / 28 days), NM, PA |
| VELSIPITY TABS 2mg                                                                       | 5                | NDS, QL (30 tabs / 30 days), NM, PA    |
| XELJANZ SOLN 1mg/ml                                                                      | 5                | NDS, QL (480 mL / 24 days), NM, PA     |
| XELJANZ TABS 5mg, 10mg                                                                   | 5                | NDS, QL (60 tabs / 30 days), NM, PA    |
| XELJANZ XR TB24 11mg, 22mg                                                               | 5                | NDS, QL (30 tabs / 30 days), NM, PA    |
| YESINTEK SOLN 45mg/0.5ml                                                                 | 3                | QL (1 vial / 28 days), NM, PA          |
| YESINTEK SOLN 130mg/26ml                                                                 | 3                | NM, PA                                 |
| YESINTEK SOSY 45mg/0.5ml                                                                 | 3                | QL (1 syringe / 28 days), NM, PA       |
| YESINTEK SOSY 90mg/ml                                                                    | 5                | NDS, QL (1 syringe / 28 days), NM, PA  |
| <b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></b>                            |                  |                                        |
| <i>hydroxychloroquine sulfate</i> TABS 200mg                                             | 3                |                                        |
| JYLAMVO SOLN 2mg/ml                                                                      | 4                | B/D                                    |
| <i>leflunomide</i> TABS 10mg, 20mg                                                       | 3                | QL (30 tabs / 30 days)                 |
| <i>methotrexate sodium</i> TABS 2.5mg                                                    | 3                |                                        |
| XATMEP SOLN 2.5mg/ml                                                                     | 4                | B/D                                    |
| <b><i>IMMUNOGLOBULINS</i></b>                                                            |                  |                                        |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml                                             | 5                | NDS, NM, PA                            |
| BIVIGAM SOLN 5gm/50ml, 10%                                                               | 5                | NDS, NM, PA                            |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml                                    | 5                | NDS, NM, PA                            |
| GAMASTAN INJ                                                                             | 4                | B/D, NM                                |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 5                | NDS, NM, PA                            |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm                                                 | 5                | NDS, NM, PA                            |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml                                 | 5                | NDS, NM, PA                            |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml       | 5                | NDS, NM, PA                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------|
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml                                | 5                | NDS, NM, PA                            |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 5                | NDS, NM, PA                            |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml                                  | 5                | NDS, NM, PA                            |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml                                                       | 5                | NDS, NM, PA                            |
| <b>IMMUNOMODULATORS</b>                                                                                          |                  |                                        |
| ACTIMMUNE SOLN 100mcg/0.5ml                                                                                      | 5                | NDS, NM, PA                            |
| ARCALYST SOLR 220mg                                                                                              | 5                | NDS, NM, PA                            |
| <b>IMMUNOSUPPRESSANTS</b>                                                                                        |                  |                                        |
| ASTAGRAF XL CP24 5mg                                                                                             | 5                | NDS, B/D, NM                           |
| ASTAGRAF XL CP24 .5mg, 1mg                                                                                       | 4                | B/D, NM                                |
| <i>azathioprine</i> TABS 50mg                                                                                    | 3                | B/D                                    |
| BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml                                                                            | 5                | NDS, QL (8 syringes / 28 days), NM, PA |
| BENLYSTA SOLR 120mg, 400mg                                                                                       | 5                | NDS, NM, PA                            |
| <i>cyclosporine</i> CAPS 25mg, 100mg                                                                             | 4                | B/D, NM                                |
| <i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml                           | 4                | B/D, NM                                |
| <i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg                                               | 5                | NDS, B/D, NM                           |
| <i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml                                                                    | 4                | B/D, NM                                |
| <i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg                                                              | 3                | B/D, NM                                |
| <i>mycophenolate mofetil</i> SUSR 200mg/ml                                                                       | 5                | NDS, B/D, NM                           |
| <i>mycophenolate sodium</i> TBEC 180mg, 360mg                                                                    | 4                | B/D, NM                                |
| NULOJIX SOLR 250mg                                                                                               | 5                | NDS, B/D, NM                           |
| PROGRAF PACK .2mg, 1mg                                                                                           | 4                | B/D, NM                                |
| REZUROCK TABS 200mg                                                                                              | 5                | NDS, QL (30 tabs / 30 days), NM, PA    |
| <i>sirolimus</i> SOLN 1mg/ml                                                                                     | 5                | NDS, B/D, NM                           |
| <i>sirolimus</i> TABS .5mg, 1mg, 2mg                                                                             | 4                | B/D, NM                                |
| <i>tacrolimus</i> CAPS .5mg, 1mg, 5mg                                                                            | 4                | B/D, NM                                |
| <b>VACCINES</b>                                                                                                  |                  |                                        |
| ABRYSVO SOLR 120mcg/0.5ml                                                                                        | 1                |                                        |
| ACTHIB INJ                                                                                                       | 1                |                                        |
| ADACEL INJ                                                                                                       | 1                |                                        |
| AREXVY SUSR 120mcg/0.5ml                                                                                         | 1                |                                        |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| Drug Name                                                                    | Drug Tier | Requirements/Limits       |
|------------------------------------------------------------------------------|-----------|---------------------------|
| BCG VACCINE SOLR 50mg                                                        | 1         |                           |
| BEXSERO SUSY .5ml                                                            | 1         |                           |
| BOOSTRIX INJ                                                                 | 1         |                           |
| DAPTACEL INJ                                                                 | 1         |                           |
| DENGVAIXIA SUS                                                               | 1         |                           |
| DIP/TET PED INJ 25-5LFU                                                      | 1         | B/D                       |
| ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml                           | 1         | B/D                       |
| GARDASIL 9 SUSP .5ml; SUSY .5ml                                              | 1         |                           |
| HAVRIX SUSY 720elu/0.5ml, 1440unit/ml                                        | 1         |                           |
| HEPLISAV-B SOSY 20mcg/0.5ml                                                  | 1         | B/D                       |
| HIBERIX SOLR 10mcg                                                           | 1         |                           |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml                                     | 1         | B/D                       |
| INFANRIX INJ                                                                 | 1         |                           |
| IPOL INJ INACTIVE                                                            | 1         |                           |
| IXIARO INJ                                                                   | 1         |                           |
| JYNNEOS SUSP .5ml                                                            | 1         | B/D                       |
| KINRIX INJ                                                                   | 1         |                           |
| M-M-R II INJ                                                                 | 1         |                           |
| MENACTRA INJ                                                                 | 1         |                           |
| MENQUADFI SOLN .5ml                                                          | 1         |                           |
| MENVEO INJ                                                                   | 1         |                           |
| MENVEO SOL                                                                   | 1         |                           |
| MRESVIA SUSY 50mcg/0.5ml                                                     | 1         |                           |
| PEDIARIX INJ 0.5ML                                                           | 1         |                           |
| PEDVAX HIB SUSP 7.5mcg/0.5ml                                                 | 1         |                           |
| PENBRAYA INJ                                                                 | 1         |                           |
| PENMENVY INJ                                                                 | 1         |                           |
| PENTACEL INJ                                                                 | 1         |                           |
| PRIORIX INJ                                                                  | 1         |                           |
| PROQUAD INJ                                                                  | 1         |                           |
| QUADRACEL INJ 0.5ML                                                          | 1         |                           |
| RABAVERT INJ                                                                 | 1         | B/D                       |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 1         | B/D                       |
| ROTARIX SUS                                                                  | 1         |                           |
| ROTATEQ SOL                                                                  | 1         |                           |
| SHINGRIX SUSR 50mcg/0.5ml                                                    | 1         | QL (2 vials per lifetime) |
| TENIVAC INJ 5-2LF                                                            | 1         | B/D                       |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml                                     | 1         |                           |
| TRUMENBA SUSY .5ml                                                           | 1         |                           |
| TWINRIX INJ                                                                  | 1         |                           |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| Drug Name                                                        | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------|-----------|---------------------|
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml                     | 1         |                     |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml | 1         |                     |
| VARIVAX SUSR 1350pfu/0.5ml                                       | 1         |                     |
| VAXCHORA SUS                                                     | 1         |                     |
| VIMKUNYA SUSY 40mcg/0.8ml                                        | 1         |                     |
| VIVOTIF CAP EC                                                   | 1         |                     |
| YF-VAX INJ                                                       | 1         |                     |

## **NUTRITIONAL/SUPPLEMENTS**

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

|                                                                  |   |  |
|------------------------------------------------------------------|---|--|
| D2.5W/NACL INJ 0.45%                                             | 4 |  |
| D10W/NACL INJ 0.2%                                               | 3 |  |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i>                    | 3 |  |
| <i>dextrose 5% in lactated ringers</i>                           | 3 |  |
| <i>dextrose 5% w/ sodium chloride 0.2%</i>                       | 3 |  |
| <i>dextrose 5% w/ sodium chloride 0.3%</i>                       | 3 |  |
| <i>dextrose 5% w/ sodium chloride 0.9%</i>                       | 3 |  |
| <i>dextrose 5% w/ sodium chloride 0.45%</i>                      | 3 |  |
| <i>dextrose 5% w/ sodium chloride 0.225%</i>                     | 3 |  |
| <i>dextrose 10% w/ sodium chloride 0.45%</i>                     | 3 |  |
| ISOLYTE-P INJ /D5W                                               | 4 |  |
| ISOLYTE-S INJ PH 7.4                                             | 4 |  |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> | 3 |  |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>   | 3 |  |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>   | 3 |  |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>  | 3 |  |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>                     | 3 |  |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>                    | 3 |  |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>                   | 3 |  |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> | 3 |  |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>    | 3 |  |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>   | 3 |  |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>                      | 3 |  |
| KCL/D5W/NACL INJ 0.3/0.9%                                        | 4 |  |
| <i>lactated ringer's solution</i>                                | 3 |  |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%             | 3                |                            |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%                    | 3                |                            |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>                                            | 3                |                            |
| <i>multiple electrolytes ph 5.5</i>                                                                   | 4                |                            |
| <i>multiple electrolytes ph 7.4</i>                                                                   | 4                |                            |
| POT CHL 20MEQ/L IN NACL 0.9% INJ                                                                      | 4                |                            |
| POT CHL 20MEQ/L IN NACL 0.45% INJ                                                                     | 4                |                            |
| POT CHL 40MEQ/L IN NACL 0.9% INJ                                                                      | 4                |                            |
| <i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 3                |                            |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>                                         | 3                |                            |
| <i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%                                              | 3                |                            |
| TPN ELECTROL INJ                                                                                      | 4                | B/D                        |
| <b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>                                                    |                  |                            |
| <i>klor-con</i> PACK 20meq                                                                            | 4                |                            |
| <i>klor-con 8</i> TBCR 8meq                                                                           | 2                |                            |
| <i>klor-con 10</i> TBCR 10meq                                                                         | 2                |                            |
| <i>klor-con m10</i> TBCR 10meq                                                                        | 2                |                            |
| <i>klor-con m15</i> TBCR 15meq                                                                        | 2                |                            |
| <i>klor-con m20</i> TBCR 20meq                                                                        | 2                |                            |
| M-NATAL PLUS TAB                                                                                      | 3                |                            |
| <i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq                                   | 2                |                            |
| <i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%                                                   | 4                |                            |
| <i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq                         | 2                |                            |
| PRENATAL TAB 27-1MG                                                                                   | 3                |                            |
| PRENATAL TAB PLUS                                                                                     | 3                |                            |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>                                              | 2                |                            |
| WESTAB PLUS TAB 27-1MG                                                                                | 3                |                            |
| <b><i>IV NUTRITION</i></b>                                                                            |                  |                            |
| CLINIMIX INJ 4.25/D5W                                                                                 | 4                | B/D                        |
| CLINIMIX INJ 4.25/D10                                                                                 | 4                | B/D                        |
| CLINIMIX INJ 5%/D15W                                                                                  | 4                | B/D                        |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------|------------------|----------------------------|
| CLINIMIX INJ 5%/D20W                   | 4                | B/D                        |
| CLINIMIX INJ 6/5                       | 4                | B/D                        |
| CLINIMIX INJ 8/10                      | 4                | B/D                        |
| CLINIMIX INJ 8/14                      | 4                | B/D                        |
| <i>clinisol sf 15%</i>                 | 4                | B/D                        |
| CLINOLIPID EMU 20%                     | 4                | B/D                        |
| <i>dextrose SOLN 5%, 10%</i>           | 3                |                            |
| <i>dextrose SOLN 50%, 70%</i>          | 3                | B/D                        |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 4                | B/D                        |
| NUTRILIPID EMUL 20gm/100ml             | 4                | B/D                        |
| <i>plenamine</i>                       | 4                | B/D                        |
| PREMASOL SOL 10%                       | 5                | NDS, B/D                   |
| PROSOL INJ 20%                         | 4                | B/D                        |
| TRAVASOL INJ 10%                       | 4                | B/D                        |
| TROPHAMINE INJ 10%                     | 4                | B/D                        |

## **OPHTHALMIC**

### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

|                                                                    |   |  |
|--------------------------------------------------------------------|---|--|
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>              | 3 |  |
| <i>neo-polycin hc ophth oint 1%</i>                                | 3 |  |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>            | 2 |  |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>            | 2 |  |
| <i>neomycin-polymyxin-hc ophth susp</i>                            | 4 |  |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 2 |  |
| TOBRADEX OIN 0.3-0.1%                                              | 3 |  |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                | 3 |  |
| ZYLET SUS 0.5-0.3%                                                 | 3 |  |

### **ANTI-INFECTIVES**

|                                                    |   |                      |
|----------------------------------------------------|---|----------------------|
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i>     | 3 |                      |
| <i>bacitracin-polymyxin b ophth oint</i>           | 2 |                      |
| BESIVANCE SUSP .6%                                 | 3 |                      |
| CILOXAN OINT .3%                                   | 3 |                      |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i>          | 2 |                      |
| <i>erythromycin (ophth) OINT 5mg/gm</i>            | 2 |                      |
| <i>gatifloxacin (ophth) SOLN .5%</i>               | 3 |                      |
| <i>gentamicin sulfate (ophth) SOLN .3%</i>         | 2 |                      |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i>           | 3 | QL (12 mL / 30 days) |
| NATACYN SUSP 5%                                    | 4 |                      |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> | 3 |                      |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 3                |                            |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 3                |                            |
| <i>ofloxacin (ophth) SOLN .3%</i>                                   | 2                |                            |
| <i>polycin ophth oint</i>                                           | 2                |                            |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>       | 1                |                            |
| <i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>              | 3                |                            |
| <i>tobramycin (ophth) SOLN .3%</i>                                  | 1                |                            |
| <i>trifluridine SOLN 1%</i>                                         | 4                |                            |
| <i>XDEMVI SOLN .25%</i>                                             | 5                | NDS, NM, PA                |
| <i>ZIRGAN GEL .15%</i>                                              | 4                |                            |
| <b>ANTI-INFLAMMATORIES</b>                                          |                  |                            |
| <i>bromfenac sodium (ophth) SOLN .07%</i>                           | 3                |                            |
| <i>bromfenac sodium (ophth) SOLN .075%</i>                          | 4                |                            |
| <i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>              | 3                |                            |
| <i>diclofenac sodium (ophth) SOLN .1%</i>                           | 2                |                            |
| <i>difluprednate EMUL .05%</i>                                      | 4                |                            |
| <i>FLAREX SUSP .1%</i>                                              | 4                |                            |
| <i>fluorometholone (ophth) SUSP .1%</i>                             | 3                |                            |
| <i>flurbiprofen sodium SOLN .03%</i>                                | 3                |                            |
| <i>ketorolac tromethamine (ophth) SOLN .4%</i>                      | 3                |                            |
| <i>ketorolac tromethamine (ophth) SOLN .5%</i>                      | 2                |                            |
| <i>LOTEMAX OINT .5%</i>                                             | 3                |                            |
| <i>loteprednol etabonate SUSP .2%</i>                               | 3                |                            |
| <i>prednisolone acetate (ophth) SUSP 1%</i>                         | 3                |                            |
| <i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>                            | 3                |                            |
| <b>ANTIALLERGICS</b>                                                |                  |                            |
| <i>azelastine hcl (ophth) SOLN .05%</i>                             | 2                |                            |
| <i>cromolyn sodium (ophth) SOLN 4%</i>                              | 2                |                            |
| <i>ZERVATE SOLN .24%</i>                                            | 4                |                            |
| <b>ANTI GLAUCOMA</b>                                                |                  |                            |
| <i>betaxolol hcl (ophth) SOLN .5%</i>                               | 3                |                            |
| <i>BETOPTIC-S SUSP .25%</i>                                         | 4                |                            |
| <i>brimonidine tartrate SOLN .2%</i>                                | 1                |                            |
| <i>brimonidine tartrate SOLN .15%</i>                               | 4                |                            |
| <i>brinzolamide SUSP 1%</i>                                         | 4                |                            |
| <i>carteolol hcl (ophth) SOLN 1%</i>                                | 2                |                            |
| <i>COMBIGAN SOL 0.2/0.5%</i>                                        | 3                |                            |
| <i>dorzolamide hcl SOLN 2%</i>                                      | 2                |                            |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>          | 2                |                            |
| <i>latanoprost SOLN .005%</i>                                     | 1                |                            |
| <i>levobunolol hcl SOLN .5%</i>                                   | 2                |                            |
| LUMIGAN SOLN .01%                                                 | 3                |                            |
| <i>pilocarpine hcl SOLN 1%, 2%, 4%</i>                            | 3                |                            |
| RHOPRESSA SOLN .02%                                               | 4                |                            |
| ROCKLATAN DRO                                                     | 4                |                            |
| SIMBRINZA SUS 1-0.2%                                              | 4                |                            |
| <i>timolol maleate (ophth) SOLG .25%, .5%</i>                     | 3                |                            |
| <i>timolol maleate (ophth) SOLN .25%, .5%</i>                     | 1                |                            |
| VYZULTA SOLN .024%                                                | 4                |                            |
| <b>MISCELLANEOUS</b>                                              |                  |                            |
| ATROPINE SULFATE SOLN 1%                                          | 3                |                            |
| <i>atropine sulfate (ophthalmic) SOLN 1%</i>                      | 3                |                            |
| CYSTADROPS SOLN .37%                                              | 5                | NDS, NM, PA                |
| CYSTARAN SOLN .44%                                                | 5                | NDS, NM, PA                |
| EYSUVIS SUSP .25%                                                 | 4                |                            |
| MIEBO SOLN 1.338gm/ml                                             | 3                |                            |
| <i>proparacaine hcl SOLN .5%</i>                                  | 3                |                            |
| RESTASIS EMUL .05%                                                | 3                |                            |
| RESTASIS MULTIDOSE EMUL .05%                                      | 3                |                            |
| XIIDRA SOLN 5%                                                    | 3                |                            |
| <b>OTIC</b>                                                       |                  |                            |
| <b>OTIC AGENTS</b>                                                |                  |                            |
| <i>acetic acid (otic) SOLN 2%</i>                                 | 3                |                            |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>             | 4                |                            |
| <i>flac OIL .01%</i>                                              | 3                |                            |
| <i>fluocinolone acetone (otic) OIL .01%</i>                       | 3                |                            |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                         | 3                |                            |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 3                |                            |
| <i>ofloxacin (otic) SOLN .3%</i>                                  | 4                |                            |
| <b>RESPIRATORY</b>                                                |                  |                            |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                  |                  |                            |
| ANORO ELLIPT AER 62.5-25                                          | 3                | QL (60 blisters / 30 days) |
| BEVESPI AER 9-4.8MCG                                              | 3                | QL (1 inhaler / 30 days)   |
| BREZTRI AERO AER SPHERE                                           | 3                | QL (1 inhaler / 30 days)   |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)                      | 3                | QL (4 inhalers / 28 days)  |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                    |
|-------------------------------------------------------------|------------------|-------------------------------------------------------------------------------|
| COMBIVENT AER 20-100                                        | 4                | QL (2 inhalers / 30 days)                                                     |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>    | 3                | B/D                                                                           |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG                         | 3                | QL (60 blisters / 30 days)                                                    |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG                         | 3                | QL (60 blisters / 30 days)                                                    |
| <b>ANTICHOLINERGICS</b>                                     |                  |                                                                               |
| ATROVENT HFA AERS 17mcg/act                                 | 4                | QL (2 inhalers / 30 days)                                                     |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh                            | 3                | QL (30 blisters / 30 days)                                                    |
| <i>ipratropium bromide SOLN .02%</i>                        | 2                | B/D                                                                           |
| <i>ipratropium bromide (nasal) SOLN .03%, .06%</i>          | 3                |                                                                               |
| <b>ANTI HISTAMINES</b>                                      |                  |                                                                               |
| <i>azelastine hcl SOLN .1%</i>                              | 3                |                                                                               |
| <i>cetirizine hcl SOLN 5mg/5ml</i>                          | 2                | QL (300 mL / 30 days)                                                         |
| <i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>            | 3                | PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>diphenhydramine hcl SOLN 50mg/ml</i>                     | 3                |                                                                               |
| <i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>                | 4                | PA; PA applies if 70 years and older                                          |
| <i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i> | 3                | PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>hydroxyzine pamoate CAPS 25mg, 50mg</i>                  | 3                | PA; PA applies if 70 years and older after a 30 day supply in a calendar year |
| <i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>        | 4                | QL (300 mL / 30 days)                                                         |
| <i>levocetirizine dihydrochloride TABS 5mg</i>              | 2                | QL (30 tabs / 30 days)                                                        |
| <b>BETA AGONISTS</b>                                        |                  |                                                                               |
| <i>albuterol sulfate AERS 108mcg/act</i>                    | 3                | QL (2 inhalers / 30 days); (generic of Proair HFA)                            |
| <i>albuterol sulfate AERS 108mcg/act</i>                    | 3                | QL (2 inhalers / 30 days); (generic of Proventil HFA)                         |
| <i>albuterol sulfate AERS 108mcg/act</i>                    | 3                | QL (2 inhalers / 30 days); (generic of Ventolin HFA)                          |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|-----------------------------------------------------------------------------|------------------|----------------------------------------|
| <i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml            | 3                | B/D                                    |
| <i>albuterol sulfate</i> NEBU .083%                                         | 2                | B/D                                    |
| <i>albuterol sulfate</i> SYRP 2mg/5ml                                       | 3                |                                        |
| <i>albuterol sulfate</i> TABS 2mg, 4mg                                      | 4                |                                        |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 4                | B/D                                    |
| <i>levalbuterol tartrate</i> AERO 45mcg/act                                 | 3                | QL (2 inhalers / 30 days), ST          |
| SEREVENT DISKUS AEPB 50mcg/dose                                             | 3                | QL (60 inhalations / 30 days)          |
| <i>terbutaline sulfate</i> TABS 2.5mg, 5mg                                  | 4                |                                        |
| VENTOLIN HFA AERS 108mcg/act                                                | 3                | QL (2 inhalers / 30 days)              |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act                           | 3                | QL (6 inhalers / 30 days)              |
| <b>LEUKOTRIENE MODULATORS</b>                                               |                  |                                        |
| <i>montelukast sodium</i> CHEW 4mg, 5mg                                     | 2                |                                        |
| <i>montelukast sodium</i> PACK 4mg                                          | 4                |                                        |
| <i>montelukast sodium</i> TABS 10mg                                         | 1                |                                        |
| <i>zafirlukast</i> TABS 10mg, 20mg                                          | 3                |                                        |
| <b>MISCELLANEOUS</b>                                                        |                  |                                        |
| <i>acetylcysteine</i> SOLN 10%, 20%                                         | 4                | B/D                                    |
| ALYFTREK TAB 4-20-50                                                        | 5                | NDS, QL (84 tabs / 28 days), NM, PA    |
| ALYFTREK TAB 10-50-125                                                      | 5                | NDS, QL (56 tabs / 28 days), NM, PA    |
| ARALAST NP SOLR 500mg, 1000mg                                               | 5                | NDS, NM, PA                            |
| <i>cromolyn sodium</i> NEBU 20mg/2ml                                        | 3                | B/D                                    |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml               | 3                | (generic of EpiPen)                    |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml              | 3                | (generic of Adrenaclick)               |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml                                            | 5                | NDS, QL (1 syringe / 28 days), NM, PA  |
| FASENRA PEN SOAJ 30mg/ml                                                    | 5                | NDS, QL (1 pen / 28 days), NM, PA      |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg                               | 5                | NDS, QL (56 packets / 28 days), NM, PA |
| KALYDECO TABS 150mg                                                         | 5                | NDS, QL (60 tabs / 30 days), NM, PA    |
| OFEV CAPS 100mg, 150mg                                                      | 5                | NDS, QL (60 caps / 30 days), NM, PA    |
| ORKAMBI GRA 75-94MG                                                         | 5                | NDS, QL (56 packets / 28 days), NM, PA |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|-------------------------------------------------------------------------------------|------------------|----------------------------------------|
| ORKAMBI GRA 100-125                                                                 | 5                | NDS, QL (56 packets / 28 days), NM, PA |
| ORKAMBI GRA 150-188                                                                 | 5                | NDS, QL (56 packets / 28 days), NM, PA |
| ORKAMBI TAB 100-125                                                                 | 5                | NDS, QL (112 tabs / 28 days), NM, PA   |
| ORKAMBI TAB 200-125                                                                 | 5                | NDS, QL (112 tabs / 28 days), NM, PA   |
| <i>pirfenidone</i> CAPS 267mg                                                       | 5                | NDS, QL (270 caps / 30 days), NM, PA   |
| <i>pirfenidone</i> TABS 267mg                                                       | 5                | NDS, QL (270 tabs / 30 days), NM, PA   |
| <i>pirfenidone</i> TABS 534mg, 801mg                                                | 5                | NDS, QL (90 tabs / 30 days), NM, PA    |
| PROLASTIN-C SOLN 1000mg/20ml                                                        | 5                | NDS, NM, PA                            |
| PULMOZYME SOLN 2.5mg/2.5ml                                                          | 5                | NDS, NM, PA                            |
| <i>roflumilast</i> TABS 250mcg                                                      | 4                | QL (56 tabs / year)                    |
| <i>roflumilast</i> TABS 500mcg                                                      | 4                | QL (30 tabs / 30 days)                 |
| SYMDEKO TAB 50-75MG                                                                 | 5                | NDS, QL (56 tabs / 28 days), NM, PA    |
| SYMDEKO TAB 100-150                                                                 | 5                | NDS, QL (56 tabs / 28 days), NM, PA    |
| THEO-24 CP24 100mg, 200mg, 300mg, 400mg                                             | 4                |                                        |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg | 4                |                                        |
| <i>theophylline</i> TB24 400mg, 600mg                                               | 3                |                                        |
| TRIKAFTA PAK 59.5MG                                                                 | 5                | NDS, QL (56 packs / 28 days), NM, PA   |
| TRIKAFTA PAK 75MG                                                                   | 5                | NDS, QL (56 packs / 28 days), NM, PA   |
| TRIKAFTA TAB 50-25-37.5MG & 75MG                                                    | 5                | NDS, QL (84 tabs / 28 days), NM, PA    |
| TRIKAFTA TAB 100-50-75MG & 150MG                                                    | 5                | NDS, QL (84 tabs / 28 days), NM, PA    |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml                                                   | 5                | NDS, QL (4 pens / 28 days), NM, PA     |
| XOLAIR SOAJ 150mg/ml                                                                | 5                | NDS, QL (8 pens / 28 days), NM, PA     |
| XOLAIR SOLR 150mg                                                                   | 5                | NDS, QL (8 vials / 28 days), NM, PA    |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml                                                   | 5                | NDS, QL (4 syringes / 28 days), NM, PA |
| XOLAIR SOSY 150mg/ml                                                                | 5                | NDS, QL (8 syringes / 28 days), NM, PA |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                  |
|---------------------------------------------------------------------|------------------|-------------------------------------------------------------|
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg                                 | 5                | NDS, NM, PA                                                 |
| <b>NASAL STEROIDS</b>                                               |                  |                                                             |
| <i>flunisolide (nasal)</i> SOLN .025%                               | 3                | QL (3 bottles / 30 days)                                    |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act                | 2                | QL (1 bottle / 30 days)                                     |
| XHANCE EXHU 93mcg/act                                               | 4                | QL (32 mL / 30 days),<br>PA                                 |
| <b>STEROID INHALANTS</b>                                            |                  |                                                             |
| ALVESCO AERS 80mcg/act                                              | 4                | QL (3 inhalers / 30 days)                                   |
| ALVESCO AERS 160mcg/act                                             | 4                | QL (2 inhalers / 30 days)                                   |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act              | 3                | QL (30 inhalations / 30 days)                               |
| <i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml             | 4                | B/D                                                         |
| <b>STEROID/BETA-AGONIST COMBINATIONS</b>                            |                  |                                                             |
| ADVAIR HFA AER 45/21                                                | 3                | QL (1 inhaler / 30 days)                                    |
| ADVAIR HFA AER 115/21                                               | 3                | QL (1 inhaler / 30 days)                                    |
| ADVAIR HFA AER 230/21                                               | 3                | QL (1 inhaler / 30 days)                                    |
| AIRSUPRA AER 90-80MCG                                               | 3                | QL (3 inhalers / 30 days)                                   |
| BREO ELLIPTA INH 50-25MCG                                           | 3                | QL (60 blisters / 30 days)                                  |
| BREO ELLIPTA INH 100-25                                             | 3                | QL (60 blisters / 30 days)                                  |
| BREO ELLIPTA INH 200-25                                             | 3                | QL (60 blisters / 30 days)                                  |
| <i>breyana</i>                                                      | 3                | QL (3 inhalers / 30 days)                                   |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>  | 3                | QL (3 inhalers / 30 days)                                   |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> | 3                | QL (3 inhalers / 30 days)                                   |
| DULERA AER 50-5MCG                                                  | 4                | QL (3 inhalers / 30 days)                                   |
| DULERA AER 100-5MCG                                                 | 4                | QL (3 inhalers / 30 days)                                   |
| DULERA AER 200-5MCG                                                 | 4                | QL (3 inhalers / 30 days)                                   |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>          | 3                | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>          | 3                | QL (60 inhalations / 30 days); (generic PRASCO not covered) |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                  |
|------------------------------------------------------------|------------------|-------------------------------------------------------------|
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 3                | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>wixela inhub</i>                                        | 3                | QL (60 inhalations / 30 days)                               |

## **TOPICAL**

### **DERMATOLOGY, ACNE**

|                                                           |   |                            |
|-----------------------------------------------------------|---|----------------------------|
| <i>accutane CAPS 10mg, 20mg, 30mg, 40mg</i>               | 4 | PA                         |
| <i>amnestem CAPS 10mg, 20mg, 30mg, 40mg</i>               | 4 | PA                         |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>             | 4 | QL (46.6 gm / 30 days)     |
| <i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>               | 4 | PA                         |
| <i>clindamycin phosphate (topical) GEL 1%</i>             | 3 | QL (75 mL / 30 days)       |
| <i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>   | 3 | QL (60 mL / 30 days)       |
| <i>ery PADS 2%</i>                                        | 3 | QL (60 pledgets / 30 days) |
| <i>erythromycin (acne aid) GEL 2%</i>                     | 3 | QL (60 gm / 30 days)       |
| <i>erythromycin (acne aid) SOLN 2%</i>                    | 3 | QL (60 mL / 30 days)       |
| <i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>           | 4 | PA                         |
| <i>sulfacetamide sodium (acne) LOTN 10%</i>               | 4 | QL (118 mL / 30 days)      |
| <i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>   | 4 | QL (45 gm / 30 days), PA   |
| <i>twice-daily clindamycin phosphate (topical) GEL 1%</i> | 3 | QL (75 gm / 30 days)       |
| <i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>               | 4 | PA                         |

### **DERMATOLOGY, ANTIBIOTICS**

|                                                        |   |                         |
|--------------------------------------------------------|---|-------------------------|
| <i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i> | 3 | QL (30 gm / 30 days)    |
| <i>mupirocin OINT 2%</i>                               | 2 | QL (220 gm / 30 days)   |
| <i>silver sulfadiazine CREA 1%</i>                     | 2 |                         |
| <i>ssd CREA 1%</i>                                     | 2 |                         |
| <i>SULFAMYLON CREA 85mg/gm</i>                         | 4 | QL (453.6 gm / 30 days) |

### **DERMATOLOGY, ANTIFUNGALS**

|                                                    |   |                       |
|----------------------------------------------------|---|-----------------------|
| <i>ciclopirox SHAM 1%</i>                          | 3 | QL (120 mL / 30 days) |
| <i>ciclopirox olamine CREA .77%</i>                | 3 | QL (90 gm / 30 days)  |
| <i>ciclopirox olamine SUSP .77%</i>                | 3 | QL (60 mL / 30 days)  |
| <i>clotrimazole (topical) CREA 1%</i>              | 2 | QL (45 gm / 30 days)  |
| <i>clotrimazole (topical) SOLN 1%</i>              | 3 | QL (60 mL / 30 days)  |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 3 | QL (45 gm / 30 days)  |
| <i>econazole nitrate CREA 1%</i>                   | 3 | QL (85 gm / 30 days)  |
| <i>ketoconazole (topical) CREA 2%</i>              | 3 | QL (60 gm / 30 days)  |
| <i>ketoconazole (topical) SHAM 2%</i>              | 2 | QL (120 mL / 30 days) |
| <i>klayesta POWD 100000unit/gm</i>                 | 3 | QL (60 gm / 30 days)  |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|------------------------------------------------------------------|------------------|--------------------------------|
| <i>nyamyc</i> POWD 100000unit/gm                                 | 3                | QL (60 gm / 30 days)           |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm | 2                | QL (30 gm / 30 days)           |
| <i>nystatin (topical)</i> POWD 100000unit/gm                     | 3                | QL (60 gm / 30 days)           |
| <i>nystop</i> POWD 100000unit/gm                                 | 3                | QL (60 gm / 30 days)           |
| <i>selenium sulfide</i> LOTN 2.5%                                | 2                |                                |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                               |                  |                                |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg                         | 4                | PA                             |
| <i>calcipotriene</i> CREA .005%; OINT .005%                      | 4                | QL (120 gm / 30 days), PA      |
| <i>calcipotriene</i> SOLN .005%                                  | 3                | QL (120 mL / 30 days), PA      |
| <i>calcitrene</i> OINT .005%                                     | 4                | QL (120 gm / 30 days), PA      |
| ENSTILAR AER                                                     | 5                | NDS, QL (120 gm / 30 days), PA |
| <i>tazarotene</i> CREA .05%, .1%                                 | 3                | QL (60 gm / 30 days), PA       |
| TAZORAC CREA .05%                                                | 4                | QL (60 gm / 30 days), PA       |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                              |                  |                                |
| <i>ala-cort</i> CREA 1%                                          | 1                |                                |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05%           | 3                | QL (60 gm / 30 days)           |
| <i>betamethasone dipropionate (topical)</i> CREA .05%            | 3                | QL (120 gm / 30 days)          |
| <i>betamethasone dipropionate (topical)</i> LOTN .05%            | 3                | QL (120 mL / 30 days)          |
| <i>betamethasone dipropionate (topical)</i> OINT .05%            | 4                | QL (120 gm / 30 days)          |
| <i>betamethasone dipropionate augmented</i> CREA .05%            | 2                | QL (120 gm / 30 days)          |
| <i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%  | 4                | QL (120 gm / 30 days)          |
| <i>betamethasone dipropionate augmented</i> LOTN .05%            | 4                | QL (120 mL / 30 days)          |
| <i>betamethasone valerate</i> CREA .1%; OINT .1%                 | 3                | QL (120 gm / 30 days)          |
| <i>betamethasone valerate</i> LOTN .1%                           | 3                | QL (120 mL / 30 days)          |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%      | 4                | QL (60 gm / 30 days)           |
| <i>clobetasol propionate</i> SOLN .05%                           | 4                | QL (50 mL / 30 days)           |
| <i>clobetasol propionate e</i> CREA .05%                         | 4                | QL (60 gm / 30 days)           |
| <i>fluocinolone acetonide</i> CREA .01%                          | 4                | QL (60 gm / 30 days)           |
| <i>fluocinolone acetonide</i> CREA .025%                         | 4                | QL (120 gm / 30 days)          |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|-----------------------------------------------------------------|------------------|-----------------------------------|
| <i>fluocinolone acetonide</i> OIL .01%                          | 3                | QL (118.28 mL / 30 days)          |
| <i>fluocinolone acetonide</i> OINT .025%                        | 3                | QL (120 gm / 30 days)             |
| <i>fluocinolone acetonide</i> SOLN .01%                         | 4                | QL (60 mL / 30 days)              |
| <i>fluocinonide</i> CREA .05%                                   | 3                | QL (120 gm / 30 days)             |
| <i>fluocinonide</i> GEL .05%; OINT .05%                         | 4                | QL (60 gm / 30 days)              |
| <i>fluocinonide</i> SOLN .05%                                   | 3                | QL (60 mL / 30 days)              |
| <i>fluocinonide emulsified base</i> CREA .05%                   | 3                | QL (120 gm / 30 days)             |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%             | 3                |                                   |
| <i>halobetasol propionate</i> CREA .05%; OINT .05%              | 4                | QL (50 gm / 30 days)              |
| <i>hydrocortisone (topical)</i> CREA 1%                         | 1                |                                   |
| <i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5% | 2                |                                   |
| <i>hydrocortisone (topical)</i> OINT 1%                         | 2                | QL (30 gm / 30 days)              |
| <i>hydrocortisone valerate</i> CREA .2%                         | 3                | QL (60 gm / 30 days)              |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%          | 3                |                                   |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%   | 2                | QL (454 gm / 30 days)             |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%        | 3                |                                   |
| <i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%   | 2                |                                   |
| <i>triderm</i> CREA .5%                                         | 2                | QL (454 gm / 30 days)             |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                           |                  |                                   |
| <i>glydo</i> PRSY 2%                                            | 3                | QL (60 mL / 30 days), PA          |
| <i>lidocaine</i> OINT 5%                                        | 4                | QL (50 gm / 30 days), PA          |
| <i>lidocaine</i> PTCH 5%                                        | 4                | QL (3 patches / 1 day), PA        |
| <i>lidocaine hcl</i> SOLN 4%                                    | 3                | QL (50 mL / 30 days), PA          |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5%                      | 2                | B/D, QL (30 gm / 30 days)         |
| <i>lidocan</i> PTCH 5%                                          | 4                | QL (3 patches / 1 day), PA        |
| <i>tridacaine ii</i> PTCH 5%                                    | 4                | QL (3 patches / 1 day), PA        |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>      |                  |                                   |
| <i>bexarotene (topical)</i> GEL 1%                              | 5                | NDS, QL (60 gm / 30 days), NM, PA |
| <i>diclofenac sodium (topical)</i> SOLN 1.5%                    | 3                | QL (300 mL / 28 days)             |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

| <b>Drug Name</b>                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|----------------------------------------------------------|------------------|-----------------------------------|
| <i>fluorouracil (topical)</i> CREA 5%                    | 4                | QL (40 gm / 30 days)              |
| <i>fluorouracil (topical)</i> SOLN 2%, 5%                | 3                | QL (10 mL / 30 days)              |
| <i>hydrocortisone (rectal)</i> CREA 1%, 2.5%             | 3                |                                   |
| <i>imiquimod</i> CREA 5%                                 | 3                | QL (24 packets / 30 days)         |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12% | 2                |                                   |
| <i>metronidazole (topical)</i> CREA .75%; GEL .75%       | 3                | QL (45 gm / 30 days)              |
| <i>metronidazole (topical)</i> LOTN .75%                 | 4                | QL (59 mL / 30 days)              |
| <i>nitroglycerin (intra-anal)</i> OINT .4%               | 4                | QL (30 gm / 30 days)              |
| PANRETIN GEL .1%                                         | 5                | NDS, QL (60 gm / 30 days), PA     |
| <i>pimecrolimus</i> CREA 1%                              | 4                | QL (100 gm / 30 days), PA         |
| <i>podofilox</i> SOLN .5%                                | 3                | QL (7 mL / 28 days)               |
| <i>procto-med hc</i> CREA 2.5%                           | 3                |                                   |
| <i>proctocort</i> CREA 1%                                | 3                |                                   |
| <i>proctosol hc</i> CREA 2.5%                            | 3                |                                   |
| <i>proctozone-hc</i> CREA 2.5%                           | 3                |                                   |
| <i>tacrolimus (topical)</i> OINT .03%, .1%               | 4                | QL (100 gm / 30 days), PA         |
| VALCHLOR GEL .016%                                       | 5                | NDS, QL (60 gm / 30 days), NM, PA |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>           |                  |                                   |
| <i>malathion</i> LOTN .5%                                | 4                | QL (59 mL / 30 days)              |
| <i>permethrin</i> CREA 5%                                | 3                | QL (60 gm / 30 days)              |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                    |                  |                                   |
| SANTYL OINT 250unit/gm                                   | 4                | QL (180 gm / 30 days)             |
| <i>sodium chloride (gu irrigant)</i> SOLN .9%            | 3                |                                   |
| <i>water for irrigation, sterile irrigation soln</i>     | 2                |                                   |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                        |                  |                                   |
| <i>cevimeline hcl</i> CAPS 30mg                          | 4                |                                   |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%  | 1                |                                   |
| <i>clotrimazole</i> TROC 10mg                            | 3                | QL (150 lozenges / 30 days)       |
| <i>kourzeq</i> PSTE .1%                                  | 3                |                                   |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2%              | 2                |                                   |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml        | 2                |                                   |
| <i>periogard</i> SOLN .12%                               | 1                |                                   |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg            | 3                |                                   |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1%          | 3                |                                   |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

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

**\_PART B**

***DIABETIC METERS AND TEST STRIPS***

|                           |   |    |
|---------------------------|---|----|
| DEXCOM G6 MIS RECEIVER    | 0 | PA |
| DEXCOM G6 MIS SENSOR      | 0 | PA |
| DEXCOM G6 MIS TRANSMIT    | 0 | PA |
| DEXCOM G7 MIS RECEIVER    | 0 | PA |
| DEXCOM G7 MIS SENSOR      | 0 | PA |
| FREESTY LIBR KIT 2 SENSOR | 0 | PA |
| FREESTY LIBR KIT 3 SENSOR | 0 | PA |
| FREESTY LIBR KIT SENSOR   | 0 | PA |
| FREESTY LIBR MIS 2 READER | 0 | PA |
| FREESTY LIBR MIS 3 READER | 0 | PA |
| FREESTYLE MIS READER      | 0 | PA |
| TRUE METRIX KIT AIR       | 0 |    |
| TRUE METRIX KIT METER     | 0 |    |
| TRUE METRIX STRIPS        | 0 |    |

Informacje na temat znaczenia symboli i skrótów zawartych w tej tabeli znajdują się na stronie 6.

## Indeks leków

|                                 |    |                                    |        |                                |    |
|---------------------------------|----|------------------------------------|--------|--------------------------------|----|
| <i>abacavir sulfate</i> .....   | 11 | <i>adefovir dipivoxil</i> .....    | 14     | ALYFTREK TAB 4-20-50           |    |
| <i>abacavir sulfate-</i>        |    | ADEMPAS .....                      | 37     | .....                          | 83 |
| <i>lamivudine tab 600-</i>      |    | ADMELOG .....                      | 56     | ALYGLO .....                   | 74 |
| <i>300 mg</i> .....             | 13 | ADMELOG SOLOSTAR                   | 56     | <i>alyq</i> .....              | 37 |
| <i>abigale</i> .....            | 63 | ADVAIR HFA AER                     |        | <i>amantadine hcl</i> .....    | 40 |
| <i>abigale lo</i> .....         | 63 | 115/21 .....                       | 85     | <i>ambrisentan</i> .....       | 37 |
| ABILIFY ASIMTUFII ...           | 41 | ADVAIR HFA AER                     |        | <i>amethia</i> .....           | 58 |
| ABILIFY MAINTENA ...            | 41 | 230/21 .....                       | 85     | <i>amethyst</i> .....          | 58 |
| <i>abiraterone acetate</i> ...  | 19 | ADVAIR HFA AER 45/21               |        | <i>amikacin sulfate</i> .....  | 9  |
| <i>abirtega</i> .....           | 19 | .....                              | 85     | <i>amiloride &amp;</i>         |    |
| ABRYSVO .....                   | 75 | <i>afirmelle</i> .....             | 58     | <i>hydrochlorothiazide</i>     |    |
| <i>acamprosate calcium</i> .    | 53 | AIMOVIG .....                      | 50     | <i>tab 5-50 mg</i> .....       | 35 |
| <i>acarbose</i> .....           | 54 | AIRSUPRA AER 90-                   |        | <i>amiloride hcl</i> .....     | 35 |
| <i>accutane</i> .....           | 86 | 80MCG .....                        | 85     | <i>amiodarone hcl</i> .....    | 33 |
| <i>acebutolol hcl</i> .....     | 34 | AKEEGA TAB 100/500                 | 19     | <i>amitriptyline hcl</i> ..... | 38 |
| <i>acetaminophen w/</i>         |    | AKEEGA TAB 50/500MG                |        | <i>amlodipine besylate</i> ... | 35 |
| <i>codeine soln 120-12</i>      |    | .....                              | 19     | <i>amlodipine besylate-</i>    |    |
| <i>mg/5ml</i> .....             | 8  | <i>ala-cort</i> .....              | 87     | <i>benazepril hcl cap 10-</i>  |    |
| <i>acetaminophen w/</i>         |    | <i>albendazole</i> .....           | 9      | <i>20 mg</i> .....             | 30 |
| <i>codeine tab 300-15</i>       |    | <i>albuterol sulfate</i> ...82, 83 |        | <i>amlodipine besylate-</i>    |    |
| <i>mg</i> .....                 | 8  | <i>alclometasone</i>               |        | <i>benazepril hcl cap 10-</i>  |    |
| <i>acetaminophen w/</i>         |    | <i>dipropionate</i> .....          | 87     | <i>40 mg</i> .....             | 30 |
| <i>codeine tab 300-30</i>       |    | ALCOHOL SWABS: BD-                 |        | <i>amlodipine besylate-</i>    |    |
| <i>mg</i> .....                 | 8  | EMBECTA/MHC/RUGBY                  |        | <i>benazepril hcl cap 2.5-</i> |    |
| <i>acetaminophen w/</i>         |    | .....                              | 56     | <i>10 mg</i> .....             | 30 |
| <i>codeine tab 300-60</i>       |    | ALDURAZYME .....                   | 64     | <i>amlodipine besylate-</i>    |    |
| <i>mg</i> .....                 | 8  | ALECENSA .....                     | 21     | <i>benazepril hcl cap 5-</i>   |    |
| <i>acetazolamide</i> .....      | 35 | <i>alendronate sodium</i> ...      | 57     | <i>10 mg</i> .....             | 30 |
| <i>acetic acid</i> .....        | 69 | <i>alfuzosin hcl</i> .....         | 69     | <i>amlodipine besylate-</i>    |    |
| <i>acetic acid (otic)</i> ..... | 81 | <i>aliskiren fumarate</i> .....    | 36     | <i>benazepril hcl cap 5-</i>   |    |
| <i>acetylcysteine</i> .....     | 83 | <i>allopurinol</i> .....           | 7      | <i>20 mg</i> .....             | 30 |
| <i>acitretin</i> .....          | 87 | <i>alose tron hcl</i> .....        | 68     | <i>amlodipine besylate-</i>    |    |
| ACTHIB INJ .....                | 75 | <i>alprazolam</i> .....            | 37     | <i>benazepril hcl cap 5-</i>   |    |
| ACTIMMUNE .....                 | 75 | <i>altavera</i> .....              | 58     | <i>40 mg</i> .....             | 30 |
| <i>acyclovir</i> .....          | 14 | ALUNBRIG .....                     | 21     | <i>amlodipine besylate-</i>    |    |
| <i>acyclovir sodium</i> .....   | 14 | ALUNBRIG PAK .....                 | 21     | <i>olmesartan medoxomil</i>    |    |
| ADACEL INJ .....                | 75 | ALVAIZ .....                       | 70, 71 | <i>tab 10-20 mg</i> .....      | 31 |
| ADALIMUMAB-AACF (2              |    | ALVESCO .....                      | 85     | <i>amlodipine besylate-</i>    |    |
| PEN) .....                      | 71 | <i>alyacen 1/35</i> .....          | 58     | <i>olmesartan medoxomil</i>    |    |
| ADALIMUMAB-AACF (2              |    | <i>alyacen 7/7/7</i> .....         | 58     | <i>tab 10-40 mg</i> .....      | 31 |
| SYRING .....                    | 71 | ALYFTREK TAB 10-50-                |        | <i>amlodipine besylate-</i>    |    |
| ADALIMUMAB-AACF                 |    | 125 .....                          | 83     | <i>olmesartan medoxomil</i>    |    |
| STARTER P .....                 | 71 |                                    |        | <i>tab 5-20 mg</i> .....       | 31 |

|                                                                             |    |                                                                                |    |                                                                                   |    |
|-----------------------------------------------------------------------------|----|--------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------|----|
| <i>amlodipine besylate-<br/>olmesartan medoxomil<br/>tab 5-40 mg.....</i>   | 31 | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 15 mg .</i>              | 48 | <i>ampicillin &amp; sulbactam<br/>sodium for inj 3 (2-1)<br/>gm .....</i>         | 17 |
| <i>amlodipine besylate-<br/>valsartan tab 10-160<br/>mg.....</i>            | 31 | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 20 mg .</i>              | 49 | <i>ampicillin &amp; sulbactam<br/>sodium for iv soln 1.5<br/>(1-0.5) gm .....</i> | 17 |
| <i>amlodipine besylate-<br/>valsartan tab 10-320<br/>mg.....</i>            | 31 | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 25 mg .</i>              | 49 | <i>ampicillin &amp; sulbactam<br/>sodium for iv soln 15<br/>(10-5) gm .....</i>   | 17 |
| <i>amlodipine besylate-<br/>valsartan tab 5-160<br/>mg.....</i>             | 31 | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 30 mg .</i>              | 49 | <i>ampicillin &amp; sulbactam<br/>sodium for iv soln 3<br/>(2-1) gm .....</i>     | 17 |
| <i>amlodipine besylate-<br/>valsartan tab 5-320<br/>mg.....</i>             | 31 | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 5 mg ...</i>             | 48 | <i>ampicillin sodium .....</i>                                                    | 17 |
| <i>amnestem.....</i>                                                        | 86 | <i>amphetamine-<br/>dextroamphetamine<br/>tab 10 mg .....</i>                  | 49 | <i>anagrelide hcl .....</i>                                                       | 71 |
| <i>amoxapine.....</i>                                                       | 38 | <i>amphetamine-<br/>dextroamphetamine<br/>tab 12.5 mg .....</i>                | 49 | <i>anastrozole .....</i>                                                          | 19 |
| <i>amoxicillin .....</i>                                                    | 16 | <i>amphetamine-<br/>dextroamphetamine<br/>tab 15 mg .....</i>                  | 49 | <i>ANORO ELLIPT AER<br/>62.5-25 .....</i>                                         | 81 |
| <i>amoxicillin &amp; k<br/>clavulanate for susp<br/>200-28.5 mg/5ml ..</i>  | 16 | <i>amphetamine-<br/>dextroamphetamine<br/>tab 20 mg .....</i>                  | 49 | <i>aprepitant .....</i>                                                           | 66 |
| <i>amoxicillin &amp; k<br/>clavulanate for susp<br/>250-62.5 mg/5ml ..</i>  | 16 | <i>amphetamine-<br/>dextroamphetamine<br/>tab 30 mg .....</i>                  | 49 | <i>aprepitant capsule<br/>therapy pack 80 &amp; 125<br/>mg .....</i>              | 66 |
| <i>amoxicillin &amp; k<br/>clavulanate for susp<br/>400-57 mg/5ml .....</i> | 16 | <i>amphetamine-<br/>dextroamphetamine<br/>tab 5 mg.....</i>                    | 49 | <i>apri.....</i>                                                                  | 58 |
| <i>amoxicillin &amp; k<br/>clavulanate for susp<br/>600-42.9 mg/5ml ..</i>  | 16 | <i>amphetamine-<br/>dextroamphetamine<br/>tab 7.5 mg .....</i>                 | 49 | <i>APTOM .....</i>                                                                | 44 |
| <i>amoxicillin &amp; k<br/>clavulanate tab 250-<br/>125 mg .....</i>        | 17 | <i>amphotericin b .....</i>                                                    | 11 | <i>APTIVUS .....</i>                                                              | 12 |
| <i>amoxicillin &amp; k<br/>clavulanate tab 500-<br/>125 mg .....</i>        | 17 | <i>amphotericin b liposome<br/>.....</i>                                       | 11 | <i>ARALAST NP .....</i>                                                           | 83 |
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| <i>amoxicillin &amp; k<br/>clavulanate tab er<br/>12hr 1000-62.5 mg</i>     | 17 | <i>ampicillin &amp; sulbactam<br/>sodium for inj 1.5 (1-<br/>0.5) gm .....</i> | 17 | <i>ARCALYST .....</i>                                                             | 75 |
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| SENSOR.....                      | 90     |  |
| DEXCOM G6 MIS                    |        |  |
| TRANSMIT .....                   | 90     |  |
| DEXCOM G7 MIS                    |        |  |
| RECEIVER .....                   | 90     |  |
| DEXCOM G7 MIS                    |        |  |
| SENSOR.....                      | 90     |  |
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| .....                            | 49     |  |
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| <i>sodium chloride</i>           |        |  |
| <i>0.45%</i> .....               | 77     |  |
| <i>dextrose 2.5% w/</i>          |        |  |
| <i>sodium chloride</i>           |        |  |
| <i>0.45%</i> .....               | 77     |  |
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| <i>chloride 0.3%</i> .....       | 77     |  |
| <i>dextrose 5% w/ sodium</i>     |        |  |
| <i>chloride 0.45%</i> .....      | 77     |  |
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| 45                              | 80                                   | <i>hcl cap 0.5-0.4 mg</i> .69     |
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| 64                              | <i>maleate ophth soln 2-</i>         | 16                                |
| <i>diclofenac potassium</i> ... | <i>0.5%</i> .....                    | <i>econazole nitrate</i> .....    |
| 7                               | 81                                   | 86                                |
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| 7                               | 63                                   | 12                                |
| <i>diclofenac sodium</i>        | DOVATO TAB 50-300MG                  | EDURANT PED .....                 |
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| 80                              | 13                                   | <i>efavirenz</i> .....            |
| <i>diclofenac sodium</i>        | <i>doxazosin mesylate</i> ... 31     | 12                                |
| <i>(topical)</i> .....          | <i>doxepin hcl</i> .....             | <i>efavirenz-emtricitabine-</i>   |
| 88                              | 39                                   | <i>tenofovir df tab 600-</i>      |
| <i>dicloxacillin sodium</i> ... | <i>doxepin hcl (sleep)</i> ....      | <i>200-300 mg</i> .....           |
| 17                              | 50                                   | 13                                |
| <i>dicyclomine hcl</i> .....    | <i>doxorubicin hcl</i> .....         | <i>efavirenz-lamivudine-</i>      |
| 67                              | 20                                   | <i>tenofovir df tab 400-</i>      |
| DIFICID .....                   | <i>doxorubicin hcl</i>               | <i>300-300 mg</i> .....           |
| 16                              | <i>liposomal</i> .....               | 13                                |
| <i>diflunisal</i> .....         | <i>doxy 100</i> .....                | <i>efavirenz-lamivudine-</i>      |
| 7                               | 17                                   | <i>tenofovir df tab 600-</i>      |
| <i>difluprednate</i> .....      | <i>doxycycline</i>                   | <i>300-300 mg</i> .....           |
| 80                              | <i>(monohydrate)</i> .17, 18         | 13                                |
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| 50                              | 66                                   | ELIQUIS.....                      |
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| 35                              | 59                                   | 70                                |
| <i>diltiazem hcl coated</i>     | <i>drospirenone-ethinyl</i>          | <i>eluryng</i> .....              |
| <i>beads</i> .....              | <i>estradiol tab 3-0.03</i>          | 59                                |
| 35                              | <i>mg</i> .....                      | EMGALITY .....                    |
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| <i>release beads</i> .....      | <i>drospirenone-ethinyl</i>          | EMSAM .....                       |
| 35                              | <i>estradiol tab 3-0.02</i>          | 39                                |
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| 35                              | 59                                   | 12                                |
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| 5LFU .....                      | <i>estradiol tab 3-0.03</i>          | <i>tenofovir df tab 200-</i>      |
| 76                              | <i>mg</i> .....                      | <i>25-300 mg</i> .....            |
| <i>diphenhydramine hcl</i> .    | 59                                   | 13                                |
| 82                              | <i>drospirenone-ethinyl</i>          | <i>emtricitabine-tenofovir</i>    |
| <i>diphenoxylate w/</i>         | <i>estradiol tab 3-0.02-0.451 mg</i> | <i>disoproxil fumarate</i>        |
| <i>atropine liq 2.5-0.025</i>   | 59                                   | <i>tab 100-150 mg</i> ....        |
| <i>mg/5ml</i> .....             | <i>drospirenone-ethinyl</i>          | 13                                |
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| 68                              | <i>droxidopa</i> .....               | <i>emtricitabine-tenofovir</i>    |
| <i>dipyridamole</i> .....       | 36                                   | <i>disoproxil fumarate</i>        |
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|                                         |    |                                         |    | ZYPREXA RELPREVV ..            | 44 |



Molina Healthcare to plan C-SNP, D-SNP i HMO z umową Medicare. Plany D-SNP mają umowę ze stanowym programem Medicaid. Rejestracja zależy od odnowienia umowy.

Senior Whole Health of New York complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, Senior Whole Health of New York provides services free of charge and in a timely manner:

- Senior Whole Health of New York provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- Senior Whole Health of New York provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Member Services at 1-800-665-3086 or TTY/TDD: 711, Monday to Friday, 8 a.m. to 8 p.m., local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit  
200 Oceangate  
Long Beach, CA 90802  
Email: [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com)  
Website: <https://molinahealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 1-800-368-1019  
TTY/TDD: 800-537-7697

Complaint forms are available here: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

|                                                                                                                                                                 |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| ATTENTION: Language assistance services, free of charge, are available to you. Call 877-353-0185 TTY/TDD 711.                                                   | English       |
| ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-353-0185 TTY/TDD 711.                            | Spanish       |
| 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 877-353-0185 TTY/TDD 711.                                                                                                        | Chinese       |
| ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم<br>877-353-0185 TTY/TDD 711 (رقم هاتف الصم والبكم)                    | Arabic        |
| 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다<br>877-353-0185 TTY/TDD 711 번으로 전화해 주십시오.                                                                         | Korean        |
| ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.<br>Звоните 877-353-0185 (телетайп: TTY/TDD 711).                       | Russian       |
| ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 877-353-0185 TTY/TDD 711. | Italian       |
| ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.<br>Appelez le 877-353-0185 TTY/TDD 711.                  | French        |
| ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 877-353-0185 TTY/TDD 711.                                             | French Creole |
| אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר איין שפראך הילף סערוויסעס פריי פון אפצאל. רופט<br>877-353-0185 TTY/TDD 711.                                | Yiddish       |
| UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 877-353-0185 TTY/TDD 711                                     | Polish        |
| PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 877-353-0185 TTY/TDD 711.          | Tagalog       |
| লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৩৫৩-০১৮৫ TTY/TDD 711                               | Bengali       |
| KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 877-353-0185 TTY/TDD 711.                        | Albanian      |
| ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 877-353-0185 TTY/TDD 711.         | Greek         |
| خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 877-353-0185 TTY/TDD 711                                              | Urdu          |







Wykaz leków został uaktualniony dnia 12/1/2025. Aby uzyskać więcej informacji albo zadać inne pytania, należy skontaktować się z działem obsługi klienta Senior Whole Health New York NHC Member Service pod numerem (800) 665-3086 (użytkownicy TTY powinni dzwonić pod numer 711), 1 października – 31 marca: 7 dni w tygodniu w godzinach od 8:00 do 20:00 czasu miejscowego, 1 kwietnia – 30 września: Od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu miejscowego albo odwiedzić stronę [SWHNY.com](http://SWHNY.com).