



# 2023

# List of Covered Drugs California

## **Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Medi-Cal Plan**

HPMS Approved Formulary File Submission 00023250, Version 18

Updated on: **12/01/2023**

For more recent information or other questions, contact us at (800) 665-3086, TTY: 711, October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time or visit [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare).

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.



# Molina Medicare Complete Care Plus (HMO D-SNP) | 2023 *List of Covered Drugs (Formulary)*

## Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by Molina Medicare Complete Care Plus. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Molina Medicare Complete Care Plus.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

## Table of Contents

|                                                                                                                                                                                                         |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| A. Disclaimers.....                                                                                                                                                                                     | 3 |
| B. Frequently Asked Questions (FAQ).....                                                                                                                                                                | 3 |
| B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....                                                        | 3 |
| B2. Does the Drug List ever change? .....                                                                                                                                                               | 4 |
| B3. What happens when there is a change to the Drug List?.....                                                                                                                                          | 5 |
| B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....                                                                                    | 6 |
| B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug? .....                                                                                       | 6 |
| B6. What happens if Molina Medicare Complete Care Plus changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)? ..... | 6 |
| B7. How can I find a drug on the Drug List? .....                                                                                                                                                       | 7 |
| B8. What if the drug I want to take is not on the Drug List? .....                                                                                                                                      | 7 |
| B9. What if I am a new Molina Medicare Complete Care Plus member and can’t find my drug on the Drug List or have a problem getting my drug? .....                                                       | 7 |



**If you have questions**, please call Molina Medicare Complete Care Plus at (800) 665-3086, TTY: 711, October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare).

Updated on 12/01/2023

|                                                                                                  |    |
|--------------------------------------------------------------------------------------------------|----|
| B10. Can I ask for an exception to cover my drug? .....                                          | 8  |
| B11. How can I ask for an exception? .....                                                       | 8  |
| B12. How long does it take to get an exception? .....                                            | 8  |
| B13. What are generic drugs? .....                                                               | 8  |
| B14. What are OTC drugs? .....                                                                   | 9  |
| B15. Does Molina Medicare Complete Care Plus cover non-drug OTC products? .....                  | 9  |
| B16. Does Molina Medicare Complete Care Plus cover long-term supplies of<br>prescriptions? ..... | 9  |
| B17. Can I get prescriptions delivered to my home from my local pharmacy? .....                  | 9  |
| B18. What is my copay? .....                                                                     | 9  |
| C. Overview of the <i>List of Covered Drugs</i> .....                                            | 10 |
| C1. List of Drugs by Medical Condition .....                                                     | 10 |
| D. Index of Covered Drugs.....                                                                   | 86 |

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## A. Disclaimers

This is a list of drugs that members can get in Molina Medicare Complete Care Plus.

- ❖ You can always check Molina Medicare Complete Care Plus's up-to-date *List of Covered Drugs* online at [MolinaHealthcare.com/Medicare](https://www.molinahealthcare.com/Medicare) or by calling (800) 665-3086, TTY: 711.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (800) 665-3086, TTY: 711, October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time. The call is free.
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. Call (800) 665-3086, TTY: 711, October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time. A Member Services representative can help you make or change a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information.
- ❖ Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- ❖ <https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx>

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## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

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### B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 12 are the drugs covered by Molina Medicare Complete Care Plus (HMO D-SNP). The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.” The prescription drugs included on this List of Covered Drugs are covered by *Molina Medicare Complete Care Plus*. Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website ([www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please



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Updated on 12/01/2023

bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

- Molina Medicare Complete Care Plus will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - Molina Medicare Complete Care Plus agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a Molina Medicare Complete Care Plus network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare) or call Member Services at the numbers in the footer of this document.

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## **B2. Does the Drug List ever change?**

Yes, and Molina Medicare Complete Care Plus must follow Medicare and Medi-Cal rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Molina Medicare Complete Care Plus before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Molina Medicare Complete Care Plus's up-to-date Drug List online at [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare).
- You can also call Member Services at the numbers in the footer of this document to check the current Drug List.

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### B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
  - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Talk with your doctor or other prescriber to find an alternative that is safe for you.

**We may make other changes that affect the drugs you take.** We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:



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- If there is a similar drug on the Drug List you can take instead or
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

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#### **B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Molina Medicare Complete Care Plus before you fill your prescription. Prior authorization is different from a referral. Molina Medicare Complete Care Plus may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Molina Medicare Complete Care Plus limits the amount of a drug you can get.
- **Step therapy:** Sometimes Molina Medicare Complete Care Plus requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 12. You can also get more information by visiting our website at [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

**You can ask for an exception from these limits.** This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead of whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

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#### **B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?**

The table in the List of Drugs by Medical Condition on page 12 has a column labeled "Necessary actions, restrictions, or limits on use."

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#### **B6. What happens if Molina Medicare Complete Care Plus changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

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## B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 86.

To search **by medical condition**, find the section labeled “List of Drugs by Medical Condition” on page 12. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category Beta-blockers. That is where you will find drugs that treat heart conditions.

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## B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Member Services at the numbers in the footer of this document and ask about it. If you learn that Molina Medicare Complete Care Plus will not cover the drug, you can do one of these things:

- Ask *Member Services* for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask Molina Medicare Complete Care Plus to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

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## B9. What if I am a new Molina Medicare Complete Care Plus member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you are a member of Molina Medicare Complete Care Plus. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 31 days of medication.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**



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Updated on 12/01/2023

- the drug requires prior authorization by Molina Medicare Complete Care Plus, **or**
- you are taking a drug that is part of a step therapy restriction

If you are taking a drug that Molina Medicare Complete Care Plus does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Medicare Complete Care Plus member.
- This is in addition to the temporary supply during the first 90 days you are a member of Molina Medicare Complete Care Plus.

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## **B10. Can I ask for an exception to cover my drug?**

Yes. You can ask Molina Medicare Complete Care Plus to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Molina Medicare Complete Care Plus may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

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## **B11. How can I ask for an exception?**

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Evidence of Coverage* to learn more about exceptions.

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## **B12. How long does it take to get an exception?**

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber can call Molina Medicare Complete Care Plus or fax the supporting statement to (866) 290-1309.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

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## **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Molina Medicare Complete Care Plus covers both brand name drugs and generic drugs.

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## **B14. What are OTC drugs?**

OTC stands for "over-the-counter". Molina Medicare Complete Care Plus covers some OTC drugs when they are written as prescriptions by your provider. OTC drugs are provided by the Medicaid part of your plan through Medi-Cal Rx. You must show your Medi-Cal card at the pharmacy to get these drugs.

You can read the Medi-Cal Drug list to find out what OTC drugs are covered.

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## **B15. Does Molina Medicare Complete Care Plus cover non-drug OTC products?**

Molina Medicare Complete Care Plus covers some non-drug OTC products when they are written as prescriptions by your provider.

You can read the Molina Medicare Complete Care Plus Drug List to find out what non-drug OTC products are covered.

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## **B16. Does Molina Medicare Complete Care Plus cover long-term supplies of prescriptions?**

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- **90 Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs.

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## **B17. Can I get prescriptions delivered to my home from my local pharmacy?**

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

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## **B18. What is my copay?**

Molina Medicare Complete Care Plus members have different *copays depending on your LIS (Low Income Subsidy) or Part D phase* for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.



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Tiers are groups of drugs on our Drug List.

- Tier 1 Preferred Generic drugs have \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15%
- Tier 2 Generic name drugs have \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15%
- Tier 3 Preferred brand and middle cost generic drugs have \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15%
- Tier 4 Non-Preferred drugs have \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15%
- Tier 5 Specialty High-cost brands and generic drugs have \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15%

If you have questions, call Member Services at the numbers in the footer of this document.

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## C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Molina Medicare Complete Care Plus. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 86. The index alphabetically lists all drugs covered by Molina Medicare Complete Care Plus.

**Note:** The \_ next to a drug means the drug is not a “Part D drug.” These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medi-Cal.
- If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the numbers in the footer of this document.
- You can also read Chapter 9 of the *Evidence of Coverage* to learn how to appeal a decision.

### C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Beta-blockers. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restriction, or limits on use” column:

PA = Prior Authorization (approval): you must have approval before you can get this drug.

QL = Quantity Limits: the amount of the drug that the plan will cover.

ST = Step Therapy Criteria: you must try another drug before you can get this one.

NM = Non-Mail Order: this drug cannot be filled through mail order.

B/D = This drug may be covered under Medicare Part B or D depending upon the circumstances.

LA = Limited Access Drug: this drug may be available only at certain pharmacies.

(\_) = Non-Part D Drugs, or OTC items that are covered by Medicaid.

NDS = Non-Extended Days Supply: you will be limited to how many days supply you can receive.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *metformin hcl*), brand name drugs are capitalized (for example, JANUVIA TABS). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Molina Medicare Complete Care Plus has any rules for covering your drug.



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**MOLINA\_CY23\_5T\_SNP eff 12/01/2023****Drug Name****Drug Tier****Requirements/Limits****ANALGESICS****GOUT**

|                                                |   |                         |
|------------------------------------------------|---|-------------------------|
| <i>allopurinol</i> TABS 100mg, 300mg           | 1 |                         |
| <i>colchicine</i> TABS .6mg                    | 4 | 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 |                         |

**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                                          | 3 | 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>ec-naproxen</i> TBEC 375mg                                                  | 2 | QL (120 tabs / 30 days) |
| <i>ec-naproxen</i> TBEC 500mg                                                  | 4 | QL (90 tabs / 30 days)  |
| <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</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    | 3 | QL (4 patches / 28 days), PA  |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr        | 4 | QL (10 patches / 30 days), PA |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg | 3 | QL (30 tabs / 30 days), PA    |
| HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg                   | 3 | QL (30 tabs / 30 days), PA    |
| <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    |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|-----------------------------------------------------------------------|------------------|--------------------------------------|
| <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           |
| OXYCONTIN 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                    | 3                | QL (2700 mL / 30 days)               |
| <i>acetaminophen w/ codeine tab</i> 300-15 mg                         | 3                | QL (400 tabs / 30 days)              |
| <i>acetaminophen w/ codeine tab</i> 300-30 mg                         | 3                | QL (360 tabs / 30 days)              |
| <i>acetaminophen w/ codeine tab</i> 300-60 mg                         | 3                | 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>fentanyl citrate</i> LPOP 200mcg                                   | 4                | QL (120 lozenges / 30 days), PA      |
| <i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg | 5                | NDS, QL (120 lozenges / 30 days), PA |
| <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)              |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml         | 4                | B/D                                  |
| <i>morphine sulfate</i> SOLN 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 20mg/ml                                  | 3                | QL (180 mL / 30 days)                |
| <i>morphine sulfate</i> TABS 15mg, 30mg                               | 3                | QL (180 tabs / 30 days)              |
| MORPHINE SULFATE/SODIUM C SOLN 1mg/ml                                 | 4                | B/D                                  |
| <i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml                           | 4                |                                      |
| <i>oxycodone hcl</i> CAPS 5mg                                         | 4                | QL (180 caps / 30 days)              |
| <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)              |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------|------------------|----------------------------|
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 3                | QL (240 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>  | 3                | QL (180 tabs / 30 days)    |
| <i>tramadol hcl TABS 50mg</i>                    | 2                | QL (240 tabs / 30 days)    |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>    | 3                | QL (240 tabs / 30 days)    |

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

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

## **ANTI-INFECTIVES**

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

|                                                                                |   |                          |
|--------------------------------------------------------------------------------|---|--------------------------|
| <i>albendazole TABS 200mg</i>                                                  | 5 | NDS                      |
| <i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>                                | 4 |                          |
| <i>atovaquone SUSP 750mg/5ml</i>                                               | 4 |                          |
| <i>aztreonam SOLR 1gm, 2gm</i>                                                 | 4 |                          |
| <i>CAYSTON SOLR 75mg</i>                                                       | 5 | NDS, NM, LA, PA          |
| <i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>                                 | 2 |                          |
| <i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>                       | 4 |                          |
| <i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i> | 3 |                          |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>                        | 4 |                          |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>                        | 4 |                          |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>                        | 4 |                          |
| <i>CLINDMYC/NAC INJ 300/50ML</i>                                               | 4 |                          |
| <i>CLINDMYC/NAC INJ 600/50ML</i>                                               | 4 |                          |
| <i>CLINDMYC/NAC INJ 900/50ML</i>                                               | 4 |                          |
| <i>colistimethate sodium SOLR 150mg</i>                                        | 4 |                          |
| <i>dapsone TABS 25mg, 100mg</i>                                                | 3 |                          |
| <i>DAPTOMYCIN SOLR 350mg</i>                                                   | 5 | NDS                      |
| <i>daptomycin SOLR 350mg, 500mg</i>                                            | 5 | NDS                      |
| <i>EMVERM CHEW 100mg</i>                                                       | 5 | NDS, QL (12 tabs / year) |
| <i>ertapenem sodium SOLR 1gm</i>                                               | 4 |                          |
| <i>gentamicin in saline inj 0.8 mg/ml</i>                                      | 3 |                          |
| <i>gentamicin in saline inj 1 mg/ml</i>                                        | 3 |                          |
| <i>gentamicin in saline inj 1.2 mg/ml</i>                                      | 3 |                          |
| <i>gentamicin in saline inj 1.6 mg/ml</i>                                      | 3 |                          |
| <i>gentamicin in saline inj 2 mg/ml</i>                                        | 3 |                          |
| <i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>                                | 3 |                          |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i>                         | 4 |                          |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|-----------------------------------------------------------------------|------------------|-----------------------------|
| <i>imipenem-cilastatin intravenous for soln 500 mg</i>                | 4                |                             |
| <i>ivermectin TABS 3mg</i>                                            | 3                | QL (12 tabs / 90 days), PA  |
| <i>linezolid SOLN 600mg/300ml</i>                                     | 4                |                             |
| <i>linezolid SUSR 100mg/5ml</i>                                       | 5                | NDS, QL (1800 mL / 30 days) |
| <i>linezolid TABS 600mg</i>                                           | 4                | QL (60 tabs / 30 days)      |
| LINEZOLID INJ 2MG/ML                                                  | 4                |                             |
| <i>meropenem SOLR 1gm, 500mg</i>                                      | 4                |                             |
| <i>methenamine hippurate TABS 1gm</i>                                 | 4                |                             |
| <i>metronidazole SOLN 500mg/100ml</i>                                 | 3                |                             |
| <i>metronidazole TABS 250mg, 500mg</i>                                | 1                |                             |
| <i>neomycin sulfate TABS 500mg</i>                                    | 2                |                             |
| <i>nitazoxanide TABS 500mg</i>                                        | 5                | NDS, QL (6 tabs / 30 days)  |
| <i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>                   | 3                |                             |
| <i>nitrofurantoin monohyd macro CAPS 100mg</i>                        | 3                |                             |
| <i>paromomycin sulfate CAPS 250mg</i>                                 | 4                |                             |
| <i>pentamidine isethionate inh SOLR 300mg</i>                         | 4                | B/D                         |
| <i>pentamidine isethionate inj SOLR 300mg</i>                         | 4                |                             |
| <i>praziquantel TABS 600mg</i>                                        | 4                |                             |
| SIVEXTRO SOLR 200mg; TABS 200mg                                       | 5                | NDS                         |
| <i>streptomycin sulfate SOLR 1gm</i>                                  | 4                |                             |
| <i>sulfadiazine TABS 500mg</i>                                        | 4                |                             |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>            | 4                |                             |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>               | 3                |                             |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>                    | 1                |                             |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>                   | 1                |                             |
| <i>tobramycin NEBU 300mg/5ml</i>                                      | 5                | NDS, NM, PA                 |
| <i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i> | 3                |                             |
| <i>trimethoprim TABS 100mg</i>                                        | 3                |                             |
| <i>vancomycin hcl CAPS 125mg</i>                                      | 4                | QL (80 caps / 180 days)     |
| <i>vancomycin hcl CAPS 250mg</i>                                      | 4                | QL (160 caps / 180 days)    |
| <i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>               | 4                |                             |
| VANCOMYCIN INJ 1 GM                                                   | 4                |                             |
| VANCOMYCIN INJ 500MG                                                  | 4                |                             |
| VANCOMYCIN INJ 750MG                                                  | 4                |                             |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| Drug Name                                                         | Drug Tier | Requirements/Limits             |
|-------------------------------------------------------------------|-----------|---------------------------------|
| <b>ANTIFUNGALS</b>                                                |           |                                 |
| ABELCET SUSP 5mg/ml                                               | 4         | B/D                             |
| <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, 100mg, 200mg | 3         |                                 |
| <i>fluconazole</i> TABS 150mg                                     | 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                         | 5         | NDS                             |
| NOXAFIL SUSP 40mg/ml                                              | 5         | NDS, QL (630 mL / 30 days), PA  |
| <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 (90 tabs / year)             |
| <i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml                      | 5         | NDS, PA                         |
| <i>voriconazole</i> TABS 50mg                                     | 4         | QL (480 tabs / 30 days), PA     |
| <i>voriconazole</i> TABS 200mg                                    | 4         | QL (120 tabs / 30 days), PA     |
| <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                              |
| APTIVUS CAPS 250mg                                                | 5         | NDS, NM                         |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|----------------------------------------------------|------------------|----------------------------------|
| <i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg | 4                | NM                               |
| <i>darunavir</i> TABS 600mg                        | 5                | NDS, QL (60 tabs / 30 days), NM  |
| <i>darunavir</i> TABS 800mg                        | 5                | NDS, QL (30 tabs / 30 days), NM  |
| EDURANT TABS 25mg                                  | 5                | NDS, NM                          |
| <i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg      | 4                | NM                               |
| <i>emtricitabine</i> CAPS 200mg                    | 3                | NM                               |
| EMTRIVA SOLN 10mg/ml                               | 4                | NM                               |
| <i>etravirine</i> TABS 100mg, 200mg                | 5                | NDS, NM                          |
| <i>fosamprenavir calcium</i> 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                          |
| <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg  | 3                | NM                               |
| LEXIVA SUSP 50mg/ml                                | 4                | NM                               |
| <i>maraviroc</i> TABS 150mg, 300mg                 | 5                | NDS, NM                          |
| <i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg        | 4                | NM                               |
| <i>nevirapine</i> 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 |
| PREZISTA TABS 600mg                                | 5                | NDS, QL (60 tabs / 30 days), NM  |
| PREZISTA TABS 800mg                                | 5                | NDS, QL (30 tabs / 30 days), NM  |
| REYATAZ PACK 50mg                                  | 5                | NDS, NM                          |
| <i>ritonavir</i> TABS 100mg                        | 3                | NM                               |
| RUKOBIA TB12 600mg                                 | 5                | NDS, NM                          |
| SELZENTRY SOLN 20mg/ml; TABS 75mg                  | 5                | NDS, NM                          |
| SELZENTRY TABS 25mg                                | 4                | NM                               |
| SUNLENCA TBPK 300mg                                | 5                | NDS, NM, LA                      |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg    | 3                | NM                               |
| TIVICAY TABS 10mg                                  | 3                | NM                               |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|-------------------------------------------------------------------|------------------|---------------------------------|
| TIVICAY TABS 25mg, 50mg                                           | 5                | NDS, NM                         |
| TIVICAY PD TBSO 5mg                                               | 5                | NDS, NM                         |
| TROGARZO SOLN 200mg/1.33ml                                        | 5                | NDS, NM, LA                     |
| TYBOST TABS 150mg                                                 | 3                | NM                              |
| 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, QL (30 tabs / 30 days), NM |
| DESCOVY TAB 200/25MG                                              | 5                | NDS, QL (30 tabs / 30 days), 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-tenofovir disoproxil fumarate tab 100-150 mg</i> | 5                | NDS, QL (30 tabs / 30 days), NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 5                | NDS, QL (30 tabs / 30 days), NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 5                | NDS, QL (30 tabs / 30 days), NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 5                | NDS, QL (30 tabs / 30 days), NM |
| EVOTAZ TAB 300-150                                                | 5                | NDS, NM                         |
| GENVOYA TAB                                                       | 5                | NDS, NM                         |
| JULUCA TAB 50-25MG                                                | 5                | NDS, 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 800-150                                             | 5                | NDS, NM                         |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------|------------------|----------------------------|
| STRIBILD TAB                                   | 5                | NDS, NM                    |
| SYMTUZA TAB                                    | 5                | NDS, NM                    |
| TRIUMEQ PD TAB                                 | 5                | NDS, NM                    |
| TRIUMEQ TAB                                    | 5                | NDS, NM                    |
| TRIZIVIR 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, LA, PA            |
| TRECTOR TABS 250mg                             | 4                |                            |
| <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            | 5                | NDS, NM                    |
| BARACLUDE SOLN .05mg/ml                        | 5                | NDS, NM                    |
| <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                |
| EPIVIR HBV SOLN 5mg/ml                         | 4                | NM                         |
| <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                         |
| 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)        |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml      | 5                | NDS, NM, PA                |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--------------------------------------------------------|------------------|---------------------------------|
| PREVYMIS TABS 240mg, 480mg                             | 5                | NDS, QL (28 tabs / 28 days), PA |
| RELENZA DISKHALER AEPB 5mg/blister                     | 3                | QL (6 inhalers / year)          |
| ribavirin (hepatitis c) CAPS 200mg                     | 3                | NM                              |
| ribavirin (hepatitis c) TABS 200mg                     | 4                | NM                              |
| rimantadine hydrochloride TABS 100mg                   | 4                |                                 |
| valacyclovir hcl TABS 1gm, 500mg                       | 3                |                                 |
| valganciclovir hcl SOLR 50mg/ml                        | 5                | NDS                             |
| valganciclovir hcl TABS 450mg                          | 3                |                                 |
| VEMLIDY TABS 25mg                                      | 5                | NDS, NM                         |
| VOSEVI TAB                                             | 5                | NDS, NM, PA                     |
| XOFLUZA TBPB 40mg, 80mg                                | 4                | QL (1 tab / 180 days)           |
| <b>CEPHALOSPORINS</b>                                  |                  |                                 |
| cefaclor CAPS 250mg, 500mg                             | 3                |                                 |
| cefaclor SUSR 250mg/5ml                                | 4                |                                 |
| CEFACLOER ER TB12 500mg                                | 4                |                                 |
| cefadroxil CAPS 500mg                                  | 2                |                                 |
| cefadroxil SUSR 250mg/5ml, 500mg/5ml                   | 3                |                                 |
| CEFAZOLIN SOLR 2gm, 3gm                                | 4                |                                 |
| CEFAZOLIN INJ 1GM/50ML                                 | 4                |                                 |
| cefazolin sodium SOLR 1gm, 2gm, 10gm, 500mg            | 3                |                                 |
| CEFAZOLIN SOLN 2GM/100ML-4%                            | 4                |                                 |
| cefdinir CAPS 300mg                                    | 2                |                                 |
| cefdinir SUSR 125mg/5ml, 250mg/5ml                     | 3                |                                 |
| cefepime hcl SOLR 1gm, 2gm                             | 4                |                                 |
| cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml         | 4                |                                 |
| cefoxitin sodium SOLR 1gm, 2gm, 10gm                   | 4                |                                 |
| cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml          | 4                |                                 |
| cefpodoxime proxetil TABS 100mg, 200mg                 | 3                |                                 |
| cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 3                |                                 |
| ceftazidime SOLR 1gm, 2gm, 6gm                         | 4                |                                 |
| ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg   | 4                |                                 |
| cefuroxime axetil TABS 250mg, 500mg                    | 3                |                                 |
| cefuroxime sodium SOLR 1.5gm, 750mg                    | 3                |                                 |
| cephalexin CAPS 250mg, 500mg                           | 1                |                                 |
| cephalexin SUSR 125mg/5ml, 250mg/5ml                   | 3                |                                 |
| tazicef SOLR 1gm, 2gm, 6gm                             | 4                |                                 |
| TEFLARO SOLR 400mg, 600mg                              | 5                | NDS                             |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| Drug Name                                                                                                | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <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                                                          | 4         |                     |
| <i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg                                                      | 3         |                     |
| DIFICID SUSR 40mg/ml; TABS 200mg                                                                         | 5         | NDS                 |
| <i>e.e.s. 400</i> TABS 400mg                                                                             | 4         |                     |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg                                                                  | 4         |                     |
| ERYTHROCIN LACTOBIONATE SOLR 500mg                                                                       | 4         |                     |
| <i>erythrocin stearate</i> TABS 250mg                                                                    | 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         |                     |
| <b>FLUOROQUINOLONES</b>                                                                                  |           |                     |
| CIPRO SUSR 500mg/5ml                                                                                     | 4         |                     |
| <i>ciprofloxacin 200 mg/100ml in d5w</i>                                                                 | 3         |                     |
| <i>ciprofloxacin 400 mg/200ml in d5w</i>                                                                 | 3         |                     |
| <i>ciprofloxacin hcl</i> TABS 100mg                                                                      | 4         |                     |
| <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 250 mg/50ml</i>                                                           | 3         |                     |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i>                                                          | 3         |                     |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i>                                                          | 3         |                     |
| <i>moxifloxacin hcl</i> TABS 400mg                                                                       | 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 chew tab 200-28.5 mg</i>                                              | 4         |                     |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>                                                | 4         |                     |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>                                          | 3         |                     |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>                                          | 4         |                     |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>                                            | 3         |                     |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>                                          | 3         |                     |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <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>PEN GK/DEXTR INJ 40000/ML</i>                                         | 4                |                            |
| <i>PEN GK/DEXTR INJ 60000/ML</i>                                         | 4                |                            |
| <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>             | 4                |                            |
| <i>PENICILLIN G PROCAINE SUSP 600000unit/ml</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                |                            |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| Drug Name                                                            | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------------|-----------|---------------------|
| <b>TETRACYCLINES</b>                                                 |           |                     |
| <i>doxy 100</i> SOLR 100mg                                           | 4         |                     |
| <i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg                    | 2         |                     |
| <i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg              | 3         |                     |
| <i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg        | 3         |                     |
| <i>doxycycline hyclate</i> SOLR 100mg                                | 4         |                     |
| <i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg                        | 3         |                     |
| NUZYRA SOLR 100mg; TABS 150mg                                        | 5         | NDS, NM, LA         |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg                            | 4         | PA                  |
| <i>tigecycline</i> SOLR 50mg                                         | 5         | NDS                 |
| TIGECYCLINE SOLR 50mg                                                | 5         | NDS                 |
| <b>ANTINEOPLASTIC AGENTS</b>                                         |           |                     |
| <b>ALKYLATING AGENTS</b>                                             |           |                     |
| BENDEKA SOLN 100mg/4ml                                               | 5         | NDS, B/D, NM, LA    |
| <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | 3         | B/D                 |
| <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml            | 3         | B/D                 |
| <i>cyclophosphamide</i> CAPS 25mg, 50mg                              | 3         | B/D                 |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml                 | 5         | NDS, B/D            |
| <i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg                         | 5         | NDS, B/D            |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg                                     | 4         | B/D                 |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml                              | 5         | NDS, B/D            |
| GLEOSTINE CAPS 10mg, 40mg                                            | 4         | NM                  |
| GLEOSTINE CAPS 100mg                                                 | 5         | NDS, NM             |
| LEUKERAN TABS 2mg                                                    | 4         |                     |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml            | 4         | B/D                 |
| <i>oxaliplatin</i> SOLR 50mg, 100mg                                  | 5         | NDS, B/D            |
| <i>paraplatin</i> SOLN 1000mg/100ml                                  | 3         | B/D                 |
| <b>ANTIBIOTICS</b>                                                   |           |                     |
| <i>doxorubicin hcl</i> SOLN 2mg/ml                                   | 4         | B/D                 |
| <i>doxorubicin hcl liposomal</i> INJ 2mg/ml                          | 5         | NDS, B/D            |
| ELLECE SOLN 50mg/25ml, 200mg/100ml                                   | 4         | B/D                 |
| <b>ANTIMETABOLITES</b>                                               |           |                     |
| <i>azacitidine</i> SUSR 100mg                                        | 5         | NDS, B/D, NM        |
| <i>cytarabine</i> SOLN 20mg/ml                                       | 3         | B/D                 |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <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, NM, LA, PA                         |
| LONSURF TAB 15-6.14                                                                    | 5                | NDS, NM, LA, PA                         |
| LONSURF TAB 20-8.19                                                                    | 5                | NDS, NM, LA, PA                         |
| <i>mercaptopurine</i> TABS 50mg                                                        | 3                |                                         |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm               | 3                | B/D                                     |
| ONUREG TABS 200mg, 300mg                                                               | 5                | NDS, NM, LA, PA                         |
| <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg                            | 5                | NDS, B/D                                |
| PURIXAN SUSP 2000mg/100ml                                                              | 5                | NDS, NM                                 |
| TABLOID TABS 40mg                                                                      | 4                |                                         |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                                  |                  |                                         |
| <i>abiraterone acetate</i> TABS 250mg, 500mg                                           | 5                | NDS, 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                                  |
| EMCYT CAPS 140mg                                                                       | 5                | NDS                                     |
| ERLEADA TABS 60mg, 240mg                                                               | 5                | NDS, NM, LA, PA                         |
| EULEXIN CAPS 125mg                                                                     | 5                | NDS                                     |
| <i>exemestane</i> TABS 25mg                                                            | 4                |                                         |
| <i>fulvestrant</i> SOSY 250mg/5ml                                                      | 5                | NDS, B/D                                |
| <i>letrozole</i> TABS 2.5mg                                                            | 2                |                                         |
| <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, NM, LA, PA                         |
| ORGOVYX TABS 120mg                                                                     | 5                | NDS, NM, LA, PA                         |
| ORSERDU TABS 86mg, 345mg                                                               | 5                | NDS, NM, LA, PA                         |
| SOLTAMOX SOLN 10mg/5ml                                                                 | 5                | NDS                                     |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg                                               | 2                |                                         |
| <i>toremifene citrate</i> TABS 60mg                                                    | 5                | NDS                                     |
| XTANDI CAPS 40mg; TABS 40mg, 80mg                                                      | 5                | NDS, NM, LA, PA                         |
| <b>IMMUNOMODULATORS</b>                                                                |                  |                                         |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg                                        | 5                | NDS, QL (28 caps / 28 days), NM, LA, PA |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|--------------------------------------------------------------------------------|------------------|-----------------------------------------|
| <i>lenalidomide</i> CAPS 20mg, 25mg                                            | 5                | NDS, QL (21 caps / 28 days), NM, LA, PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg                                               | 5                | NDS, QL (21 caps / 28 days), NM, LA, PA |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg                                           | 5                | NDS, QL (28 caps / 28 days), NM, LA, PA |
| REVLIMID CAPS 20mg, 25mg                                                       | 5                | NDS, QL (21 caps / 28 days), NM, LA, PA |
| THALOMID CAPS 50mg, 100mg                                                      | 5                | NDS, QL (28 caps / 28 days), NM, LA, PA |
| THALOMID CAPS 150mg, 200mg                                                     | 5                | NDS, QL (56 caps / 28 days), NM, LA, PA |
| <b>MISCELLANEOUS</b>                                                           |                  |                                         |
| BESREMI SOSY 500mcg/ml                                                         | 5                | NDS, NM, LA, PA                         |
| <i>bexarotene</i> CAPS 75mg                                                    | 5                | NDS, NM, PA                             |
| <i>hydroxyurea</i> CAPS 500mg                                                  | 2                |                                         |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml         | 4                | B/D                                     |
| KISQALI 200 PAK FEMARA                                                         | 5                | NDS, QL (49 tabs / 28 days), NM, PA     |
| KISQALI 400 PAK FEMARA                                                         | 5                | NDS, QL (70 tabs / 28 days), NM, PA     |
| KISQALI 600 PAK FEMARA                                                         | 5                | NDS, QL (91 tabs / 28 days), NM, PA     |
| MATULANE CAPS 50mg                                                             | 5                | NDS, NM, LA                             |
| SYNRIBO SOLR 3.5mg                                                             | 5                | NDS, NM, PA                             |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg                                      | 5                | NDS                                     |
| WELIREG TABS 40mg                                                              | 5                | NDS, NM, LA, 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                                |
| <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 protein-bound particles for iv susp 100 mg</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, NM, LA, PA                         |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|------------------------------------------------|------------------|-----------------------------------------|
| ALUNBRIG TABS 30mg, 90mg, 180mg                | 5                | NDS, NM, LA, PA                         |
| ALUNBRIG PAK                                   | 5                | NDS, NM, LA, PA                         |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg   | 5                | NDS, QL (30 tabs / 30 days), NM, LA, PA |
| BALVERSA TABS 3mg, 4mg, 5mg                    | 5                | NDS, NM, LA, PA                         |
| BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg              | 5                | NDS, NM, PA                             |
| <i>bortezomib</i> SOLR 3.5mg                   | 5                | NDS, NM, PA                             |
| BOSULIF TABS 100mg, 400mg, 500mg               | 5                | NDS, NM, PA                             |
| BRAFTOVI CAPS 75mg                             | 5                | NDS, NM, LA, PA                         |
| BRUKINSA CAPS 80mg                             | 5                | NDS, NM, LA, PA                         |
| CABOMETYX TABS 20mg, 40mg, 60mg                | 5                | NDS, QL (30 tabs / 30 days), NM, LA, PA |
| CALQUENCE CAPS 100mg                           | 5                | NDS, QL (60 caps / 30 days), NM, LA, PA |
| CALQUENCE TABS 100mg                           | 5                | NDS, QL (60 tabs / 30 days), NM, LA, PA |
| CAPRELSA TABS 100mg, 300mg                     | 5                | NDS, NM, LA, PA                         |
| COMETRIQ (60MG DOSE) KIT 20mg                  | 5                | NDS, NM, LA, PA                         |
| COMETRIQ KIT 100MG                             | 5                | NDS, NM, LA, PA                         |
| COMETRIQ KIT 140MG                             | 5                | NDS, NM, LA, PA                         |
| COPIKTRA CAPS 15mg, 25mg                       | 5                | NDS, NM, LA, PA                         |
| COTELLIC TABS 20mg                             | 5                | NDS, NM, LA, PA                         |
| DAURISMO TABS 25mg, 100mg                      | 5                | NDS, NM, LA, PA                         |
| ERIVEDGE CAPS 150mg                            | 5                | NDS, NM, LA, 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     |
| EXKIVITY CAPS 40mg                             | 5                | NDS, NM, LA, PA                         |
| FOTIVDA CAPS .89mg, 1.34mg                     | 5                | NDS, QL (21 caps / 28 days), NM, LA, PA |
| GAVRETO CAPS 100mg                             | 5                | NDS, NM, LA, PA                         |
| <i>gefitinib</i> TABS 250mg                    | 5                | NDS, NM, PA                             |
| GILOTRIF TABS 20mg, 30mg, 40mg                 | 5                | NDS, NM, LA, PA                         |
| HERCEP HYLEC SOL 60-10000                      | 5                | NDS, NM, LA, PA                         |
| HERCEPTIN SOLR 150mg                           | 5                | NDS, NM, LA, PA                         |
| HERZUMA SOLR 150mg, 420mg                      | 5                | NDS, NM, LA, PA                         |

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| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|-------------------------------------------|------------------|------------------------------------------|
| IBRANCE CAPS 75mg, 100mg, 125mg           | 5                | NDS, QL (21 caps / 28 days), NM, LA, PA  |
| IBRANCE TABS 75mg, 100mg, 125mg           | 5                | NDS, QL (21 tabs / 28 days), NM, LA, PA  |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg       | 5                | NDS, QL (30 tabs / 30 days), NM, LA, PA  |
| IDHIFA TABS 50mg, 100mg                   | 5                | NDS, QL (30 tabs / 30 days), NM, LA, 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, LA, PA  |
| IMBRUVICA CAPS 140mg                      | 5                | NDS, QL (120 caps / 30 days), NM, LA, PA |
| IMBRUVICA SUSP 70mg/ml                    | 5                | NDS, QL (216 mL / 27 days), NM, LA, PA   |
| IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg | 5                | NDS, QL (30 tabs / 30 days), NM, LA, PA  |
| INLYTA TABS 1mg                           | 5                | NDS, QL (180 tabs / 30 days), NM, LA, PA |
| INLYTA TABS 5mg                           | 5                | NDS, QL (120 tabs / 30 days), NM, LA, PA |
| INREBIC CAPS 100mg                        | 5                | NDS, NM, LA, PA                          |
| IRESSA TABS 250mg                         | 5                | NDS, NM, LA, PA                          |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg   | 5                | NDS, QL (60 tabs / 30 days), NM, LA, PA  |
| JAYPIRCA TABS 50mg                        | 5                | NDS, QL (30 tabs / 30 days), NM, LA, PA  |
| JAYPIRCA TABS 100mg                       | 5                | NDS, QL (60 tabs / 30 days), NM, LA, PA  |
| KADCYLA SOLR 100mg, 160mg                 | 5                | NDS, B/D, NM, LA                         |
| KANJINTI SOLR 150mg, 420mg                | 5                | NDS, NM, LA, PA                          |
| KEYTRUDA SOLN 100mg/4ml                   | 5                | NDS, NM, LA, PA                          |
| KISQALI 200 DOSE TBPK 200mg               | 5                | NDS, QL (21 tabs / 28 days), NM, PA      |
| KISQALI 400 DOSE TBPK 200mg               | 5                | NDS, QL (42 tabs / 28 days), NM, PA      |
| KISQALI 600 DOSE TBPK 200mg               | 5                | NDS, QL (63 tabs / 28 days), NM, PA      |
| KRAZATI TABS 200mg                        | 5                | NDS, NM, LA, PA                          |
| <i>lapatinib ditosylate</i> TABS 250mg    | 5                | NDS, NM, PA                              |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg          | 5                | NDS, QL (30 caps / 30 days), NM, LA, PA  |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|----------------------------------------|------------------|------------------------------------------|
| LENVIMA 8 MG DAILY DOSE CPPK 4mg       | 5                | NDS, QL (60 caps / 30 days), NM, LA, PA  |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg     | 5                | NDS, QL (30 caps / 30 days), NM, LA, PA  |
| LENVIMA 12MG DAILY DOSE CPPK 4mg       | 5                | NDS, QL (90 caps / 30 days), NM, LA, PA  |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg     | 5                | NDS, QL (60 caps / 30 days), NM, LA, PA  |
| LENVIMA CAP 14 MG                      | 5                | NDS, QL (60 caps / 30 days), NM, LA, PA  |
| LENVIMA CAP 18 MG                      | 5                | NDS, QL (90 caps / 30 days), NM, LA, PA  |
| LENVIMA CAP 24 MG                      | 5                | NDS, QL (90 caps / 30 days), NM, LA, PA  |
| LORBRENA TABS 25mg, 100mg              | 5                | NDS, NM, LA, PA                          |
| LUMAKRAS TABS 120mg, 320mg             | 5                | NDS, NM, LA, PA                          |
| LYNPARZA TABS 100mg, 150mg             | 5                | NDS, QL (120 tabs / 30 days), NM, LA, PA |
| LYTGOBI TBPK 4mg                       | 5                | NDS, NM, LA, PA                          |
| MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg | 5                | NDS, NM, LA, PA                          |
| MEKTOVI TABS 15mg                      | 5                | NDS, NM, LA, PA                          |
| MONJUVI SOLR 200mg                     | 5                | NDS, NM, LA, PA                          |
| MVASI SOLN 100mg/4ml, 400mg/16ml       | 5                | NDS, NM, LA, PA                          |
| NERLYNX TABS 40mg                      | 5                | NDS, NM, LA, PA                          |
| NEXAVAR TABS 200mg                     | 5                | NDS, QL (120 tabs / 30 days), NM, LA, PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg           | 5                | NDS, QL (3 caps / 28 days), NM, PA       |
| ODOMZO CAPS 200mg                      | 5                | NDS, NM, LA, PA                          |
| OGIVRI SOLR 150mg                      | 5                | NDS, NM, LA, PA                          |
| OGIVRI INJ 420MG                       | 5                | NDS, NM, LA, PA                          |
| ONTRUZANT SOLR 150mg, 420mg            | 5                | NDS, NM, LA, PA                          |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg       | 5                | NDS, NM, LA, PA                          |
| PHESGO SOL                             | 5                | NDS, NM, LA, PA                          |
| PIQRAY 200MG DAILY DOSE TBPK 200mg     | 5                | NDS, NM, PA                              |
| PIQRAY 250MG TAB DOSE                  | 5                | NDS, NM, PA                              |
| PIQRAY 300MG DAILY DOSE TBPK 150mg     | 5                | NDS, NM, PA                              |
| QINLOCK TABS 50mg                      | 5                | NDS, NM, LA, PA                          |
| RETEVMO CAPS 40mg, 80mg                | 5                | NDS, NM, LA, PA                          |
| REZLIDHIA CAPS 150mg                   | 5                | NDS, NM, LA, PA                          |
| ROZLYTREK CAPS 100mg, 200mg            | 5                | NDS, NM, LA, PA                          |
| RUBRACA TABS 200mg, 250mg, 300mg       | 5                | NDS, QL (120 tabs / 30 days), NM, LA, PA |
| RYDAPT CAPS 25mg                       | 5                | NDS, NM, PA                              |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---------------------------------------------------------|------------------|------------------------------------------|
| SCEMBLIX TABS 20mg                                      | 5                | NDS, QL (60 tabs / 30 days), NM, PA      |
| SCEMBLIX TABS 40mg                                      | 5                | NDS, QL (300 tabs / 30 days), NM, PA     |
| <i>sorafenib tosylate</i> TABS 200mg                    | 5                | NDS, QL (120 tabs / 30 days), NM, PA     |
| SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg       | 5                | NDS, NM, PA                              |
| STIVARGA TABS 40mg                                      | 5                | NDS, NM, LA, 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, NM, PA                              |
| TAFINLAR CAPS 50mg, 75mg; TBSO 10mg                     | 5                | NDS, NM, LA, PA                          |
| TAGRISO TABS 40mg, 80mg                                 | 5                | NDS, QL (30 tabs / 30 days), NM, LA, PA  |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg             | 5                | NDS, QL (30 caps / 30 days), NM, LA, PA  |
| TALZENNA CAPS .25mg                                     | 5                | NDS, QL (90 caps / 30 days), NM, LA, PA  |
| TASIGNA CAPS 50mg, 150mg, 200mg                         | 5                | NDS, NM, PA                              |
| TAZVERIK TABS 200mg                                     | 5                | NDS, NM, LA, PA                          |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml                  | 5                | NDS, NM, LA, PA                          |
| TEPMETKO TABS 225mg                                     | 5                | NDS, NM, LA, PA                          |
| TIBSOVO TABS 250mg                                      | 5                | NDS, NM, LA, PA                          |
| TRAZIMERA SOLR 150mg, 420mg                             | 5                | NDS, NM, PA                              |
| TRUSELTIQ 50MG DAILY DOSE CPPK 25mg                     | 5                | NDS, LA, PA                              |
| TRUSELTIQ 75MG DAILY DOSE CPPK 25mg                     | 5                | NDS, LA, PA                              |
| TRUSELTIQ 100MG DAILY DOSE CPPK 100mg                   | 5                | NDS, LA, PA                              |
| TRUSELTIQ 125MG DAILY DOSE                              | 5                | NDS, LA, PA                              |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml                     | 5                | NDS, NM, PA                              |
| TUKYSA TABS 50mg, 150mg                                 | 5                | NDS, NM, LA, PA                          |
| TURALIO CAPS 125mg, 200mg                               | 5                | NDS, NM, LA, PA                          |
| VANFLYTA TABS 17.7mg, 26.5mg                            | 5                | NDS, NM, LA, PA                          |
| VENCLEXTA TABS 10mg                                     | 4                | QL (112 tabs / 28 days), NM, LA, PA      |
| VENCLEXTA TABS 50mg                                     | 5                | NDS, QL (112 tabs / 28 days), NM, LA, PA |
| VENCLEXTA TABS 100mg                                    | 5                | NDS, QL (180 tabs / 30 days), NM, LA, PA |
| VENCLEXTA TAB START PK                                  | 5                | NDS, QL (42 tabs / 28 days), NM, LA, PA  |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg                 | 5                | NDS, QL (56 tabs / 28 days), NM, LA, PA  |
| VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml                 | 5                | NDS, NM, LA, PA                          |
| VIZIMPRO TABS 15mg, 30mg, 45mg                          | 5                | NDS, NM, LA, PA                          |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|----------------------------------------------------------------------------------|------------------|------------------------------------------|
| VONJO CAPS 100mg                                                                 | 5                | NDS, QL (120 caps / 30 days), NM, LA, PA |
| VOTRIENT TABS 200mg                                                              | 5                | NDS, NM, LA, PA                          |
| XALKORI CAPS 200mg, 250mg                                                        | 5                | NDS, NM, LA, PA                          |
| XOSPATA TABS 40mg                                                                | 5                | NDS, NM, LA, PA                          |
| XPOVIO 40 MG ONCE WEEKLY TBPk 40mg                                               | 5                | NDS, QL (4 tabs / 28 days), NM, LA, PA   |
| XPOVIO 40 MG TWICE WEEKLY TBPk 40mg                                              | 5                | NDS, QL (8 tabs / 28 days), NM, LA, PA   |
| XPOVIO 60 MG ONCE WEEKLY TBPk 60mg                                               | 5                | NDS, QL (4 tabs / 28 days), NM, LA, PA   |
| XPOVIO 60 MG TWICE WEEKLY TBPk 20mg                                              | 5                | NDS, QL (24 tabs / 28 days), NM, LA, PA  |
| XPOVIO 80 MG ONCE WEEKLY TBPk 40mg                                               | 5                | NDS, QL (8 tabs / 28 days), NM, LA, PA   |
| XPOVIO 80 MG TWICE WEEKLY TBPk 20mg                                              | 5                | NDS, QL (32 tabs / 28 days), NM, LA, PA  |
| XPOVIO 100 MG ONCE WEEKLY TBPk 50mg                                              | 5                | NDS, QL (8 tabs / 28 days), NM, LA, PA   |
| ZEJULA CAPS 100mg                                                                | 5                | NDS, QL (90 caps / 30 days), NM, LA, PA  |
| ZEJULA TABS 100mg, 200mg, 300mg                                                  | 5                | NDS, QL (30 tabs / 30 days), NM, LA, PA  |
| ZELBORAF TABS 240mg                                                              | 5                | NDS, NM, LA, PA                          |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml                                               | 5                | NDS, NM, LA, PA                          |
| ZOLINZA CAPS 100mg                                                               | 5                | NDS, NM, PA                              |
| ZYDELIG TABS 100mg, 150mg                                                        | 5                | NDS, NM, LA, PA                          |
| ZYKADIA TABS 150mg                                                               | 5                | NDS, NM, LA, PA                          |
| <b>PROTECTIVE AGENTS</b>                                                         |                  |                                          |
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 4                | B/D                                      |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg                                   | 3                |                                          |
| <i>leucovorin calcium</i> TABS 25mg                                              | 4                |                                          |
| MESNEX TABS 400mg                                                                | 5                | NDS                                      |
| <b>CARDIOVASCULAR</b>                                                            |                  |                                          |
| <b>ACE INHIBITOR COMBINATIONS</b>                                                |                  |                                          |
| <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)                   |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <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                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>          | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>               | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>               | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i>                 | 1                |                            |
| <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</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                |                            |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>                              | 3                |                            |
| <i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>                       | 2                |                            |
| <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)     |
| ENTRESTO TAB 24-26MG                                                | 3                |                            |
| ENTRESTO TAB 49-51MG                                                | 3                |                            |
| ENTRESTO TAB 97-103MG                                               | 3                |                            |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>               | 1                | 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)     |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------|------------------|----------------------------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> | 1                | QL (30 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)     |

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

|                                                  |   |                        |
|--------------------------------------------------|---|------------------------|
| <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 |                        |
| <i>olmesartan medoxomil TABS 5mg</i>             | 1 | QL (60 tabs / 30 days) |
| <i>olmesartan medoxomil TABS 20mg, 40mg</i>      | 1 | QL (30 tabs / 30 days) |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i>         | 1 | QL (30 tabs / 30 days) |
| <i>valsartan TABS 40mg, 80mg, 160mg</i>          | 1 | QL (60 tabs / 30 days) |
| <i>valsartan TABS 320mg</i>                      | 1 | QL (30 tabs / 30 days) |

### **ANTIARRHYTHMICS**

|                                                                   |   |    |
|-------------------------------------------------------------------|---|----|
| <i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i> | 4 |    |
| <i>amiodarone hcl TABS 200mg</i>                                  | 1 |    |
| <i>disopyramide phosphate CAPS 100mg, 150mg</i>                   | 4 |    |
| <i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>                     | 4 | NM |
| <i>flecainide acetate TABS 50mg, 100mg, 150mg</i>                 | 3 |    |
| <i>MULTAQ TABS 400mg</i>                                          | 4 |    |
| <i>NORPACE CR CP12 100mg, 150mg</i>                               | 4 |    |
| <i>pacerone TABS 100mg, 400mg</i>                                 | 4 |    |
| <i>pacerone TABS 200mg</i>                                        | 1 |    |
| <i>propafenone hcl CP12 225mg, 325mg, 425mg</i>                   | 4 |    |
| <i>propafenone hcl TABS 150mg, 225mg, 300mg</i>                   | 3 |    |
| <i>quinidine sulfate TABS 200mg, 300mg</i>                        | 3 |    |
| <i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>                      | 2 |    |
| <i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>                 | 2 |    |
| <i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>              | 3 |    |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| Drug Name                                                    | Drug Tier | Requirements/Limits    |
|--------------------------------------------------------------|-----------|------------------------|
| <b>ANTILIPEMICS, FIBRATES</b>                                |           |                        |
| <i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg             | 3         |                        |
| <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         |                        |
| <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) |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | 3         | QL (60 tabs / 30 days) |
| PRALUENT SOAJ 75mg/ml, 150mg/ml                              | 3         | NM, PA                 |
| <i>prevalite</i> PACK 4gm; POWD 4gm/dose                     | 3         |                        |
| VASCEPA CAPS .5gm, 1gm                                       | 4         |                        |
| <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         |                        |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>                                 | 3                |                            |
| <b>BETA-BLOCKERS</b>                                                                      |                  |                            |
| <i>acebutolol hcl CAPS 200mg, 400mg</i>                                                   | 3                |                            |
| <i>atenolol TABS 25mg, 50mg, 100mg</i>                                                    | 1                |                            |
| <i>betaxolol hcl TABS 10mg, 20mg</i>                                                      | 3                |                            |
| <i>bisoprolol fumarate TABS 5mg, 10mg</i>                                                 | 2                |                            |
| <i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>                                      | 1                |                            |
| <i>labetalol hcl TABS 100mg, 200mg, 300mg</i>                                             | 3                |                            |
| <i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>                                 | 2                |                            |
| <i>metoprolol tartrate SOLN 5mg/5ml</i>                                                   | 4                |                            |
| <i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>                                         | 1                |                            |
| <i>nadolol TABS 20mg, 40mg, 80mg</i>                                                      | 3                |                            |
| <i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>                                                | 3                | QL (30 tabs / 30 days)     |
| <i>nebivolol hcl TABS 20mg</i>                                                            | 3                | QL (60 tabs / 30 days)     |
| <i>pindolol TABS 5mg, 10mg</i>                                                            | 3                |                            |
| <i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml</i>             | 3                |                            |
| <i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>                                  | 2                |                            |
| <i>timolol maleate TABS 5mg, 10mg, 20mg</i>                                               | 4                |                            |
| <b>CALCIUM CHANNEL BLOCKERS</b>                                                           |                  |                            |
| <i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>                                          | 1                |                            |
| <i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>                                          | 2                |                            |
| <i>dilt-xr CP24 120mg, 180mg, 240mg</i>                                                   | 3                |                            |
| <i>diltiazem hcl CP12 60mg, 90mg, 120mg</i>                                               | 4                |                            |
| <i>diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>                                 | 3                |                            |
| <i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>                                         | 2                |                            |
| <i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg</i>                         | 2                |                            |
| <i>diltiazem hcl coated beads CP24 360mg</i>                                              | 4                |                            |
| <i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i> | 2                |                            |
| <i>felodipine TB24 2.5mg, 5mg, 10mg</i>                                                   | 2                |                            |
| <i>isradipine CAPS 2.5mg, 5mg</i>                                                         | 4                |                            |
| <i>nicardipine hcl CAPS 20mg, 30mg</i>                                                    | 4                |                            |
| <i>nifedipine TB24 30mg, 60mg, 90mg</i>                                                   | 3                |                            |
| <i>nimodipine CAPS 30mg</i>                                                               | 4                |                            |
| <i>NYMALIZE SOLN 6mg/ml</i>                                                               | 5                | NDS                        |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|----------------------------------------------------------------------------|------------------|-------------------------------------|
| <i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg                    | 2                |                                     |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg            | 2                |                                     |
| <i>verapamil hcl</i> CP24 100mg, 120mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml | 4                |                                     |
| <i>verapamil hcl</i> CP24 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                                            | 4                |                                     |
| <i>acetazolamide</i> 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                |                                     |
| <i>indapamide</i> TABS 1.25mg, 2.5mg                                       | 1                |                                     |
| <i>methazolamide</i> TABS 25mg, 50mg                                       | 4                |                                     |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg                                    | 3                |                                     |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>               | 3                |                                     |
| <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>                                                       |                  |                                     |
| ADRENALIN SOLN 1mg/ml                                                      | 4                |                                     |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg                                | 4                |                                     |
| <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr                      | 3                |                                     |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg                                 | 1                |                                     |
| CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg                                     | 4                |                                     |
| <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 |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|-------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| <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 if 70 years and older            |
| <i>hydralazine hcl</i> SOLN 20mg/ml                                                 | 4                |                                         |
| <i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg                                 | 2                |                                         |
| <i>metyrosine</i> CAPS 250mg                                                        | 5                | NDS, 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                |                                         |
| <b>NITRATES</b>                                                                     |                  |                                         |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg                              | 3                |                                         |
| <i>isosorbide mononitrate</i> TABS 10mg, 20mg                                       | 2                |                                         |
| <i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg                                | 1                |                                         |
| NITRO-BID OINT 2%                                                                   | 3                |                                         |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg | 3                |                                         |
| <i>nitroglycerin</i> SOLN .4mg/spray                                                | 4                |                                         |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                                              |                  |                                         |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg                                           | 5                | NDS, QL (90 tabs / 30 days), NM, LA, PA |
| <i>ambrisentan</i> TABS 5mg, 10mg                                                   | 5                | NDS, QL (30 tabs / 30 days), NM, LA, PA |
| <i>bosentan</i> TABS 62.5mg, 125mg                                                  | 5                | NDS, QL (60 tabs / 30 days), NM, LA, PA |
| OPSUMIT TABS 10mg                                                                   | 5                | NDS, QL (30 tabs / 30 days), NM, LA, PA |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg                        | 3                | QL (360 tabs / 30 days), NM, PA         |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml               | 5                | NDS, NM, LA, PA                         |
| VENTAVIS SOLN 10mcg/ml, 20mcg/ml                                                    | 5                | NDS, NM, LA, 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                |                                         |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>                            |
|-----------------------------------------------------------------------------------------|------------------|-------------------------------------------------------|
| <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 2mg/ml, 4mg/ml                                                    | 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)                                 |
| <b>ANTICONVULSANTS</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 SOLN 50mg/5ml                                                                  | 4                | PA                                                    |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg                                             | 5                | NDS, QL (60 tabs / 30 days), PA                       |
| <i>carbamazepine</i> CHEW 100mg; TABS 200mg                                             | 3                |                                                       |
| <i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg | 4                |                                                       |
| CELONTIN CAPS 300mg                                                                     | 4                |                                                       |
| <i>clobazam</i> SUSP 2.5mg/ml                                                           | 4                | QL (480 mL / 30 days), PA                             |
| <i>clobazam</i> TABS 10mg, 20mg                                                         | 4                | QL (60 tabs / 30 days), PA                            |
| <i>clonazepam</i> TABS 2mg                                                              | 2                | QL (300 tabs / 30 days)                               |
| <i>clonazepam</i> TABS .5mg, 1mg                                                        | 2                | QL (90 tabs / 30 days)                                |
| <i>clonazepam</i> TBDP 2mg                                                              | 3                | QL (300 tabs / 30 days)                               |
| <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg                                         | 3                | QL (90 tabs / 30 days)                                |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg                                 | 4                | QL (180 tabs / 30 days), PA; PA if 65 years and older |
| DIACOMIT CAPS 250mg                                                                     | 5                | NDS, QL (360 caps / 30 days), NM, LA, PA              |
| DIACOMIT CAPS 500mg                                                                     | 5                | NDS, QL (180 caps / 30 days), NM, LA, PA              |
| DIACOMIT PACK 250mg                                                                     | 5                | NDS, QL (360 packets / 30 days), NM, LA, PA           |
| DIACOMIT PACK 500mg                                                                     | 5                | NDS, QL (180 packets / 30 days), NM, LA, PA           |
| <i>diazepam</i> CONC 5mg/ml                                                             | 3                | QL (240 mL / 30 days), PA; PA if 65 years and older   |
| <i>diazepam</i> SOLN 5mg/5ml                                                            | 3                | QL (1200 mL / 30 days), PA; PA if 65 years and older  |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>                            |
|-----------------------------------------------------------------------------------------|------------------|-------------------------------------------------------|
| <i>diazepam</i> TABS 2mg, 5mg, 10mg                                                     | 2                | QL (120 tabs / 30 days), PA; PA if 65 years and older |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg                                  | 4                |                                                       |
| <i>diazepam inj</i> SOLN 5mg/ml                                                         | 4                |                                                       |
| DILANTIN CAPS 30mg, 100mg                                                               | 4                |                                                       |
| DILANTIN INFATABS CHEW 50mg                                                             | 4                |                                                       |
| DILANTIN-125 SUSP 125mg/5ml                                                             | 4                |                                                       |
| <i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg                                  | 4                |                                                       |
| <i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg                                       | 3                |                                                       |
| EPIDIOLEX SOLN 100mg/ml                                                                 | 5                | NDS, QL (600 mL / 30 days), NM, LA, PA                |
| <i>epitol</i> TABS 200mg                                                                | 3                |                                                       |
| EPRONTIA SOLN 25mg/ml                                                                   | 4                | QL (480 mL / 30 days), PA                             |
| <i>ethosuximide</i> CAPS 250mg                                                          | 4                |                                                       |
| <i>ethosuximide</i> SOLN 250mg/5ml                                                      | 3                |                                                       |
| <i>felbamate</i> SUSP 600mg/5ml                                                         | 5                | NDS                                                   |
| <i>felbamate</i> TABS 400mg, 600mg                                                      | 4                |                                                       |
| FINTEPLA SOLN 2.2mg/ml                                                                  | 5                | NDS, QL (360 mL / 30 days), NM, LA, 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, 400mg                                              | 2                | QL (180 caps / 30 days)                               |
| <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml                                             | 3                | QL (2160 mL / 30 days)                                |
| <i>gabapentin</i> TABS 600mg                                                            | 3                | QL (180 tabs / 30 days)                               |
| <i>gabapentin</i> TABS 800mg                                                            | 3                | QL (120 tabs / 30 days)                               |
| <i>lacosamide</i> SOLN 200mg/20ml                                                       | 5                | NDS                                                   |
| <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                |                                                       |
| <i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg | 3                |                                                       |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|-----------------------------------------------------------------------------------|------------------|----------------------------------|
| <i>levetiracetam</i> SOLN 500mg/5ml                                               | 4                |                                  |
| <i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml                      | 4                |                                  |
| <i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml                     | 4                |                                  |
| <i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml                     | 4                |                                  |
| <i>methsuximide</i> CAPS 300mg                                                    | 4                |                                  |
| NAYZILAM SOLN 5mg/0.1ml                                                           | 4                |                                  |
| <i>oxcarbazepine</i> SUSP 300mg/5ml                                               | 4                |                                  |
| <i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg                                     | 3                |                                  |
| <i>phenobarbital</i> ELIX 20mg/5ml                                                | 4                | PA; PA if 70 years and older     |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | 3                | PA; PA if 70 years and older     |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml                                | 4                | PA; PA if 70 years and older     |
| <i>phenytek</i> CAPS 200mg, 300mg                                                 | 2                |                                  |
| <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                                                        | 3                |                                  |
| <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 |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|------------------------------------------------------|------------------|---------------------------------------------|
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg       | 4                |                                             |
| <i>topiramate</i> CPSP 15mg, 25mg                    | 3                |                                             |
| <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                |                                             |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml                     | 4                |                                             |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml                   | 4                |                                             |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml                  | 4                |                                             |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml                   | 4                |                                             |
| <i>vigabatrin</i> PACK 500mg                         | 5                | NDS, QL (180 packets / 30 days), NM, LA, PA |
| <i>vigabatrin</i> TABS 500mg                         | 5                | NDS, QL (180 tabs / 30 days), NM, LA, PA    |
| <i>vigadrone</i> PACK 500mg                          | 5                | NDS, QL (180 packets / 30 days), NM, LA, PA |
| <i>vigadrone</i> TABS 500mg                          | 5                | NDS, QL (180 tabs / 30 days), NM, LA, PA    |
| VIMPAT SOLN 10mg/ml                                  | 5                | NDS, QL (1200 mL / 30 days)                 |
| XCOPRI TABS 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                              | 4                | 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, LA, PA     |
| <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                |                                             |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|------------------------------------------------------------------------------------|------------------|------------------------------------|
| <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 if < 30 yrs                 |
| <i>memantine hcl</i> TABS 5mg, 10mg                                                | 3                | PA; PA if < 30 yrs                 |
| <i>memantine hcl tab</i> 28 x 5 mg & 21 x 10 mg titration pack                     | 4                | PA; PA if < 30 yrs                 |
| 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; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg | 3                |                                    |
| <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                                 |
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg                   | 4                |                                    |
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg                             | 4                | QL (30 tabs / 30 days), PA         |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml                | 3                |                                    |
| <i>doxepin hcl</i> CAPS 150mg                                                      | 4                |                                    |
| 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         |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|-------------------------------------------------------------|------------------|-------------------------------|
| FETZIMA CP24 80mg, 120mg                                    | 4                | QL (30 caps / 30 days),<br>PA |
| FETZIMA CAP TITRATIO                                        | 4                | PA                            |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg                       | 1                |                               |
| <i>fluoxetine hcl</i> CAPS 40mg                             | 2                |                               |
| <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),<br>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                |                               |
| <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)        |
| TRINTELLIX TABS 5mg, 10mg, 20mg                             | 4                | QL (30 tabs / 30 days)        |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg             | 2                |                               |
| <i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 3                |                               |
| VIIBRYD KIT STARTER                                         | 4                |                               |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg                 | 4                | QL (30 tabs / 30 days)        |
| <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             | 3                | PA; PA if 70 years and older  |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg          | 4                |                               |
| <i>carb/levo orally disintegrating tab 10-100mg</i>         | 4                |                               |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|--------------------------------------------------------------------------------|------------------|------------------------------------------|
| <i>carb/levo orally disintegrating tab 25-100mg</i>                            | 4                |                                          |
| <i>carb/levo orally disintegrating tab 25-250mg</i>                            | 4                |                                          |
| <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 TABS 200mg</i>                                                   | 4                |                                          |
| INBRIJA CAPS 42mg                                                              | 5                | NDS, QL (300 caps / 30 days), NM, LA, PA |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr         | 4                |                                          |
| <i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i> | 2                |                                          |
| <i>rasagiline mesylate TABS .5mg, 1mg</i>                                      | 4                | QL (30 tabs / 30 days)                   |
| <i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>      | 2                |                                          |
| <i>selegiline hcl CAPS 5mg; TABS 5mg</i>                                       | 3                |                                          |
| <i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>                         | 3                | PA; PA if 70 years and older             |
| <b>ANTIPSYCHOTICS</b>                                                          |                  |                                          |
| 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 SOLN 1mg/ml</i>                                                | 4                | QL (900 mL / 30 days)                    |
| <i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>                      | 4                | QL (30 tabs / 30 days)                   |
| <i>aripiprazole TBDP 10mg, 15mg</i>                                            | 5                | NDS, QL (60 tabs / 30 days)              |
| 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)            |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---------------------------------------------------------------------------------------------------------------|------------------|----------------------------------|
| 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                                                                               | 4                | 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                                                                                   | 4                | QL (270 tabs / 30 days)          |
| <i>clozapine</i> TABS 200mg                                                                                   | 4                | 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                                                                                   | 5                | NDS, QL (120 tabs / 30 days), PA |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg                                                               | 4                | QL (60 tabs / 30 days), PA       |
| FANAPT PAK                                                                                                    | 4                | 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)    |
| LATUDA TABS 20mg, 40mg, 60mg, 120mg                                                                           | 4                | QL (30 tabs / 30 days)           |
| LATUDA TABS 80mg                                                                                              | 4                | QL (60 tabs / 30 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)           |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg                                                                     | 4                |                                  |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|-------------------------------------------------------------------------------|------------------|---------------------------------------|
| NUPLAZID CAPS 34mg                                                            | 4                | QL (30 caps / 30 days),<br>NM, LA, PA |
| NUPLAZID TABS 10mg                                                            | 4                | QL (30 tabs / 30 days),<br>NM, LA, PA |
| <i>olanzapine</i> SOLR 10mg                                                   | 4                | QL (3 vials / 1 day)                  |
| <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg                                       | 3                | QL (60 tabs / 30 days)                |
| <i>olanzapine</i> TABS 7.5mg, 15mg, 20mg                                      | 3                | QL (30 tabs / 30 days)                |
| <i>olanzapine</i> TBDP 5mg, 15mg, 20mg                                        | 4                | QL (30 tabs / 30 days)                |
| <i>olanzapine</i> TBDP 10mg                                                   | 4                | QL (60 tabs / 30 days)                |
| <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                |                                       |
| PERSERIS PRSY 90mg, 120mg                                                     | 5                | NDS, QL (1 syringe / 30 days)         |
| <i>pimozide</i> TABS 1mg, 2mg                                                 | 4                |                                       |
| <i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg | 3                |                                       |
| <i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg                            | 4                | QL (60 tabs / 30 days),<br>PA         |
| <i>quetiapine fumarate</i> TB24 150mg, 200mg                                  | 4                | QL (30 tabs / 30 days),<br>PA         |
| REXULTI TABS 3mg, 4mg                                                         | 4                | QL (30 tabs / 30 days)                |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg                                            | 4                | QL (60 tabs / 30 days)                |
| RISPERDAL CONSTA SRER 12.5mg, 25mg                                            | 4                | QL (2 injections / 28 days)           |
| RISPERDAL CONSTA SRER 37.5mg, 50mg                                            | 5                | NDS, QL (2 injections / 28 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)                |
| <i>risperidone</i> TBDP 4mg                                                   | 4                | QL (120 tabs / 30 days)               |
| <i>risperidone</i> TBDP .25mg, .5mg                                           | 4                | QL (90 tabs / 30 days)                |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr                               | 4                | QL (30 patches / 30 days)             |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg                          | 3                |                                       |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg                                   | 4                |                                       |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg                           | 3                |                                       |
| VERSACLOZ SUSP 50mg/ml                                                        | 4                | QL (600 mL / 30 days),<br>PA          |
| VRAYLAR CAPS 1.5mg                                                            | 4                | QL (60 caps / 30 days)                |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg                                                  | 4                | QL (30 caps / 30 days)                |
| VRAYLAR CAP 1.5-3MG                                                           | 4                |                                       |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|----------------------------------------------------|------------------|-------------------------------------|
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg | 4                | QL (60 caps / 30 days)              |
| <i>ziprasidone mesylate</i> 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  |

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

|                                                        |   |                             |
|--------------------------------------------------------|---|-----------------------------|
| <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  |
| <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</i> CAPS 10mg, 18mg, 25mg           | 4 | QL (120 caps / 30 days)     |
| <i>atomoxetine hcl</i> CAPS 40mg                       | 4 | QL (60 caps / 30 days)      |
| <i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg          | 4 | QL (30 caps / 30 days)      |
| <i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg          | 3 | QL (120 tabs / 30 days), PA |
| <i>dexmethylphenidate hcl</i> TABS 10mg                | 3 | QL (60 tabs / 30 days), PA  |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                                            |
|-------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------|
| <i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg | 3                | QL (30 tabs / 30 days), PA; PA if 70 years and older                                                  |
| <i>guanfacine hcl (adhd)</i> TB24 3mg           | 3                | QL (60 tabs / 30 days), PA; PA if 70 years and older                                                  |
| <i>metadate er</i> TBCR 20mg                    | 4                | QL (90 tabs / 30 days), PA                                                                            |
| <i>methylphenidate hcl</i> SOLN 5mg/5ml         | 4                | QL (1800 mL / 30 days), PA                                                                            |
| <i>methylphenidate hcl</i> SOLN 10mg/5ml        | 4                | QL (900 mL / 30 days), PA                                                                             |
| <i>methylphenidate hcl</i> TABS 5mg, 10mg       | 3                | QL (180 tabs / 30 days), PA                                                                           |
| <i>methylphenidate hcl</i> TABS 20mg            | 3                | QL (90 tabs / 30 days), PA                                                                            |
| <i>methylphenidate hcl</i> TBCR 10mg, 20mg      | 4                | QL (90 tabs / 30 days), PA                                                                            |
| <b>HYPNOTICS</b>                                |                  |                                                                                                       |
| BELSOMRA TABS 5mg, 10mg, 15mg, 20mg             | 4                | QL (30 tabs / 30 days)                                                                                |
| DAYVIGO TABS 5mg, 10mg                          | 3                | QL (30 tabs / 30 days)                                                                                |
| <i>doxepin hcl (sleep)</i> TABS 3mg, 6mg        | 3                | QL (30 tabs / 30 days)                                                                                |
| <i>eszopiclone</i> 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 |
| <i>tasimelteon</i> CAPS 20mg                    | 5                | NDS, QL (30 caps / 30 days), NM, PA                                                                   |
| <i>temazepam</i> CAPS 7.5mg, 30mg               | 4                | QL (30 caps / 30 days), PA; PA if 65 years and older                                                  |
| <i>temazepam</i> CAPS 15mg                      | 4                | QL (60 caps / 30 days), PA; PA if 65 years and older                                                  |
| <i>zaleplon</i> 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 |
| <i>zaleplon</i> 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 |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                                            |
|-----------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------|
| <i>zolpidem tartrate</i> 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><i>MIGRAINE</i></b>                                                      |                  |                                                                                                       |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml                                              | 3                | QL (1 pen / 30 days), NM, PA                                                                          |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml                               | 5                | NDS                                                                                                   |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml                               | 5                | NDS, QL (8 mL / 30 days), PA                                                                          |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                                  | 3                | QL (40 tabs / 28 days), PA                                                                            |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg                                      | 3                | QL (12 tabs / 30 days)                                                                                |
| NURTEC TBDP 75mg                                                            | 3                | QL (16 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)                                                                                |
| <i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg                        | 4                | QL (12 tabs / 30 days)                                                                                |
| <b><i>MISCELLANEOUS</i></b>                                                 |                  |                                                                                                       |
| AUSTEDO TABS 6mg                                                            | 5                | NDS, QL (60 tabs / 30 days), NM, LA, PA                                                               |
| AUSTEDO TABS 9mg, 12mg                                                      | 5                | NDS, QL (120 tabs / 30 days), NM, LA, 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 24mg                                                        | 5                | NDS, QL (60 tabs / 30 days), NM, PA                                                                   |
| AUSTEDO XR TAB TITR KIT                                                     | 5                | NDS, QL (2 packs / year), NM, PA                                                                      |
| INGREZZA CAPS 40mg, 60mg, 80mg                                              | 5                | NDS, QL (30 caps / 30 days), NM, LA, PA                                                               |
| INGREZZA CAP 40-80MG                                                        | 5                | NDS, QL (28 caps / 28 days), NM, LA, PA                                                               |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>                            |
|--------------------------------------------------------|------------------|-------------------------------------------------------|
| LITHIUM SOLN 8meq/5ml                                  | 4                |                                                       |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg      | 1                |                                                       |
| <i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg | 2                |                                                       |
| NUEDEXTA CAP 20-10MG                                   | 4                | 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                  |
| <b><i>MULTIPLE SCLEROSIS AGENTS</i></b>                |                  |                                                       |
| BAFIERTAM CPDR 95mg                                    | 5                | NDS, QL (120 caps / 30 days), NM, LA, PA              |
| BETASERON KIT .3mg                                     | 5                | NDS, QL (14 syringes / 28 days), NM, PA               |
| <i>dalfampridine</i> TB12 10mg                         | 3                | NM, PA                                                |
| <i>fingolimod hcl</i> CAPS .5mg                        | 5                | NDS, QL (28 caps / 28 days), NM, PA                   |
| <i>glatiramer acetate</i> SOSY 20mg/ml                 | 5                | NDS, QL (30 syringes / 30 days), NM, PA               |
| <i>glatiramer acetate</i> SOSY 40mg/ml                 | 5                | NDS, QL (12 syringes / 28 days), NM, PA               |
| <i>glatopa</i> SOSY 20mg/ml                            | 5                | NDS, QL (30 syringes / 30 days), NM, PA               |
| <i>glatopa</i> SOSY 40mg/ml                            | 5                | NDS, QL (12 syringes / 28 days), NM, PA               |
| KESIMPTA SOAJ 20mg/0.4ml                               | 5                | NDS, QL (16 pens / year), NM, LA, PA                  |
| <b><i>MUSCULOSKELETAL THERAPY AGENTS</i></b>           |                  |                                                       |
| <i>baclofen</i> TABS 10mg, 20mg                        | 3                |                                                       |
| <i>carisoprodol</i> TABS 350mg                         | 3                | QL (120 tabs / 30 days), PA; PA if 70 years and older |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg              | 3                | PA; PA if 70 years and older                          |
| <i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg        | 4                |                                                       |
| <i>methocarbamol</i> TABS 500mg, 750mg                 | 3                | PA; PA if 70 years and older                          |
| <i>tizanidine hcl</i> TABS 2mg, 4mg                    | 2                |                                                       |
| <i>vanadom</i> TABS 350mg                              | 3                | QL (120 tabs / 30 days), PA; PA if 70 years and older |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| Drug Name                                                              | Drug Tier | Requirements/Limits                    |
|------------------------------------------------------------------------|-----------|----------------------------------------|
| <b>NARCOLEPSY/CATAPLEXY</b>                                            |           |                                        |
| <i>armodafinil</i> TABS 50mg                                           | 3         | QL (60 tabs / 30 days), PA             |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg                            | 3         | QL (30 tabs / 30 days), PA             |
| SODIUM OXYBATE SOLN 500mg/ml                                           | 5         | NDS, QL (540 mL / 30 days), NM, LA, PA |
| XYREM SOLN 500mg/ml                                                    | 5         | NDS, QL (540 mL / 30 days), NM, LA, PA |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                          |           |                                        |
| <i>acamprosate calcium</i> TBEC 333mg                                  | 4         |                                        |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg                                 | 3         | QL (90 tabs / 30 days), PA             |
| <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                    | 3         |                                        |
| <i>disulfiram</i> TABS 250mg, 500mg                                    | 3         |                                        |
| <i>naloxone hcl</i> LIQD 4mg/0.1ml                                     | 3         |                                        |
| <i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 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), PA             |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> | 4         | PA                                     |
| VIVITROL SUSR 380mg                                                    | 5         | NDS, NM                                |
| <b>ENDOCRINE AND METABOLIC</b>                                         |           |                                        |
| <b>ANDROGENS</b>                                                       |           |                                        |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml                       | 3         | PA                                     |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm                       | 4         | QL (300 gm / 30 days), PA              |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                |
|----------------------------------------------------------|------------------|-----------------------------------------------------------|
| <i>testosterone</i> GEL 1.62%                            | 4                | QL (150 gm / 30 days),<br>PA                              |
| <i>testosterone cypionate</i> SOLN 100mg/ml,<br>200mg/ml | 3                | PA                                                        |
| <i>testosterone enanthate</i> SOLN 200mg/ml              | 3                | PA                                                        |
| <b>ANTIDIABETICS</b>                                     |                  |                                                           |
| <i>acarbose</i> TABS 25mg, 50mg, 100mg                   | 3                |                                                           |
| BYDUREON BCISE AUIJ 2mg/0.85ml                           | 3                | QL (4 pens / 28 days),<br>PA                              |
| BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml                    | 4                | QL (1 pen / 30 days), PA                                  |
| 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                                      | 3                | QL (60 tabs / 30 days)                                    |
| JARDIANCE TABS 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)                                   |
| <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) |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                               |
|--------------------------------------------------------------------|------------------|----------------------------------------------------------|
| <i>metformin hcl</i> TB24 750mg                                    | 1                | QL (60 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR) |
| <i>nateglinide</i> TABS 60mg, 120mg                                | 1                | QL (90 tabs / 30 days)                                   |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN<br>2mg/1.5ml, 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>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 12.5-1000MG                                        | 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 SOPN .75mg/0.5ml, 1.5mg/0.5ml,<br>3mg/0.5ml, 4.5mg/0.5ml | 3                | QL (4 pens / 28 days),<br>PA                             |
| VICTOZA SOPN 18mg/3ml                                              | 3                | QL (3 pens / 30 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)                                   |
| <b>ANTIDIABETICS, INSULINS</b>                                     |                  |                                                          |
| BASAGLAR KWIKPEN SOPN 100unit/ml                                   | 3                |                                                          |
| BD ALCOHOL SWABS                                                   | 3                |                                                          |
| FIASP FLEX INJ TOUCH                                               | 3                |                                                          |
| FIASP INJ 100/ML                                                   | 3                |                                                          |
| FIASP PENFIL INJ U-100                                             | 3                |                                                          |
| FIASP PMPCRT INJ U-100                                             | 3                | B/D                                                      |
| GAUZE PADS 2" X 2"                                                 | 3                |                                                          |

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| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------|------------------|----------------------------|
| 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/NOVO              | 3                |                            |
| INSULIN SAFETY NEEDLES                    | 3                |                            |
| INSULIN SYRINGES: BD                      | 3                |                            |
| LANTUS SOLN 100unit/ml                    | 3                |                            |
| LANTUS SOLOSTAR SOPN 100unit/ml           | 3                |                            |
| LEVEMIR SOLN 100unit/ml                   | 3                |                            |
| LEVEMIR FLEXPEN SOPN 100unit/ml           | 3                |                            |
| LEVEMIR FLEXTOUCH SOPN 100unit/ml         | 3                |                            |
| 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 G6 KIT INTRO                    | 4                | QL (1 kit / year), PA      |
| OMNIPOD 5 G6 MIS PODS                     | 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 |

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| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|----------------------------------------------------------------|------------------|-------------------------------|
| 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    |
| OMNIPOD PDM KIT CLASSIC                                        | 4                | QL (1 kit / year), PA         |
| SOLQUA 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                |                               |
| V-GO 20 KIT                                                    | 4                | QL (1 kit / 30 days), PA      |
| V-GO 30 KIT                                                    | 4                | QL (1 kit / 30 days), PA      |
| V-GO 40 KIT                                                    | 4                | QL (1 kit / 30 days), PA      |
| XULTOPHY INJ 100/3.6                                           | 3                | QL (5 pens / 30 days)         |
| <b>CALCIUM REGULATORS</b>                                      |                  |                               |
| <i>alendronate sodium</i> SOLN 70mg/75ml                       | 4                |                               |
| <i>alendronate sodium</i> TABS 10mg, 35mg, 70mg                | 1                |                               |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act              | 3                | B/D                           |
| FORTEO SOPN 600mcg/2.4ml                                       | 5                | NDS, NM, PA                   |
| <i>ibandronate sodium</i> TABS 150mg                           | 3                | B/D                           |
| NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg                       | 5                | NDS, LA, PA                   |
| 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 |
| <i>risedronate sodium</i> TABS 5mg, 35mg, 150mg                | 3                |                               |
| <i>risedronate sodium</i> TBEC 35mg                            | 4                |                               |
| TERIPARATIDE SOPN 620mcg/2.48ml                                | 5                | NDS, NM, PA                   |
| XGEVA SOLN 120mg/1.7ml                                         | 5                | NDS, NM, PA                   |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml | 4                | B/D, NM                       |
| <b>CHELATING AGENTS</b>                                        |                  |                               |
| CHEMET CAPS 100mg                                              | 4                |                               |
| <i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg  | 5                | NDS, NM, PA                   |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------|------------------|----------------------------|
| <i>deferasirox</i> TABS 90mg                                            | 3                | NM, PA                     |
| 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>trientine hcl</i> CAPS 250mg                                         | 5                | NDS, NM, PA                |
| VELTASSA PACK 8.4gm, 16.8gm, 25.2gm                                     | 3                |                            |
| <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>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                |                            |
| <i>camila</i> TABS .35mg                                                | 2                |                            |
| <i>camrese</i>                                                          | 3                |                            |
| <i>camrese lo</i>                                                       | 3                |                            |
| <i>chateal</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                |                            |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 3                |                            |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>           | 2                |                            |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>     | 4                |                            |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <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>                                                      | 4                |                            |
| <i>emoquette</i>                                                    | 2                |                            |
| <i>enilloring</i>                                                   | 4                |                            |
| <i>enpresse-28</i>                                                  | 2                |                            |
| <i>enskyce</i>                                                      | 2                |                            |
| <i>errin TABS .35mg</i>                                             | 2                |                            |
| <i>estarylla</i>                                                    | 2                |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> | 2                |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> | 3                |                            |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>   | 4                |                            |
| <i>falmina</i>                                                      | 2                |                            |
| <i>femynor</i>                                                      | 2                |                            |
| <i>finzala</i>                                                      | 4                |                            |
| <i>hailey 1.5/30</i>                                                | 3                |                            |
| <i>hailey 24 fe</i>                                                 | 3                |                            |
| <i>haloette</i>                                                     | 4                |                            |
| <i>heather TABS .35mg</i>                                           | 2                |                            |
| <i>iclevia</i>                                                      | 3                |                            |
| <i>incassia TABS .35mg</i>                                          | 2                |                            |
| <i>introvale</i>                                                    | 3                |                            |
| <i>isibloom</i>                                                     | 2                |                            |
| <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>                                                   | 4                |                            |
| <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                |                            |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>larin fe 1.5/30</i>                                                              | 2                |                            |
| <i>larin fe 1/20</i>                                                                | 2                |                            |
| <i>layolis fe</i>                                                                   | 4                |                            |
| <i>leena</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>levora 0.15/30-28</i>                                                            | 3                |                            |
| <i>loestrin 1.5/30-21</i>                                                           | 3                |                            |
| <i>loestrin 1/20-21</i>                                                             | 3                |                            |
| <i>loestrin fe 1.5/30</i>                                                           | 2                |                            |
| <i>loestrin fe 1/20</i>                                                             | 2                |                            |
| <i>loryna</i>                                                                       | 3                |                            |
| <i>low-ogestrel</i>                                                                 | 3                |                            |
| <i>lutra</i>                                                                        | 2                |                            |
| <i>lyleq TABS .35mg</i>                                                             | 2                |                            |
| <i>lyza TABS .35mg</i>                                                              | 2                |                            |
| <i>marlissa</i>                                                                     | 3                |                            |
| <i>medroxyprogesterone acetate (contraceptive)<br/>SUSP 150mg/ml; SUSY 150mg/ml</i> | 3                |                            |
| <i>mibelas 24 fe</i>                                                                | 4                |                            |
| <i>microgestin 1.5/30</i>                                                           | 3                |                            |
| <i>microgestin 1/20</i>                                                             | 3                |                            |
| <i>microgestin 24 fe</i>                                                            | 3                |                            |
| <i>microgestin fe 1.5/30</i>                                                        | 2                |                            |
| <i>microgestin fe 1/20</i>                                                          | 2                |                            |
| <i>mili</i>                                                                         | 2                |                            |
| <i>mono-linyah</i>                                                                  | 2                |                            |
| <i>necon 0.5/35-28</i>                                                              | 3                |                            |
| <i>nikki</i>                                                                        | 3                |                            |
| <i>nora-be TABS .35mg</i>                                                           | 2                |                            |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------|------------------|----------------------------|
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 3                |                            |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 4                |                            |
| <i>norethindrone (contraceptive) TABS .35mg</i>                        | 2                |                            |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>    | 4                |                            |
| <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 &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>    | 2                |                            |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>    | 4                |                            |
| <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                |                            |
| <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>nymyo</i>                                                           | 2                |                            |
| <i>ocella</i>                                                          | 3                |                            |
| <i>philith</i>                                                         | 3                |                            |
| <i>pimtrea</i>                                                         | 3                |                            |
| <i>pirmella 1/35</i>                                                   | 3                |                            |
| <i>portia-28</i>                                                       | 3                |                            |
| <i>reclipsen</i>                                                       | 2                |                            |
| <i>rivelsa</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                |                            |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>tarina fe 1/20 eq</i>                                                                                                                                           | 2                |                            |
| <i>tilia fe</i>                                                                                                                                                    | 4                |                            |
| <i>tri-estarylla</i>                                                                                                                                               | 3                |                            |
| <i>tri-legest fe</i>                                                                                                                                               | 4                |                            |
| <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>trivora-28</i>                                                                                                                                                  | 2                |                            |
| <i>tydemy</i>                                                                                                                                                      | 4                |                            |
| <i>velivet</i>                                                                                                                                                     | 3                |                            |
| <i>vestura</i>                                                                                                                                                     | 3                |                            |
| <i>vienva</i>                                                                                                                                                      | 2                |                            |
| <i>viorele</i>                                                                                                                                                     | 3                |                            |
| <i>vyfemla</i>                                                                                                                                                     | 3                |                            |
| <i>vylibra</i>                                                                                                                                                     | 2                |                            |
| <i>wera</i>                                                                                                                                                        | 3                |                            |
| <i>wymzya fe</i>                                                                                                                                                   | 3                |                            |
| <i>xulane</i>                                                                                                                                                      | 4                |                            |
| <i>zafemy</i>                                                                                                                                                      | 4                |                            |
| <i>zovia 1/35</i>                                                                                                                                                  | 2                |                            |
| <i>zumandimine</i>                                                                                                                                                 | 3                |                            |
| <b>ENDOMETRIOSIS</b>                                                                                                                                               |                  |                            |
| <i>danazol CAPS 50mg, 100mg, 200mg</i>                                                                                                                             | 4                |                            |
| <i>SYNAREL SOLN 2mg/ml</i>                                                                                                                                         | 5                | NDS                        |
| <b>ESTROGENS</b>                                                                                                                                                   |                  |                            |
| <i>amabelz</i>                                                                                                                                                     | 3                |                            |
| <i>DELESTROGEN OIL 10mg/ml</i>                                                                                                                                     | 4                |                            |
| <i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>                                                                                     | 3                |                            |
| <i>estradiol 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</i> | 3                |                            |
| <i>estradiol TABS .5mg, 1mg, 2mg</i>                                                                                                                               | 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                |                            |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <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                |                            |
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml   | 3                |                            |
| <i>fludrocortisone acetate</i> TABS .1mg                                                       | 2                |                            |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg                                                     | 3                |                            |
| <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                                              | 4                | B/D                        |
| <i>prednisolone sodium phosphate</i> SOLN 15mg/5ml                                             | 2                | B/D                        |
| <i>prednisolone sodium phosphate</i> SOLN 25mg/5ml                                             | 3                | B/D                        |
| <i>prednisone</i> SOLN 5mg/5ml                                                                 | 4                | B/D                        |
| <i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg                                       | 2                | 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                |                            |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| Drug Name                                                                             | Drug Tier | Requirements/Limits                   |
|---------------------------------------------------------------------------------------|-----------|---------------------------------------|
| <b>GLUCOSE ELEVATING AGENTS</b>                                                       |           |                                       |
| <i>diazoxide</i> SUSP 50mg/ml                                                         | 5         | NDS                                   |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml                                       | 3         |                                       |
| GVOKE KIT SOLN 1mg/0.2ml                                                              | 3         |                                       |
| GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml                                                  | 3         |                                       |
| <b>MISCELLANEOUS</b>                                                                  |           |                                       |
| ALDURAZYME SOLN 2.9mg/5ml                                                             | 5         | NDS, NM, LA, PA                       |
| <i>betaine powder for oral solution</i>                                               | 5         | NDS, NM, LA                           |
| <i>cabergoline</i> TABS .5mg                                                          | 3         |                                       |
| <i>carglumic acid</i> TBSO 200mg                                                      | 5         | NDS, NM, LA, PA                       |
| CERDELGA CAPS 84mg                                                                    | 5         | NDS, NM, LA, PA                       |
| CEREZYME SOLR 400unit                                                                 | 5         | NDS, NM, LA, PA                       |
| <i>cinacalcet hcl</i> TABS 30mg                                                       | 4         | B/D, QL (60 tabs / 30 days), NM       |
| <i>cinacalcet hcl</i> TABS 60mg                                                       | 5         | NDS, 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, LA, 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         |                                       |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01%                              | 4         |                                       |
| FABRAZYME SOLR 5mg, 35mg                                                              | 5         | NDS, NM, LA, PA                       |
| GENOTROPIN CART 5mg, 12mg                                                             | 5         | NDS, NM, PA                           |
| GENOTROPIN MINIQICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 5         | NDS, NM, PA                           |
| INCRELEX SOLN 40mg/4ml                                                                | 5         | NDS, NM, LA, PA                       |
| <i>javygtor</i> PACK 100mg, 500mg; TABS 100mg                                         | 5         | NDS, NM, LA, PA                       |
| KORLYM TABS 300mg                                                                     | 5         | NDS, NM, LA, PA                       |
| <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg                  | 4         | B/D                                   |
| LUMIZYME SOLR 50mg                                                                    | 5         | NDS, NM, LA, 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>miglustat</i> CAPS 100mg                                                           | 5         | NDS, QL (90 caps / 30 days), NM, PA   |
| NAGLAZYME SOLN 1mg/ml                                                                 | 5         | NDS, NM, LA, PA                       |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg                                           | 5         | NDS, NM, PA                           |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|-----------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------|
| <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, LA, 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, LA, PA                 |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg                                                                                  | 5                | NDS, NM, LA, PA                 |
| <b>PHOSPHATE BINDER AGENTS</b>                                                                                              |                  |                                 |
| <i>calcium acetate (phosphate binder)</i> CAPS 667mg                                                                        | 3                | QL (360 caps / 30 days)         |
| <i>calcium acetate (phosphate binder)</i> TABS 667mg                                                                        | 3                | QL (360 tabs / 30 days)         |
| <i>sevelamer carbonate</i> PACK 2.4gm                                                                                       | 5                | NDS, QL (180 packets / 30 days) |
| <i>sevelamer carbonate</i> PACK .8gm                                                                                        | 5                | NDS, QL (540 packets / 30 days) |
| <i>sevelamer carbonate</i> TABS 800mg                                                                                       | 4                | QL (540 tabs / 30 days)         |
| VELPHORO CHEW 500mg                                                                                                         | 5                | NDS, QL (180 tabs / 30 days)    |
| <b>PROGESTINS</b>                                                                                                           |                  |                                 |
| <i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg                                                                    | 1                |                                 |
| <i>megestrol acetate</i> SUSP 40mg/ml                                                                                       | 3                |                                 |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml                                                                          | 4                | PA                              |
| <i>norethindrone acetate</i> TABS 5mg                                                                                       | 3                |                                 |
| <b>THYROID AGENTS</b>                                                                                                       |                  |                                 |
| <i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg                     | 1                |                                 |
| <i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg               | 1                |                                 |
| <i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1                |                                 |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| <i>levoxyol</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg          | 1                |                                                         |
| <i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg                                                               | 3                |                                                         |
| <i>methimazole</i> TABS 5mg, 10mg                                                                                | 1                |                                                         |
| <i>propylthiouracil</i> TABS 50mg                                                                                | 3                |                                                         |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg        | 4                |                                                         |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1                |                                                         |
| <b>VITAMIN D ANALOGS</b>                                                                                         |                  |                                                         |
| <i>calcitriol</i> CAPS .25mcg, .5mcg                                                                             | 2                | B/D                                                     |
| <i>calcitriol (oral)</i> SOLN 1mcg/ml                                                                            | 4                | B/D                                                     |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg                                                                        | 4                | B/D                                                     |
| RAYALDEE CPCR 30mcg                                                                                              | 5                | NDS                                                     |
| <b>GASTROINTESTINAL</b>                                                                                          |                  |                                                         |
| <b>ANTIEMETICS</b>                                                                                               |                  |                                                         |
| <i>aprepitant</i> CAPS 40mg, 80mg, 125mg                                                                         | 4                | B/D                                                     |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>                                                           | 4                | B/D                                                     |
| <i>compro</i> SUPP 25mg                                                                                          | 4                |                                                         |
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg                                                                          | 4                | B/D, QL (60 caps / 30 days)                             |
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml                                                                      | 4                |                                                         |
| <i>granisetron hcl</i> TABS 1mg                                                                                  | 4                | B/D                                                     |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg                                                                           | 2                |                                                         |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml                                                                   | 3                |                                                         |
| <i>metoclopramide hcl</i> TABS 5mg, 10mg                                                                         | 1                |                                                         |
| <i>ondansetron</i> TBP 4mg, 8mg                                                                                  | 3                | B/D                                                     |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml                                                     | 3                |                                                         |
| <i>ondansetron hcl</i> SOLN 4mg/5ml                                                                              | 4                | B/D                                                     |
| <i>ondansetron hcl</i> TABS 4mg, 8mg                                                                             | 3                | B/D                                                     |
| <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 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg                          | 3                | PA; PA if 70 years and older                            |
| <i>scopolamine</i> PT72 1mg/3days                                                                                | 4                | QL (10 patches / 30 days), PA; PA if 70 years and older |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| Drug Name                                                           | Drug Tier | Requirements/Limits             |
|---------------------------------------------------------------------|-----------|---------------------------------|
| <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, 2mg                                 | 3         |                                 |
| <b>H2-RECEPTOR ANTAGONISTS</b>                                      |           |                                 |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml               | 3         |                                 |
| <i>famotidine</i> SUSR 40mg/5ml                                     | 4         | QL (300 mL / 30 days)           |
| <i>famotidine</i> TABS 20mg                                         | 1         | QL (120 tabs / 30 days)         |
| <i>famotidine</i> TABS 40mg                                         | 1         | QL (60 tabs / 30 days)          |
| <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; SUPP 1000mg                             | 4         |                                 |
| <i>mesalamine</i> TBEC 1.2gm                                        | 4         | QL (120 tabs / 30 days)         |
| <i>mesalamine w/ cleanser</i> KIT 4gm                               | 4         |                                 |
| <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         |                                 |
| <i>gavilyte-c</i>                                                   | 2         |                                 |
| <i>gavilyte-g</i>                                                   | 2         |                                 |
| <i>generlac</i> SOLN 10gm/15ml                                      | 3         |                                 |
| GOLYTELY SOL                                                        | 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> | 4         |                                 |
| SUPREP BOWEL SOL PREP KIT                                           | 4         |                                 |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| Drug Name                                             | Drug Tier | Requirements/Limits                     |
|-------------------------------------------------------|-----------|-----------------------------------------|
| <b>MISCELLANEOUS</b>                                  |           |                                         |
| <i>alosetron hcl</i> TABS .5mg, 1mg                   | 5         | NDS, QL (60 tabs / 30 days), PA         |
| <i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml  | 4         |                                         |
| <i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml | 4         |                                         |
| <i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg     | 3         |                                         |
| GATTEX KIT 5mg                                        | 5         | NDS, NM, LA, PA                         |
| LINZESS CAPS 72mcg, 145mcg, 290mcg                    | 4         | 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 8mg/0.4ml, 12mg/0.6ml                   | 5         | NDS, PA                                 |
| <i>sucralfate</i> TABS 1gm                            | 3         |                                         |
| <i>ursodiol</i> CAPS 300mg                            | 3         |                                         |
| <i>ursodiol</i> TABS 250mg, 500mg                     | 4         |                                         |
| XERMELO TABS 250mg                                    | 5         | NDS, QL (90 tabs / 30 days), NM, LA, PA |
| XIFAXAN TABS 550mg                                    | 5         | NDS, PA                                 |
| <b>PANCREATIC ENZYMES</b>                             |           |                                         |
| CREON CAP 3000UNIT                                    | 3         |                                         |
| CREON CAP 6000UNIT                                    | 3         |                                         |
| CREON CAP 12000UNT                                    | 3         |                                         |
| CREON CAP 24000UNT                                    | 3         |                                         |
| CREON CAP 36000UNT                                    | 3         |                                         |
| ZENPEP CAP 3000UNIT                                   | 4         |                                         |
| ZENPEP CAP 5000UNIT                                   | 4         |                                         |
| ZENPEP CAP 10000UNT                                   | 4         |                                         |
| ZENPEP CAP 15000UNT                                   | 4         |                                         |
| ZENPEP CAP 20000UNT                                   | 4         |                                         |
| ZENPEP CAP 25000UNT                                   | 4         |                                         |
| ZENPEP CAP 40000UNT                                   | 4         |                                         |
| <b>PROTON PUMP INHIBITORS</b>                         |           |                                         |
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg         | 4         | QL (30 caps / 30 days), 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)                  |

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| <b>Drug Name</b>                                                                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>                                                                              | 4                | QL (30 caps / 30 days)     |
| <i>finasteride TABS 5mg</i>                                                                                                   | 1                |                            |
| <i>tamsulosin hcl CAPS .4mg</i>                                                                                               | 2                |                            |
| <b>MISCELLANEOUS</b>                                                                                                          |                  |                            |
| <i>acetic acid SOLN .25%</i>                                                                                                  | 2                |                            |
| <i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i>                                                                        | 3                |                            |
| <i>potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg</i>                                                              | 4                |                            |
| <b>URINARY ANTISPASMODICS</b>                                                                                                 |                  |                            |
| <i>fesoterodine fumarate TB24 4mg, 8mg</i>                                                                                    | 4                | QL (30 tabs / 30 days)     |
| <i>GEMTESA TABS 75mg</i>                                                                                                      | 4                | QL (30 tabs / 30 days)     |
| <i>MYRBETRIQ SRER 8mg/ml</i>                                                                                                  | 4                | QL (300 mL / 28 days)      |
| <i>MYRBETRIQ TB24 25mg, 50mg</i>                                                                                              | 4                | QL (30 tabs / 30 days)     |
| <i>oxybutynin chloride SOLN 5mg/5ml; TABS 5mg</i>                                                                             | 3                |                            |
| <i>oxybutynin chloride TB24 5mg</i>                                                                                           | 3                | QL (30 tabs / 30 days)     |
| <i>oxybutynin chloride TB24 10mg, 15mg</i>                                                                                    | 3                | QL (60 tabs / 30 days)     |
| <i>solifenacin succinate TABS 5mg, 10mg</i>                                                                                   | 4                | QL (30 tabs / 30 days)     |
| <i>tolterodine tartrate CP24 2mg, 4mg</i>                                                                                     | 4                | QL (30 caps / 30 days), ST |
| <i>tolterodine tartrate TABS 1mg, 2mg</i>                                                                                     | 4                | QL (60 tabs / 30 days)     |
| <i>trospium chloride TABS 20mg</i>                                                                                            | 3                | QL (60 tabs / 30 days)     |
| <b>VAGINAL ANTI-INFECTIVES</b>                                                                                                |                  |                            |
| <i>clindamycin phosphate vaginal CREA 2%</i>                                                                                  | 3                |                            |
| <i>metronidazole vaginal GEL .75%</i>                                                                                         | 3                |                            |
| <i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>                                                                           | 3                |                            |
| <b>HEMATOLOGIC</b>                                                                                                            |                  |                            |
| <b>ANTICOAGULANTS</b>                                                                                                         |                  |                            |
| <i>dabigatran etexilate mesylate CAPS 75mg, 150mg</i>                                                                         | 4                | QL (60 caps / 30 days)     |
| <i>ELIQUIS TABS 2.5mg</i>                                                                                                     | 3                | QL (60 tabs / 30 days)     |
| <i>ELIQUIS TABS 5mg</i>                                                                                                       | 3                | QL (74 tabs / 30 days)     |
| <i>ELIQUIS STARTER PACK TBPK 5mg</i>                                                                                          | 3                | QL (74 tabs / 30 days)     |
| <i>enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i> | 4                |                            |
| <i>fondaparinux sodium SOLN 2.5mg/0.5ml</i>                                                                                   | 4                |                            |
| <i>fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>                                                            | 5                | NDS                        |
| <i>HEP SOD/D5W INJ 20000UNT</i>                                                                                               | 3                |                            |
| <i>HEP SOD/D5W INJ 25000UNT</i>                                                                                               | 3                |                            |

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| <b>Drug Name</b>                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|-------------------------------------------------------------------------------------------|------------------|---------------------------------------------|
| HEP SOD/NACL INJ 12500UNT                                                                 | 3                |                                             |
| HEP SOD/NACL INJ 25000UNT                                                                 | 3                |                                             |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 3                | B/D                                         |
| HEPARIN/NACL INJ 25000UNT                                                                 | 3                |                                             |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                     | 1                |                                             |
| PRADAXA CAPS 75mg, 150mg                                                                  | 4                | QL (60 caps / 30 days)                      |
| PRADAXA CAPS 110mg                                                                        | 4                | QL (120 caps / 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>                                                       |                  |                                             |
| 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                                 |
| ZIEXTENZO SOSY 6mg/0.6ml                                                                  | 5                | NDS, NM, PA                                 |
| <b>MISCELLANEOUS</b>                                                                      |                  |                                             |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg                                                      | 4                |                                             |
| BERINERT KIT 500unit                                                                      | 5                | NDS, QL (24 boxes / 30 days), NM, LA, PA    |
| <i>cilostazol</i> TABS 50mg, 100mg                                                        | 2                |                                             |
| DOPTLET TABS 20mg                                                                         | 5                | NDS, NM, LA, PA                             |
| DROXIA CAPS 200mg, 300mg, 400mg                                                           | 3                |                                             |
| ENDARI PACK 5gm                                                                           | 5                | NDS, NM, LA, PA                             |
| HAEGARDA SOLR 2000unit                                                                    | 5                | NDS, QL (30 vials / 30 days), NM, LA, PA    |
| HAEGARDA SOLR 3000unit                                                                    | 5                | NDS, QL (20 vials / 30 days), NM, LA, PA    |
| <i>icatibant acetate</i> SOSY 30mg/3ml                                                    | 5                | NDS, QL (9 syringes / 30 days), NM, PA      |
| <i>pentoxifylline</i> TBCR 400mg                                                          | 2                |                                             |
| PROMACTA PACK 12.5mg                                                                      | 5                | NDS, QL (360 packets / 30 days), NM, LA, PA |
| PROMACTA PACK 25mg                                                                        | 5                | NDS, QL (180 packets / 30 days), NM, LA, PA |
| PROMACTA TABS 12.5mg, 25mg                                                                | 5                | NDS, QL (30 tabs / 30 days), NM, LA, PA     |
| PROMACTA TABS 50mg, 75mg                                                                  | 5                | NDS, QL (60 tabs / 30 days), NM, LA, PA     |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>                 |
|-----------------------------------------------------------------------------------------|------------------|--------------------------------------------|
| <i>sajazir</i> SOSY 30mg/3ml                                                            | 5                | NDS, QL (9 syringes / 30 days), NM, LA, 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 if 70 years and older               |
| <i>prasugrel hcl</i> TABS 5mg, 10mg                                                     | 3                |                                            |
| <b>IMMUNOLOGIC AGENTS</b>                                                               |                  |                                            |
| <b>AUTOIMMUNE AGENTS</b>                                                                |                  |                                            |
| DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml;<br>SOSY 100mg/0.67ml, 200mg/1.14ml,<br>300mg/2ml | 5                | NDS, NM, PA                                |
| ENBREL SOLN 25mg/0.5ml; SOLR 25mg                                                       | 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, 20mg/0.2ml                                                      | 5                | NDS, QL (2 syringes / 28 days), NM, PA     |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml                                                      | 5                | NDS, QL (6 syringes / 28 days), NM, PA     |
| HUMIRA PEDIA INJ CROHNS                                                                 | 5                | NDS, NM, PA                                |
| HUMIRA PEDIATRIC CROHNS D PSKT<br>80mg/0.8ml                                            | 5                | NDS, NM, PA                                |
| HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml                                                  | 5                | NDS, QL (6 pens / 28 days), NM, PA         |
| HUMIRA PEN PNKT 80mg/0.8ml                                                              | 5                | NDS, QL (4 pens / 28 days), NM, PA         |
| HUMIRA PEN KIT PS/UV                                                                    | 5                | NDS, NM, PA                                |
| HUMIRA PEN-CD/UC/HS START PNKT<br>40mg/0.8ml, 80mg/0.8ml                                | 5                | NDS, NM, PA                                |
| HUMIRA PEN-PEDIATRIC UC S PNKT<br>80mg/0.8ml                                            | 5                | NDS, NM, PA                                |
| HUMIRA PEN-PS/UV STARTER PNKT<br>40mg/0.8ml                                             | 5                | NDS, NM, PA                                |
| INFLIXIMAB SOLR 100mg                                                                   | 5                | NDS, NM, LA, PA                            |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>                 |
|-----------------------------------------------------------------------------------------------------|------------------|--------------------------------------------|
| KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml                                                             | 5                | NDS, QL (2 pens / 28 days), NM, PA         |
| KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml                                                             | 5                | NDS, QL (2 syringes / 28 days), NM, PA     |
| OTEZLA TABS 30mg                                                                                    | 5                | NDS, QL (60 tabs / 30 days), NM, PA        |
| OTEZLA TAB 10/20/30                                                                                 | 5                | NDS, QL (110 tabs / year), NM, PA          |
| REMICADE SOLR 100mg                                                                                 | 5                | NDS, NM, LA, PA                            |
| RENFLEXIS SOLR 100mg                                                                                | 5                | NDS, NM, LA, 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          |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml                                                               | 5                | NDS, QL (1 cartridge / 56 days), NM, PA    |
| SKYRIZI SOLN 600mg/10ml                                                                             | 5                | NDS, QL (6 vials / year), 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        |
| STELARA SOLN 45mg/0.5ml                                                                             | 5                | NDS, QL (1 vial / 28 days), NM, LA, PA     |
| STELARA SOLN 130mg/26ml                                                                             | 5                | NDS, NM, LA, PA                            |
| STELARA SOSY 45mg/0.5ml, 90mg/ml                                                                    | 5                | NDS, QL (1 syringe / 28 days), NM, PA      |
| TALTZ SOAJ 80mg/ml; SOSY 80mg/ml                                                                    | 5                | NDS, QL (3 syringes / 28 days), NM, LA, 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        |
| <b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></b>                                       |                  |                                            |
| <i>hydroxychloroquine sulfate</i> TABS 200mg                                                        | 3                |                                            |
| <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>                                                                       |                  |                                            |
| BIVIGAM SOLN 5gm/50ml, 10%                                                                          | 5                | NDS, NM, LA, PA                            |
| FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 5                | NDS, NM, PA                                |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>                 |
|------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------|
| GAMASTAN INJ                                                                                                                 | 4                | B/D, NM, LA                                |
| 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, LA, PA                            |
| 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, 25gm/500ml, 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 2000000unit/0.5ml                                                                                             | 5                | NDS, NM, LA, PA                            |
| ARCALYST SOLR 220mg                                                                                                          | 5                | NDS, NM, LA, PA                            |
| INTRON A SOLR 10000000unit, 18000000unit, 50000000unit                                                                       | 5                | NDS, B/D, NM, LA                           |
| <b>IMMUNOSUPPRESSANTS</b>                                                                                                    |                  |                                            |
| azathioprine TABS 50mg                                                                                                       | 3                | B/D                                        |
| BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml                                                                                        | 5                | NDS, QL (8 syringes / 28 days), NM, LA, PA |
| BENLYSTA SOLR 120mg, 400mg                                                                                                   | 5                | NDS, NM, LA, PA                            |
| cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml                                                                                  | 4                | B/D, NM                                    |
| cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml                                              | 4                | B/D, NM                                    |
| everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg                                                                  | 5                | NDS, B/D, NM                               |
| engraf CAPS 25mg, 100mg; SOLN 100mg/ml                                                                                       | 4                | B/D, NM                                    |
| mycophenolate mofetil CAPS 250mg; TABS 500mg                                                                                 | 3                | B/D, NM                                    |
| mycophenolate mofetil SUSR 200mg/ml                                                                                          | 5                | NDS, B/D, NM                               |
| mycophenolate sodium TBEC 180mg, 360mg                                                                                       | 4                | B/D, NM                                    |
| NULOJIX SOLR 250mg                                                                                                           | 5                | NDS, B/D, NM                               |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------|------------------|----------------------------|
| PROGRAF PACK .2mg, 1mg                             | 4                | B/D, NM                    |
| REZUROCK TABS 200mg                                | 5                | NDS, NM, LA, PA            |
| SANDIMMUNE SOLN 100mg/ml                           | 4                | B/D, NM                    |
| <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>                                    |                  |                            |
| ABRYSCO SOLR 120mcg/0.5ml                          | 3                |                            |
| ACTHIB INJ                                         | 3                |                            |
| ADACEL INJ                                         | 3                |                            |
| AREXVY SUSR 120mcg/0.5ml                           | 3                |                            |
| BCG VACCINE SOLR 50mg                              | 3                |                            |
| BEXSERO INJ                                        | 3                |                            |
| BOOSTRIX INJ                                       | 3                |                            |
| DAPTACEL INJ                                       | 3                |                            |
| DENGVAXIA SUS                                      | 3                |                            |
| DIP/TET PED INJ 25-5LFU                            | 3                | B/D                        |
| ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | 3                | B/D                        |
| GARDASIL 9 INJ                                     | 3                |                            |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml               | 3                |                            |
| HEPLISAV-B SOSY 20mcg/0.5ml                        | 3                | B/D                        |
| HIBERIX SOLR 10mcg                                 | 3                |                            |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml           | 3                | B/D                        |
| INFANRIX INJ                                       | 3                |                            |
| IPOX INJ INACTIVE                                  | 3                |                            |
| IXIARO INJ                                         | 3                |                            |
| KINRIX INJ                                         | 3                |                            |
| M-M-R II INJ                                       | 3                |                            |
| MENACTRA INJ                                       | 3                |                            |
| MENQUADFI INJ                                      | 3                |                            |
| MENVEO INJ                                         | 3                |                            |
| MENVEO SOL                                         | 3                |                            |
| PEDIARIX INJ 0.5ML                                 | 3                |                            |
| PEDVAX HIB SUSP 7.5mcg/0.5ml                       | 3                |                            |
| PENTACEL INJ                                       | 3                |                            |
| PREHEVBRIO SUSP 10mcg/ml                           | 3                | B/D                        |
| PRIORIX INJ                                        | 3                |                            |
| PROQUAD INJ                                        | 3                |                            |
| QUADRACEL INJ                                      | 3                |                            |
| QUADRACEL INJ 0.5ML                                | 3                |                            |
| RABAVERT INJ                                       | 3                | B/D                        |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------|------------------|----------------------------|
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 3                | B/D                        |
| ROTARIX SUS                                                                  | 3                |                            |
| ROTATEQ SOL                                                                  | 3                |                            |
| SHINGRIX SUSR 50mcg/0.5ml                                                    | 3                | QL (2 vials per lifetime)  |
| TDVAX INJ 2-2 LF                                                             | 3                | B/D                        |
| TENIVAC INJ 5-2LF                                                            | 3                | B/D                        |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml                                     | 3                |                            |
| TRUMENBA INJ                                                                 | 3                |                            |
| TWINRIX INJ                                                                  | 3                |                            |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml                                 | 3                |                            |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml                                           | 3                |                            |
| VARIVAX INJ 1350pfu/0.5ml                                                    | 3                |                            |
| YF-VAX INJ                                                                   | 3                |                            |

## **NUTRITIONAL/SUPPLEMENTS**

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

|                                                                  |   |  |
|------------------------------------------------------------------|---|--|
| D2.5W/NACL INJ 0.45%                                             | 4 |  |
| D5W/LYTES INJ #48                                                | 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                                                    | 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 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> | 3 |  |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------|------------------|----------------------------|
| <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                |                            |
| <i>KCL/D5W/NACL INJ 0.3/0.9%</i>                                                          | 4                |                            |
| <i>lactated ringer's solution</i>                                                         | 3                |                            |
| <i>MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>      | 3                |                            |
| <i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i> | 3                |                            |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>                                | 3                |                            |
| <i>MG SO4/D5W INJ 10MG/ML</i>                                                             | 3                |                            |
| <i>multiple electrolytes ph 5.5</i>                                                       | 4                |                            |
| <i>multiple electrolytes ph 7.4</i>                                                       | 4                |                            |
| <i>PLASMA-LYTE INJ -148</i>                                                               | 4                |                            |
| <i>PLASMA-LYTE INJ -A</i>                                                                 | 4                |                            |
| <i>POT CHL 20MEQ/L IN NACL 0.9% INJ</i>                                                   | 3                |                            |
| <i>POT CHL 20MEQ/L IN NACL 0.45% INJ</i>                                                  | 4                |                            |
| <i>POT CHL 40MEQ/L IN NACL 0.9% INJ</i>                                                   | 4                |                            |
| <i>potassium chloride SOLN 2meq/ml</i>                                                    | 3                |                            |
| <i>POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml</i>                                     | 4                |                            |
| <i>potassium chloride SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>          | 4                |                            |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>                             | 3                |                            |
| <i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>                                  | 3                |                            |
| <i>TPN ELECTROL INJ</i>                                                                   | 4                | B/D                        |
| <b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>                                        |                  |                            |
| <i>klor-con PACK 20meq</i>                                                                | 4                |                            |
| <i>klor-con 8 TBCR 8meq</i>                                                               | 2                |                            |
| <i>klor-con 10 TBCR 10meq</i>                                                             | 2                |                            |
| <i>klor-con m10 TBCR 10meq</i>                                                            | 2                |                            |
| <i>klor-con m15 TBCR 15meq</i>                                                            | 3                |                            |
| <i>klor-con m20 TBCR 20meq</i>                                                            | 2                |                            |
| <i>M-NATAL PLUS TAB</i>                                                                   | 3                |                            |
| <i>potassium chloride CPCR 8meq, 10meq</i>                                                | 3                |                            |
| <i>potassium chloride PACK 20meq; SOLN 10%, 20%</i>                                       | 4                |                            |
| <i>potassium chloride TBCR 8meq, 10meq, 20meq</i>                                         | 2                |                            |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------|------------------|----------------------------|
| <i>potassium chloride microencapsulated crystals</i> | 2                |                            |
| <i>er TBCR 10meq, 20meq</i>                          |                  |                            |
| <i>potassium chloride microencapsulated crystals</i> | 3                |                            |
| <i>er TBCR 15meq</i>                                 |                  |                            |
| PRENATAL TAB 27-1MG                                  | 3                |                            |
| PRENATAL TAB PLUS                                    | 3                |                            |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml</i>  | 2                |                            |
| <i>soln</i>                                          |                  |                            |
| <b>IV NUTRITION</b>                                  |                  |                            |
| CLINIMIX INJ 4.25/D5W                                | 4                | B/D                        |
| CLINIMIX INJ 4.25/D10                                | 4                | B/D                        |
| CLINIMIX INJ 5%/D15W                                 | 4                | B/D                        |
| 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                        |
| <b>OPHTHALMIC</b>                                    |                  |                            |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>              |                  |                            |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint</i>   | 3                |                            |
| <i>1%</i>                                            |                  |                            |
| <i>neo-polycin hc ophth oint 1%</i>                  | 3                |                            |
| <i>neomycin-polymyxin-dexamethasone ophth oint</i>   | 2                |                            |
| <i>0.1%</i>                                          |                  |                            |
| <i>neomycin-polymyxin-dexamethasone ophth</i>        | 2                |                            |
| <i>susp 0.1%</i>                                     |                  |                            |
| <i>neomycin-polymyxin-hc ophth susp</i>              | 4                |                            |
| <i>sulfacetamide sodium-prednisolone ophth soln</i>  | 2                |                            |
| <i>10-0.23(0.25)%</i>                                |                  |                            |
| TOBRADEX OIN 0.3-0.1%                                | 3                |                            |
| TOBRADEX ST SUS 0.3-0.05                             | 3                |                            |
| <i>tobramycin-dexamethasone ophth susp 0.3-</i>      | 4                |                            |
| <i>0.1%</i>                                          |                  |                            |
| ZYLET SUS 0.5-0.3%                                   | 3                |                            |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| Drug Name                                                           | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------|-----------|---------------------|
| <b>ANTI-INFECTIVES</b>                                              |           |                     |
| <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>gentak OINT .3%</i>                                              | 3         |                     |
| <i>gentamicin sulfate (ophth) SOLN .3%</i>                          | 2         |                     |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i>                            | 3         |                     |
| NATACYN SUSP 5%                                                     | 4         |                     |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>                  | 3         |                     |
| <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         |                     |
| ZIRGAN GEL .15%                                                     | 4         |                     |
| <b>ANTI-INFLAMMATORIES</b>                                          |           |                     |
| ALREX SUSP .2%                                                      | 3         |                     |
| BROMSITE SOLN .075%                                                 | 4         |                     |
| <i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>              | 3         |                     |
| <i>diclofenac sodium (ophth) SOLN .1%</i>                           | 2         |                     |
| <i>difluprednate EMUL .05%</i>                                      | 4         |                     |
| EYSUVIS SUSP .25%                                                   | 4         |                     |
| FLAREX SUSP .1%                                                     | 4         |                     |
| <i>fluorometholone (ophth) SUSP .1%</i>                             | 3         |                     |
| <i>flurbiprofen sodium SOLN .03%</i>                                | 3         |                     |
| ILEVRO SUSP .3%                                                     | 3         |                     |
| <i>ketorolac tromethamine (ophth) SOLN .4%</i>                      | 3         |                     |
| <i>ketorolac tromethamine (ophth) SOLN .5%</i>                      | 2         |                     |
| LOTEMAX OINT .5%                                                    | 3         |                     |
| <i>prednisolone acetate (ophth) SUSP 1%</i>                         | 3         |                     |
| PREDNISOLONE SODIUM PHOSP SOLN 1%                                   | 3         |                     |
| PROLENSA SOLN .07%                                                  | 3         |                     |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| Drug Name                                                | Drug Tier | Requirements/Limits |
|----------------------------------------------------------|-----------|---------------------|
| <b>ANTIALLERGICS</b>                                     |           |                     |
| <i>azelastine hcl (ophth)</i> SOLN .05%                  | 3         |                     |
| <i>cromolyn sodium (ophth)</i> SOLN 4%                   | 2         |                     |
| <i>olopatadine hcl</i> SOLN .1%                          | 3         |                     |
| ZERVIAE SOLN .24%                                        | 4         |                     |
| <b>ANTI GLAUCOMA</b>                                     |           |                     |
| ALPHAGAN P SOLN .1%                                      | 3         |                     |
| <i>betaxolol hcl (ophth)</i> SOLN .5%                    | 3         |                     |
| BETOPTIC-S SUSP .25%                                     | 3         |                     |
| <i>brimonidine tartrate</i> SOLN .1%                     | 3         |                     |
| <i>brimonidine tartrate</i> SOLN .2%                     | 1         |                     |
| <i>brimonidine tartrate</i> SOLN .15%                    | 4         |                     |
| <i>brinzolamide</i> SUSP 1%                              | 4         |                     |
| <i>carteolol hcl (ophth)</i> SOLN 1%                     | 2         |                     |
| COMBIGAN SOL 0.2/0.5%                                    | 3         |                     |
| <i>dorzolamide hcl</i> SOLN 2%                           | 2         |                     |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> | 2         |                     |
| <i>latanoprost</i> SOLN .005%                            | 1         |                     |
| <i>levobunolol hcl</i> SOLN .5%                          | 2         |                     |
| LUMIGAN SOLN .01%                                        | 3         |                     |
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4%                   | 3         |                     |
| RHOPRESSA SOLN .02%                                      | 3         |                     |
| ROCKLATAN DRO                                            | 4         |                     |
| SIMBRINZA SUS 1-0.2%                                     | 3         |                     |
| <i>timolol maleate (ophth)</i> SOLG .25%, .5%            | 4         |                     |
| <i>timolol maleate (ophth)</i> SOLN .25%, .5%            | 1         |                     |
| VYZULTA SOLN .024%                                       | 4         |                     |
| <b>MISCELLANEOUS</b>                                     |           |                     |
| ATROPINE SULFATE SOLN 1%                                 | 3         |                     |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1%             | 3         |                     |
| CYSTADROPS SOLN .37%                                     | 5         | NDS, NM, LA, PA     |
| CYSTARAN SOLN .44%                                       | 5         | NDS, NM, LA, PA     |
| <i>proparacaine hcl</i> SOLN .5%                         | 3         |                     |
| RESTASIS EMUL .05%                                       | 3         |                     |
| RESTASIS MULTIDOSE EMUL .05%                             | 3         |                     |
| TYRVAYA SOLN .03mg/act                                   | 4         |                     |
| XIIDRA SOLN 5%                                           | 3         |                     |
| <b>OTIC</b>                                              |           |                     |
| <b>OTIC AGENTS</b>                                       |           |                     |
| <i>acetic acid (otic)</i> SOLN 2%                        | 3         |                     |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>    | 4         |                     |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>flac</i> OIL .01%                                              | 3                |                            |
| <i>fluocinolone acetonide (otic)</i> OIL .01%                     | 3                |                            |
| <i>neomycin-polymyxin-hc otic soln</i> 1%                         | 3                |                            |
| <i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1% | 3                |                            |
| <i>ofloxacin (otic)</i> SOLN .3%                                  | 4                |                            |

## **RESPIRATORY**

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

|                                                          |   |                            |
|----------------------------------------------------------|---|----------------------------|
| 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)  |
| COMBIVENT AER 20-100                                     | 4 | QL (2 inhalers / 30 days)  |
| <i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml | 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) |

### **ANTICHOLINERGICS**

|                                                    |   |                            |
|----------------------------------------------------|---|----------------------------|
| 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</i> SOLN .02%               | 2 | B/D                        |
| <i>ipratropium bromide (nasal)</i> SOLN .03%, .06% | 3 |                            |

### **ANTI-HISTAMINES**

|                                                             |   |                              |
|-------------------------------------------------------------|---|------------------------------|
| <i>azelastine hcl</i> SOLN .1%, .15%                        | 3 |                              |
| <i>cetirizine hcl</i> SOLN 1mg/ml                           | 2 |                              |
| <i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg            | 3 | PA; PA if 70 years and older |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml                     | 3 |                              |
| <i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml                | 4 | PA; PA if 70 years and older |
| <i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg | 3 | PA; PA if 70 years and older |
| <i>hydroxyzine pamoate</i> CAPS 25mg, 50mg                  | 3 | PA; PA if 70 years and older |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml        | 4 |                              |
| <i>levocetirizine dihydrochloride</i> TABS 5mg              | 3 |                              |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| Drug Name                                                                   | Drug Tier | Requirements/Limits                                   |
|-----------------------------------------------------------------------------|-----------|-------------------------------------------------------|
| <b>BETA AGONISTS</b>                                                        |           |                                                       |
| <i>albuterol sulfate</i> AERS 108mcg/act                                    | 3         | QL (2 inhalers / 30 days); (generic of Proair HFA)    |
| <i>albuterol sulfate</i> AERS 108mcg/act                                    | 3         | QL (2 inhalers / 30 days); (generic of Proventil HFA) |
| <i>albuterol sulfate</i> AERS 108mcg/act                                    | 3         | QL (2 inhalers / 30 days); (generic of Ventolin HFA)  |
| <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                                     | 3         |                                                       |
| <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                                                   |
| ARALAST NP SOLR 500mg, 1000mg                                               | 5         | NDS, NM, LA, 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 30mg/ml                                                        | 5         | NDS, NM, LA, PA                                       |
| FASENRA PEN SOAJ 30mg/ml                                                    | 5         | NDS, NM, LA, PA                                       |
| KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg                                      | 5         | NDS, QL (56 packs / 28 days), NM, LA, PA              |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|-------------------------------------------------------------------------------------|------------------|------------------------------------------|
| KALYDECO TABS 150mg                                                                 | 5                | NDS, QL (60 tabs / 30 days), NM, LA, PA  |
| OFEV CAPS 100mg, 150mg                                                              | 5                | NDS, QL (60 caps / 30 days), NM, LA, PA  |
| ORKAMBI GRA 75-94MG                                                                 | 5                | NDS, QL (56 packs / 28 days), NM, LA, PA |
| ORKAMBI GRA 100-125                                                                 | 5                | NDS, QL (56 packs / 28 days), NM, LA, PA |
| ORKAMBI GRA 150-188                                                                 | 5                | NDS, QL (56 packs / 28 days), NM, LA, PA |
| ORKAMBI TAB 100-125                                                                 | 5                | NDS, QL (112 tabs / 28 days), NM, LA, PA |
| ORKAMBI TAB 200-125                                                                 | 5                | NDS, QL (112 tabs / 28 days), NM, LA, 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; SOLR 1000mg                                           | 5                | NDS, NM, LA, PA                          |
| PULMOZYME SOLN 2.5mg/2.5ml                                                          | 5                | NDS, NM, PA                              |
| <i>roflumilast</i> TABS 250mcg, 500mcg                                              | 3                |                                          |
| SYMDEKO TAB 50-75MG                                                                 | 5                | NDS, QL (56 tabs / 28 days), NM, LA, PA  |
| SYMDEKO TAB 100-150                                                                 | 5                | NDS, QL (56 tabs / 28 days), NM, LA, PA  |
| SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml                                                | 4                |                                          |
| 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, LA, PA |
| TRIKAFTA PAK 75MG                                                                   | 5                | NDS, QL (56 packs / 28 days), NM, LA, PA |
| TRIKAFTA TAB 50-25-37.5MG & 75MG                                                    | 5                | NDS, QL (84 tabs / 28 days), NM, LA, PA  |
| TRIKAFTA TAB 100-50-75MG & 150MG                                                    | 5                | NDS, QL (84 tabs / 28 days), NM, LA, PA  |
| XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml                                        | 5                | NDS, NM, LA, PA                          |
| ZEMAIRA SOLR 1000mg                                                                 | 5                | NDS, NM, LA, PA                          |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|------------------------------------------------------------|------------------|-----------------------------------|
| <b><i>NASAL STEROIDS</i></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><i>STEROID INHALANTS</i></b>                            |                  |                                   |
| ARNUITY ELLIPTA AEPB 50mcg/act,<br>100mcg/act, 200mcg/act  | 3                | QL (30 inhalations / 30<br>days)  |
| <i>budesonide (inhalation)</i> SUSP .25mg/2ml,<br>.5mg/2ml | 4                | B/D                               |
| FLOVENT DISKUS AEPB 50mcg/blist                            | 3                | QL (180 inhalations / 30<br>days) |
| FLOVENT DISKUS AEPB 100mcg/blist,<br>250mcg/blist          | 3                | QL (240 inhalations / 30<br>days) |
| FLOVENT HFA AERO 44mcg/act, 110mcg/act,<br>220mcg/act      | 3                | QL (2 inhalers / 30<br>days)      |
| PULMICORT FLEXHALER AEPB 90mcg/act                         | 4                | QL (3 inhalers / 30<br>days)      |
| PULMICORT FLEXHALER AEPB 180mcg/act                        | 4                | QL (2 inhalers / 30<br>days)      |
| <b><i>STEROID/BETA-AGONIST COMBINATIONS</i></b>            |                  |                                   |
| ADVAIR DISKU AER 100/50                                    | 3                | QL (60 inhalations / 30<br>days)  |
| ADVAIR DISKU AER 250/50                                    | 3                | QL (60 inhalations / 30<br>days)  |
| ADVAIR DISKU AER 500/50                                    | 3                | QL (60 inhalations / 30<br>days)  |
| 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)          |
| BREO ELLIPTA INH 50-25MCG                                  | 3                | QL (60 blisters / 30<br>days)     |
| BREO ELLIPTA INH 100-25                                    | 3                | QL (60 blisters / 30<br>days)     |
| BREO ELLIPTA INH 200-25                                    | 3                | QL (60 blisters / 30<br>days)     |
| SYMBICORT AER 80-4.5                                       | 3                | QL (3 inhalers / 30<br>days)      |
| SYMBICORT AER 160-4.5                                      | 3                | QL (3 inhalers / 30<br>days)      |
| <b><i>TOPICAL<br/>DERMATOLOGY, ACNE</i></b>                |                  |                                   |
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg                | 4                | PA                                |
| <i>amnestem</i> CAPS 10mg, 20mg, 40mg                      | 4                | PA                                |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|------------------------------------------------------------------|------------------|------------------------------|
| <i>benzoyl peroxide-erythromycin gel</i> 5-3%                    | 4                | QL (46.6 gm / 30 days)       |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg                      | 4                | PA                           |
| <i>clindamycin phosphate (topical)</i> GEL 1%                    | 4                | QL (75 gm / 30 days)         |
| <i>clindamycin phosphate (topical)</i> LOTN 1%;<br>SOLN 1%       | 3                | QL (60 mL / 30 days)         |
| <i>ery</i> PADS 2%                                               | 3                | QL (60 pledgets / 30 days)   |
| <i>erythromycin (acne aid)</i> SOLN 2%                           | 3                | QL (60 mL / 30 days)         |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg                  | 4                | PA                           |
| <i>sulfacetamide sodium (acne)</i> LOTN 10%                      | 4                | QL (118 mL / 30 days)        |
| <i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%          | 4                | QL (45 gm / 30 days),<br>PA  |
| <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg                      | 4                | PA                           |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                  |                  |                              |
| <i>gentamicin sulfate (topical)</i> CREA .1%                     | 4                | QL (30 gm / 30 days)         |
| <i>gentamicin sulfate (topical)</i> OINT .1%                     | 3                | QL (30 gm / 30 days)         |
| <i>mupirocin</i> OINT 2%                                         | 2                | QL (220 gm / 30 days)        |
| <i>silver sulfadiazine</i> CREA 1%                               | 2                |                              |
| <i>ssd</i> CREA 1%                                               | 2                |                              |
| SULFAMYLON CREA 85mg/gm                                          | 4                | QL (453.6 gm / 30 days)      |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                  |                  |                              |
| <i>ciclopirox olamine</i> CREA .77%                              | 3                | QL (90 gm / 30 days)         |
| <i>ciclopirox olamine</i> SUSP .77%                              | 3                | QL (60 mL / 30 days)         |
| <i>clotrimazole (topical)</i> CREA 1%                            | 3                | QL (45 gm / 30 days)         |
| <i>clotrimazole (topical)</i> SOLN 1%                            | 3                | QL (30 mL / 30 days)         |
| <i>clotrimazole w/ betamethasone cream</i> 1-0.05%               | 3                | QL (45 gm / 30 days)         |
| <i>ketoconazole (topical)</i> CREA 2%                            | 3                | QL (60 gm / 30 days)         |
| <i>nyamyc</i> POWD 100000unit/gm                                 | 3                | QL (60 gm / 30 days)         |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm | 3                | 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)         |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                               |                  |                              |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg                         | 4                | PA                           |
| <i>calcipotriene</i> OINT .005%                                  | 4                | QL (120 gm / 30 days),<br>PA |
| <i>calcipotriene</i> SOLN .005%                                  | 4                | QL (120 mL / 30 days),<br>PA |
| <i>calcitrene</i> OINT .005%                                     | 4                | QL (120 gm / 30 days),<br>PA |
| <i>tazarotene</i> CREA .1%                                       | 3                | QL (60 gm / 30 days),<br>PA  |
| TAZORAC CREA .05%                                                | 4                | QL (60 gm / 30 days),<br>PA  |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| Drug Name                                                       | Drug Tier | Requirements/Limits       |
|-----------------------------------------------------------------|-----------|---------------------------|
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>                             |           |                           |
| <i>ketoconazole (topical)</i> SHAM 2%                           | 2         | QL (120 mL / 30 days)     |
| <i>selenium sulfide</i> LOTN 2.5%                               | 2         |                           |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                             |           |                           |
| <i>ala-cort</i> CREA 1%                                         | 1         |                           |
| <i>ala-cort</i> CREA 2.5%                                       | 2         |                           |
| <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%                          | 3         | QL (60 gm / 30 days)      |
| <i>clobetasol propionate</i> 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)      |
| ENSTILAR AER                                                    | 4         | QL (120 gm / 30 days), PA |
| <i>fluocinolone acetonide</i> CREA .01%                         | 4         | QL (60 gm / 30 days)      |
| <i>fluocinolone acetonide</i> CREA .025%                        | 4         | QL (120 gm / 30 days)     |
| <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 (90 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         |                           |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--------------------------------------------------------------------------------|------------------|---------------------------------------|
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%                         | 3                |                                       |
| <i>triamcinolone acetonide (topical)</i> CREA .1%                              | 2                | QL (454 gm / 30 days)                 |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5% | 2                |                                       |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%                       | 3                |                                       |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                          |                  |                                       |
| <i>glydo</i> PRSY 2%                                                           | 4                | 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%                                     | 3                | QL (30 gm / 30 days), 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> GEL 1%                                      | 3                | QL (1000 gm / 30 days)                |
| <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%                                         | 3                |                                       |
| <i>hydrocortisone (rectal)</i> CREA 2.5%                                       | 2                |                                       |
| <i>imiquimod</i> CREA 5%                                                       | 3                | QL (24 packets / 30 days)             |
| <i>lactic acid (ammonium lactate)</i> CREA 12%                                 | 2                |                                       |
| <i>lactic acid (ammonium lactate)</i> LOTN 12%                                 | 3                |                                       |
| <i>metronidazole (topical)</i> CREA .75%                                       | 4                | QL (45 gm / 30 days)                  |
| <i>metronidazole (topical)</i> GEL .75%                                        | 3                | QL (45 gm / 30 days)                  |
| <i>metronidazole (topical)</i> LOTN .75%                                       | 4                | QL (59 mL / 30 days)                  |
| PANRETIN GEL .1%                                                               | 5                | NDS, QL (60 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>proctosol hc</i> CREA 2.5%                                                  | 3                |                                       |
| <i>proctozone-hc</i> CREA 2.5%                                                 | 3                |                                       |
| RECTIV OINT .4%                                                                | 4                | QL (30 gm / 30 days)                  |
| <i>tacrolimus (topical)</i> OINT .03%, .1%                                     | 4                | QL (100 gm / 30 days)                 |
| VALCHLOR GEL .016%                                                             | 5                | NDS, QL (60 gm / 30 days), NM, LA, PA |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>                                 |                  |                                       |
| <i>malathion</i> LOTN .5%                                                      | 4                | QL (59 mL / 30 days)                  |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---------------------------------------------------------|------------------|-------------------------------|
| <i>permethrin</i> CREA 5%                               | 3                | QL (60 gm / 30 days)          |
| <b><i>DERMATOLOGY, WOUND CARE AGENTS</i></b>            |                  |                               |
| REGRANEX GEL .01%                                       | 5                | NDS, QL (30 gm / 30 days), PA |
| 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><i>MOUTH/THROAT/DENTAL AGENTS</i></b>                |                  |                               |
| <i>cevimeline hcl</i> CAPS 30mg                         | 4                |                               |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | 1                |                               |
| <i>clotrimazole</i> TROC 10mg                           | 4                | QL (150 lozenges / 30 days)   |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2%             | 2                |                               |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml       | 3                |                               |
| <i>periogard</i> SOLN .12%                              | 1                |                               |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg           | 3                |                               |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1%         | 3                |                               |
| <b><i>PART B</i></b>                                    |                  |                               |
| <b><i>DIABETIC METERS AND TEST STRIPS</i></b>           |                  |                               |
| DEXCOM G6 MIS RECEIVER                                  | 0                | PA                            |
| DEXCOM G6 MIS SENSOR                                    | 0                | PA                            |
| DEXCOM G6 MIS TRANSMIT                                  | 0                | PA                            |
| FREESTY LIBR KIT 2 SENSOR                               | 0                | PA                            |
| FREESTY LIBR MIS 2 READER                               | 0                | PA                            |
| FREESTYLE KIT SENSOR                                    | 0                | PA                            |
| FREESTYLE MIS READER                                    | 0                | PA                            |
| TRUE METRIX KIT AIR                                     | 0                |                               |
| TRUE METRIX KIT METER                                   | 0                |                               |
| TRUE METRIX STRIPS                                      | 0                |                               |

You can find information on what the symbols and abbreviations in this table mean by going to page numbers 10 and 11.

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## D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

|                                                                               |    |                                                                                                    |
|-------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------|
| <b>A</b>                                                                      |    |                                                                                                    |
| <i>abacavir sulfate</i> .....                                                 | 16 | ADRENALIN..... 36                                                                                  |
| <i>abacavir sulfate-</i><br><i>lamivudine tab 600-</i><br><i>300 mg</i> ..... | 18 | ADVAIR DISKU AER<br>100/50 .....                                                                   |
| ABELCET .....                                                                 | 16 | 81                                                                                                 |
| ABILIFY MAINTENA .....                                                        | 44 | ADVAIR DISKU AER<br>250/50 .....                                                                   |
| <i>abiraterone acetate</i> .....                                              | 24 | 81                                                                                                 |
| ABRYSVO .....                                                                 | 72 | ADVAIR DISKU AER<br>500/50 .....                                                                   |
| <i>acamprosate calcium</i><br>.....                                           | 51 | 81                                                                                                 |
| <i>acarbose</i> .....                                                         | 52 | ADVAIR HFA AER<br>115/21 .....                                                                     |
| <i>accutane</i> .....                                                         | 81 | 81                                                                                                 |
| <i>acebutolol hcl</i> .....                                                   | 35 | ADVAIR HFA AER<br>230/21 .....                                                                     |
| <i>acetaminophen w/</i><br><i>codeine soln 120-12</i><br><i>mg/5ml</i> .....  | 13 | 81                                                                                                 |
| <i>acetaminophen w/</i><br><i>codeine tab 300-15</i><br><i>mg</i> .....       | 13 | ADVAIR HFA AER<br>45/21 .....                                                                      |
| <i>acetaminophen w/</i><br><i>codeine tab 300-30</i><br><i>mg</i> .....       | 13 | 81                                                                                                 |
| <i>acetaminophen w/</i><br><i>codeine tab 300-60</i><br><i>mg</i> .....       | 13 | <i>afirmelle</i> .....                                                                             |
| <i>acetazolamide</i> .....                                                    | 36 | 56                                                                                                 |
| <i>acetic acid</i> .....                                                      | 67 | AIMOVIG .....                                                                                      |
| <i>acetic acid (otic)</i> .....                                               | 77 | 49                                                                                                 |
| <i>acetylcysteine</i> .....                                                   | 79 | <i>ala-cort</i> .....                                                                              |
| <i>acitretin</i> .....                                                        | 82 | 83                                                                                                 |
| ACTHIB INJ .....                                                              | 72 | <i>albendazole</i> .....                                                                           |
| ACTIMMUNE .....                                                               | 71 | 14                                                                                                 |
| <i>acyclovir</i> .....                                                        | 19 | <i>albuterol sulfate</i> .....                                                                     |
| <i>acyclovir sodium</i> .....                                                 | 19 | 79                                                                                                 |
| ADACEL INJ .....                                                              | 72 | <i>alclometasone</i><br><i>dipropionate</i> .....                                                  |
| <i>adefovir dipivoxil</i> ....                                                | 19 | 83                                                                                                 |
| ADEMPAS .....                                                                 | 37 | ALDURAZYME .....                                                                                   |
|                                                                               |    | 62                                                                                                 |
|                                                                               |    | ALECENSA .....                                                                                     |
|                                                                               |    | 25                                                                                                 |
|                                                                               |    | <i>alendronate sodium</i> .....                                                                    |
|                                                                               |    | 55                                                                                                 |
|                                                                               |    | <i>alfuzosin hcl</i> .....                                                                         |
|                                                                               |    | 66                                                                                                 |
|                                                                               |    | <i>aliskiren fumarate</i> ..                                                                       |
|                                                                               |    | 36                                                                                                 |
|                                                                               |    | <i>allopurinol</i> .....                                                                           |
|                                                                               |    | 12                                                                                                 |
|                                                                               |    | <i>alosetron hcl</i> .....                                                                         |
|                                                                               |    | 66                                                                                                 |
|                                                                               |    | ALPHAGAN P .....                                                                                   |
|                                                                               |    | 77                                                                                                 |
|                                                                               |    | <i>alprazolam</i> .....                                                                            |
|                                                                               |    | 37                                                                                                 |
|                                                                               |    | ALREX .....                                                                                        |
|                                                                               |    | 76                                                                                                 |
|                                                                               |    | <i>altavera</i> .....                                                                              |
|                                                                               |    | 56                                                                                                 |
|                                                                               |    | ALUNBRIG .....                                                                                     |
|                                                                               |    | 26                                                                                                 |
|                                                                               |    | ALUNBRIG PAK .....                                                                                 |
|                                                                               |    | 26                                                                                                 |
|                                                                               |    | <i>alyacen 1/35</i> .....                                                                          |
|                                                                               |    | 56                                                                                                 |
|                                                                               |    | <i>alyacen 7/7/7</i> .....                                                                         |
|                                                                               |    | 56                                                                                                 |
|                                                                               |    | <i>amabelz</i> .....                                                                               |
|                                                                               |    | 60                                                                                                 |
|                                                                               |    | <i>amantadine hcl</i> .....                                                                        |
|                                                                               |    | 43                                                                                                 |
|                                                                               |    | <i>ambrisentan</i> .....                                                                           |
|                                                                               |    | 37                                                                                                 |
|                                                                               |    | <i>amethia</i> .....                                                                               |
|                                                                               |    | 56                                                                                                 |
|                                                                               |    | <i>amikacin sulfate</i> .....                                                                      |
|                                                                               |    | 14                                                                                                 |
|                                                                               |    | <i>amiloride &amp;</i><br><i>hydrochlorothiazide</i><br><i>tab 5-50 mg</i> .....                   |
|                                                                               |    | 36                                                                                                 |
|                                                                               |    | <i>amiloride hcl</i> .....                                                                         |
|                                                                               |    | 36                                                                                                 |
|                                                                               |    | <i>amiodarone hcl</i> .....                                                                        |
|                                                                               |    | 33                                                                                                 |
|                                                                               |    | <i>amitriptyline hcl</i> .....                                                                     |
|                                                                               |    | 42                                                                                                 |
|                                                                               |    | <i>amlodipine besylate</i> .....                                                                   |
|                                                                               |    | 35                                                                                                 |
|                                                                               |    | <i>amlodipine besylate-</i><br><i>benazepril hcl cap</i><br><i>10-20 mg</i> .....                  |
|                                                                               |    | 30                                                                                                 |
|                                                                               |    | <i>amlodipine besylate-</i><br><i>benazepril hcl cap</i><br><i>10-40 mg</i> .....                  |
|                                                                               |    | 30                                                                                                 |
|                                                                               |    | <i>amlodipine besylate-</i><br><i>benazepril hcl cap</i><br><i>2.5-10 mg</i> .....                 |
|                                                                               |    | 30                                                                                                 |
|                                                                               |    | <i>amlodipine besylate-</i><br><i>benazepril hcl cap 5-</i><br><i>10 mg</i> .....                  |
|                                                                               |    | 30                                                                                                 |
|                                                                               |    | <i>amlodipine besylate-</i><br><i>benazepril hcl cap 5-</i><br><i>20 mg</i> .....                  |
|                                                                               |    | 30                                                                                                 |
|                                                                               |    | <i>amlodipine besylate-</i><br><i>benazepril hcl cap 5-</i><br><i>40 mg</i> .....                  |
|                                                                               |    | 30                                                                                                 |
|                                                                               |    | <i>amlodipine besylate-</i><br><i>olmesartan</i><br><i>medoxomil tab 10-</i><br><i>20 mg</i> ..... |
|                                                                               |    | 32                                                                                                 |
|                                                                               |    | <i>amlodipine besylate-</i><br><i>olmesartan</i><br><i>medoxomil tab 10-</i><br><i>40 mg</i> ..... |
|                                                                               |    | 32                                                                                                 |
|                                                                               |    | <i>amlodipine besylate-</i><br><i>olmesartan</i><br><i>medoxomil tab 5-20</i><br><i>mg</i> .....   |
|                                                                               |    | 32                                                                                                 |

|                                                                               |                                                                                   |                                                                                    |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <i>amlodipine besylate-<br/>olmesartan<br/>medoxomil tab 5-40<br/>mg.....</i> | <i>amoxicillin &amp; k<br/>clavulanate tab er<br/>12hr 1000-62.5 mg<br/>.....</i> | <i>amphetamine-<br/>dextroamphetamine<br/>tab 7.5 mg ..... 47</i>                  |
| <i>amlodipine besylate-<br/>valsartan tab 10-160<br/>mg.....</i>              | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 10 mg<br/>.....</i>         | <i>amphotericin b ..... 16</i>                                                     |
| <i>amlodipine besylate-<br/>valsartan tab 10-320<br/>mg.....</i>              | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 15 mg<br/>.....</i>         | <i>amphotericin b<br/>liposome ..... 16</i>                                        |
| <i>amlodipine besylate-<br/>valsartan tab 5-160<br/>mg.....</i>               | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 20 mg<br/>.....</i>         | <i>ampicillin..... 22</i>                                                          |
| <i>amlodipine besylate-<br/>valsartan tab 5-320<br/>mg.....</i>               | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 25 mg<br/>.....</i>         | <i>ampicillin &amp; sulbactam<br/>sodium for inj 1.5<br/>(1-0.5) gm ..... 22</i>   |
| <i>amnestem..... 81</i>                                                       | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 30 mg<br/>.....</i>         | <i>ampicillin &amp; sulbactam<br/>sodium for inj 3 (2-<br/>1) gm ..... 22</i>      |
| <i>amoxapine..... 42</i>                                                      | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 5 mg 47</i>                 | <i>ampicillin &amp; sulbactam<br/>sodium for iv soln 15<br/>(10-5) gm ..... 22</i> |
| <i>amoxicillin ..... 21</i>                                                   | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 5 mg 47</i>                 | <i>ampicillin &amp; sulbactam<br/>sodium for iv soln 3<br/>(2-1) gm ..... 22</i>   |
| <i>amoxicillin &amp; k<br/>clavulanate chew tab<br/>200-28.5 mg ..... 21</i>  | <i>amphetamine-<br/>dextroamphetamine<br/>cap er 24hr 5 mg 47</i>                 | <i>ampicillin sodium ... 22</i>                                                    |
| <i>amoxicillin &amp; k<br/>clavulanate chew tab<br/>400-57 mg..... 21</i>     | <i>amphetamine-<br/>dextroamphetamine<br/>tab 10 mg ..... 47</i>                  | <i>anagrelide hcl ..... 68</i>                                                     |
| <i>amoxicillin &amp; k<br/>clavulanate for susp<br/>200-28.5 mg/5ml 21</i>    | <i>amphetamine-<br/>dextroamphetamine<br/>tab 12.5 mg ..... 47</i>                | <i>anastrozole..... 24</i>                                                         |
| <i>amoxicillin &amp; k<br/>clavulanate for susp<br/>250-62.5 mg/5ml 21</i>    | <i>amphetamine-<br/>dextroamphetamine<br/>tab 15 mg ..... 47</i>                  | <i>ANORO ELLIPT AER<br/>62.5-25..... 78</i>                                        |
| <i>amoxicillin &amp; k<br/>clavulanate for susp<br/>400-57 mg/5ml ... 21</i>  | <i>amphetamine-<br/>dextroamphetamine<br/>tab 20 mg ..... 47</i>                  | <i>aprepitant ..... 64</i>                                                         |
| <i>amoxicillin &amp; k<br/>clavulanate for susp<br/>600-42.9 mg/5ml 21</i>    | <i>amphetamine-<br/>dextroamphetamine<br/>tab 30 mg ..... 47</i>                  | <i>aprepitant capsule<br/>therapy pack 80 &amp;<br/>125 mg ..... 64</i>            |
| <i>amoxicillin &amp; k<br/>clavulanate tab 250-<br/>125 mg ..... 22</i>       | <i>amphetamine-<br/>dextroamphetamine<br/>tab 5 mg ..... 47</i>                   | <i>apri ..... 56</i>                                                               |
| <i>amoxicillin &amp; k<br/>clavulanate tab 500-<br/>125 mg ..... 22</i>       |                                                                                   | <i>APTIOM..... 38</i>                                                              |
| <i>amoxicillin &amp; k<br/>clavulanate tab 875-<br/>125 mg ..... 22</i>       |                                                                                   | <i>APTIVUS ..... 16</i>                                                            |
|                                                                               |                                                                                   | <i>ARALAST NP ..... 79</i>                                                         |
|                                                                               |                                                                                   | <i>aranelle..... 56</i>                                                            |
|                                                                               |                                                                                   | <i>ARCALYST ..... 71</i>                                                           |
|                                                                               |                                                                                   | <i>AREXVY..... 72</i>                                                              |
|                                                                               |                                                                                   | <i>aripiprazole ..... 44</i>                                                       |
|                                                                               |                                                                                   | <i>ARISTADA ..... 44</i>                                                           |
|                                                                               |                                                                                   | <i>ARISTADA INITIO... 45</i>                                                       |
|                                                                               |                                                                                   | <i>armodafinil ..... 51</i>                                                        |
|                                                                               |                                                                                   | <i>ARNUITY ELLIPTA... 81</i>                                                       |
|                                                                               |                                                                                   | <i>asenapine maleate .45</i>                                                       |
|                                                                               |                                                                                   | <i>ashlyna ..... 56</i>                                                            |

*aspirin-dipyridamole*  
*cap er 12hr 25-200*  
*mg*.....69  
*atazanavir sulfate* ...17  
*atenolol*.....35  
*atenolol &*  
*chlorthalidone tab*  
*100-25 mg*.....34  
*atenolol &*  
*chlorthalidone tab*  
*50-25 mg* .....34  
*atomoxetine hcl* ....47  
*atorvastatin calcium* 34  
*atovaquone*.....14  
*atovaquone-proguanil*  
*hcl tab 250-100 mg*  
.....16  
*atovaquone-proguanil*  
*hcl tab 62.5-25 mg*  
.....16  
ATROPINE SULFATE 77  
*atropine sulfate*  
*(ophthalmic)* .....77  
ATROVENT HFA .....78  
*aubra eq* .....56  
*aurovela 1/20* .....56  
*aurovela 24 fe*.....56  
*aurovela fe 1.5/30*..56  
*aurovela fe 1/20*....56  
AUSTEDO .....49  
AUSTEDO XR .....49  
AUSTEDO XR TAB  
TITR KIT.....49  
AUVELITY TAB 45-  
105MG .....42  
*aviane*.....56  
*ayuna* .....56  
AYVAKIT.....26  
*azacitidine* .....23  
*azathioprine*.....71  
*azelastine hcl* .....78  
*azelastine hcl (ophth)*  
.....77  
*azithromycin* .....21  
*aztreonam* .....14  
*azurette* .....56

## B

*bacitracin*  
*(ophthalmic)*..... 76  
*bacitracin-polymyxin b*  
*ophth oint* ..... 76  
*bacitracin-polymyxin-*  
*neomycin-hc ophth*  
*oint 1%* ..... 75  
*baclofen*..... 50  
BAFIERTAM ..... 50  
*balsalazide disodium*  
..... 65  
BALVERSA..... 26  
*balziva*..... 56  
BARACLUDE ..... 19  
BASAGLAR KWIKPEN  
..... 53  
BCG VACCINE..... 72  
BD ALCOHOL SWABS  
..... 53  
BELSOMRA..... 48  
*benazepril &*  
*hydrochlorothiazide*  
*tab 10-12.5 mg* .. 31  
*benazepril &*  
*hydrochlorothiazide*  
*tab 20-12.5 mg* .. 31  
*benazepril &*  
*hydrochlorothiazide*  
*tab 20-25 mg* ..... 31  
*benazepril &*  
*hydrochlorothiazide*  
*tab 5-6.25mg* ..... 31  
*benazepril hcl* ..... 31  
BENDEKA..... 23  
BENLYSTA..... 71  
*benzoyl peroxide-*  
*erythromycin gel 5-*  
*3%*..... 82  
*benztropine mesylate*  
..... 43  
BERINERT ..... 68  
BESIVANCE ..... 76  
BESREMI ..... 25  
*betaine powder for*  
*oral solution* ..... 62

*betamethasone*  
*dipropionate*  
*(topical)* ..... 83  
*betamethasone*  
*dipropionate*  
*augmented* ..... 83  
*betamethasone*  
*valerate*..... 83  
BETASERON..... 50  
*betaxolol hcl* ..... 35  
*betaxolol hcl (ophth)*  
..... 77  
*bethanechol chloride*  
..... 67  
BETOPTIC-S ..... 77  
BEVESPI AER 9-  
4.8MCG ..... 78  
*bexarotene* ..... 25  
*bexarotene (topical)* 84  
BEXSERO INJ ..... 72  
*bicalutamide* ..... 24  
BICILLIN L-A ..... 22  
BIKTARVY TAB 30-  
120-15 MG ..... 18  
BIKTARVY TAB 50-  
200-25 MG ..... 18  
*bisoprolol &*  
*hydrochlorothiazide*  
*tab 10-6.25 mg* ... 34  
*bisoprolol &*  
*hydrochlorothiazide*  
*tab 2.5-6.25 mg* .. 34  
*bisoprolol &*  
*hydrochlorothiazide*  
*tab 5-6.25 mg*..... 34  
*bisoprolol fumarate*. 35  
BIVIGAM ..... 70  
*blisovi 24 fe*..... 56  
*blisovi fe 1.5/30* ..... 56  
BOOSTRIX INJ ..... 72  
*bortezomib* ..... 26  
BORTEZOMIB..... 26  
*bosentan* ..... 37  
BOSULIF ..... 26  
BRAFTOVI ..... 26

|                                                                              |    |                                                                           |    |                                                                     |    |
|------------------------------------------------------------------------------|----|---------------------------------------------------------------------------|----|---------------------------------------------------------------------|----|
| BREO ELLIPTA INH<br>100-25 .....                                             | 81 | 2-0.5 mg (base<br>equiv) .....                                            | 51 | captopril &<br>hydrochlorothiazide<br>tab 25-15 mg .....            | 31 |
| BREO ELLIPTA INH<br>200-25 .....                                             | 81 | buprenorphine hcl-<br>naloxone hcl sl tab<br>8-2 mg (base equiv)<br>..... | 51 | captopril &<br>hydrochlorothiazide<br>tab 25-25 mg .....            | 31 |
| BREO ELLIPTA INH 50-<br>25MCG .....                                          | 81 | bupropion hcl .....                                                       | 42 | captopril &<br>hydrochlorothiazide<br>tab 50-15 mg .....            | 31 |
| BREZTRI AERO AER<br>SPHERE .....                                             | 78 | bupropion hcl<br>(smoking deterrent)<br>.....                             | 51 | captopril &<br>hydrochlorothiazide<br>tab 50-25 mg .....            | 31 |
| BREZTRI AERO AER<br>SPHERE<br>(INSTITUTIONAL<br>PACK) .....                  | 78 | buspirone hcl .....                                                       | 37 | carb/levo orally<br>disintegrating tab<br>10-100mg .....            | 43 |
| briellyn .....                                                               | 56 | butorphanol tartrate                                                      | 13 | carb/levo orally<br>disintegrating tab<br>25-100mg .....            | 44 |
| BRILINTA .....                                                               | 69 | BYDUREON BCISE ..                                                         | 52 | carb/levo orally<br>disintegrating tab<br>25-250mg .....            | 44 |
| brimonidine tartrate                                                         | 77 | BYETTA .....                                                              | 52 | carbamazepine .....                                                 | 38 |
| brinzolamide .....                                                           | 77 |                                                                           |    | carbidopa & levodopa<br>tab 10-100 mg ....                          | 44 |
| BRIVIACT .....                                                               | 38 | <b>C</b>                                                                  |    | carbidopa & levodopa<br>tab 25-100 mg ....                          | 44 |
| bromocriptine<br>mesylate .....                                              | 43 | cabergoline .....                                                         | 62 | carbidopa & levodopa<br>tab 25-250 mg ....                          | 44 |
| BROMSITE .....                                                               | 76 | CABOMETYX .....                                                           | 26 | carbidopa & levodopa<br>tab er 25-100 mg                            | 44 |
| BRUKINSA .....                                                               | 26 | calcipotriene .....                                                       | 82 | carbidopa & levodopa<br>tab er 50-200 mg                            | 44 |
| budesonide .....                                                             | 65 | calcitonin (salmon)<br>spray .....                                        | 55 | carbidopa-levodopa-<br>entacapone tabs<br>12.5-50-200 mg ..         | 44 |
| budesonide<br>(inhalation) .....                                             | 81 | calcitrene .....                                                          | 82 | carbidopa-levodopa-<br>entacapone tabs<br>18.75-75-200 mg           | 44 |
| bumetanide .....                                                             | 36 | calcitriol .....                                                          | 64 | carbidopa-levodopa-<br>entacapone tabs 25-<br>100-200 mg .....      | 44 |
| buprenorphine .....                                                          | 12 | calcitriol (oral) .....                                                   | 64 | carbidopa-levodopa-<br>entacapone tabs<br>31.25-125-200 mg<br>..... | 44 |
| buprenorphine hcl... 51                                                      |    | calcium acetate<br>(phosphate binder)<br>.....                            | 63 |                                                                     |    |
| buprenorphine hcl-<br>naloxone hcl sl film<br>12-3 mg (base<br>equiv) .....  | 51 | CALQUENCE .....                                                           | 26 |                                                                     |    |
| buprenorphine hcl-<br>naloxone hcl sl film<br>2-0.5 mg (base<br>equiv) ..... | 51 | camila .....                                                              | 56 |                                                                     |    |
| buprenorphine hcl-<br>naloxone hcl sl film<br>4-1 mg (base equiv)<br>.....   | 51 | camrese .....                                                             | 56 |                                                                     |    |
| buprenorphine hcl-<br>naloxone hcl sl film<br>8-2 mg (base equiv)<br>.....   | 51 | camrese lo .....                                                          | 56 |                                                                     |    |
| buprenorphine hcl-<br>naloxone hcl sl tab                                    |    | candesartan cilexetil                                                     | 33 |                                                                     |    |
|                                                                              |    | candesartan cilexetil-<br>hydrochlorothiazide<br>tab 16-12.5 mg ..        | 32 |                                                                     |    |
|                                                                              |    | candesartan cilexetil-<br>hydrochlorothiazide<br>tab 32-12.5 mg ..        | 32 |                                                                     |    |
|                                                                              |    | candesartan cilexetil-<br>hydrochlorothiazide<br>tab 32-25 mg .....       | 32 |                                                                     |    |
|                                                                              |    | CAPLYTA .....                                                             | 45 |                                                                     |    |
|                                                                              |    | CAPRELSA .....                                                            | 26 |                                                                     |    |
|                                                                              |    | captopril .....                                                           | 31 |                                                                     |    |

|                                                                             |                                                                                    |                                                                         |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <i>carbidopa-levodopa-entacapone tabs</i><br>37.5-150-200 mg 44             | <i>chloroquine phosphate</i><br>..... 16                                           | CLINDMYC/NAC INJ<br>300/50ML ..... 14                                   |
| <i>carbidopa-levodopa-entacapone tabs</i> 50-<br>200-200 mg ..... 44        | <i>chlorpromazine hcl</i> . 45                                                     | CLINDMYC/NAC INJ<br>600/50ML ..... 14                                   |
| <i>carboplatin</i> ..... 23                                                 | <i>chlorthalidone</i> ..... 36                                                     | CLINDMYC/NAC INJ<br>900/50ML ..... 14                                   |
| <i>carglumic acid</i> ..... 62                                              | <i>cholestyramine</i> ..... 34                                                     | CLINIMIX INJ<br>4.25/D10 ..... 75                                       |
| <i>carisoprodol</i> ..... 50                                                | <i>cholestyramine light</i> 34                                                     | CLINIMIX INJ<br>4.25/D5W ..... 75                                       |
| <i>carteolol hcl (ophth)</i> 77                                             | <i>ciclopirox olamine</i> .. 82                                                    | CLINIMIX INJ<br>5%/D15W ..... 75                                        |
| <i>cartia xt</i> ..... 35                                                   | <i>cilostazol</i> ..... 68                                                         | CLINIMIX INJ<br>5%/D20W ..... 75                                        |
| <i>carvedilol</i> ..... 35                                                  | CILOXAN ..... 76                                                                   | CLINIMIX INJ 6/5 ... 75                                                 |
| <i>caspofungin acetate</i> 16                                               | CIMDUO TAB 300-300<br>..... 18                                                     | CLINIMIX INJ 8/10 . 75                                                  |
| CAYSTON ..... 14                                                            | <i>ciprofloxacin 200</i><br>mg/100ml in d5w 21                                     | CLINIMIX INJ 8/14 . 75                                                  |
| <i>cefaclor</i> ..... 20                                                    | <i>ciprofloxacin 400</i><br>mg/200ml in d5w 21                                     | <i>clinisol sf 15%</i> ..... 75                                         |
| CEFACTOR ER ..... 20                                                        | <i>ciprofloxacin hcl</i> ..... 21                                                  | CLINOLIPID EMU 20%<br>..... 75                                          |
| <i>cefadroxil</i> ..... 20                                                  | <i>ciprofloxacin hcl</i><br>(ophth) ..... 76                                       | <i>clobazam</i> ..... 38                                                |
| CEFAZOLIN ..... 20                                                          | <i>ciprofloxacin-</i><br><i>dexamethasone otic</i><br><i>susp 0.3-0.1%</i> .... 77 | <i>clobetasol propionate</i><br>..... 83                                |
| CEFAZOLIN INJ<br>1GM/50ML ..... 20                                          | <i>cisplatin</i> ..... 23                                                          | <i>clobetasol propionate</i><br>e ..... 83                              |
| <i>cefazolin sodium</i> ..... 20                                            | <i>citalopram</i><br><i>hydrobromide</i> ..... 42                                  | <i>clomipramine hcl</i> .... 42                                         |
| CEFAZOLIN SOLN<br>2GM/100ML-4% .. 20                                        | <i>claravis</i> ..... 82                                                           | <i>clonazepam</i> ..... 38                                              |
| <i>cefdinir</i> ..... 20                                                    | <i>clarithromycin</i> ..... 21                                                     | <i>clonidine</i> ..... 36                                               |
| <i>cefepime hcl</i> ..... 20                                                | <i>clindamycin hcl</i> ..... 14                                                    | <i>clonidine hcl</i> ..... 36                                           |
| <i>cefixime</i> ..... 20                                                    | <i>clindamycin palmitate</i><br><i>hydrochloride</i> ..... 14                      | <i>clopidogrel bisulfate</i> 69                                         |
| <i>cefoxitin sodium</i> .... 20                                             | <i>clindamycin phosphate</i><br>..... 14                                           | <i>clorazepate</i><br><i>dipotassium</i> ..... 38                       |
| <i>cefpodoxime proxetil</i><br>..... 20                                     | <i>clindamycin phosphate</i><br>(topical) ..... 82                                 | <i>clotrimazole</i> ..... 85                                            |
| <i>cefprozil</i> ..... 20                                                   | <i>clindamycin phosphate</i><br><i>in d5w iv soln 300</i><br>mg/50ml ..... 14      | <i>clotrimazole (topical)</i><br>..... 82                               |
| <i>ceftazidime</i> ..... 20                                                 | <i>clindamycin phosphate</i><br><i>in d5w iv soln 600</i><br>mg/50ml ..... 14      | <i>clotrimazole w/<br/>betamethasone</i><br><i>cream 1-0.05%</i> ... 82 |
| <i>ceftriaxone sodium</i> . 20                                              | <i>clindamycin phosphate</i><br><i>in d5w iv soln 900</i><br>mg/50ml ..... 14      | <i>clozapine</i> ..... 45                                               |
| <i>cefuroxime axetil</i> .... 20                                            | <i>clindamycin phosphate</i><br><i>in d5w iv soln 900</i><br>mg/50ml ..... 14      | COARTEM TAB 20-<br>120MG ..... 16                                       |
| <i>cefuroxime sodium</i> . 20                                               | <i>clindamycin phosphate</i><br><i>vaginal</i> ..... 67                            | <i>colchicine</i> ..... 12                                              |
| <i>celecoxib</i> ..... 12                                                   |                                                                                    | <i>colchicine w/<br/>probenecid tab 0.5-</i><br><i>500 mg</i> ..... 12  |
| CELONTIN ..... 38                                                           |                                                                                    | <i>colesevelam hcl</i> ..... 34                                         |
| <i>cephalexin</i> ..... 20                                                  |                                                                                    |                                                                         |
| CERDELGA ..... 62                                                           |                                                                                    |                                                                         |
| CEREZYME ..... 62                                                           |                                                                                    |                                                                         |
| <i>cetirizine hcl</i> ..... 78                                              |                                                                                    |                                                                         |
| <i>cevimeline hcl</i> ..... 85                                              |                                                                                    |                                                                         |
| <i>chateal</i> ..... 56                                                     |                                                                                    |                                                                         |
| CHEMET ..... 55                                                             |                                                                                    |                                                                         |
| <i>chlorhexidine</i><br><i>gluconate (mouth-</i><br><i>throat)</i> ..... 85 |                                                                                    |                                                                         |

|                                                           |                                                   |                                                                                  |
|-----------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------|
| <i>colestipol hcl</i> ..... 34                            | <i>cyproheptadine hcl</i> . 78                    | <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> ..... 56 |
| <i>colistimethate sodium</i> ..... 14                     | <i>cyred eq</i> ..... 56                          | <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> ..... 56           |
| COMBIGAN SOL 0.2/0.5%..... 77                             | CYSTADROPS ..... 77                               | <i>desvenlafaxine succinate</i> ..... 42                                         |
| COMBIVENT AER 20-100..... 78                              | CYSTAGON..... 62                                  | <i>dexamethasone</i> ..... 61                                                    |
| COMETRIQ (60MG DOSE)..... 26                              | CYSTARAN ..... 77                                 | DEXAMETHASONE INTENSOL ..... 61                                                  |
| COMETRIQ KIT 100MG ..... 26                               | <i>cytarabine</i> ..... 23                        | <i>dexamethasone sodium phosphate</i> 61                                         |
| COMETRIQ KIT 140MG ..... 26                               | <b>D</b>                                          | <i>dexamethasone sodium phosphate (ophth)</i> ..... 76                           |
| COMPLERA TAB ..... 18                                     | D10W/NACL INJ 0.2% ..... 73                       | DEXCOM G6 MIS RECEIVER..... 85                                                   |
| <i>compro</i> ..... 64                                    | D2.5W/NACL INJ 0.45% ..... 73                     | DEXCOM G6 MIS SENSOR ..... 85                                                    |
| <i>constulose</i> ..... 65                                | D5W/LYTES INJ #48 ..... 73                        | DEXCOM G6 MIS TRANSMIT ..... 85                                                  |
| COPIKTRA ..... 26                                         | <i>dabigatran etexilate mesylate</i> ..... 67     | <i>dexmethylphenidate hcl</i> ..... 47                                           |
| CORLANOR ..... 36                                         | <i>dalfampridine</i> ..... 50                     | <i>dextrose</i> ..... 75                                                         |
| COTELLIC ..... 26                                         | <i>danazol</i> ..... 60                           | <i>dextrose 10% w/ sodium chloride 0.45%</i> ..... 73                            |
| CREON CAP 12000UNT ..... 66                               | <i>dantrolene sodium</i> . 50                     | <i>dextrose 2.5% w/ sodium chloride 0.45%</i> ..... 73                           |
| CREON CAP 24000UNT ..... 66                               | <i>dapsone</i> ..... 14                           | <i>dextrose 5% in lactated ringers</i> ... 73                                    |
| CREON CAP 3000UNIT ..... 66                               | DAPTACEL INJ ..... 72                             | <i>dextrose 5% w/ sodium chloride 0.2%</i> ..... 73                              |
| CREON CAP 36000UNT ..... 66                               | <i>daptomycin</i> ..... 14                        | <i>dextrose 5% w/ sodium chloride 0.225%</i> ..... 73                            |
| CREON CAP 6000UNIT ..... 66                               | DAPTOMYCIN ..... 14                               | <i>dextrose 5% w/ sodium chloride 0.3%</i> ..... 73                              |
| <i>cromolyn sodium</i> .... 79                            | <i>darunavir</i> ..... 17                         | <i>dextrose 5% w/ sodium chloride 0.45%</i> ..... 73                             |
| <i>cromolyn sodium (mastocytosis)</i> .... 66             | <i>dasetta 1/35</i> ..... 56                      |                                                                                  |
| <i>cromolyn sodium (ophth)</i> ..... 77                   | <i>dasetta 7/7/7</i> ..... 56                     |                                                                                  |
| <i>cryselle-28</i> ..... 56                               | DAURISMO..... 26                                  |                                                                                  |
| <i>cyclobenzaprine hcl</i> . 50                           | <i>daysee</i> ..... 56                            |                                                                                  |
| <i>cyclophosphamide</i> .. 23                             | DAYVIGO ..... 48                                  |                                                                                  |
| CYCLOPHOSPHAMIDE ..... 23                                 | <i>deblitane</i> ..... 56                         |                                                                                  |
| CYCLOPHOSPHAMIDE MONOHYDR ..... 23                        | <i>deferasirox</i> ..... 55, 56                   |                                                                                  |
| <i>cycloserine</i> ..... 19                               | DELESTROGEN ..... 60                              |                                                                                  |
| <i>cyclosporine</i> ..... 71                              | DELSTRIGO TAB .... 18                             |                                                                                  |
| <i>cyclosporine modified (for microemulsion)</i> ..... 71 | DENG VAXIA SUS.... 72                             |                                                                                  |
|                                                           | <i>depo-testosterone</i> .. 51                    |                                                                                  |
|                                                           | DESCOVY TAB 120-15MG ..... 18                     |                                                                                  |
|                                                           | DESCOVY TAB 200/25MG ..... 18                     |                                                                                  |
|                                                           | <i>desipramine hcl</i> .... 42                    |                                                                                  |
|                                                           | <i>desmopressin acetate</i> ..... 62              |                                                                                  |
|                                                           | <i>desmopressin acetate spray</i> ..... 62        |                                                                                  |
|                                                           | <i>desmopressin acetate spray refrigerated</i> 62 |                                                                                  |

|                                                               |                                                                                |                                                                             |
|---------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| dextrose 5% w/<br>sodium chloride<br>0.9%.....73              | disopyramide<br>phosphate ..... 33                                             | dutasteride-tamsulosin<br>hcl cap 0.5-0.4 mg<br>..... 67                    |
| DIACOMIT .....38                                              | disulfiram ..... 51                                                            | <b>E</b>                                                                    |
| diazepam ..... 38, 39                                         | divalproex sodium .. 39                                                        | e.e.s. 400..... 21                                                          |
| diazepam<br>(anticonvulsant) .. 39                            | docetaxel ..... 25                                                             | ec-naproxen ..... 12                                                        |
| diazepam inj ..... 39                                         | DOCETAXEL ..... 25                                                             | EDURANT ..... 17                                                            |
| diazoxide.....62                                              | dofetilide ..... 33                                                            | efavirenz ..... 17                                                          |
| diclofenac potassium<br>.....12                               | donepezil<br>hydrochloride ..... 41                                            | efavirenz-<br>emtricitabine-<br>tenofovir df tab 600-<br>200-300 mg..... 18 |
| diclofenac sodium ...12                                       | DOPTLET ..... 68                                                               | efavirenz-lamivudine-<br>tenofovir df tab 400-<br>300-300 mg..... 18        |
| diclofenac sodium<br>(ophth).....76                           | dorzolamide hcl ..... 77                                                       | efavirenz-lamivudine-<br>tenofovir df tab 600-<br>300-300 mg..... 18        |
| diclofenac sodium<br>(topical) .....84                        | dorzolamide hcl-<br>timolol maleate<br>ophth soln 2-0.5%<br>..... 77           | ELIGARD ..... 24                                                            |
| dicloxacillin sodium .22                                      | dotti ..... 60                                                                 | elinest..... 57                                                             |
| dicyclomine hcl.....65                                        | DOVATO TAB 50-<br>300MG..... 18                                                | ELIQUIS ..... 67                                                            |
| DIFICID.....21                                                | doxazosin mesylate 31                                                          | ELIQUIS STARTER<br>PACK ..... 67                                            |
| diflunisal .....12                                            | doxepin hcl ..... 42                                                           | ELLENCE ..... 23                                                            |
| difluprednate .....76                                         | doxepin hcl (sleep). 48                                                        | eluryng ..... 57                                                            |
| digoxin .....36                                               | doxorubicin hcl ..... 23                                                       | EMCYT ..... 24                                                              |
| dihydroergotamine<br>mesylate .....49                         | doxorubicin hcl<br>liposomal ..... 23                                          | emoquette..... 57                                                           |
| DILANTIN .....39                                              | doxy 100 ..... 23                                                              | EMSAM ..... 42                                                              |
| DILANTIN INFATABS<br>.....39                                  | doxycycline<br>(monohydrate) ... 23                                            | emtricitabine ..... 17                                                      |
| DILANTIN-125 .....39                                          | doxycycline hyclate 23                                                         | emtricitabine-tenofovir<br>disoproxil fumarate<br>tab 100-150 mg .. 18      |
| diltiazem hcl .....35                                         | DRIZALMA SPRINKLE<br>..... 42                                                  | emtricitabine-tenofovir<br>disoproxil fumarate<br>tab 133-200 mg .. 18      |
| diltiazem hcl coated<br>beads.....35                          | dronabinol..... 64                                                             | emtricitabine-tenofovir<br>disoproxil fumarate<br>tab 167-250 mg .. 18      |
| diltiazem hcl extended<br>release beads.....35                | drospirenone-ethinyl<br>estradiol tab 3-0.02<br>mg ..... 57                    | emtricitabine-tenofovir<br>disoproxil fumarate<br>tab 200-300 mg .. 18      |
| dilt-xr .....35                                               | drospirenone-ethinyl<br>estradiol tab 3-0.03<br>mg ..... 57                    | EMTRIVA ..... 17                                                            |
| DIP/TET PED INJ 25-<br>5LFU .....72                           | drospirenone-ethinyl<br>estrad-levomefolate<br>tab 3-0.03-0.451<br>mg ..... 56 | EMVERM..... 14                                                              |
| diphenhydramine hcl<br>.....78                                | DROXIA ..... 68                                                                | enalapril maleate.... 31                                                    |
| diphenoxylate w/<br>atropine liq 2.5-<br>0.025 mg/5ml .....66 | droxidopa .....36, 37                                                          |                                                                             |
| diphenoxylate w/<br>atropine tab 2.5-<br>0.025 mg.....66      | duloxetine hcl ..... 42                                                        |                                                                             |
| dipyridamole .....69                                          | DUPIXENT ..... 69                                                              |                                                                             |
|                                                               | dutasteride ..... 66                                                           |                                                                             |

|                                                                           |                                                                              |                                                                              |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> ..... 31  | <i>eplerenone</i> ..... 31                                                   | <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> ..... 57 |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> ..... 31 | EPRONTIA..... 39                                                             | <i>etodolac</i> ..... 12                                                     |
| ENBREL..... 69                                                            | <i>ergotamine w/ caffeine tab 1-100 mg</i> ..... 49                          | <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> ..... 57   |
| ENBREL MINI ..... 69                                                      | ERIVEDGE..... 26                                                             | <i>etoposide</i> ..... 25                                                    |
| ENBREL SURECLICK 69                                                       | ERLEADA ..... 24                                                             | <i>etravirine</i> ..... 17                                                   |
| ENDARI..... 68                                                            | <i>erlotinib hcl</i> ..... 26                                                | EULEXIN ..... 24                                                             |
| <i>endocet tab 10-325mg</i> ..... 13                                      | <i>errin</i> ..... 57                                                        | <i>euthyrox</i> ..... 63                                                     |
| <i>endocet tab 2.5-325mg</i> ..... 13                                     | <i>ertapenem sodium</i> . 14                                                 | <i>everolimus</i> ..... 26                                                   |
| <i>endocet tab 5-325mg</i> ..... 13                                       | <i>ery</i> ..... 82                                                          | <i>everolimus (immunosuppressant)</i> ..... 71                               |
| <i>endocet tab 7.5-325mg</i> ..... 13                                     | <i>ery-tab</i> ..... 21                                                      | EVOTAZ TAB 300-150 ..... 18                                                  |
| ENGERIX-B ..... 72                                                        | ERYTHROCIN LACTOBIONATE .. 21                                                | <i>exemestane</i> ..... 24                                                   |
| <i>enilloring</i> ..... 57                                                | <i>erythrocin stearate</i> . 21                                              | EXKIVITY ..... 26                                                            |
| <i>enoxaparin sodium</i> . 67                                             | <i>erythromycin (acne aid)</i> ..... 82                                      | EYSUVIS ..... 76                                                             |
| <i>enpresse-28</i> ..... 57                                               | <i>erythromycin (ophth)</i> ..... 76                                         | <i>ezetimibe</i> ..... 34                                                    |
| <i>enskyce</i> ..... 57                                                   | <i>erythromycin base</i> . 21                                                | <i>ezetimibe-simvastatin tab 10-10 mg</i> ..... 34                           |
| ENSTILAR AER ..... 83                                                     | <i>erythromycin ethylsuccinate</i> ..... 21                                  | <i>ezetimibe-simvastatin tab 10-20 mg</i> ..... 34                           |
| <i>entacapone</i> ..... 44                                                | <i>erythromycin lactobionate</i> ..... 21                                    | <i>ezetimibe-simvastatin tab 10-40 mg</i> ..... 34                           |
| <i>entecavir</i> ..... 19                                                 | <i>escitalopram oxalate</i> ..... 42                                         | <i>ezetimibe-simvastatin tab 10-80 mg</i> ..... 34                           |
| ENTRESTO TAB 24-26MG ..... 32                                             | <i>esomeprazole magnesium</i> ..... 66                                       |                                                                              |
| ENTRESTO TAB 49-51MG ..... 32                                             | <i>estarylla</i> ..... 57                                                    |                                                                              |
| ENTRESTO TAB 97-103MG ..... 32                                            | <i>estradiol</i> ..... 60                                                    |                                                                              |
| <i>enulose</i> ..... 65                                                   | <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> ..... 60         |                                                                              |
| EPCLUSA PAK 150-37.5..... 19                                              | <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> ..... 60           |                                                                              |
| EPCLUSA PAK 200-50MG ..... 19                                             | <i>estradiol vaginal</i> .... 61                                             |                                                                              |
| EPCLUSA TAB 200-50MG ..... 19                                             | <i>estradiol valerate</i> ... 61                                             |                                                                              |
| EPCLUSA TAB 400-100 ..... 19                                              | <i>eszopiclone</i> ..... 48                                                  |                                                                              |
| EPIDIOLEX..... 39                                                         | <i>ethambutol hcl</i> ..... 19                                               |                                                                              |
| <i>epinephrine (anaphylaxis)</i> 37, 79                                   | <i>ethosuximide</i> ..... 39                                                 |                                                                              |
| <i>epitol</i> ..... 39                                                    | <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> ..... 57 |                                                                              |
| EPIVIR HBV ..... 19                                                       |                                                                              |                                                                              |

## F

|                                                            |
|------------------------------------------------------------|
| FABRAZYME..... 62                                          |
| <i>falmina</i> ..... 57                                    |
| <i>famciclovir</i> ..... 19                                |
| <i>famotidine</i> ..... 65                                 |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> ..... 65 |
| FANAPT..... 45                                             |
| FANAPT PAK ..... 45                                        |
| FARXIGA ..... 52                                           |
| FASENRA..... 79                                            |
| FASENRA PEN ..... 79                                       |
| <i>felbamate</i> ..... 39                                  |
| <i>felodipine</i> ..... 35                                 |

*femynor* ..... 57  
*fenofibrate* ..... 34  
*fenofibrate micronized*  
 ..... 34  
*fentanyl* ..... 12  
*fentanyl citrate* ..... 13  
*fesoterodine fumarate*  
 ..... 67  
 FETZIMA ..... 42, 43  
 FETZIMA CAP  
 TITRATIO ..... 43  
 FIASP FLEX INJ  
 TOUCH ..... 53  
 FIASP INJ 100/ML... 53  
 FIASP PENFIL INJ U-  
 100 ..... 53  
 FIASP PMPCRT INJ U-  
 100 ..... 53  
*finasteride* ..... 67  
*ingolimod hcl* ..... 50  
 FINTEPLA ..... 39  
*finzala* ..... 57  
*flac* ..... 78  
 FLAREX ..... 76  
 FLEBOGAMMA DIF .. 70  
*flecainide acetate* ... 33  
 FLOVENT DISKUS ... 81  
 FLOVENT HFA ..... 81  
*fluconazole* ..... 16  
*fluconazole in nacl*  
*0.9% inj 200*  
*mg/100ml* ..... 16  
*fluconazole in nacl*  
*0.9% inj 400*  
*mg/200ml* ..... 16  
*flucytosine* ..... 16  
*fludrocortisone acetate*  
 ..... 61  
*flunisolide (nasal)* ... 81  
*fluocinolone acetonide*  
 ..... 83  
*fluocinolone acetonide*  
*(otic)* ..... 78  
*fluocinonide* ..... 83  
*fluocinonide emulsified*  
*base* ..... 83

*fluorometholone*  
*(ophth)* ..... 76  
*fluorouracil* ..... 24  
*fluorouracil (topical)* 84  
*fluoxetine hcl* ..... 43  
*fluphenazine*  
*decanoate* ..... 45  
*fluphenazine hcl* ..... 45  
*flurbiprofen* ..... 12  
*flurbiprofen sodium* 76  
*fluticasone propionate*  
 ..... 83  
*fluticasone propionate*  
*(nasal)* ..... 81  
*fluvoxamine maleate*  
 ..... 38  
*fondaparinux sodium*  
 ..... 67  
 FORTEO ..... 55  
*fosamprenavir calcium*  
 ..... 17  
*fosinopril sodium* ... 31  
*fosinopril sodium &*  
*hydrochlorothiazide*  
*tab 10-12.5 mg* .. 31  
*fosinopril sodium &*  
*hydrochlorothiazide*  
*tab 20-12.5 mg* .. 31  
 FOTIVDA ..... 26  
 FREESTY LIBR KIT 2  
 SENSOR ..... 85  
 FREESTY LIBR MIS 2  
 READER ..... 85  
 FREESTYLE KIT  
 SENSOR ..... 85  
 FREESTYLE MIS  
 READER ..... 85  
*fulvestrant* ..... 24  
*furosemide* ..... 36  
*furosemide inj* ..... 36  
 FUZEON ..... 17  
*fyavolv tab 0.5mg-*  
*2.5mcg* ..... 61  
*fyavolv tab 1mg-5mcg*  
 ..... 61  
 FYCOMPA ..... 39

## G

*gabapentin* ..... 39  
*galantamine*  
*hydrobromide* 41, 42  
 GAMASTAN INJ ..... 71  
 GAMMAGARD LIQUID  
 ..... 71  
 GAMMAGARD S/D IGA  
 LESS TH ..... 71  
 GAMMAKED ..... 71  
 GAMMAPLEX ..... 71  
 GAMUNEX-C ..... 71  
*ganciclovir sodium* .. 19  
 GARDASIL 9 INJ ..... 72  
*gatifloxacin (ophth)* 76  
 GATTEX ..... 66  
 GAUZE PADS 2 ..... 53  
*gavilyte-c* ..... 65  
*gavilyte-g* ..... 65  
 GAVRETO ..... 26  
*gefitinib* ..... 26  
*gemcitabine hcl* ..... 24  
*gemfibrozil* ..... 34  
 GEMTESA ..... 67  
*generlac* ..... 65  
*engraf* ..... 71  
 GENOTROPIN ..... 62  
 GENOTROPIN  
 MINISQUICK ..... 62  
*gentak* ..... 76  
*gentamicin in saline*  
*inj 0.8 mg/ml* ..... 14  
*gentamicin in saline*  
*inj 1 mg/ml* ..... 14  
*gentamicin in saline*  
*inj 1.2 mg/ml* ..... 14  
*gentamicin in saline*  
*inj 1.6 mg/ml* ..... 14  
*gentamicin in saline*  
*inj 2 mg/ml* ..... 14  
*gentamicin sulfate* .. 14  
*gentamicin sulfate*  
*(ophth)* ..... 76  
*gentamicin sulfate*  
*(topical)* ..... 82  
 GENVOYA TAB ..... 18

GILOTTRIF ..... 26  
*glatiramer acetate* .. 50  
*glatopa*..... 50  
 GLEOSTINE..... 23  
*glimepiride* ..... 52  
*glipizide* ..... 52  
*glipizide xl* ..... 52  
*glipizide-metformin hcl*  
*tab 2.5-250 mg* ... 52  
*glipizide-metformin hcl*  
*tab 2.5-500 mg* ... 52  
*glipizide-metformin hcl*  
*tab 5-500 mg* ..... 52  
*glycopyrrolate* ..... 65  
*glydo* ..... 84  
 GLYXAMBI TAB 10-5  
 MG..... 52  
 GLYXAMBI TAB 25-5  
 MG..... 52  
 GOLYTELY SOL ..... 65  
*granisetron hcl* ..... 64  
*griseofulvin microsize*  
 ..... 16  
*griseofulvin*  
*ultramicrosize* .... 16  
*guanfacine hcl*..... 37  
*guanfacine hcl (adhd)*  
 ..... 48  
 GVOKE HYPOPEN 2-  
 PACK..... 62  
 GVOKE KIT ..... 62  
 GVOKE PFS ..... 62

## H

HAEGARDA ..... 68  
*hailey 1.5/30* ..... 57  
*hailey 24 fe* ..... 57  
*halobetasol propionate*  
 ..... 83  
*haloette* ..... 57  
*haloperidol* ..... 45  
*haloperidol decanoate*  
 ..... 45  
*haloperidol lactate* .. 45  
 HARVONI PAK 33.75-  
 150MG ..... 19

HARVONI PAK 45-  
 200MG..... 19  
 HARVONI TAB 45-  
 200MG..... 19  
 HARVONI TAB 90-  
 400MG..... 19  
 HAVRIX ..... 72  
*heather* ..... 57  
 HEP SOD/D5W INJ  
 20000UNT ..... 67  
 HEP SOD/D5W INJ  
 25000UNT ..... 67  
 HEP SOD/NACL INJ  
 12500UNT ..... 68  
 HEP SOD/NACL INJ  
 25000UNT ..... 68  
*heparin sodium*  
*(porcine)*..... 68  
 HEPARIN/NACL INJ  
 25000UNT ..... 68  
 HEPLISAV-B ..... 72  
 HERCEP HYLEC SOL  
 60-10000 ..... 26  
 HERCEPTIN ..... 26  
 HERZUMA ..... 26  
 HIBERIX ..... 72  
 HUMIRA ..... 69  
 HUMIRA PEDIA INJ  
 CROHNS ..... 69  
 HUMIRA PEDIATRIC  
 CROHNS D ..... 69  
 HUMIRA PEN ..... 69  
 HUMIRA PEN KIT  
 PS/UV..... 69  
 HUMIRA PEN-  
 CD/UC/HS START 69  
 HUMIRA PEN-  
 PEDIATRIC UC S . 69  
 HUMIRA PEN-PS/UV  
 STARTER..... 69  
 HUMULIN R U-500  
 (CONCENTR..... 54  
 HUMULIN R U-500  
 KWIKPEN ..... 54  
*hydralazine hcl* ..... 37  
*hydrochlorothiazide* 36

*hydrocodone bitartrate*  
 ..... 12  
*hydrocodone-*  
*acetaminophen soln*  
*7.5-325 mg/15ml* 13  
*hydrocodone-*  
*acetaminophen tab*  
*10-325 mg* ..... 13  
*hydrocodone-*  
*acetaminophen tab*  
*5-325 mg* ..... 13  
*hydrocodone-*  
*acetaminophen tab*  
*7.5-325 mg* ..... 13  
*hydrocodone-*  
*ibuprofen tab 7.5-*  
*200 mg* ..... 13  
*hydrocortisone* ..... 61  
*hydrocortisone*  
*(intrarectal)* ..... 65  
*hydrocortisone (rectal)*  
 ..... 84  
*hydrocortisone*  
*(topical)* ..... 83  
*hydromorphone hcl* 13  
*hydroxychloroquine*  
*sulfate*..... 70  
*hydroxyurea* ..... 25  
*hydroxyzine hcl*..... 78  
*hydroxyzine pamoate*  
 ..... 78  
 HYSINGLA ER ..... 12

## I

*ibandronate sodium* 55  
 IBRANCE ..... 27  
*ibu* ..... 12  
*ibuprofen* ..... 12  
*icatibant acetate* .... 68  
*iclevia* ..... 57  
 ICLUSIG..... 27  
 IDHIFA..... 27  
 ILEVRO ..... 76  
*imatinib mesylate*... 27  
 IMBRUVICA ..... 27

*imipenem-cilastatin intravenous for soln 250 mg* .....14  
*imipenem-cilastatin intravenous for soln 500 mg* .....15  
*imipramine hcl* .....43  
*imiquimod* .....84  
 IMOVAX RABIES (H.D.C.V.) .....72  
 INBRIJA .....44  
*incassia* .....57  
 INCRELEX.....62  
 INCRUSE ELLIPTA...78  
*indapamide*.....36  
 INFANRIX INJ.....72  
 INFLIXIMAB .....69  
 INGREZZA .....49  
 INGREZZA CAP 40-80MG .....49  
 INLYTA.....27  
 INQOVI TAB 35-100MG .....24  
 INREBIC.....27  
 INSULIN PEN NEEDLES: BD/NOVO .....54  
 INSULIN SAFETY NEEDLES .....54  
 INSULIN SYRINGES: BD .....54  
 INTELENCE .....17  
 INTRALIPID .....75  
 INTRON A.....71  
*introvale*.....57  
 INVEGA HAFYERA...45  
 INVEGA SUSTENNA.45  
 INVEGA TRINZA .....45  
 IPOL INJ INACTIVE .72  
*ipratropium bromide*78  
*ipratropium bromide (nasal)* .....78  
*ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* .....78  
*irbesartan*.....33

*irbesartan-hydrochlorothiazide tab 150-12.5 mg.* 32  
*irbesartan-hydrochlorothiazide tab 300-12.5 mg.* 32  
 IRESSA.....27  
*irinotecan hcl*.....25  
 ISENTRESS .....17  
 ISENTRESS HD .....17  
*isibloom* .....57  
 ISOLYTE-P INJ /D5W .....73  
 ISOLYTE-S INJ.....73  
 ISOLYTE-S INJ PH 7.4 .....73  
*isoniazid* .....19  
*isosorbide dinitrate* 37  
*isosorbide mononitrate* .....37  
*isotretinoin*.....82  
*isradipine*.....35  
*itraconazole* .....16  
*ivermectin*.....15  
 IXIARO INJ .....72

## J

JAKAFI .....27  
*jantoven* .....68  
 JANUMET TAB 50-1000 .....52  
 JANUMET TAB 50-500MG.....52  
 JANUMET XR TAB 100-1000 .....52  
 JANUMET XR TAB 50-1000 .....52  
 JANUMET XR TAB 50-500MG.....52  
 JANUVIA .....52  
 JARDIANCE .....52  
*jasmiel* .....57  
*javygtor*.....62  
 JAYPIRCA.....27  
 JENTADUETO TAB 2.5-1000 .....52

JENTADUETO TAB 2.5-500.....52  
 JENTADUETO TAB 2.5-850.....52  
 JENTADUETO TAB XR 2.5-1000MG.....52  
 JENTADUETO TAB XR 5-1000MG .....52  
*jinteli* .....61  
*jolessa* .....57  
*juleber* .....57  
 JULUCA TAB 50-25MG .....18  
*junel 1.5/30* .....57  
*junel 1/20* .....57  
*junel fe 1.5/30* .....57  
*junel fe 1/20*.....57  
*junel fe 24*.....57

## K

KADCYLA.....27  
*kaitlib fe*.....57  
 KALYDECO.....79, 80  
 KANJINTI .....27  
*kariva* .....57  
*kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj*.....73  
*kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj* .....73  
*kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj*.....73  
*kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj* .....73  
*kcl 20 meq/l (0.15%) in nacl 0.45% inj*.73  
*kcl 20 meq/l (0.15%) in nacl 0.9% inj*...73  
*kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj*.....73

*kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj* .....74  
*kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj* .....74  
*kcl 40 meq/l (0.3%) in nacl 0.9% inj* .....74  
 KCL/D5W/NACL INJ 0.3/0.9% .....74  
*kelnor 1/35*.....57  
*kelnor 1/50*.....57  
 KERENDIA .....31  
 KESIMPTA .....50  
*ketoconazole*.....16  
*ketoconazole (topical)* .....82, 83  
*ketorolac tromethamine (ophth)*.....76  
 KEVZARA.....70  
 KEYTRUDA.....27  
 KINRIX INJ .....72  
 KISQALI 200 DOSE.27  
 KISQALI 200 PAK FEMARA.....25  
 KISQALI 400 DOSE.27  
 KISQALI 400 PAK FEMARA.....25  
 KISQALI 600 DOSE.27  
 KISQALI 600 PAK FEMARA.....25  
*klor-con* .....74  
*klor-con 10* .....74  
*klor-con 8*.....74  
*klor-con m10* .....74  
*klor-con m15* .....74  
*klor-con m20* .....74  
 KORLYM .....62  
 KRAZATI .....27  
*kurvelo*.....57

## L

*labetalol hcl* .....35  
*lacosamide* .....39  
*lacosamide oral* .....39

*lactated ringer's solution*..... 74  
*lactic acid (ammonium lactate)*..... 84  
*lactulose* ..... 65  
*lactulose (encephalopathy)* 65  
*lamivudine* ..... 17  
*lamivudine (hbv) ...* 19  
*lamivudine-zidovudine tab 150-300 mg ..* 18  
*lamotrigine* ..... 39  
*lansoprazole*..... 66  
 LANTUS ..... 54  
 LANTUS SOLOSTAR 54  
*lapatinib ditosylate*. 27  
*larin 1.5/30*..... 57  
*larin 1/20*..... 57  
*larin 24 fe* ..... 57  
*larin fe 1.5/30* ..... 58  
*larin fe 1/20* ..... 58  
*latanoprost* ..... 77  
 LATUDA ..... 45  
*layolis fe* ..... 58  
*leena* ..... 58  
*leflunomide* ..... 70  
*lenalidomide*..... 24, 25  
 LENVIMA 10 MG DAILY DOSE ..... 28  
 LENVIMA 12MG DAILY DOSE ..... 28  
 LENVIMA 20 MG DAILY DOSE ..... 28  
 LENVIMA 4 MG DAILY DOSE ..... 27  
 LENVIMA 8 MG DAILY DOSE ..... 28  
 LENVIMA CAP 14 MG ..... 28  
 LENVIMA CAP 18 MG ..... 28  
 LENVIMA CAP 24 MG ..... 28  
*lessina* ..... 58  
*letrozole* ..... 24  
*leucovorin calcium* . 30

LEUKERAN..... 23  
*leuprolide acetate...* 24  
*levalbuterol hcl* ..... 79  
*levalbuterol tartrate* 79  
 LEVEMIR ..... 54  
 LEVEMIR FLEXPEN .. 54  
 LEVEMIR FLEXTOUCH .....54  
*levetiracetam...* 39, 40  
*levetiracetam in sodium chloride iv soln 1000 mg/100ml* ..... 40  
*levetiracetam in sodium chloride iv soln 1500 mg/100ml* ..... 40  
*levetiracetam in sodium chloride iv soln 500 mg/100ml* ..... 40  
*levobunolol hcl*..... 77  
*levocarnitine (metabolic modifiers)*..... 62  
*levocetirizine dihydrochloride ...* 78  
*levofloxacin* ..... 21  
*levofloxacin in d5w iv soln 250 mg/50ml*21  
*levofloxacin in d5w iv soln 500 mg/100ml* ..... 21  
*levofloxacin in d5w iv soln 750 mg/150ml* ..... 21  
*levonest* ..... 58  
*levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* 58  
*levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* ..... 58

*levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg ...* 58  
*levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg ..* 58  
*levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg .....* 58  
*levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) .....* 58  
*levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) .....* 58  
*levora 0.15/30-28 ..* 58  
*levo-t.....* 63  
*levothyroxine sodium .....* 63  
*levoxyl .....* 64  
*LEXIVA.....* 17  
*lidocaine.....* 84  
*lidocaine hcl.....* 84  
*lidocaine hcl (local anesth.) .....* 14  
*lidocaine hcl (mouth-throat) .....* 85  
*lidocaine-prilocaine cream 2.5-2.5% ..* 84  
*linezolid.....* 15  
*LINEZOLID INJ 2MG/ML.....* 15  
*LINZESS.....* 66  
*liothyronine sodium* 64  
*lisinopril .....* 31  
*lisinopril & hydrochlorothiazide tab 10-12.5 mg ...* 31  
*lisinopril & hydrochlorothiazide tab 20-12.5 mg ...* 31

*lisinopril & hydrochlorothiazide tab 20-25 mg .....* 31  
*LITHIUM .....* 50  
*lithium carbonate...*  50  
*loestrin 1.5/30-21 ..* 58  
*loestrin 1/20-21.....* 58  
*loestrin fe 1.5/30 ...* 58  
*loestrin fe 1/20.....* 58  
*LOKELMA .....* 56  
*LONSURF TAB 15-6.14 .....* 24  
*LONSURF TAB 20-8.19 .....* 24  
*loperamide hcl.....* 66  
*lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) ...* 18  
*lopinavir-ritonavir tab 100-25 mg .....* 18  
*lopinavir-ritonavir tab 200-50 mg .....* 18  
*lorazepam.....* 38  
*lorazepam intensol.*  38  
*LORBRENA .....* 28  
*loryna.....* 58  
*losartan potassium.*  33  
*losartan potassium & hydrochlorothiazide tab 100-12.5 mg.*  32  
*losartan potassium & hydrochlorothiazide tab 100-25 mg ...* 32  
*losartan potassium & hydrochlorothiazide tab 50-12.5 mg ..* 32  
*LOTEMAX.....* 76  
*lovastatin.....* 34  
*low-ogestrel .....* 58  
*loxapine succinate..*  45  
*LUMAKRAS.....* 28  
*LUMIGAN .....* 77  
*LUMIZYME .....* 62  
*LUPRON DEPOT (1-MONTH).....* 24

*LUPRON DEPOT (3-MONTH) .....* 24  
*LUPRON DEPOT-PED (1-MONTH .....* 62  
*LUPRON DEPOT-PED (3-MONTH .....* 62  
*LUPRON DEPOT-PED (6-MONTH .....* 62  
*lurasidone hcl .....* 45  
*lutra.....* 58  
*lyleq .....* 58  
*lyllana.....* 61  
*LYNPARZA .....* 28  
*LYSODREN .....* 24  
*LYTGOBI .....* 28  
*lyza .....* 58

## M

*magnesium sulfate .* 74  
*MAGNESIUM SULFATE .....* 74  
*magnesium sulfate in dextrose 5% iv soln 1 gm/100ml.....* 74  
*malathion.....* 84  
*maraviroc.....* 17  
*marlissa .....* 58  
*MARPLAN .....* 43  
*MATULANE .....* 25  
*MAVYRET PAK 50-20MG.....* 19  
*MAVYRET TAB 100-40MG.....* 19  
*meclizine hcl.....* 64  
*medroxyprogesterone acetate.....* 63  
*medroxyprogesterone acetate (contraceptive)....* 58  
*mefloquine hcl .....* 16  
*megestrol acetate .* 24, 63  
*megestrol acetate (appetite) .....* 63  
*MEKINIST.....* 28  
*MEKTOVI.....* 28

*meloxicam* ..... 12  
*memantine hcl* ..... 42  
*memantine hcl tab 28*  
*x 5 mg & 21 x 10*  
*mg titration pack* . 42  
 MENACTRA INJ ..... 72  
 MENQUADFI INJ ..... 72  
 MENVEO INJ ..... 72  
 MENVEO SOL ..... 72  
*mercaptopurine* ..... 24  
*meropenem* ..... 15  
*mesalamine* ..... 65  
*mesalamine w/*  
*cleanser* ..... 65  
 MESNEX ..... 30  
*metadate er* ..... 48  
*metformin hcl* .. 52, 53  
*methadone hcl* ..... 12  
*methadone*  
*hydrochloride i* .... 13  
*methazolamide* ..... 36  
*methenamine*  
*hippurate* ..... 15  
*methimazole* ..... 64  
*methocarbamol* ..... 50  
*methotrexate sodium*  
 ..... 24, 70  
*methsuximide* ..... 40  
*methylphenidate hcl* 48  
*methylprednisolone* 61  
*methylprednisolone*  
*acetate* ..... 61  
*methylprednisolone*  
*sod succ* ..... 61  
*metoclopramide hcl* 64  
*metolazone* ..... 36  
*metoprolol &*  
*hydrochlorothiazide*  
*tab 100-25 mg* .... 34  
*metoprolol &*  
*hydrochlorothiazide*  
*tab 100-50 mg* .... 35  
*metoprolol &*  
*hydrochlorothiazide*  
*tab 50-25 mg* ..... 34

*metoprolol succinate*  
 ..... 35  
*metoprolol tartrate* . 35  
*metronidazole* ..... 15  
*metronidazole*  
*(topical)* ..... 84  
*metronidazole vaginal*  
 ..... 67  
*metyrosine* ..... 37  
 MG SO4/D5W INJ  
 10MG/ML ..... 74  
*mibelas 24 fe* ..... 58  
*micafungin sodium* . 16  
*microgestin 1.5/30* . 58  
*microgestin 1/20* ... 58  
*microgestin 24 fe* ... 58  
*microgestin fe 1.5/30*  
 ..... 58  
*microgestin fe 1/20* 58  
*midodrine hcl* ..... 37  
*miglustat* ..... 62  
*mili* ..... 58  
*mimvey* ..... 61  
*minocycline hcl* ..... 23  
*minoxidil* ..... 37  
*mirtazapine* ..... 43  
*misoprostol* ..... 66  
 MITIGARE ..... 12  
 M-M-R II INJ ..... 72  
 M-NATAL PLUS TAB 74  
*moexipril hcl* ..... 31  
*molindone hcl* ..... 45  
*mometasone furoate*  
 ..... 84  
 MONJUVI ..... 28  
*mono-lynyah* ..... 58  
*montelukast sodium* 79  
*morphine sulfate* .... 13  
 MORPHINE SULFATE 13  
 MORPHINE  
 SULFATE/SODIUM C  
 ..... 13  
 MOVANTIK ..... 66  
*moxifloxacin hcl* ..... 21  
*moxifloxacin hcl*  
*(ophth)* ..... 76

MULTAQ ..... 33  
*multiple electrolytes*  
*ph 5.5* ..... 74  
*multiple electrolytes*  
*ph 7.4* ..... 74  
*mupirocin* ..... 82  
 MVASI ..... 28  
*mycophenolate mofetil*  
 ..... 71  
*mycophenolate*  
*sodium* ..... 71  
 MYRBETRIQ ..... 67

## N

*nabumetone* ..... 12  
*nadolol* ..... 35  
*nafcillin sodium* ..... 22  
 NAGLAZYME ..... 62  
*nalbuphine hcl* ..... 13  
*naloxone hcl* ..... 51  
*naltrexone hcl* ..... 51  
 NAMZARIC CAP 14-  
 10MG ..... 42  
 NAMZARIC CAP 21-  
 10MG ..... 42  
 NAMZARIC CAP 28-  
 10MG ..... 42  
 NAMZARIC CAP 7-  
 10MG ..... 42  
 NAMZARIC CAP PACK  
 ..... 42  
*naproxen* ..... 12  
*naproxen sodium* .... 12  
*naratriptan hcl* ..... 49  
 NATACYN ..... 76  
*nateglinide* ..... 53  
 NATPARA ..... 55  
 NAYZILAM ..... 40  
*nebivolol hcl* ..... 35  
*necon 0.5/35-28* .... 58  
*nefazodone hcl* ..... 43  
*neomycin sulfate* .... 15  
*neomycin-bacitrac zn-*  
*polymyx 5(3.5)mg-*  
*400unt-10000unt op*  
*oin* ..... 76

|                                               |                                   |                               |
|-----------------------------------------------|-----------------------------------|-------------------------------|
| <i>neomycin-polymyxin-gramicid op sol</i>     | <i>nitroglycerin</i> .....        | <i>35/0.215-35/0.25-</i>      |
| <i>1.75-10000-</i>                            | <i>nizatidine</i> .....           | <i>35 mg-mcg</i> .....        |
| <i>0.025mg-unt-mg/ml</i>                      | <i>nora-be</i> .....              | <i>norlyroc</i> .....         |
| .....76                                       | <i>norethindrone &amp;</i>        | <i>NORPACE CR</i> .....       |
| <i>neomycin-polymyxin-dexamethasone</i>       | <i>ethinyl estradiol-fe</i>       | <i>nortrel 0.5/35 (28)</i> .  |
| <i>ophth oint 0.1% ..</i>                     | <i>chew tab 0.4 mg-35</i>         | <i>nortrel 1/35 (21)....</i>  |
| 75                                            | <i>mcg.....</i>                   | <i>nortrel 1/35 (28)....</i>  |
| <i>neomycin-polymyxin-dexamethasone</i>       | <i>norethindrone &amp;</i>        | <i>nortrel 7/7/7.....</i>     |
| <i>ophth susp 0.1% .</i>                      | <i>ethinyl estradiol-fe</i>       | <i>nortriptyline hcl.....</i> |
| 75                                            | <i>chew tab 0.8 mg-25</i>         | <i>NORVIR</i> .....           |
| <i>neomycin-polymyxin-hc ophth susp.....</i>  | <i>mcg.....</i>                   | <i>NOVOLIN INJ 70/30</i>      |
| 75                                            | <i>norethindrone</i>              | <i>NOVOLIN INJ 70/30 FP</i>   |
| <i>neomycin-polymyxin-hc otic soln 1%....</i> | <i>(contraceptive) ...</i>        | .....54                       |
| 78                                            | <i>norethindrone ace &amp;</i>    | <i>NOVOLIN N</i> .....        |
| <i>neomycin-polymyxin-hc otic susp 3.5</i>    | <i>ethinyl estradiol tab</i>      | <i>NOVOLIN N FLEXPEN</i>      |
| <i>mg/ml-10000</i>                            | <i>1 mg-20 mcg.....</i>           | .....54                       |
| <i>unit/ml-1% .....</i>                       | <i>norethindrone ace &amp;</i>    | <i>NOVOLIN R.....</i>         |
| 78                                            | <i>ethinyl estradiol tab</i>      | <i>NOVOLIN R FLEXPEN</i>      |
| <i>neo-polycin 5(3.5)mg-</i>                  | <i>1.5 mg-30 mcg ...</i>          | .....54                       |
| <i>400unt-10000unt op</i>                     | <i>norethindrone ace &amp;</i>    | <i>NOVOLOG</i> .....          |
| <i>oin .....</i>                              | <i>ethinyl estradiol-fe</i>       | <i>NOVOLOG FLEXPEN</i>        |
| 76                                            | <i>tab 1 mg-20 mcg</i>            | <i>NOVOLOG MIX INJ</i>        |
| <i>neo-polycin hc ophth</i>                   | <i>norethindrone ace-eth</i>      | <i>70/30.....</i>             |
| <i>oint 1% .....</i>                          | <i>estradiol-fe chew tab</i>      | <i>NOVOLOG MIX INJ</i>        |
| 75                                            | <i>1 mg-20 mcg (24)</i>           | <i>FLEXPEN.....</i>           |
| <i>NERLYNX.....</i>                           | 59                                | .....54                       |
| <i>NEUPRO .....</i>                           | <i>norethindrone acetate</i>      | <i>NOVOLOG PENFILL .</i>      |
| 44                                            | .....63                           | <i>NOXAFIL</i> .....          |
| <i>nevirapine .....</i>                       | <i>norethindrone acetate-</i>     | 16                            |
| 17                                            | <i>ethinyl estradiol tab</i>      | <i>NUBEQA.....</i>            |
| <i>NEXAVAR .....</i>                          | <i>0.5 mg-2.5 mcg ..</i>          | 24                            |
| 28                                            | 61                                | <i>NUEDEXTA CAP 20-</i>       |
| <i>niacin</i>                                 | <i>norethindrone acetate-</i>     | <i>10MG.....</i>              |
| <i>(antihyperlipidemic)</i>                   | <i>ethinyl estradiol tab</i>      | 50                            |
| .....34                                       | <i>1 mg-5 mcg .....</i>           | <i>NULOJIX</i> .....          |
| <i>nicardipine hcl.....</i>                   | 61                                | 71                            |
| 35                                            | <i>norethindrone ac-</i>          | <i>NUPLAZID</i> .....         |
| <i>NICOTROL INHALER</i>                       | <i>ethinyl estrad-fe tab</i>      | 46                            |
| <i>51</i>                                     | <i>1-20/1-30/1-35 mg-</i>         | <i>NURTEC</i> .....           |
| <i>NICOTROL NS .....</i>                      | <i>mcg.....</i>                   | 49                            |
| 51                                            | 59                                | <i>NUTRILIPID</i> .....       |
| <i>nifedipine .....</i>                       | <i>norgestimate &amp; ethinyl</i> | 75                            |
| 35                                            | <i>estradiol tab 0.25</i>         | <i>NUZYRA</i> .....           |
| <i>nikki .....</i>                            | <i>mg-35 mcg .....</i>            | 23                            |
| 58                                            | 59                                | <i>nyamyc.....</i>            |
| <i>nilutamide .....</i>                       | <i>norgestimate-eth</i>           | 82                            |
| 24                                            | <i>estradiol tab 0.18-</i>        | <i>nylia 1/35.....</i>        |
| <i>nimodipine.....</i>                        | <i>25/0.215-25/0.25-</i>          | 59                            |
| 35                                            | <i>25 mg-mcg .....</i>            | 59                            |
| <i>NINLARO .....</i>                          | 59                                | <i>NYMALIZE</i> .....         |
| 28                                            | <i>norgestimate-eth</i>           | 35                            |
| <i>nitazoxanide .....</i>                     | <i>estradiol tab 0.18-</i>        | <i>nymyo</i> .....            |
| 15                                            | <i>25/0.215-25/0.25-</i>          | 59                            |
| <i>nitisinone .....</i>                       | <i>25 mg-mcg .....</i>            | 16                            |
| 62                                            | 59                                | <i>nystatin</i> .....         |
| <i>NITRO-BID .....</i>                        | <i>norgestimate-eth</i>           | <i>nystatin (mouth-</i>       |
| 37                                            | <i>estradiol tab 0.18-</i>        | <i>throat) .....</i>          |
| <i>nitrofurantoin</i>                         | 59                                | 85                            |
| <i>macrocrystal .....</i>                     | 59                                | <i>nystatin (topical)....</i> |
| 15                                            | 59                                | 82                            |
| <i>nitrofurantoin</i>                         | 59                                | <i>nystop</i> .....           |
| <i>monohyd macro ..</i>                       | 59                                | 82                            |
| 15                                            | 59                                |                               |

## O

|                               |    |                              |    |                               |    |
|-------------------------------|----|------------------------------|----|-------------------------------|----|
| <i>ocella</i> .....           | 59 | <i>hydrochlorothiazide</i>   |    | ORSERDU .....                 | 24 |
| OCTAGAM .....                 | 71 | <i>tab 40-5-25 mg</i> ..     | 32 | <i>oseltamivir phosphate</i>  |    |
| <i>octreotide acetate</i> ... | 63 | <i>olopatadine hcl</i> ..... | 77 | .....                         | 19 |
| ODEFSEY TAB .....             | 18 | <i>omeprazole</i> .....      | 66 | OTEZLA .....                  | 70 |
| ODOMZO .....                  | 28 | OMNIPOD 5 G6 KIT             |    | OTEZLA TAB 10/20/30           |    |
| OFEV .....                    | 80 | INTRO .....                  | 54 | .....                         | 70 |
| <i>ofloxacin (ophth)</i> .... | 76 | OMNIPOD 5 G6 MIS             |    | <i>oxacillin sodium</i> ..... | 22 |
| <i>ofloxacin (otic)</i> ..... | 78 | PODS.....                    | 54 | <i>oxaliplatin</i> .....      | 23 |
| OGIVRI .....                  | 28 | OMNIPOD DASH KIT             |    | <i>oxcarbazepine</i> .....    | 40 |
| OGIVRI INJ 420MG .            | 28 | INTRO .....                  | 54 | <i>oxybutynin chloride</i>    | 67 |
| <i>olanzapine</i> .....       | 46 | OMNIPOD DASH MIS             |    | <i>oxycodone hcl</i> .....    | 13 |
| <i>olmesartan medoxomil</i>   |    | PODS.....                    | 54 | <i>oxycodone w/</i>           |    |
| .....                         | 33 | OMNIPOD GO KIT               |    | <i>acetaminophen tab</i>      |    |
| <i>olmesartan</i>             |    | 10UNT/DY .....               | 54 | <i>10-325 mg</i> .....        | 14 |
| <i>medoxomil-</i>             |    | OMNIPOD GO KIT               |    | <i>oxycodone w/</i>           |    |
| <i>hydrochlorothiazide</i>    |    | 15UNT/DY .....               | 54 | <i>acetaminophen tab</i>      |    |
| <i>tab 20-12.5 mg</i> ...     | 32 | OMNIPOD GO KIT               |    | <i>2.5-325 mg</i> .....       | 13 |
| <i>olmesartan</i>             |    | 20UNT/DY .....               | 54 | <i>oxycodone w/</i>           |    |
| <i>medoxomil-</i>             |    | OMNIPOD GO KIT               |    | <i>acetaminophen tab</i>      |    |
| <i>hydrochlorothiazide</i>    |    | 25UNT/DY .....               | 55 | <i>5-325 mg</i> .....         | 13 |
| <i>tab 40-12.5 mg</i> ...     | 32 | OMNIPOD GO KIT               |    | <i>oxycodone w/</i>           |    |
| <i>olmesartan</i>             |    | 30UNT/DY .....               | 55 | <i>acetaminophen tab</i>      |    |
| <i>medoxomil-</i>             |    | OMNIPOD GO KIT               |    | <i>7.5-325 mg</i> .....       | 14 |
| <i>hydrochlorothiazide</i>    |    | 35UNT/DY .....               | 55 | OXYCONTIN.....                | 13 |
| <i>tab 40-25 mg</i> .....     | 32 | OMNIPOD GO KIT               |    | OZEMPIC (0.25 OR              |    |
| <i>olmesartan-</i>            |    | 40UNT/DY .....               | 55 | 0.5MG/DOSE) .....             | 53 |
| <i>amlodipine-</i>            |    | OMNIPOD MIS                  |    | OZEMPIC (1MG/DOSE)            |    |
| <i>hydrochlorothiazide</i>    |    | CLASSIC .....                | 55 | .....                         | 53 |
| <i>tab 20-5-12.5 mg</i>       | 32 | OMNIPOD PDM KIT              |    | OZEMPIC (2MG/DOSE)            |    |
| <i>olmesartan-</i>            |    | CLASSIC .....                | 55 | SOPN 8MG/3ML... 53            |    |
| <i>amlodipine-</i>            |    | <i>ondansetron</i> .....     | 64 |                               |    |
| <i>hydrochlorothiazide</i>    |    | <i>ondansetron hcl</i> ..... | 64 |                               |    |
| <i>tab 40-10-12.5 mg</i>      |    | ONTRUZANT .....              | 28 |                               |    |
| .....                         | 32 | ONUREG .....                 | 24 |                               |    |
| <i>olmesartan-</i>            |    | OPSUMIT .....                | 37 |                               |    |
| <i>amlodipine-</i>            |    | ORGOVYX .....                | 24 |                               |    |
| <i>hydrochlorothiazide</i>    |    | ORKAMBI GRA 100-             |    |                               |    |
| <i>tab 40-10-25 mg</i> .      | 33 | 125 .....                    | 80 |                               |    |
| <i>olmesartan-</i>            |    | ORKAMBI GRA 150-             |    |                               |    |
| <i>amlodipine-</i>            |    | 188 .....                    | 80 |                               |    |
| <i>hydrochlorothiazide</i>    |    | ORKAMBI GRA 75-              |    |                               |    |
| <i>tab 40-5-12.5 mg</i>       | 32 | 94MG .....                   | 80 |                               |    |
| <i>olmesartan-</i>            |    | ORKAMBI TAB 100-             |    |                               |    |
| <i>amlodipine-</i>            |    | 125 .....                    | 80 |                               |    |
|                               |    | ORKAMBI TAB 200-             |    |                               |    |
|                               |    | 125 .....                    | 80 |                               |    |

## P

|                             |    |
|-----------------------------|----|
| <i>pacerone</i> .....       | 33 |
| <i>paclitaxel</i> .....     | 25 |
| <i>paclitaxel protein-</i>  |    |
| <i>bound particles for</i>  |    |
| <i>iv susp 100 mg</i> ...   | 25 |
| <i>paliperidone</i> .....   | 46 |
| <i>pamidronate disodium</i> |    |
| .....                       | 55 |
| PAMIDRONATE                 |    |
| DISODIUM.....               | 55 |
| PANRETIN .....              | 84 |
| <i>pantoprazole sodium</i>  |    |
| .....                       | 66 |
| PANZYGA .....               | 71 |

---

102

|                                               |                                  |                                |
|-----------------------------------------------|----------------------------------|--------------------------------|
| <i>prednisolone sodium phosphate</i> ..... 61 | PROQUAD INJ..... 72              | RENFLEXIS ..... 70             |
| <i>prednisone</i> ..... 61                    | PROSOL INJ 20%... 75             | <i>repaglinide</i> ..... 53    |
| PREDNISON                                     | <i>protriptyline hcl</i> .... 43 | RESTASIS ..... 77              |
| INTENSOL..... 61                              | PULMICORT                        | RESTASIS MULTIDOSE             |
| <i>pregabalin</i> ..... 40                    | FLEXHALER ..... 81               | ..... 77                       |
| PREHEVBRI0..... 72                            | PULMOZYME..... 80                | RETEVMO ..... 28               |
| PREMASOL SOL 10%                              | PURIXAN..... 24                  | REVLIMID..... 25               |
| ..... 75                                      | <i>pyrazinamide</i> ..... 19     | REXULTI..... 46                |
| PRENATAL TAB 27-                              | <i>pyridostigmine</i>            | REYATAZ..... 17                |
| 1MG..... 75                                   | <i>bromide</i> ..... 50          | REZLIDHIA ..... 28             |
| PRENATAL TAB PLUS                             |                                  | REZUROCK ..... 72              |
| ..... 75                                      | <b>Q</b>                         | RHOPRESSA ..... 77             |
| <i>prevalite</i> ..... 34                     | QINLOCK ..... 28                 | <i>ribavirin (hepatitis c)</i> |
| PREVYMIS ..... 20                             | QUADRACEL INJ .... 72            | ..... 20                       |
| PREZCOBIX TAB 800-                            | QUADRACEL INJ 0.5ML              | <i>rifabutin</i> ..... 19      |
| 150..... 18                                   | ..... 72                         | <i>rifampin</i> ..... 19       |
| PREZISTA..... 17                              | <i>quetiapine fumarate</i> 46    | <i>riluzole</i> ..... 50       |
| PRIFTIN..... 19                               | <i>quinapril hcl</i> ..... 31    | <i>rimantadine</i>             |
| <i>primaquine phosphate</i>                   | <i>quinapril-</i>                | <i>hydrochloride</i> ..... 20  |
| ..... 16                                      | <i>hydrochlorothiazide</i>       | RINVOQ ..... 70                |
| PRIMAQUINE                                    | <i>tab 10-12.5 mg ..</i> 31      | <i>risedronate sodium</i> .55  |
| PHOSPHATE ..... 16                            | <i>quinapril-</i>                | RISPERDAL CONSTA46             |
| <i>primidone</i> ..... 40                     | <i>hydrochlorothiazide</i>       | <i>risperidone</i> ..... 46    |
| PRIORIX INJ ..... 72                          | <i>tab 20-12.5 mg ..</i> 31      | <i>ritonavir</i> ..... 17      |
| PRIVIGEN ..... 71                             | <i>quinapril-</i>                | <i>rivastigmine</i> ..... 42   |
| <i>probenecid</i> ..... 12                    | <i>hydrochlorothiazide</i>       | <i>rivastigmine tartrate</i>   |
| <i>prochlorperazine</i> ..... 64              | <i>tab 20-25 mg</i> ..... 31     | ..... 42                       |
| <i>prochlorperazine</i>                       | <i>quinidine sulfate</i> .... 33 | <i>rivelsa</i> ..... 59        |
| <i>edisylate</i> ..... 64                     | <i>quinine sulfate</i> ..... 16  | <i>rizatriptan benzoate</i> 49 |
| <i>prochlorperazine</i>                       |                                  | ROCKLATAN DRO ... 77           |
| <i>maleate</i> ..... 64                       | <b>R</b>                         | <i>roflumilast</i> ..... 80    |
| PROCRIT ..... 68                              | RABAVERT INJ..... 72             | <i>ropinirole</i>              |
| <i>procto-med hc</i> ..... 84                 | <i>rabeprazole sodium</i> 66     | <i>hydrochloride</i> ..... 44  |
| <i>proctosol hc</i> ..... 84                  | <i>raloxifene hcl</i> ..... 63   | <i>rosuvastatin calcium</i> 34 |
| <i>proctozone-hc</i> ..... 84                 | <i>ramipril</i> ..... 31         | ROTARIX SUS ..... 73           |
| PROGRAF ..... 72                              | <i>ranolazine</i> ..... 37       | ROTATEQ SOL..... 73            |
| PROLASTIN-C..... 80                           | <i>rasagiline mesylate</i> 44    | <i>roweepra</i> ..... 40       |
| PROLENSA..... 76                              | RAYALDEE..... 64                 | ROZLYTREK ..... 28             |
| PROLIA ..... 55                               | <i>reclipsen</i> ..... 59        | RUBRACA ..... 28               |
| PROMACTA ..... 68                             | RECOMBIVAX HB ... 73             | <i>rufinamide</i> ..... 40     |
| <i>promethazine hcl</i> .... 64               | RECTIV..... 84                   | RUKOBIA..... 17                |
| <i>propafenone hcl</i> .... 33                | REGRANEX..... 85                 | RYBELSUS ..... 53              |
| <i>proparacaine hcl</i> ..... 77              | RELENZA DISKHALER                | RYDAPT..... 28                 |
| <i>propranolol hcl</i> ..... 35               | ..... 20                         |                                |
| <i>propylthiouracil</i> ..... 64              | RELISTOR ..... 66                | <b>S</b>                       |
|                                               | REMICADE ..... 70                | <i>sajazir</i> ..... 69        |

|                         |    |                        |    |                        |    |
|-------------------------|----|------------------------|----|------------------------|----|
| SANDIMMUNE .....        | 72 | sodium polystyrene     |    | sulfamethoxazole-      |    |
| SANTYL .....            | 85 | sulfonate powder       | 56 | trimethoprim tab       |    |
| sapropterin             |    | solifenacin succinate  | 67 | 400-80 mg .....        | 15 |
| dihydrochloride....     | 63 | SOLQUA INJ 100/33      |    | sulfamethoxazole-      |    |
| SCEMBLIX .....          | 29 | .....                  | 55 | trimethoprim tab       |    |
| scopolamine.....        | 64 | SOLTAMOX.....          | 24 | 800-160 mg.....        | 15 |
| SECUADO .....           | 46 | SOLU-CORTEF .....      | 61 | SULFAMYLON.....        | 82 |
| selegiline hcl .....    | 44 | SOMATULINE DEPOT       |    | sulfasalazine .....    | 65 |
| selenium sulfide .....  | 83 | .....                  | 63 | sulindac .....         | 12 |
| SELZENTRY.....          | 17 | SOMAVERT.....          | 63 | sumatriptan .....      | 49 |
| SEREVENT DISKUS .       | 79 | sorafenib tosylate ..  | 29 | sumatriptan succinate  |    |
| sertraline hcl.....     | 43 | sorine.....            | 33 | .....                  | 49 |
| setlakin .....          | 59 | sotalol hcl .....      | 33 | sunitinib malate ..... | 29 |
| sevelamer carbonate     |    | sotalol hcl (afib/afl) | 33 | SUNLENCA .....         | 17 |
| .....                   | 63 | spironolactone .....   | 31 | SUPREP BOWEL SOL       |    |
| sharobel .....          | 59 | spironolactone &       |    | PREP KIT .....         | 65 |
| SHINGRIX .....          | 73 | hydrochlorothiazide    |    | syeda.....             | 59 |
| SIGNIFOR.....           | 63 | tab 25-25 mg .....     | 36 | SYMBICORT AER 160-     |    |
| sildenafil citrate      |    | sprintec 28.....       | 59 | 4.5 .....              | 81 |
| (pulmonary              |    | SPRITAM.....           | 40 | SYMBICORT AER 80-      |    |
| hypertension).....      | 37 | SPRYCEL.....           | 29 | 4.5 .....              | 81 |
| silver sulfadiazine ... | 82 | sps.....               | 56 | SYMDEKO TAB 100-       |    |
| SIMBRINZA SUS 1-        |    | sronyx.....            | 59 | 150.....               | 80 |
| 0.2%.....               | 77 | ssd.....               | 82 | SYMDEKO TAB 50-        |    |
| simliya .....           | 59 | STELARA.....           | 70 | 75MG.....              | 80 |
| simpesse .....          | 59 | STIVARGA.....          | 29 | SYMJEPI .....          | 80 |
| simvastatin .....       | 34 | streptomycin sulfate   | 15 | SYMPAZAN .....         | 40 |
| sirolimus .....         | 72 | STRIBILD TAB .....     | 19 | SYMTUZA TAB.....       | 19 |
| SIRTURO .....           | 19 | subvenite.....         | 40 | SYNAREL.....           | 60 |
| SIVEXTRO .....          | 15 | sucrafate.....         | 66 | SYNJARDY TAB 12.5-     |    |
| SKYRIZI .....           | 70 | sulfacetamide sodium   |    | 1000MG .....           | 53 |
| SKYRIZI PEN.....        | 70 | (acne) .....           | 82 | SYNJARDY TAB 12.5-     |    |
| sod sulfate-pot sulf-   |    | sulfacetamide sodium   |    | 500.....               | 53 |
| mg sulf oral sol        |    | (ophth).....           | 76 | SYNJARDY TAB 5-        |    |
| 17.5-3.13-1.6           |    | sulfacetamide sodium-  |    | 1000MG .....           | 53 |
| gm/177ml.....           | 65 | prednisolone ophth     |    | SYNJARDY TAB 5-        |    |
| sodium chloride.....    | 74 | soln 10-               |    | 500MG .....            | 53 |
| sodium chloride (gu     |    | 0.23(0.25)% .....      | 75 | SYNJARDY XR TAB 10-    |    |
| irrigant).....          | 85 | sulfadiazine .....     | 15 | 1000 .....             | 53 |
| sodium fluoride chew;   |    | sulfamethoxazole-      |    | SYNJARDY XR TAB        |    |
| tab; 1.1 (0.5 f)        |    | trimethoprim iv soln   |    | 12.5-1000MG.....       | 53 |
| mg/ml soln .....        | 75 | 400-80 mg/5ml ..       | 15 | SYNJARDY XR TAB 25-    |    |
| SODIUM OXYBATE ..       | 51 | sulfamethoxazole-      |    | 1000 .....             | 53 |
| sodium phenylbutyrate   |    | trimethoprim susp      |    | SYNJARDY XR TAB 5-     |    |
| .....                   | 63 | 200-40 mg/5ml ..       | 15 | 1000MG .....           | 53 |
|                         |    |                        |    | SYNRIBO.....           | 25 |

SYNTHROID ..... 64

**T**

TABLOID ..... 24

TABRECTA ..... 29

*tacrolimus* ..... 72

*tacrolimus (topical)* . 84

TAFINLAR ..... 29

TAGRISSO ..... 29

TALTZ ..... 70

TALZENNA ..... 29

*tamoxifen citrate* .... 24

*tamsulosin hcl* ..... 67

*tarina 24 fe* ..... 59

*tarina fe 1/20 eq* .... 60

TASIGNA ..... 29

*tasimelteon* ..... 48

*tazarotene* ..... 82

*tazicef* ..... 20

TAZORAC ..... 82

*taztia xt* ..... 36

TAZVERIK ..... 29

TDVAX INJ 2-2 LF... 73

TECENTRIQ ..... 29

TEFLARO ..... 20

*telmisartan* ..... 33

*telmisartan-*

*amlodipine tab 40-*

*10 mg* ..... 33

*telmisartan-*

*amlodipine tab 40-5*

*mg* ..... 33

*telmisartan-*

*amlodipine tab 80-*

*10 mg* ..... 33

*telmisartan-*

*amlodipine tab 80-5*

*mg* ..... 33

*telmisartan-*

*hydrochlorothiazide*

*tab 40-12.5 mg* ... 33

*telmisartan-*

*hydrochlorothiazide*

*tab 80-12.5 mg* ... 33

*telmisartan-*

*hydrochlorothiazide*

*tab 80-25 mg* ..... 33

*temazepam* ..... 48

TENIVAC INJ 5-2LF 73

*tenofovir disoproxil*

*fumarate* ..... 17

TEPMETKO ..... 29

*terazosin hcl* ..... 32

*terbinafine hcl* ..... 16

*terbutaline sulfate* .. 79

*terconazole vaginal* 67

TERIPARATIDE ..... 55

*testosterone* ..... 51, 52

*testosterone cypionate*

..... 52

*testosterone*

*enanthate* ..... 52

*tetrabenazine* ..... 50

*tetracycline hcl* ..... 23

THALOMID ..... 25

THEO-24 ..... 80

*theophylline* ..... 80

*thioridazine hcl* ..... 46

*thiothixene* ..... 46

*tiadylt er* ..... 36

*tiagabine hcl* ..... 41

TIBSOVO ..... 29

TICOVAC ..... 73

*tigecycline* ..... 23

TIGECYCLINE ..... 23

*tilia fe* ..... 60

*timolol maleate* ..... 35

*timolol maleate*

*(ophth)* ..... 77

TIVICAY ..... 17, 18

TIVICAY PD ..... 18

*tizanidine hcl* ..... 50

TOBRADEX OIN 0.3-

0.1% ..... 75

TOBRADEX ST SUS

0.3-0.05 ..... 75

*tobramycin* ..... 15

*tobramycin (ophth)* 76

*tobramycin sulfate* . 15

*tobramycin-*

*dexamethasone*

*ophth susp 0.3-*

0.1% ..... 75

*tolterodine tartrate* . 67

*topiramate* ..... 41

*toremifene citrate*... 24

*torsemide* ..... 36

TOUJEO MAX

SOLOSTAR ..... 55

TOUJEO SOLOSTAR 55

TPN ELECTROL INJ . 74

TRADJENTA ..... 53

*tramadol hcl* ..... 14

*tramadol-*

*acetaminophen tab*

*37.5-325 mg* ..... 14

*trandolapril* ..... 31

*tranexamic acid* ..... 69

*tranylcypromine*

*sulfate* ..... 43

TRAVASOL INJ 10% 75

TRAZIMERA ..... 29

*trazodone hcl* ..... 43

TRECTOR ..... 19

TRELEGY AER ELLIPTA

100-62.5-25 MCG 78

TRELEGY AER ELLIPTA

200-62.5-25 MCG 78

*treprostinil* ..... 37

TRESIBA ..... 55

TRESIBA FLEXTOUCH

..... 55

*tretinoin* ..... 82

*tretinoin*

*(chemotherapy)* .. 25

*triamcinolone*

*acetonide (mouth)* 85

*triamcinolone*

*acetonide (topical)*

..... 84

*triamterene &*

*hydrochlorothiazide*

*cap 37.5-25 mg*... 36

*triamterene & hydrochlorothiazide tab 37.5-25 mg ... 36*  
*triamterene & hydrochlorothiazide tab 75-50 mg ..... 36*  
*trientine hcl ..... 56*  
*tri-estarylla ..... 60*  
*trifluoperazine hcl ... 46*  
*trifluridine ..... 76*  
*trihexyphenidyl hcl . 44*  
 TRIJARDY XR TAB ER 24HR 10-5-1000MG ..... 53  
 TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG..... 53  
 TRIJARDY XR TAB ER 24HR 25-5-1000MG ..... 53  
 TRIJARDY XR TAB ER 24HR 5-2.5-1000MG ..... 53  
 TRIKAFTA PAK 59.5MG ..... 80  
 TRIKAFTA PAK 75MG ..... 80  
 TRIKAFTA TAB 100-50-75MG & 150MG ..... 80  
 TRIKAFTA TAB 50-25-37.5MG & 75MG .. 80  
*tri-legest fe ..... 60*  
*tri-lynyah ..... 60*  
*tri-lo-estarylla ..... 60*  
*tri-lo-marzia ..... 60*  
*tri-lo-mili ..... 60*  
*tri-lo-sprintec ..... 60*  
*trimethoprim ..... 15*  
*tri-mili ..... 60*  
*trimipramine maleate ..... 43*  
 TRINTELLIX ..... 43  
*tri-nymyo ..... 60*  
*tri-sprintec ..... 60*  
 TRIUMEQ PD TAB ... 19

TRIUMEQ TAB..... 19  
*trivora-28 ..... 60*  
*tri-vylibra ..... 60*  
*tri-vylibra lo ..... 60*  
 TRIZIVIR TAB..... 19  
 TROGARZO ..... 18  
 TROPHAMINE INJ 10% ..... 75  
*tropium chloride ... 67*  
 TRUE METRIX KIT AIR ..... 85  
 TRUE METRIX KIT METER ..... 85  
 TRUE METRIX STRIPS ..... 85  
 TRULICITY ..... 53  
 TRUMENBA INJ ..... 73  
 TRUSELTIQ 100MG DAILY DOSE ..... 29  
 TRUSELTIQ 125MG DAILY DOSE ..... 29  
 TRUSELTIQ 50MG DAILY DOSE ..... 29  
 TRUSELTIQ 75MG DAILY DOSE ..... 29  
 TRUXIMA ..... 29  
 TUKYSA ..... 29  
 TURALIO ..... 29  
 TWINRIX INJ ..... 73  
 TYBOST ..... 18  
*tydemy ..... 60*  
 TYPHIM VI ..... 73  
 TYRVAYA ..... 77

## U

*unithroid ..... 64*  
*ursodiol ..... 66*

## V

*valacyclovir hcl ..... 20*  
 VALCHLOR ..... 84  
*valganciclovir hcl ... 20*  
*valproate sodium ... 41*  
*valproic acid ..... 41*  
*valsartan ..... 33*

*valsartan-hydrochlorothiazide tab 160-12.5 mg . 33*  
*valsartan-hydrochlorothiazide tab 160-25 mg .... 33*  
*valsartan-hydrochlorothiazide tab 320-12.5 mg . 33*  
*valsartan-hydrochlorothiazide tab 320-25 mg .... 33*  
*valsartan-hydrochlorothiazide tab 80-12.5 mg ... 33*  
 VALTOCO 10 MG DOSE ..... 41  
 VALTOCO 15 MG DOSE ..... 41  
 VALTOCO 20 MG DOSE ..... 41  
 VALTOCO 5 MG DOSE ..... 41  
*vanadom ..... 50*  
*vancomycin hcl ..... 15*  
 VANCOMYCIN INJ 1 GM ..... 15  
 VANCOMYCIN INJ 500MG ..... 15  
 VANCOMYCIN INJ 750MG ..... 15  
 VANFLYTA ..... 29  
 VAQTA ..... 73  
*varenicline tartrate . 51*  
*varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack ... 51*  
 VARIVAX ..... 73  
 VASCEPA ..... 34  
*velivet ..... 60*  
 VELPHORO ..... 63  
 VELTASSA ..... 56  
 VEMLIDY ..... 20  
 VENCLEXTA ..... 29  
 VENCLEXTA TAB START PK ..... 29

*venlafaxine hcl* ..... 43  
 VENTAVIS..... 37  
 VENTOLIN HFA..... 79  
 VENTOLIN HFA  
 (INSTITUTIONAL  
 PACK) ..... 79  
*verapamil hcl* ..... 36  
 VERQUVO ..... 37  
 VERSACLOZ ..... 46  
 VERZENIO ..... 29  
*vestura* ..... 60  
 V-GO 20 KIT ..... 55  
 V-GO 30 KIT ..... 55  
 V-GO 40 KIT ..... 55  
 VICTOZA ..... 53  
*vienva* ..... 60  
*vigabatrin* ..... 41  
*vigadrone* ..... 41  
 VIIBRYD KIT STARTER  
 ..... 43  
*vilazodone hcl* ..... 43  
 VIMPAT ..... 41  
*vincristine sulfate* ... 25  
*vinorelbine tartrate* . 25  
*viorele* ..... 60  
 VIRACEPT ..... 18  
 VIREAD ..... 18  
 VITRAKVI ..... 29  
 VIVITROL ..... 51  
 VIZIMPRO..... 29  
 VONJO ..... 30  
*voriconazole* ..... 16  
 VOSEVI TAB..... 20  
 VOTRIENT ..... 30  
 VRAYLAR ..... 46  
 VRAYLAR CAP 1.5-  
 3MG ..... 46  
*vyfemla* ..... 60  
*vylibra* ..... 60  
 VYZULTA ..... 77

## W

*warfarin sodium* ..... 68  
*water for irrigation,  
 sterile irrigation soln*  
 ..... 85

WELIREG ..... 25  
*wera* ..... 60  
*wymzya fe* ..... 60

## X

XALKORI..... 30  
 XARELTO ..... 68  
 XARELTO STAR TAB  
 15/20MG..... 68  
 XATMEP ..... 70  
 XCOPRI ..... 41  
 XCOPRI PAK 100-150  
 ..... 41  
 XCOPRI PAK 12.5-25  
 ..... 41  
 XCOPRI PAK 150-  
 200MG  
 (MAINTENANCE) . 41  
 XCOPRI PAK 150-  
 200MG (TITRATION)  
 ..... 41  
 XCOPRI PAK 50-  
 100MG..... 41  
 XELJANZ ..... 70  
 XELJANZ XR ..... 70  
 XERMELO ..... 66  
 XGEVA..... 55  
 XHANCE..... 81  
 XIFAXAN..... 66  
 XIGDUO XR TAB 10-  
 1000 ..... 53  
 XIGDUO XR TAB 10-  
 500MG..... 53  
 XIGDUO XR TAB 2.5-  
 1000 ..... 53  
 XIGDUO XR TAB 5-  
 1000MG ..... 53  
 XIGDUO XR TAB 5-  
 500MG..... 53  
 XIIDRA ..... 77  
 XOFLUZA ..... 20  
 XOLAIR..... 80  
 XOSPATA ..... 30  
 XPOVIO 100 MG ONCE  
 WEEKLY ..... 30

XPOVIO 40 MG ONCE  
 WEEKLY ..... 30  
 XPOVIO 40 MG TWICE  
 WEEKLY ..... 30  
 XPOVIO 60 MG ONCE  
 WEEKLY ..... 30  
 XPOVIO 60 MG TWICE  
 WEEKLY ..... 30  
 XPOVIO 80 MG ONCE  
 WEEKLY ..... 30  
 XPOVIO 80 MG TWICE  
 WEEKLY ..... 30  
 XTANDI..... 24  
*xulane* ..... 60  
 XULTOPHY INJ  
 100/3.6..... 55  
 XYREM ..... 51

## Y

YF-VAX INJ ..... 73  
*yuvaferm*..... 61

## Z

*zafemy*..... 60  
*zafirlukast* ..... 79  
*zaleplon* ..... 48  
 ZARXIO..... 68  
 ZEJULA ..... 30  
 ZELBORAF ..... 30  
 ZEMAIRA..... 80  
*zenatane* ..... 82  
 ZENPEP CAP  
 10000UNT ..... 66  
 ZENPEP CAP  
 15000UNT ..... 66  
 ZENPEP CAP  
 20000UNT ..... 66  
 ZENPEP CAP  
 25000UNT ..... 66  
 ZENPEP CAP  
 3000UNIT ..... 66  
 ZENPEP CAP  
 40000UNT ..... 66  
 ZENPEP CAP  
 5000UNIT ..... 66  
 ZERVIAE..... 77

|                              |    |                              |    |                          |    |
|------------------------------|----|------------------------------|----|--------------------------|----|
| <i>zidovudine</i> .....      | 18 | <i>zoledronic acid</i> ..... | 55 | ZTALMY.....              | 41 |
| ZIEXTENZO .....              | 68 | ZOLINZA.....                 | 30 | <i>zumandimine</i> ..... | 60 |
| <i>ziprasidone hcl</i> ..... | 47 | <i>zolmitriptan</i> .....    | 49 | ZYDELIG .....            | 30 |
| <i>ziprasidone mesylate</i>  |    | <i>zolpidem tartrate</i> ... | 49 | ZYKADIA .....            | 30 |
| .....                        | 47 | ZONISADE .....               | 41 | ZYLET SUS 0.5-0.3%       |    |
| ZIRABEV .....                | 30 | <i>zonisamide</i> .....      | 41 | .....                    | 75 |
| ZIRGAN.....                  | 76 | <i>zovia 1/35</i> .....      | 60 | ZYPREXA RELPREVV         | 47 |





## **Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Medi-Cal Plan**

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For more recent information or other questions, contact us at (800) 665-3086, TTY: 711,

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[MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare)