



# **Affinity by Molina Healthcare Essentials Plan (EP)**

## **2021 List of Covered Drugs**

**PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.**

Members must use network pharmacies to get their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

## What is the Affinity Essentials Plan (EP) Drug List?

A drug list is a list of covered drugs. Affinity Essentials Plan (EP) works with a team of healthcare providers to choose drugs that provide quality treatment. Affinity Essentials Plan (EP) covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at an Affinity Essentials Plan (EP) network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your subscriber contract.

## Can the Drug List change?

We tell affected members about changes at least 60 days before they become effective. Some examples of changes are:

- Removing drugs from our list of covered drugs
- Adding the need for prior approval or authorization (when your doctor needs to explain why you need a specific drug and provide reasons why a preferred drug will not work for you)
- Adding quantity limits (when you can only get a specific amount of a drug at onetime)
- Adding step therapy restrictions (when you have to try one type of drug as a first step in treating your condition, before you try another type of drug)
- Moving a medicine to a higher cost-sharing tier (when you have to cover more of the drug cost)

## What else could result in changes to the covered drug list?

We remove drugs from our drug list right away and will let members know when:

- The US Food and Drug Administration (FDA) decides that a drug is unsafe
- The drug maker removes the drug from the market

The enclosed drug list is up to date as of **November 1<sup>st</sup>, 2021**. To get updated information about the drugs covered by Affinity Essentials Plan (EP), please visit: <https://www.molinahealthcare.com/members/ny/en-us/mem/affinity/ep/overvw/coverd/presdrugs.aspx> or call Molina Customer Service at 1 (800) 223-7242 Monday through Friday between 8:00 am and 6:00pm EST. TTY/TDD users, please call 711.

## How do I use the Drug List?

There are 2 ways to find your drug on the drug list:

### 1. Medical Condition

The drug list starts on page **6**. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under “ANTIHYPERTENSIVES”.

- If you know what your drug is used for, look for the category name in the list that starts on page **6**.
- Then look under the category name for your drug.

## 2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the document. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.
- Next to your drug, see the page number where you can find coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Affinity Essentials Plan (EP) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Affinity Essentials Plan (EP) needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from Affinity Essentials Plan (EP) before you fill your prescriptions. If you don't get approval, Affinity Essentials Plan (EP) may not cover the drug.
- **Quantity Limits:** For certain drugs, Affinity Essentials Plan (EP) limits the amount of the drug that it will cover. For example Affinity Essentials Plan (EP) provides 15 tabs per 25 days of forzolpidem.
- **Step Therapy:** Affinity Essentials Plan (EP) needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Affinity Essentials Plan (EP) may not cover Drug B unless you try Drug a first. If Drug A does not work for you, Affinity Essentials Plan (EP) will then cover Drug B.

You can find out if your drug has any special requirements or limits by looking on the drug list that starts on page **6**. You can also get more information about the restrictions for specific covered drugs by visiting <https://www.molinahealthcare.com/members/ny/en-us/mem/affinity/ep/overvw/coverd/presdrugs.aspx>. You can ask Affinity Essentials Plan (EP) to make an exception to these restrictions or limits. See the section, "How do I ask for an exception to the Affinity Essentials Plan (EP) drug list?" on page **4**.

## What are over-the-counter (OTC) drugs?

OTC drugs are nonprescription drugs that are not usually covered by a prescription drug plan. Affinity Essentials Plan (EP) pays for certain OTC drugs, but your cost may differ among the covered OTC drugs. Please see the Drug List Table that starts on page **6** for more information. If your plan allows for additional covered OTC drugs you may find a list on the Pharmacy Plan page at <https://www.molinahealthcare.com/members/ny/en-us/mem/affinity/ep/overvw/coverd/presdrugs.aspx>

## **Does the Plan cover prescription drugs that are considered “Preventive Services” under the Affordable Care Act?**

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of preventive services for \$0 member cost share and are designated as tier 0 on this document. These items may include:

- Aspirin to Prevent Cardiovascular Disease
- Fluoride and/or Iron Supplementation in Children
- Folic Acid Supplementation for Women Expecting or planning to be Pregnant
- Tobacco Use Counseling and Cessation Intervention
- Immunizations
- Women's Health Preventive Services (i.e. birth control, emergency contraception)

A list of the preventive services covered under the Plan will be mailed to you upon request. You may request the list by calling 1 (800) 223-7242 (Customer Service).

## **What if my drug is not on the Drug List?**

If your drug is not on this drug list, call Member Services and make sure that your drug is not covered. If you learn that Affinity Essentials Plan (EP) does not cover your drug, you have 2 choices:

- You can ask Customer Service for a list of similar drugs that are covered by Affinity Essentials Plan (EP). When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Affinity Essentials Plan (EP).
- You can ask Affinity Essentials Plan (EP) to make an exception and cover your drug. Read on for information about how to ask for an exception.

## **How do I ask for an exception to the Affinity Essentials Plan (EP) Drug List?**

You can ask Affinity Essentials Plan (EP) to make an exception to our coverage rules. There are many types of exceptions that you can ask us to make:

- You can ask us to cover your drug, even if it is not on our drug list.
- You can ask us to remove coverage restrictions or limits on your drug. For example; for certain drugs, Affinity Essentials Plan (EP) limits the amount of the drug that we will cover. If your drug has this quantity limit, you can ask us to remove the limit and cover more

## **How likely is it that I will get an exception?**

Generally, Affinity Essentials Plan (EP) will only approve your request for an exception if the preferred drugs included on the plan's drug list would:

- Not be as effective in treating your condition
- Cause you to have adverse medical effects

## **How do I find out if my exception is granted?**

When you ask for a drug list exception, please send a statement from your doctor that supports your request. Then:

- We will make our decision within 3 business days of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 3 business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your doctor’s supporting statement.

## For more information

For more information about your Affinity Essentials Plan (EP) prescription drug coverage, please look at your subscriber contract and other plan materials.

If you have any other questions about Affinity Essentials Plan (EP), please call Customer Service at 1 (800) 223-7242 , 8:00 am to 6:00 pm, Monday through Friday. TTY/TDD users, please call 711. Or visit <https://www.molinahealthcare.com/members/ny/en-us/mem/affinity/ep/overvw/coverd/presdrugs.aspx>

## Affinity Essentials Plan (EP) Drug List

The drug list that starts on page **6** gives coverage information about some of the drugs covered by Affinity Essentials Plan (EP). If you have trouble finding your drug on the list, turn to the Index at the end of this document. The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g. JANUVIA). Generic drugs are listed in lower-case italics (e.g., metformin). The information in the Requirements/Limits column tells you if Affinity Essentials Plan (EP) has any special requirements for coverage of your drug.

The table below tells you the copayment\* or coinsurance amount (i.e., the share of the drug’s cost that you will pay) for drugs in each tier.

| This is NY State specific for 3-Tier structure                              | Preferred Retail Network pharmacy<br>(Up to a 30-day supply) | Specialty and Mail pharmacy<br>(Up to a 90-day supply) |
|---|--|--|
| Cost-Sharing Tier 1 (Generic Drugs)   | <b>\$0-\$6</b>   | <b>\$0-\$15</b>  |
| Cost-Sharing Tier 2 (Preferred Brand Drugs)                                 | <b>\$0-\$15</b>  | <b>\$0-\$37.50</b>                                     |
| Cost-Sharing Tier 3<br>(Non-preferred Brand Drugs and Specialty Tier Drugs) | <b>\$0-\$30</b>  | <b>\$0-\$75</b>  |

\*Copays will vary by plan design; you can contact Customer Service at 1 (800) 223-7242 between 8:00am and 6:00pm EST Monday through Friday. TTY/TDD users, please call 711 for member specific copayment information.



# Affinity by Molina Healthcare

## Essential Plan (EP)

### THIS LIST OF COVERED DRUGS IS CHANGING JANUARY 1, 2022

**PLEASE READ:** This list of covered drugs is changing. The Molina Healthcare New York Essential Plan list of drugs (“Formulary”) goes into effect for Affinity by Molina Healthcare members on January 1, 2022. Please take time to review the list of changes for any differences that may affect coverage of the drugs, devices, and supplies you are taking or have taken in the past.

Please review these highlighted changes as well as the full list of changes.

Please note the following diabetic supplies are covered January 1, 2022:

- TRUE METRIX METERS
- TRUE METRIX TEST STRIPS
- TECHLITE PEN NEEDLES/SYRINGES
- TRUEPLUS PEN NEEDLES/SYRINGES
- DEXCOM CGM
- FREESTYLE CGM

Please note the following diabetic drugs and supplies are not covered or will only be covered by sending an exception request to the plan if formulary options cannot be used, effective January 1, 2022:

- ACCU-CHEK KIT GUIDE ME
- ACCU-CHEK KIT AVIVA PL
- ACCU-CHEK KIT COMPACT
- ACCU-CHEK KIT GUIDE
- ACCU-CHEK KIT NANO
- ACCU-CHEK LIQ SMART
- ACCU-CHEK MIS AVIVA
- ACCU-CHEK TES AVIVA PL
- ACCU-CHEK TES COMPACT
- ACCU-CHEK TES GUIDE
- ACCU-CHEK TES SMART
- HUMULIN INJ 70/30 (Novolin 70/30 Covered)
- HUMULIN INJ 70/30KWP (Novolin 70/30 Covered)
- HUMULIN N INJ U-100 (Novolin N Covered)
- HUMULIN N INJ U-100KWP (Novolin N Covered)
- HUMULIN R INJ U-100 (Novolin R Covered)
- OMNIPOD KIT STARTER (Covered on Formulary Exception)
- OMNIPOD MIS 5 PACK (Covered on Formulary Exception)
- V-GO 20 KIT (Covered with formulary exception)
- V-GO 20 KIT (Covered with formulary exception)
- V-GO 20 KIT (Covered with formulary exception)

Please note the following drugs are not covered or will only be covered by sending an exception request to the plan if formulary options cannot be used, effective January 1, 2022:

- ALPRAZOLAM ORAL DISINTEGRATING TAB (ODT not covered, regular tablet covered)
- BUPRENORPHINE/NALOXONE FILMS (Tabs on formulary)
- DICLOFENAC GEL (OTC form is covered by prescription on formulary)
- Generic EPINEPHRINE INJ (Brand EPIPEN is covered on formulary)
- HEMLIBRA (Covered with formulary exception)

- REMODULIN INJ (Generic on formulary)
- REXULTI (Covered with formulary exception)
- SUBLOCADE INJ (Covered with formulary exception)

Please note the following drugs will require a prior authorization, effective January 1, 2022:

- |                              |                |              |
|------------------------------|----------------|--------------|
| • AIMOVIG                    | • EMGALITY     | • PRADAXA    |
| • ASENAPINE                  | • ENTRESTO     | • PREGABALIN |
| • BRILINTA                   | • EVEROLIMUS   | • SAVELLA    |
| • CANDESARTAN (STEP THERAPY) | • FETZIMA      | • SYMLIN PEN |
| • DEXCOM                     | • LATUDA       | • TRINTELLIX |
|                              | • PALIPERIDONE | • VIIBRYD    |

## Changes to the List of Covered Drugs Effective January 1, 2022

The list of changes shows one or a combination of more than one of the following changes:

- |  |                                     |
|--|-------------------------------------|
| • REMOVING FROM FORMULARY                | • STEP THERAPY REQUIRED             |
| • ADDING TO FORMULARY                    | • STEP THERAPY NO LONGER REQUIRED   |
| • PRIOR AUTHORIZATION REQUIRED           | • TIER CHANGE (COST SHARING CHANGE) |
| • PRIOR AUTHORIZATION NO LONGER REQUIRED | • AGE LIMIT CHANGE                  |
|  | • QUANTITY LIMIT CHANGE             |

### CHANGES TO FORMULARY STATUS

#### REMOVING FROM FORMULARY JANUARY 1, 2022

- |                             |                            |                             |
|-----------------------------|----------------------------|-----------------------------|
| • ABRAXANE INJ 100MG        | • ALBUTEROL TAB 4MG ER     | • AMLOD/ATORVA TAB 10-80MG  |
| • ACCU-CHEK KIT GUIDE ME    | • ALBUTEROL TAB 8MG ER     | • AMLOD/ATORVA TAB 2.5-10MG |
| • ACCU-CHEK KIT AVIVA PL    | • ALCOHOL PREP PAD         | • AMLOD/ATORVA TAB 2.5-20MG |
| • ACCU-CHEK KIT COMPACT     | • ALENDRONATE SOL 70/75ML  | • AMLOD/ATORVA TAB 2.5-40MG |
| • ACCU-CHEK KIT GUIDE       | • ALIMTA INJ 100MG         | • AMLOD/ATORVA TAB 5-10MG   |
| • ACCU-CHEK KIT NANO        | • ALIMTA INJ 500MG         | • AMLOD/ATORVA TAB 5-20MG   |
| • ACCU-CHEK LIQ SMART       | • ALLERGY REL CAP 10MG     | • AMLOD/ATORVA TAB 5-40MG   |
| • ACCU-CHEK MIS AVIVA       | • ALLERGY RLF SUS 30/5ML   | • AMLOD/ATORVA TAB 5-80MG   |
| • ACCU-CHEK TES AVIVA PL    | • ALPRAZOLAM CON 1 MG/ML   | • AMLOD/ATORVA TAB 5-40MG   |
| • ACCU-CHEK TES COMPACT     | • ALPRAZOLAM TAB 0.25 ODT  | • AMLOD/ATORVA TAB 5-80MG   |
| • ACCU-CHEK TES GUIDE       | • ALPRAZOLAM TAB 0.5MG OD  | • AMLOD/VALSAR TAB /HCTZ    |
| • ACCU-CHEK TES SMART       | • ALPRAZOLAM TAB 1MG ODT   | • AMLOD/VALSAR TAB 10-160MG |
| • ACNE CLEANSI BAR 10%      | • ALPRAZOLAM TAB 2MG ODT   | • AMLOD/VALSAR TAB 10-320MG |
| • ACTHIB INJ                | • ALTAVERA TAB             | • AMLOD/VALSAR TAB 5-160MG  |
| • ACUVAIL SOL 0.45%         | • ALYACEN TAB 1/35         | • AMLOD/VALSAR TAB 5-320MG  |
| • ADAPAL/BEN P GEL 0.1-2.5% | • ALYACEN TAB 7/7/7        | • AMOX-POT CLA TAB ER       |
| • ADAPALENE CRE 0.1%        | • AMIODARONE TAB 400MG     |                             |
| • ADAPALENE GEL 0.1%        | • AMLOD/ATORVA TAB 10-10MG |                             |
| • ADAPALENE GEL 0.3%        | • AMLOD/ATORVA TAB 10-20MG |                             |
| • ADRIAMYCIN INJ 10MG       | • AMLOD/ATORVA TAB 10-40MG |                             |
| • ADRIAMYCIN INJ 50MG       |                            |                             |
| • AJOVY INJ 225/1.5         |                            |                             |

**REMOVING FROM  
FORMULARY JANUARY 1,  
2022 (Continued)**

- AMPHOTERICIN INJ 50MG
- ARANELLE TAB
- ARNUITY ELPT INH 100MCG
- ARNUITY ELPT INH 200MCG
- ARNUITY ELPT INH 50MCG
- ARSENIC TRIO INJ 10/10ML
- ARSENIC TRIO INJ 12MG/6ML
- ATH FOOT SPR AER 1%
- ATHLETE FOOT AER 2%
- AUTOLET PLAT MIS 1.8MM
- AVAGE CRE 0.1%
- AVITA CRE 0.025%
- AZACITIDINE INJ 100MG
- AZEL/FLUTIC SPR 137-50
- AZELAIC ACID GEL 15%
- AZELASTINE SPR 0.15%
- AZTREONAM INJ 1GM
- AZTREONAM INJ 2GM
- BACIT/POLYMY OIN OP
- BACLOFEN TAB 5MG
- BELBUCA MIS 150MCG
- BELBUCA MIS 300MCG
- BELBUCA MIS 450MCG
- BELBUCA MIS 600MCG
- BELBUCA MIS 750MCG
- BELBUCA MIS 75MCG
- BELBUCA MIS 900MCG
- BENZIQU GEL 5.25%
- BENZIQU LS GEL 2.75%
- BENZIQU WASH LIQ 5.25%
- BENZOYL PER GEL 2.5%
- BENZOYL PER LIQ 5% WASH
- BENZOYL PER LIQ 6%
- BETAMETH VAL AER 0.12%
- BETAMETH VAL LOT 0.1%
- BETASERON INJ 0.3MG
- BETIMOL SOL 0.25%
- BETIMOL SOL 0.5%
- BETOPTIC-S SUS 0.25% OP
- BEXSERO INJ
- BIO-STATIN CAP 1000000
- BIO-STATIN CAP 500000
- BIO-STATIN POW
- BLEOMYCIN INJ 15UNIT
- BLEOMYCIN INJ 30UNIT
- BLEPHAMIDE OIN S.O.P.
- BLEPHAMIDE SUS OP
- BOSULIF TAB 100MG
- BOSULIF TAB 400MG
- BOSULIF TAB 500MG
- BP WASH LIQ 2.5%
- BRINZOLAMIDE SUS 1%
- BRIVIACT INJ 50MG/5ML
- BRIVIACT SOL 10MG/ML
- BRIVIACT TAB 100MG
- BRIVIACT TAB 10MG
- BRIVIACT TAB 25MG
- BRIVIACT TAB 50MG
- BRIVIACT TAB 75MG
- BROMPHENIRAM CHW 12MG
- BUDESONIDE SUS 1MG/2ML
- BUPREN/NALOX MIS 12-3MG
- BUPREN/NALOX MIS 2-0.5MG
- BUPREN/NALOX MIS 4-1MG
- BUPREN/NALOX MIS 8-2MG
- BUSULFAN INJ 6MG/ML
- BUT/APAP/CAF CAP
- CABOMETYX TAB 20MG
- CABOMETYX TAB 40MG
- CABOMETYX TAB 60MG
- CALC ACETATE TAB 667MG
- CALCITRIOL SOL 1MCG/ML
- CALQUENCE CAP 100MG
- CAMILA TAB 0.35MG
- CANDESA/HCTZ TAB 16-12.5
- CANDESA/HCTZ TAB 32-12.5
- CANDESA/HCTZ TAB 32-25MG
- CARBAMAZEPIN TAB 200MG
- CARBOPLATIN INJ 150/15ML
- CARBOPLATIN INJ 450/45ML
- CARBOPLATIN INJ 50MG/5ML
- CARBOPLATIN INJ 600/60ML
- CARDIZEM LA TAB 120MG
- CARDURA XL TAB 4MG
- CARDURA XL TAB 8MG
- CAREFINE MIS 32GX6MM
- CARMUSTINE INJ 100MG
- CARTIA XT CAP 120/24HR
- CARTIA XT CAP 180/24HR
- CARTIA XT CAP 240/24HR
- CARTIA XT CAP 300/24HR
- CAZIANP PAK
- CEFEPIME INJ 1GM
- CEFTAZIDIME INJ 2GM
- CEFTRIAZONE INJ 10GM
- CEFTRIAZONE INJ 1GM
- CEFTRIAZONE INJ 250MG
- CEFTRIAZONE INJ 2GM
- CEFTRIAZONE INJ 500MG
- CEPHALEXIN CAP 750MG
- CEPHALEXIN TAB 250MG
- CEPHALEXIN TAB 500MG
- CETIRIZINE CHW 10MG
- CETIRIZINE CHW 5MG
- CHATEAL TAB 0.15/30
- CHEMSTRIP 9 TES STRIPS
- CHOLESTYRAM POW 4GM
- CHOLESTYRAM POW 4GM LITE
- CHOR GONADOT INJ 10000UNT
- CICLOPIROX GEL 0.77%
- CICLOPIROX SHA 1%
- CIMETIDINE SOL 300/5ML
- CIPRO (10%) SUS 500MG/5
- CIPROFLOXACIN TAB 100MG
- CISPLATIN INJ 100MG
- CISPLATIN INJ 200MG
- CISPLATIN INJ 50/50ML
- CITRANATAL CAP HARMONY
- CITRANATAL CAP MEDLEY
- CITRANATAL MIS
- CITRANATAL MIS 90 DHA
- CITRANATAL MIS B-CALM
- CITRANATAL PAK ASSURE
- CITRANATAL PAK DHA
- CITRANATAL TAB BLOOM
- CITRANATAL TAB RX
- CLADRIBINE INJ 1MG/ML
- CLARITHROMYCIN TAB 500MG ER
- CLEAN&CLEAR CRE 10%
- CLEAR PORE LIQ 3.5%
- CLEOCIN SUP 100MG
- CLIMARA PRO DIS WEEKLY
- CLINDACIN KIT PAC 1%
- CLINDACIN MIS ETZ 1%
- CLINDAM/BENZ GEL 1.2-2.5%
- CLINDAMY/BEN GEL 1-5%
- CLINDAMYCIN AER 1%
- CLINDAMYCIN CAP 75MG
- CLOBAZAM SUS 2.5MG/ML
- CLOBETASOL AER 0.05%
- CLOBETASOL LOT 0.05%
- CLOBETASOL SHA 0.05%
- CLOBETASOL SPR 0.05%
- CLOCORTOLONE CRE 0.1%
- CLOFARABINE INJ 20/20ML
- CLOPIDOGREL TAB 300MG
- CLOTRIMAZOLE CRE 1%
- CLOTRIMAZOLE SOL 1%
- CLOZAPINE TAB 100/ODT



**REMOVING FROM  
FORMULARY JANUARY 1,  
2022 (Continued)**

- CLOZAPINE TAB 12.5/ODT
- CLOZAPINE TAB 150/ODT
- CLOZAPINE TAB 200/ODT
- CLOZAPINE TAB 25MG ODT
- COLESTIPOL GRA 5GM
- COMPRO SUP 25MG
- CONDYLOX GEL 0.5%
- CREAMY FACE LIQ WASH 4%
- CRINONE GEL 4% VAG
- CRINONE GEL 8% VAG
- CROTAN LOT 10%
- CRYSELLE-28 TAB 28 TABS
- CUVPOSA SOL 1MG/5ML
- CYCLAFEM TAB 1/35
- CYCLAFEM TAB 7/7/7
- CYCLOPHOSPH INJ 1GM
- CYCLOPHOSPH INJ 2GM
- CYCLOPHOSPH INJ 500MG
- CYTARABINE INJ 100MG/ML
- CYTARABINE INJ 20MG/ML
- DACARBAZINE INJ 100MG
- DACARBAZINE INJ 200MG
- DASETTA TAB 1/35
- DASETTA TAB 7/7/7
- DAUNORUBICIN INJ 20MG/4ML
- DECITABINE INJ 50MG
- DESLORATADIN TAB 2.5 ODT
- DESLORATADIN TAB 5MG ODT
- DESONIDE LOT 0.05%
- DEXAMETHASON CON 1MG/ML
- DEXMETHYLPHENIDATE CAP 10MG ER
- DEXMETHYLPHENIDATE CAP 15MG ER
- DEXMETHYLPHENIDATE CAP 20MG ER
- DEXMETHYLPHENIDATE CAP 30MG ER
- DEXMETHYLPHENIDATE CAP 40MG ER
- DEXMETHYLPHENIDATE CAP 5MG ER
- DEXMETHYLPHENIDATE CAP ER 25MG
- DEXMETHYLPHENIDATE CAP ER 35MG
- DEXRAZOXANE INJ 250MG
- DEXRAZOXANE INJ 500MG
- DEXTROAMPHETAMINE SOL 5MG/5ML
- DIASCREEN 10 MIS
- DIASTIX TES STRIPS
- DIAZEPAM INJ 5MG/ML
- DICLOFENAC GEL 1% (OTC covered)
- DIFICID SUS
- DILTIAZEM CAP 360MG ER
- DILTIAZEM CAP 60MG ER
- DILTIAZEM CAP 90MG ER
- DIP/TET PED INJ 25-5LFU
- DIPHEN/ATROP LIQ 2.5/5
- DIURIL SUS 250/5ML
- DOCETAXEL INJ 160/16ML
- DOCETAXEL INJ 160/8ML
- DOCETAXEL INJ 20MG/2ML
- DOCETAXEL INJ 20MG/ML
- DOCETAXEL INJ 80MG/4ML
- DOCETAXEL INJ 80MG/8ML
- DONEPEZIL TAB HCL 23MG
- DOXEPIN HCL CRE 5%
- DOXORUBICIN INJ 2MG/ML
- DOXYCYC MONO TAB 150MG
- DOXYCYC MONO TAB 75MG
- DOXYCYCL HYC CAP 100MG
- DOXYCYCL HYC CAP 50MG
- DOXYCYCL HYC TAB 100MG
- DOXYCYCLINE SUS 25MG/5ML
- DOXYCYCLINE TAB 20MG
- DROXIA CAP 200MG
- DROXIA CAP 300MG
- DROXIA CAP 400MG
- ED-SPAZ TAB 0.125MG
- ELINEST TAB
- ELITE-OB TAB
- EMVERM CHW 100MG
- ENDOCET TAB 10-325MG
- ENDOCET TAB 2.5-325
- ENDOCET TAB 5-325MG
- ENDOCET TAB 7.5-325
- EPCLUSA TAB 200-50MG
- EPCLUSA TAB 400-100
- EPIDUO FORTE GEL 0.3-2.5%
- EPINEPHRINE INJ 0.15MG
- EPINEPHRINE INJ 0.3MG
- EPIRUBICIN INJ 200MG
- EPIRUBICIN INJ 50/25ML
- ERBITUX INJ 100MG
- ERBITUX INJ 200MG
- ERLEADA TAB 60MG
- ERRIN TAB 0.35MG
- ERY PAD 2%
- ERYTHROM ETH TAB 400MG
- ERYTHROMYCIN CAP 250MG EC
- ERYTHROMYCIN GEL 2%
- ERYTHROMYCIN OIN 5MG/GM
- ESOMEPRA MAG CAP 20MG DR
- ESOMEPRA MAG CAP 40MG DR
- ESOMEPRAZOLE GRA 10MG DR
- ESTRADIOL DIS 0.05MG
- ESTRADIOL DIS 0.1MG
- ETODOLAC CAP 300MG
- ETODOLAC ER TAB 400MG
- ETODOLAC ER TAB 500MG
- ETODOLAC ER TAB 600MG
- ETOPOSIDE INJ 20MG/ML
- ETRAVIRINE TAB 100MG
- ETRAVIRINE TAB 200MG
- EUCRISA OIN 2%
- EVRYSDI SOL
- FAYOSIM TAB
- FENOFIBRATE CAP 150MG
- FENTANYL OT LOZ 1200MCG
- FENTANYL OT LOZ 1600MCG
- FENTANYL OT LOZ 200MCG
- FENTANYL OT LOZ 400MCG
- FENTANYL OT LOZ 600MCG
- FENTANYL OT LOZ 800MCG
- FERPRX 2-DAY TAB 1000MG
- FERRIPROX SOL 100MG/ML
- FINACEA AER 15%
- FLEXICHAMBER MIS MASK SM
- FLOXURIDINE INJ 0.5GM
- FLUAD INJ 2020-21
- FLUAD QUADRI INJ 0.5ML
- FLUDARABINE INJ 50MG
- FLUOCIN ACET CRE 0.01%
- FLUOCIN ACET SOL 0.01%
- FLUORITAB CHW 2.2MG
- FLUOROURACIL INJ 1GM/20ML
- FLUOROURACIL INJ 2.5G/50M
- FLUOROURACIL INJ 500/10ML

**REMOVING FROM  
FORMULARY JANUARY 1,  
2022 (Continued)**

- FLUOROURACIL INJ 5GM/100M
- FLUOROURACIL SOL 2%
- FLUOROURACIL SOL 5%
- FLUOXETINE TAB 10MG
- FLUOXETINE TAB 20MG
- FLUPHENAZINE CON 5MG/ML
- FLUPHENAZINE ELX 2.5/5ML
- FLUTICASONE LOT 0.05%
- FLUTICASONE SPR 50MCG
- FLUVOXAMINE CAP 100MG ER
- FLUVOXAMINE CAP 150MG ER
- FML FORTE SUS 0.25% OP
- FML OIN 0.1% OP
- FOSAMAX + D TAB 70-2800
- FOSAMAX + D TAB 70-5600
- FOSRENOL POW 1000MG
- FOSRENOL POW 750MG
- FRAGMIN INJ 95000UNT
- FULVESTRANT INJ 250/5ML
- FYCOMPA SUS 0.5MG/ML
- GALANTAMINE SOL 4MG/ML
- GANIRELIX AC INJ 250/0.5
- GAVILYTE-G SOL
- GAVILYTE-H KIT
- GAVILYTE-N SOL FLAV PK
- GAZYVA INJ 25MG/ML
- GEMCITABINE INJ 1GM
- GEMCITABINE INJ 200MG
- GEMCITABINE INJ 2GM
- GEMMILY CAP 1/20
- GENGRAF CAP 100MG
- GENGRAF CAP 25MG
- GENGRAF SOL 100MG/ML
- GLATIRAMER INJ 40MG/ML
- GLATOPA INJ 20MG/ML
- GLIADEL WAF 7.7MG
- GONAL-F INJ 1050UNIT
- GONAL-F INJ 450UNIT
- GONAL-F RFF INJ 300/0.5
- GONAL-F RFF INJ 450/0.75
- GONAL-F RFF INJ 75UNIT
- GONAL-F RFF INJ 900/1.5
- GRISEOFULVIN TAB MICR 500
- GRISEOFULVIN TAB ULTR 125
- GRISEOFULVIN TAB ULTR 250
- HARVONI PAK (Authorized Generic Covered)
- HARVONI PAK 45-200MG (Authorized Generic Covered)
- HARVONI TAB 45-200MG (Authorized Generic Covered)
- HARVONI TAB 90-400MG (Authorized Generic Covered)
- HC BUTYRATE CRE 0.1%
- HC BUTYRATE OIN 0.1%
- HC BUTYRATE SOL 0.1%
- HC VALERATE OIN 0.2%
- HEATHER TAB 0.35MG
- HEMLIBRA INJ 105/0.7
- HEMLIBRA INJ 150/ML
- HEMLIBRA INJ 30MG/ML
- HEMLIBRA INJ 60/0.4
- HEPARIN SOD INJ 20000/ML
- HEPARIN SOD INJ 5000/ML
- HIBERIX SOL 10MCG
- HUMATROPE INJ 12MG
- HUMATROPE INJ 24MG
- HUMATROPE INJ 5MG
- HUMATROPE INJ 6MG
- HUMATROPEN MIS FOR 12MG
- HUMATROPEN MIS FOR 24MG
- HUMATROPEN MIS FOR 6MG
- HUMIRA PEN INJ PS/UV
- HUMULIN INJ 70/30 (Novolin Covered)
- HUMULIN INJ 70/30KWP (Novolin Covered)
- HUMULIN N INJ U-100 (Novolin Covered)
- HUMULIN N INJ U-100KWP (Novolin Covered)
- HUMULIN R INJ U-100 (Novolin Covered)
- HYD POL/CPM SUS 10-8/5ML
- HYDROC/HOMAT TAB 5-1.5MG
- HYDROCO/APAP TAB 10-325MG
- HYDROCODONE TAB 100MG ER
- HYDROCODONE TAB 120MG ER
- HYDROCODONE TAB 20MG ER
- HYDROCODONE TAB 30MG ER
- HYDROCODONE TAB 40MG ER
- HYDROCODONE TAB 60MG ER
- HYDROCODONE TAB 80MG ER
- IDARUBICIN INJ 10/10ML
- IDARUBICIN INJ 20/20ML
- IDARUBICIN INJ 5MG/5ML
- IDHIFA TAB 100MG
- IDHIFA TAB 50MG
- IFOSFAMIDE INJ 1GM
- IFOSFAMIDE INJ 1GM/20ML
- IFOSFAMIDE INJ 3GM/60ML
- ILEVRO DRO 0.3% OP
- IMBRUVICA CAP 70MG (The 140MG CAP is covered with PA)
- IMBRUVICA TAB 140MG (The 140MG CAP is covered with PA)
- IMBRUVICA TAB 280MG (The 140MG CAP is covered with PA)
- IMBRUVICA TAB 420MG (The 140MG CAP is covered with PA)
- IMBRUVICA TAB 560MG (The 140MG CAP is covered with PA)
- IMIPRAM PAM CAP 100MG
- IMIPRAM PAM CAP 125MG
- IMIPRAM PAM CAP 150MG
- IMIPRAM PAM CAP 75MG
- INFANRIX INJ
- INLYTA TAB 1MG
- INLYTA TAB 5MG
- INSTA-GLUCOS GEL 77.4%
- INTRAROSA SUP 6.5MG
- INTROVALE TAB
- IPOL INJ INACTIVE
- IRINOTECAN INJ
- IRINOTECAN INJ 100/5ML
- IRINOTECAN INJ 40MG/2ML
- IRINOTECAN INJ 500MG/25
- ITRACONAZOLE SOL 10MG/ML
- IV PREP WIPE PAD
- JANTOVEN TAB 10MG
- JANTOVEN TAB 1MG
- JANTOVEN TAB 2.5MG
- JANTOVEN TAB 2MG
- JANTOVEN TAB 3MG
- JANTOVEN TAB 4MG
- JANTOVEN TAB 5MG

**REMOVING FROM  
FORMULARY JANUARY 1,  
2022 (Continued)**

- JANTOVEN TAB 6MG
- JANTOVEN TAB 7.5MG
- JOLESSA TAB
- JUBLIA SOL 10%
- JUNEL 1/20 TAB
- KADCYLA INJ 100MG
- KADCYLA INJ 160MG
- KALYDECO TAB 150MG
- KETO-DIASTIX TES
- KETOROLAC INJ 15MG/ML
- KETOROLAC INJ 30MG/ML
- KETOROLAC INJ 60MG/2ML
- KEYTRUDA INJ 100MG/4M
- KINRIX INJ
- KLOR-CON 10 TAB 10MEQ ER
- KLOR-CON 8 TAB 8MEQ ER
- KLOR-CON M15 TAB 15MEQ ER
- KLOR-CON M20 TAB 20MEQ ER
- KURVELO TAB 0.15/30
- LACTIC ACID LOT 10%
- LAMOTRIGINE KIT START 35
- LAMOTRIGINE KIT START 49
- LAMOTRIGINE KIT START 98
- LAMOTRIGINE TAB 100MG
- LAMOTRIGINE TAB 100MG ER
- LAMOTRIGINE TAB 200MG
- LAMOTRIGINE TAB 200MG ER
- LAMOTRIGINE TAB 250MG ER
- LAMOTRIGINE TAB 25MG ER
- LAMOTRIGINE TAB 25MG ODT
- LAMOTRIGINE TAB 300MG ER
- LAMOTRIGINE TAB 50MG ER
- LAMOTRIGINE TAB 50MG ODT
- LANCING DEVI MIS
- LANOXIN TAB 0.0625MG
- LARIN TAB 1.5/30
- LEUCOVOR CA INJ 100MG
- LEUCOVOR CA INJ 200MG
- LEUCOVOR CA INJ 350MG
- LEUCOVOR CA INJ 50MG
- LEUCOVORIN INJ CALCIUM
- LEVORA-28 TAB 0.15/30
- LEXIVA SUS 50MG/ML
- LIDO/PRILOCN KIT 2.5-2.5%
- LIDOCAINE SOL 4%
- LOPIN/RITON TAB 100-25MG
- LOPIN/RITON TAB 200-50MG
- LORATADINE CAP 10MG
- LORBRENA TAB 100MG
- LORBRENA TAB 25MG
- LOTRIMIN AF AER 2%
- LOTRIMIN ULT CRE 1%
- LUBIPROSTONE CAP 8MCG
- LUDENT CHW 1MG F
- MANNITOL INJ 20%
- MANNITOL INJ 25%
- MARLISSA TAB 0.15/30
- MATZIM LA TAB 180MG/24
- MATZIM LA TAB 240MG/24
- MATZIM LA TAB 300MG/24
- MATZIM LA TAB 360MG/24
- MATZIM LA TAB 420MG/24
- MAXIDEX SUS 0.1% OP
- MEDROL TAB 2MG
- MENACTRA INJ
- MENVEO INJ
- MESALAMINE CAP 400MG DR
- MESALAMINE KIT 4GM
- MESALAMINE SUP 1000MG
- MESALAMINE TAB 1.2GM
- MESNA INJ 1GM
- MESNEX TAB 400MG
- METHADONE CON 10MG/ML
- METHADONE TAB 40MG
- METHADOSE TAB 40MG
- METHLPHENIDA CHW 2.5MG
- METHOTREXATE INJ 1GM
- METHOTREXATE INJ 1GM/40ML
- METHOXSALEN CAP 10MG
- METHYLPHENID CAP 60MG LA
- METHYLPHENID CHW 10MG
- METHYLPHENID CHW 5MG
- METRONIDAZOL CAP 375MG
- METRONIDAZOL GEL 1%
- MICONAZOLE 1 KIT 1200-2%
- MICONAZOLE 3 SUP 200MG
- MICROGESTIN TAB 1.5/30
- MINITRAN DIS 0.1MG/HR
- MINITRAN DIS 0.2MG/HR
- MINITRAN DIS 0.4MG/HR
- MINOCYCLINE TAB 100MG
- MINOCYCLINE TAB 50MG
- MINOCYCLINE TAB 75MG
- MIRTAZAPINE TAB 15MG ODT
- MIRTAZAPINE TAB 30MG ODT
- MIRTAZAPINE TAB 45MG ODT
- MIRTAZAPINE TAB 7.5MG
- MITOMYCIN INJ 20MG
- MITOMYCIN INJ 40MG
- MITOMYCIN INJ 5MG
- MITOXANTRON INJ 2MG/ML
- M-M-R II INJ
- MONO-LINYAH TAB 0.25-35
- MONTELUKAST GRA 4MG
- MORGIDOX CAP 1X100MG
- MORPHINE SUL CAP 100MG ER (Tablets Covered)
- MORPHINE SUL CAP 10MG ER
- MORPHINE SUL CAP 120MG ER
- MORPHINE SUL CAP 20MG ER
- MORPHINE SUL CAP 30MG ER (Tablets Covered)
- MORPHINE SUL CAP 45MG ER
- MORPHINE SUL CAP 50MG ER
- MORPHINE SUL CAP 60MG ER (Tablets Covered)
- MORPHINE SUL CAP 75MG ER
- MORPHINE SUL CAP 80MG ER
- MORPHINE SUL CAP 90MG ER
- MORPHINE SUL SUP 10MG
- MORPHINE SUL SUP 20MG
- MORPHINE SUL SUP 30MG
- MORPHINE SUL SUP 5MG
- MOXIFLOXACIN SOL 0.5%
- MVC-FLUORIDE CHW 1MG
- MYCOPHENOLAT SUS 200MG/ML
- NAFRINSE CHW 1MG F
- NAFRINSE DRO 0.125MG
- NAFTIFINE CRE HCL 2%
- NALBUPHINE INJ 10MG/ML
- NALBUPHINE INJ 20MG/ML
- NALOXONE INJ 0.4MG/ML
- NAMENDA XR CAP TITRATIO

**REMOVING FROM  
FORMULARY JANUARY 1,  
2022 (Continued)**

- NECON TAB 0.5/35
- NEO/POLY/HC SUS OP
- NEULASTA INJ 6MG/0.6M (Ziextenzo Covered)
- NEULASTA KIT 6MG/0.6M (Ziextenzo Covered)
- NEXIUM 24HR TAB 20MG
- NEXIUM GRA 2.5MG DR
- NEXIUM GRA 5MG DR
- NEXTSTELLIS TAB 3-14.2MG
- NIACIN ER TAB 1000MG
- NIACIN ER TAB 750MG
- NICOTINE DIS 7MG/24HR
- NIPENT INJ 10MG
- NITRO-DUR DIS 0.3MG/HR
- NITRO-DUR DIS 0.8MG/HR
- NITROFUR MAC CAP 25MG
- NITROGLYCER DIS 0.6MG/HR
- NITROGLYCRN SPR 0.4MG
- NIVESTYM INJ 300/0.5
- NIVESTYM INJ 300MCG
- NIVESTYM INJ 480/0.8
- NIVESTYM INJ 480MCG
- NORA-BE TAB 0.35MG
- NORPACE CAP 100MG CR
- NORPACE CAP 150MG CR
- NORTRIPTYLIN SOL 10MG/5ML
- NORVIR POW 100MG
- NOVOFINE MIS 32GX6MM
- NOXAFIL SUS 40MG/ML
- NUBEQA TAB 300MG
- NUEDEXTA CAP 20-10MG
- NULEV TAB 0.125MG
- NYAMYC POW 100000
- OCELLA TAB 3-0.03MG
- OCTREOTIDE INJ 50MCG/ML
- OLANZAPINE TAB 10MG ODT
- OLANZAPINE TAB 15MG ODT
- OLANZAPINE TAB 20MG ODT
- OLANZAPINE TAB 5MG ODT
- OLM MED/AMLO TAB /HCTZ
- OMEPRA/BICAR CAP 20-1100
- OMEPRAZOLE TAB 20MG
- OMNIPOD KIT STARTER (Covered on Formulary Exception)
- OMNIPOD MIS 5 PACK (Covered on Formulary Exception)
- ONCASPAR INJ 750/ML
- ONDANSETRON TAB 24MG
- ORALONE DENT PST 0.1%
- ORFADIN SUS 4MG/ML
- ORLISSA TAB 150MG
- ORLISSA TAB 200MG
- ORKAMBI GRA 100-125
- ORKAMBI GRA 150-188
- ORKAMBI TAB 100-125
- ORKAMBI TAB 200-125
- ORPHENADRINE INJ 30MG/ML
- OSCIMIN SUB 0.125MG
- OSCIMIN TAB 0.125MG
- OSMITROL INJ 10%
- OSMITROL INJ 15%
- OSMITROL INJ 5%
- OVIDREL INJ
- OXALIPLATIN INJ 100/20ML
- OXALIPLATIN INJ 100MG
- OXALIPLATIN INJ 50/10ML
- OXALIPLATIN INJ 50MG
- OXYCOD/APAP TAB 5-325MG
- OXYCOD/ASA TAB
- OXYCODONE CAP 5MG (Tablet Covered)
- OXYCODONE CON 100/5ML
- PACERONE TAB 100MG
- PACERONE TAB 200MG
- PACLITAXEL INJ 100MG
- PACLITAXEL INJ 150/25ML
- PACLITAXEL INJ 300/50ML
- PACLITAXEL INJ 30MG/5ML
- PAMIDRONATE INJ 30/10ML
- PANDA MASK MIS PEDIATRI
- PARAPLATIN INJ 1000MG
- PAROXETIN ER TAB 12.5MG
- PAROXETIN ER TAB 37.5MG
- PAROXETINE TAB 25MG ER
- PAZEO DRO 0.7%
- PENTAMIDINE INJ 300MG
- PERIOGARD SOL 0.12%
- PHENYLEPHRIN SOL 10% OP
- PHENYLEPHRIN SOL 2.5% OP
- PHOTOFRIN INJ 75MG
- PIOGLIT/GLIM TAB 30-2MG
- PIOGLIT/GLIM TAB 30-4MG
- PIOGLITA/MET TAB 15-500MG
- PIOGLITA/MET TAB 15-850MG
- PIRMELLA TAB 1/35
- PIRMELLA TAB 7/7/7
- PLEGRIDY INJ
- PORTIA-28 TAB
- POSACONAZOLE TAB 100MG DR
- PRALUENT INJ 150MG/ML
- PRALUENT INJ 75MG/ML
- PRAMIPEXOLE TAB 0.375 ER
- PRAMIPEXOLE TAB 0.75 ER
- PRAMIPEXOLE TAB 1.5MG ER
- PRAMIPEXOLE TAB 2.25 ER
- PRAMIPEXOLE TAB 3.75 ER
- PRAMIPEXOLE TAB 3MG ER
- PRAMIPEXOLE TAB 4.5MG ER
- PRED MILD SUS 0.12% OP
- PRED SOD PHO SOL 1% OP
- PREDNISONE CON 5MG/ML
- PREGABALIN SOL 20MG/ML
- PREVALITE POW 4GM
- PREVIFEM TAB
- PRIMOSOL SOL 50MG/5ML
- PROCAINAMIDE INJ 100MG/ML
- PROCTO-PAK CRE 1%
- PROMETHAZINE SUP 25MG
- PROMETHEGAN SUP 12.5MG
- PROMETHEGAN SUP 25MG
- PROMETHEGAN SUP 50MG
- PROPAFENONE CAP 225MG ER
- PROPAFENONE CAP 325MG ER
- PROPAFENONE CAP 425MG ER
- PROPRAN/HCTZ TAB 40/25
- PROPRAN/HCTZ TAB 80/25
- PROQUAD INJ
- PYRIDOSTIGMI SOL 60MG/5ML
- PYRIDOSTIGMI TAB ER 180MG
- PYRIMETHAMIN TAB 25MG
- REMODULIN INJ 10MG/ML (Generic on formulary)
- REMODULIN INJ 1MG/ML (Generic on formulary)

**REMOVING FROM  
FORMULARY JANUARY 1,  
2022 (Continued)**

- REMODULIN INJ 2.5MG/ML  
(Generic on formulary)
- REMODULIN INJ 5MG/ML  
(Generic on formulary)
- REXULTI TAB 0.25MG
- REXULTI TAB 0.5MG
- REXULTI TAB 1MG
- REXULTI TAB 2MG
- REXULTI TAB 3MG
- REXULTI TAB 4MG
- REYATAZ POW 50MG
- RIFAMATE CAP
- RISEDRON SOD TAB 35MG  
DR
- ROSADAN CRE 0.75%
- ROTARIX SUS
- ROTATEQ SOL
- RYDAPT CAP 25MG
- SANCUSO DIS 3.1MG
- SAPROPTERIN POW 100MG
- SAPROPTERIN POW 500MG
- SEVELAMER POW 0.8GM
- SEVELAMER POW 2.4GM
- SHARPS CONT MIS 2QUART
- SILDENAFIL INJ
- SIMPONI ARIA SOL  
50MG/4ML
- SIRTURO TAB 20MG
- SM NICOTINE DIS 7MG/24HR
- SOD CHLORIDE INJ 0.45%
- SOD CHLORIDE INJ 0.9%
- SOD CHLORIDE INJ 2.5/ML
- SOD CHLORIDE INJ 3%
- SOD CHLORIDE INJ 5%
- SOD FLUORIDE TAB 1MG F
- SOD POLY SUL SUS 30/120ML
- SODIUM CHLOR NEB 10%
- SOMATULINE INJ 120/.5ML
- SOMATULINE INJ 60/0.2ML
- SOMATULINE INJ 90/0.3ML
- SOMAVERT INJ 25MG
- SOMAVERT INJ 30MG
- SORINE TAB 120MG
- SORINE TAB 160MG
- SORINE TAB 240MG
- SORINE TAB 80MG
- SOVALDI PAK 150MG
- SOVALDI PAK 200MG
- SOVALDI TAB 200MG
- SPRINTEC 28 TAB 28 DAY
- SPS SUS 15GM/60
- SSD CRE 1%
- SUBLOCADE INJ 100/0.5
- SUBLOCADE INJ 300/1.5
- SUCRAID SOL 8500/ML
- SULFACET SOD OIN 10% OP
- SUMATRIPTAN INJ 4MG/0.5
- SUMATRIPTAN INJ 6MG/0.5
- SUMATRIPTAN SPR  
20MG/ACT
- SUMATRIPTAN SPR  
5MG/ACT
- SUPRAX CHW 100MG
- SUPRAX CHW 200MG
- SUPRAX SUS 500/5ML
- SUTAB TAB
- SYEDA TAB 3-0.03MG
- SYMAX-SL SUB 0.125MG
- SYMDEKO TAB 100-150
- SYMDEKO TAB 50-75MG
- SYNERA DIS 70-70MG
- TADALAFIL TAB 2.5MG
- TADALAFIL TAB 5MG
- TALTZ INJ 80MG/ML
- TARGETD ACNE CRE 2.5%
- TAZICEF INJ 1GM
- TAZTIA XT CAP 120MG/24
- TAZTIA XT CAP 180MG/24
- TAZTIA XT CAP 240MG/24
- TAZTIA XT CAP 300MG ER
- TAZTIA XT CAP 360MG/24
- TELMIS/AMLOD TAB 40-  
10MG
- TELMIS/AMLOD TAB 40-5MG
- TELMIS/AMLOD TAB 80-  
10MG
- TELMIS/AMLOD TAB 80-5MG
- TELMISA/HCTZ TAB 40-12.5
- TELMISA/HCTZ TAB 80-12.5
- TELMISA/HCTZ TAB 80-  
25MG
- TEMAZEPAM CAP 22.5MG
- TEMAZEPAM CAP 7.5MG
- TEMODAR INJ 100MG
- TENIPOSIDE INJ 50MG/5ML
- TESTOSTERONE GEL  
1%(25MG)
- TESTOSTERONE GEL  
10MG/ACT
- TICE BCG INJ
- TOBRADEX ST SUS 0.3-0.05
- TOBRAMYCIN NEB 300/4ML
- TOLTERODINE CAP 2MG ER
- TOLTERODINE CAP 4MG ER
- TOPOSAR INJ 100/5ML
- TOPOSAR INJ 1GM/50ML
- TOPOSAR INJ 500/25ML
- TOPOTECAN INJ 4MG
- TRANDO/VERAP TAB 1-240  
ER
- TRANDO/VERAP TAB 2-180  
ER
- TRANDO/VERAP TAB 2-240  
ER
- TRANDO/VERAP TAB 4-240  
ER
- TRANEX ACID INJ 100MG/ML
- TRAZODONE TAB 300MG
- TRETINOIN GEL 0.025%
- TRETINOIN GEL 0.05%
- TRIDERM CRE 0.1%
- TRIKAFTA TAB
- TRI-LINYAH TAB
- TRI-SPRINTEC TAB
- TROGARZO INJ 150MG/ML
- TRUMENBA INJ
- TUKYSA TAB 150MG
- TUKYSA TAB 50MG
- TUZISTRA XR SUS
- TYBLUME CHW 0.1-0.02
- TYVASO START SOL  
0.6MG/ML
- UDENYCA INJ 6MG/.6ML
- UNITHROID TAB 100MCG
- UNITHROID TAB 112MCG
- UNITHROID TAB 125MCG
- UNITHROID TAB 200MCG
- UNITHROID TAB 25MCG
- UNITHROID TAB 300MCG
- UNITHROID TAB 50MCG
- UNITHROID TAB 75MCG
- UNITHROID TAB 88MCG
- URINARY PAIN TAB 95MG
- VANCOMYCIN CAP 125MG
- VANCOMYCIN CAP 250MG
- VANDAZOLE GEL 0.75%
- VARIVAX INJ
- VARUBI TAB 90MG
- VASCEPA CAP 0.5GM
- VASCEPA CAP 1GM
- VAXELIS INJ
- VENCLEXTA TAB 100MG
- VENCLEXTA TAB 10MG
- VENCLEXTA TAB 50MG
- VENCLEXTA TAB START PK
- VENLAFAXINE TAB 150MG  
ER
- VENLAFAXINE TAB 37.5 ER

**REMOVING FROM  
FORMULARY JANUARY 1,  
2022 (Continued)**

- VENLAFAXINE TAB 75MG ER
- VERAPAMIL CAP 200MG ER
- V-GO 20 KIT (Covered with formulary exception)
- V-GO 20 KIT (Covered with formulary exception)
- V-GO 20 KIT (Covered with formulary exception)
- VIDEX SOL 2GM
- VINBLASTINE INJ 1MG/ML
- VINCRISTINE INJ 1MG/ML
- VINORELBINE INJ 10MG/ML
- VINORELBINE INJ 50MG/5ML
- VIOKACE TAB 10440
- VIOKACE TAB 20880
- VIREAD POW 40MG/GM
- VIREAD TAB 150MG
- VIREAD TAB 200MG
- VIREAD TAB 250MG
- VISTOGARD PAK 10GM
- VIT A/C/D/FL DRO 0.25MG
- VITRAKVI CAP 100MG
- VITRAKVI CAP 25MG
- VITRAKVI SOL 20MG/ML
- VORICONAZOLE SUS 40MG/ML
- VYVANSE CHW 10MG
- VYVANSE CHW 20MG
- VYVANSE CHW 30MG
- VYVANSE CHW 40MG
- VYVANSE CHW 50MG
- VYVANSE CHW 60MG
- WERA TAB 0.5/35
- WESTAB MAX TAB 2.5-25-2
- XTAMPZA ER CAP 13.5MG
- XTAMPZA ER CAP 18MG
- XTAMPZA ER CAP 27MG
- XTAMPZA ER CAP 36MG
- XTAMPZA ER CAP 9MG
- YONSA TAB 125MG
- ZARAH TAB 3-0.03MG
- ZELBORAF TAB 240MG
- ZENZEDI TAB 15MG
- ZENZEDI TAB 2.5MG
- ZENZEDI TAB 20MG
- ZENZEDI TAB 30MG
- ZENZEDI TAB 7.5MG
- ZOLEDRONIC INJ 4MG/5ML
- ZOLEDRONIC INJ 5/100ML

- ZOLPIDEM ER TAB 12.5MG
- ZOLPIDEM ER TAB 6.25MG
- ZUBSOLV SUB 0.7-0.18
- ZUBSOLV SUB 1.4-0.36
- ZUBSOLV SUB 11.4-2.9
- ZUBSOLV SUB 2.9-0.71
- ZUBSOLV SUB 5.7-1.4
- ZUBSOLV SUB 8.6-2.1
- ZYKADIA TAB 150MG
- ZYRTEC ALLGY CAP 10MG

**ADDING TO FORMULARY  
JANUARY 1, 2022**

- 3 DAY VAGNAL CRE 4%
- 3ML SYRINGE MIS REG TIP
- ABILIFY MAIN INJ 300MG
- ABILIFY MAIN INJ 400MG
- ABREVA CRE 10%
- ACETAMIN SUP 120MG
- ACETAMIN SUP 650MG
- ACETAMIN TAB 500MG
- ACETAMINOPHE TAB 650MG ER
- ACETIC ACID SOL 0.25%IRR
- ACID GONE SUS
- ACTEMRA INJ ACTPEN
- ACTIMMUNE INJ 2MU/0.5
- ACYCLOVIR OIN 5%
- ADAPALENE LOT 0.1%
- ADMELOG INJ 100U/ML
- ADMELOG SOLO INJ 100U/ML
- ADULT MASK MIS LARGE
- ADVIL JR ST TAB 100MG
- AFREZZA POW 12 UNIT
- AFREZZA POW 4-8 UNIT
- AFREZZA POW 4-8-12
- AFREZZA POW 4UNIT
- AFREZZA POW 8 UNIT
- AFREZZA POW 8-12UNIT
- ALBENDAZOLE TAB 200MG
- ALBUTEROL AER HFA
- ALCOHOL PREP PAD MED 70%
- ALENDRONATE TAB 40MG
- ALER-DRYL TAB 50MG
- ALLERGY CHLD LIQ 12.5/5ML
- ALLERGY D TAB 5-120MG
- ALMACONE DBL SUS STRENGTH
- ALMACONE SUS
- ALOG/PIOGLIT TAB 12.5-15

- ALOG/PIOGLIT TAB 12.5-30
- ALOG/PIOGLIT TAB 12.5-45
- ALOG/PIOGLIT TAB 25-15MG
- ALOG/PIOGLIT TAB 25-30MG
- ALOG/PIOGLIT TAB 25-45MG
- ALPHANINE SD INJ 1500UNIT
- ALPHANINE SD INJ 500UNIT
- ALREX SUS 0.2%
- ALTABAX OIN 1%
- AMINOCAPR AC TAB 1000MG
- AMINOCAPR AC TAB 500MG
- AMINOPHYLLIN INJ 25MG/ML
- AMPHETAMI ER SUS 1.25/ML
- ANADROL-50 TAB 50MG
- ANDROXY TAB 10MG
- ANIMAL SHAPE CHW IRON
- ANTACID EXTR CHW 675-135
- ANTACID SUS
- ANTI-DANDRUF SHA 1%
- ANTI-DIARRHE LIQ 1MG/5ML
- ANZEMET TAB 100MG
- ANZEMET TAB 50MG
- APAP ELX 160/5ML
- APAP MELT TAB 80MG
- APAP MELTS TAB 160MG
- APEXICON E CRE 0.05%
- APIDRA INJ SOLOSTAR
- APIDRA INJ U-100
- AQUADEKS DRO
- ARCALYST INJ 220MG
- ARCAPTA CAP 75MCG
- ARMOUR THYRO TAB 120MG
- ARMOUR THYRO TAB 15MG
- ARMOUR THYRO TAB 180MG
- ARMOUR THYRO TAB 240MG
- ARMOUR THYRO TAB 300MG
- ARMOUR THYRO TAB 30MG
- ARMOUR THYRO TAB 60MG
- ARMOUR THYRO TAB 90MG
- ARTIFI TEARS OIN OP
- ARTIFI TEARS SOL 1.4% OP
- ARTIFICIAL SOL TEARS
- ASMANEX 120 AER 220MCG
- ASMANEX 14 AER 220MCG
- ASMANEX 30 AER 110MCG
- ASMANEX 30 AER 220MCG
- ASMANEX 60 AER 220MCG

**ADDING TO FORMULARY  
JANUARY 1, 2022 (Continued)**

- ASMANEX 7 AER 110MCG
- ASMANEX HFA AER 100 MCG
- ASMANEX HFA AER 200 MCG
- ASMANEX HFA AER 50MCG
- ASPIRIN TAB 325MG EC
- ATROPINE SUL INJ 0.05MG/1
- ATROPINE SUL INJ 0.1MG/ML
- ATROVENT HFA AER 17MCG
- AUGMENTIN SUS 125/5ML
- AVANDIA TAB 2MG
- AVANDIA TAB 4MG
- AVONEX KIT 30MCG
- AVSOLA INJ 100MG
- AZOPT SUS 1% OP
- B-1 TAB 100MG
- BACITR ZINC OIN 500/GM
- BAQSIMI ONE POW 3MG/DOSE
- BASAGLAR INJ 100UNIT
- BD U-500 MIS 31GX6MM
- BE WELL PAK ROUNDED
- BENZNIDAZOLE TAB 100MG
- BENZNIDAZOLE TAB 12.5MG
- BERINERT INJ 500UNIT
- BIMATOPROST SOL 0.03%
- BISMATROL SUS 262/15ML
- BOTOX INJ 100UNIT
- BOTOX INJ 200UNIT
- BP CLEANSING EMU 10-4%
- BPROTECTED SOL TRI-VITE
- BRAINSTRONG MIS PRENATAL
- BREZTRI AERO AER SPHERE
- BROTAPP DM LIQ 15-1-5/5
- BROVANA NEB 15MCG
- BRUKINSA CAP 80MG
- BUT/APAP/CAF CAP CODEINE
- BYVALSON TAB 5-80MG
- C/ROSE HIPS TAB 500MG
- CA CIT/VIT D TAB 315/200
- CA/MG/ZN TAB
- CAFFEINE CIT SOL 60MG/3ML
- CALC ANTACID CHW 500MG
- CALC CIT+D3 TAB 250-200
- CALC CITR+D TAB 315-250
- CALCIP/BETAM SUS
- CALCIPOTRIEN OIN 0.005%
- CALCITRATE TAB 950MG
- CALCIUM + D3 TAB 600MG
- CALCIUM 500 TAB +D
- CALCIUM 600 CHW +D/MINER
- CALCIUM 600 CHW W/VIT D
- CALCIUM 600 TAB
- CALCIUM CARB SUS 1250/5ML
- CALCIUM CHW
- CALCIUM CITR TAB 200MG
- CALCIUM PLUS CAP D3
- CALCIUM TAB 500MG
- CALCIUM TAB 600MG
- CALCIUM/D CHW 500-400
- CALCIUM/D TAB 500MG
- CALCIUM/D TAB 600-400
- CALCIUM/D TAB 600MG
- CALCIUM/D3 TAB
- CALCIUM/D3 TAB 600-800
- CALNA TAB
- CALTRATE 600 CHW 600-800
- CAPASTAT SUL INJ 1GM
- CAPSAICIN CRE 0.1%
- CARBINOXAMIN SOL 4MG/5ML
- CARIMUNE NF INJ 12GM
- CARISOPRODOL TAB ASA/COD
- CDP/AMITRIP TAB 10-25MG
- CDP/AMITRIP TAB 5-12.5MG
- CEFAZOLIN INJ 10GM
- CEFAZOLIN INJ 1GM
- CEFAZOLIN INJ 20GM
- CEFAZOLIN INJ 500MG
- CELECOXIB CAP 400MG
- CENTRUM SPEC PAK PRENATAL
- CESAMET CAP 1MG
- CHEST CONGES TAB 400MG
- CHEWABL VITE CHW CHILDRENS
- CHILD SILFED LIQ 15MG/5ML
- CHILDRENS CHW PEPTO
- CHLOR GLUC LIQ 4%
- CHLORDIAZEP CAP 10MG
- CHLORDIAZEP CAP 25MG
- CHLORDIAZEP CAP 5MG
- CHLORPHEN SR TAB 12MG
- CHLORPROPAM TAB 100MG
- CHLORPROPAM TAB 250MG
- CIMZIA KIT 200MG
- CIMZIA PREFL KIT 200MG/ML
- CIMZIA START KIT 200MG/ML
- CIPRO HC SUS OTIC
- CIT CALC/D TAB 200-250
- CLINDAMYCIN GEL TRETINOI
- CLONIDINE TAB 0.1MG ER
- CLOTRIMAZOLE CRE 1%
- CLOTRIMAZOLE CRE 3 DAY
- CLR SOLUBLE POW FIBER
- COLD & COUGH LIQ 6.25-2.5
- COLESEVELAM PAK 3.75
- COLESEVELAM TAB 625MG
- COMBIVENT AER 20-100
- COMPLERA TAB
- CO-NATAL FA TAB 29-1MG
- CORDRAN 80X3 TAP 4MCG/CM
- CORLANOR SOL 5MG/5ML
- CORLANOR TAB 5MG
- CORLANOR TAB 7.5MG
- CORTISONE LOT 1%
- CORTISPORIN OIN 1%
- CORTIZONE-10 CRE PLUS
- CORTIZONE-10 GEL 1%
- COUMADIN TAB 10MG
- COUMADIN TAB 1MG
- COUMADIN TAB 2.5MG
- COUMADIN TAB 2MG
- COUMADIN TAB 3MG
- COUMADIN TAB 4MG
- COUMADIN TAB 5MG
- COUMADIN TAB 6MG
- COUMADIN TAB 7.5MG
- CROMOLYN SOD SPR 5.2/ACT
- CUVITRU INJ 4GM/20ML
- CUVITRU SOL 10GM/50M
- CUVITRU SOL 1GM/5ML
- CVD D3 CHW 1000UNIT
- CVS ANTACID SUS SUPREME
- CVS B-12 SUB 500MCG
- CVS BISMUTH SUS MAX STR
- CVS DRY EYE DRO RELIEF
- CVS GAS RELF CHW 125MG
- CVS GAS RELF DRO EX ST
- CVS IBUPROF DRO 50/1.25
- CVS LAXATIVE CHW 15MG
- CVS LUBRICNT DRO 0.5% OP
- CVS NASAL SPR 0.05%
- CVS NATURAL POW FIBER
- CVS NATURAL SOL TEARS

**ADDING TO FORMULARY  
JANUARY 1, 2022 (Continued)**

- CVS PINWORM SUS 50MG/ML
- CVS PRENATAL CHW GUMMY
- CVS VIT B-12 TAB 1000 TR
- CYCLOPENTOL SOL 1% OP
- CYCLOSPORINE CAP 100MG
- CYCLOSPORINE CAP 25MG
- D 1000 CAP 1000UNIT
- D3 MAX ST DRO 5000UNIT
- DAILY FIBER POW 48.57%
- DAILY VITE TAB
- DAKLINZA TAB 30MG
- DAKLINZA TAB 60MG
- DAPTOMYCIN INJ 500MG
- DECONGESTANT TAB 120MG ER
- DEFERASIROX TAB 125MG
- DEFERASIROX TAB 250MG
- DEFERASIROX TAB 500MG
- DELSTRIGO TAB
- DERMACERIN CRE
- DESOXIMETAS OIN 0.05%
- DEXAMETH PHO INJ 10MG/ML
- DIABET TUSS SYP ALLERGY
- DIABETIC TUS LIQ MAX ST
- DIACOMIT CAP 250MG
- DIACOMIT CAP 500MG
- DIACOMIT PAK 250MG
- DIACOMIT PAK 500MG
- DIAZEPAM GEL 10MG
- DIAZEPAM GEL 2.5MG
- DIAZEPAM GEL 20MG
- DIAZOXIDE SUS 50MG/ML
- DIBUCAINE OIN 1%
- DIFFERIN GEL 0.1%
- DILANTIN CAP 100MG
- DILANTIN CAP 30MG
- DIPHENHYDRAM CAP 50MG
- DIPHENHYDRAM TAB 25MG
- DIPHENHYDRAM TAB 50MG
- DOCUSATE SOD CAP 250MG
- DOCUSOL PLUS ENE 20-283
- DOK TAB 100MG
- DOUBLE ANTIB OIN
- DOXERCALCIF INJ 4MCG/2ML
- D-PENAMINE TAB 125MG
- DRITHO-CREME CRE HP 1%
- DROXIDOPA CAP 100MG
- DROXIDOPA CAP 200MG
- DROXIDOPA CAP 300MG
- DRY SOL 20%
- DUPIXENT INJ 200/1.14
- DUPIXENT INJ 300/2ML
- EAR DROPS SOL 6.5% OT
- EAR DRYING DRO 95-5%
- EASY FIBER POW
- EASY NEB MIS
- ELECTROLYTE SOL
- ELURYNG MIS
- EMADINE SOL 0.05% OP
- EMBEDA CAP 100-4MG
- EMBEDA CAP 20-0.8MG
- EMBEDA CAP 30-1.2MG
- EMBEDA CAP 50-2MG
- EMBEDA CAP 60-2.4MG
- EMBEDA CAP 80-3.2MG
- ENEMA READY- ENE -TO-USE
- ENFAMIL MIS EXPECTA
- EPIPEN 2-PAK INJ 0.3MG
- EPIPEN-JR INJ 0.15MG
- EPOGEN INJ 10000/ML
- EPOGEN INJ 20000/ML
- EPOGEN INJ 3000/ML
- EPOGEN INJ 4000/ML
- EQ CHLORTABS TAB 4MG
- ERGOMAR SUB 2MG
- ESTAZOLAM TAB 1MG
- ESTAZOLAM TAB 2MG
- ETIDRON DISD TAB 200MG
- ETIDRON DISD TAB 400MG
- EUFLEXXA INJ 10MG/ML
- EXELDERM SOL 1%
- EXTAVIA INJ 0.3MG
- EZFE FORTE CAP
- FALESSA KIT
- FAMOTIDINE TAB 10MG
- FANAPT PAK
- FANAPT TAB 10MG
- FANAPT TAB 12MG
- FANAPT TAB 1MG
- FANAPT TAB 2MG
- FANAPT TAB 4MG
- FANAPT TAB 6MG
- FANAPT TAB 8MG
- FE GLUCONATE TAB 239MG
- FENOFIBRIC CAP 135MG DR
- FENOFIBRIC CAP 45MG DR
- FENOFIBRIC TAB 35MG
- FERATE TAB 27MG
- FERRETTES TAB 325MG
- FERREX 150 CAP FORTE
- FERROUS FUM TAB 324MG
- FERROUS GLUC TAB 324MG
- FERROUS SUL LIQ 220/5ML
- FERROUS SULF DRO 15MG/ML
- FERROUS SULF ELX 220/5ML
- FERROUS SULF TAB 324MG EC
- FERROUS SULF TAB 325MG
- FERROUS SULF TAB 325MG EC
- FEVERALL INF SUP 80MG
- FEVERALL SUP 325MG
- FIBER LAXTIV CAP 0.52GM
- FIBER TAB 625MG
- FIBER THERAP TAB 500MG
- FIRMAGON INJ 80MG
- FIRST-OMEPRASUS 2MG/ML
- FIRVANQ SOL 25MG/ML
- FIRVANQ SOL 50MG/ML
- FISH OIL CAP 1000MG
- FISH OIL CAP 1200MG
- FISH OIL CAP 500MG
- FLEBOGAMMA INJ DIF 5%
- FLOVENT HFA AER 110MCG
- FLOVENT HFA AER 44MCG
- FLUCYTOSINE CAP 250MG
- FLUCYTOSINE CAP 500MG
- FLUOCINONIDE CRE E 0.05%
- FLUOROMETHOL SUS 0.1% OP
- FLUPHENAZ DE INJ 25MG/ML
- FLUPHENAZINE INJ 2.5MG/ML
- FLURANDRENOL CRE 0.05%
- FLURANDRENOL LOT 0.05%
- FLURAZEPAM CAP 15MG
- FLURAZEPAM CAP 30MG
- FOAM ANTACID CHW 80-20MG
- FOLBEE PLUS TAB
- FORTEO INJ 620/2.48
- FREESTY LIBR KIT 2 SENSOR
- FREESTY LIBR MIS 2 READER
- FREESTYLE KIT SENSOR
- FREESTYLE MIS READER
- GAMASTAN INJ
- GAMMAGARD INJ 1GM/10ML
- GAMMAGARD SD INJ 10GM HU
- GAS RELIEF CAP 125MG
- GAS RELIEF DRO 20/0.3ML



**ADDING TO FORMULARY  
JANUARY 1, 2022 (Continued)**

- GENTEAL TEAR OIN NT-TIME
- GENTLE LAXAT SUP 10MG
- GILOTRIF TAB 20MG
- GILOTRIF TAB 30MG
- GILOTRIF TAB 40MG
- GLUCAGEN INJ HYPOKIT
- GLYB/METFORM TAB 1.25-250
- GLYB/METFORM TAB 2.5-500
- GLYB/METFORM TAB 5-500MG
- GLYBURID MCR TAB 1.5MG
- GLYBURID MCR TAB 3MG
- GLYBURID MCR TAB 6MG
- GLYBURIDE TAB 1.25MG
- GLYBURIDE TAB 2.5MG
- GLYBURIDE TAB 5MG
- GLYCERIN SUP 2GM
- GNP ALLERGY CHW 12.5MG
- GNP ANTACID CHW 1000MG
- GNP CALCIUM TAB 500/D
- GNP DAYHIST TAB 1.34MG
- GNP GLUCOSE CHW ORANGE
- GNP GLYCERIN SUP 1.2GM
- GNP GLYCERIN SUP 2.1GM
- GNP MUCUS ER TAB 600MG
- GUAIFENESIN LIQ 100/5ML
- GUAIFENESIN TAB 200MG
- HALCINONIDE CRE 0.1%
- HALOG OIN 0.1%
- HALOPERIDOL INJ 5MG/ML
- HC/ALOE CRE 0.5%
- HEARTBRN RLF CHW 160-105
- HELIXATE FS INJ 2000UNIT
- HELIXATE FS INJ 3000UNIT
- HELIXATE FS INJ 500UNIT
- HEPLISAV-B INJ 20MCG
- HERZUMA INJ 150MG
- HERZUMA INJ 420MG
- HETLIOZ CAP 20MG
- HIZENTRA INJ 10/50ML
- HIZENTRA INJ 1GM/5ML
- HIZENTRA INJ 2GM/10ML
- HIZENTRA INJ 4GM/20ML
- HIZENTRA SOL 20%
- HM FISH OIL CAP 1000MG
- HUMALOG INJ 100/ML
- HUMALOG JR INJ 100/ML
- HUMALOG KWIK INJ 100/ML
- HUMALOG MIX INJ 50/50
- HUMALOG MIX INJ 50/50KWP
- HUMALOG MIX INJ 75/25KWP
- HUMALOG MIX SUS 75/25
- HYDROCOD/IBU TAB 7.5-200
- HYDROCORT CRE 0.5%
- HYDROCORT OIN 0.5%
- HYDROCORTISO OIN ABSORBAS
- HYDROPHOR OIN
- HYDROXY CAPR INJ 1.25/5ML
- HYDROXYPROG INJ 250MG/ML
- HYOSCYAMINE DRO 0.125/ML
- HYOSCYAMINE TAB 0.375 SR
- HYOSYNE ELX 0.125/5
- HYSINGLA ER TAB 100 MG
- HYSINGLA ER TAB 120 MG
- HYSINGLA ER TAB 20 MG
- HYSINGLA ER TAB 30 MG
- HYSINGLA ER TAB 40 MG
- HYSINGLA ER TAB 60 MG
- HYSINGLA ER TAB 80 MG
- IBUPROFEN IB CHW 100MG
- IMIPENEM/CIL INJ 500MG
- INATAL GT TAB
- INDOMETHACIN CAP 25MG
- INDOMETHACIN CAP 50MG
- INFLECTRA INJ 100MG
- INSULIN ASPA INJ 100/ML
- INSULIN ASPA INJ 70/30
- INSULIN ASPA INJ FLEXPEN
- INSULIN ASPA INJ PENFILL
- INSULIN LISP INJ 100/ML
- INVEGA SUST INJ 117/0.75
- INVEGA SUST INJ 156MG/ML
- INVEGA SUST INJ 234/1.5
- INVEGA SUST INJ 39/0.25
- INVEGA SUST INJ 78/0.5ML
- INVEGA TRINZ INJ 273MG
- INVEGA TRINZ INJ 410MG
- INVEGA TRINZ INJ 546MG
- INVEGA TRINZ INJ 819MG
- IRON CHW PEDIATRI
- IRON TAB 45MG
- JENTADUETO TAB 2.5-1000
- JENTADUETO TAB 2.5-500
- JENTADUETO TAB 2.5-850
- JULUCA TAB 50-25MG
- K CITRATE SOL CITR ACD
- KANJINTI INJ 420MG
- KANJINTI SOL 150MG
- KETOCONAZOLE TAB 200MG
- KINERET INJ
- KISQALI 200 PAK FEMARA
- KISQALI 400 PAK FEMARA
- KISQALI 600 PAK FEMARA
- KOGENATE FS INJ 1000UNIT
- KOGENATE FS INJ 2000UNIT
- KOGENATE FS INJ 250UNIT
- KOGENATE FS INJ 3000UNIT
- KONSYL DAILY POW 100%
- KONSYL DAILY POW 28.3%
- KONSYL POW 30.9%
- KONSYL-D POW 52.3%
- KPN PRENATAL TAB
- LANACORT 10 CRE 1%
- LAND BFR TIM CHW VIT/C
- LANOXIN TAB 0.125MG
- LANOXIN TAB 0.25MG
- LANSOPR/AMOX MIS /CLARITH
- LANTHANUM CHW 1000MG
- LANTHANUM CHW 500MG
- LANTHANUM CHW 750MG
- LEDIP-SOFOSB TAB 90-400MG
- LEVOCARNITIN SOL 1GM/10ML
- LEVOCARNITIN TAB 330MG
- LICE KILLING SHA 0.33-4%
- LICE TRTMNT LIQ
- LIDOCAINE CRE 4%
- LIDOCAINE PAD 5%
- LIOTHYRONINE INJ 10MCG/ML
- LIQ CA/VIT D CAP 600MG
- LONSURF TAB 15-6.14
- LONSURF TAB 20-8.19
- LOPERAMIDE SUS 1MG/7.5
- LORATADINE-D TAB 10-240MG
- LORATADINE-D TAB 5-120MG
- LOTEMAX GEL 0.5%
- LOTEMAX OIN 0.5%
- LUBRICATING DRO 0.5%
- LUBRICNT EYE DRO
- LUBRICNT EYE DRO 0.4-0.3%
- LULICONAZOLE CRE 1%
- LUPRON DEPOT INJ 11.25MG
- LUPRON DEPOT INJ 22.5MG
- LUPRON DEPOT INJ 3.75MG

**ADDING TO FORMULARY  
JANUARY 1, 2022 (Continued)**

- LUPRON DEPOT INJ 7.5MG
- MAFENIDE ACE PAK 5%
- MAG CITRATE SOL LEMON
- MAG OXIDE CAP 500MG
- MAG OXIDE TAB 400MG
- MAG64 TAB 64MG
- MAGDELAY TAB 64MG
- MAGDELAY TAB 70MG
- MAG-G TAB 500MG
- MAGNESIUM GL TAB 500MG
- MAGNESIUM SU INJ 50%
- MAGNESIUM TAB 250MG
- MAGNESIUM TAB 500MG
- MAGNESIUM-OX TAB 400MG
- MAOX TAB 420MG
- MAPAP LIQ 160/5ML
- MAPAP TAB 325MG
- MAYZENT TAB 0.25MG
- MAYZENT TAB 2MG
- MEDI-LAXX CAP 8.6-50MG
- MEDI-PROFEN CAP 200MG
- MELATONIN CAP 3MG
- MELATONIN CAP 5MG
- MELATONIN LIQ 1MG/4ML
- MELATONIN TAB 10MG CR
- MELATONIN TAB 1-10MG
- MELATONIN TAB 300MCG
- MELATONIN TAB 3MG
- MELATONIN TAB 5MG
- MELATONIN TR TAB /VIT-B6
- MELATONIN/ TAB VIT B-6
- MEPERIDINE SOL 50MG/5ML
- MEPERIDINE TAB 100MG
- MEPERIDINE TAB 50MG
- MEROPENEM INJ 500MG
- METAMUCIL POW 28%ORG
- METAMUCIL POW 58.12%
- METAMUCIL WAF
- METAPROTEREN TAB 10MG
- METAPROTEREN TAB 20MG
- METHITEST TAB 10MG
- METHYCLOTHIA TAB 5MG
- METHYLERGON TAB 0.2MG
- METHYLPHENID TAB 18MG ER
- METHYLPHENID TAB 27MG ER
- METHYLPHENID TAB 36MG ER
- METHYLPHENID TAB 54MG ER
- METHYPHENID CAP 10MG ER
- METOCLOPRAM INJ 10MG/2ML
- METOCLOPRAM INJ 5MG/ML
- MI-ACID CHW
- MICONAZOLE 7 SUP 100MG
- MIGLUSTAT CAP 100MG
- MILK OF MAGN SUS
- MILK OF MAGN SUS 2400MG
- MINERAL OIL
- MINERAL OIL ENE
- MINTOX PLUS CHW
- MONISTAT 7 KIT COMBO PK
- MONOCLATE-P INJ 1000UNIT
- MOTION SICK CHW 25MG
- MOTION SICK TAB 50MG
- MUCUS RELIEF TAB 60-600MG
- MUCUS-DM TAB 30-600MG
- MULT VITAM DRO
- MULTI-DELYN LIQ
- MULTIVITAMIN DRO /IRON
- MULTIVITAMIN LIQ MINERAL
- MV-ONE CAP
- MVW COMPLETE CHW ORANGE
- MYNATAL CAP
- MYNATAL TAB
- MYNATE 90 TAB PLUS
- MYRBETRIQ TAB 25MG
- MYRBETRIQ TAB 50MG
- NAFCILLIN INJ 10GM
- NAFTIFINE GEL 1%
- NAFTIN GEL 2%
- NAPROXEN DR TAB 375MG
- NAPROXEN DR TAB 500MG
- NAPROXEN SOD TAB 220MG
- NAPROXEN SUS 125/5ML
- NASAL DECON SYP 30MG/5ML
- NASAL DECONG LIQ 30MG/5ML
- NASAL DECONG TAB 10MG
- NASAL DECONG TAB 30MG
- NAT FIBER POW 58.6%
- NAT VEG LAX TAB 8.6MG
- NATALVIT TAB 75-1MG
- NATURE THROI TAB 162.5MG
- NATURE-THROI TAB 113.75MG
- NATURE-THROI TAB 130MG
- NATURE-THROI TAB 146.25MG
- NATURE-THROI TAB 16.25MG
- NATURE-THROI TAB 195MG
- NATURE-THROI TAB 260MG
- NATURE-THROI TAB 32.5MG
- NATURE-THROI TAB 325MG
- NATURE-THROI TAB 48.75MG
- NATURE-THROI TAB 65MG
- NATURE-THROI TAB 97.5MG
- NATURL FIBER POW 28.3%
- NAUSEA LIQ RELIEF
- NEO/BAC/POLY OIN OP
- NEORAL CAP 100MG
- NEORAL CAP 25MG
- NESTABS TAB
- NEUPRO DIS 1MG/24HR
- NEUPRO DIS 2MG/24HR
- NEUPRO DIS 3MG/24HR
- NEUPRO DIS 4MG/24HR
- NEUPRO DIS 6MG/24HR
- NEUPRO DIS 8MG/24HR
- NEXLETOL TAB 180MG
- NEXLIZET TAB 180/10MG
- NIACIN CAP 500MG
- NIACIN ER CAP 250MG
- NIACIN ER CAP 500MG
- NIACIN TAB 100MG
- NIACIN TAB 250MG
- NIACIN TAB 250MG PR
- NIACIN TAB 500MG
- NIACIN TAB 500MG TR
- NIACIN TAB 50MG
- NIACIN TAB 750MG TR
- NIACINAMIDE TAB 500MG
- NIACOR TAB 500MG
- NICOTINE SYS KIT TRANSDER
- NIFEDIPINE CAP 10MG
- NIFEDIPINE CAP 20MG
- NITROFURANTN SUS 25MG/5ML
- NON-ASPIRIN CHW 160MG JR
- NORTEMP SUS INFANTS
- NOVOLIN INJ 70/30
- NOVOLIN INJ 70/30 FP
- NOVOLIN N INJ U-100
- NOVOLIN R INJ U-100
- NP THYROID TAB 120MG
- NP THYROID TAB 15MG
- NP THYROID TAB 30MG
- NP THYROID TAB 60MG

**ADDING TO FORMULARY  
JANUARY 1, 2022 (Continued)**

- NP THYROID TAB 90MG
- NUTRIENTS TAB PRENATAL
- O-CAL TAB PRENATAL
- OCTAGAM INJ 5GM
- OCTREOTIDE INJ 50MCG/ML
- OCUVITE TAB LUTEIN
- OFEV CAP 100MG
- OFEV CAP 150MG
- OGIVRI INJ 150MG
- OGIVRI INJ 420MG
- OMEGA-3 CAP 1200MG
- OMEGA-3 FISH CAP 300MG
- OMEPRAZOLE TAB 20MG DR
- OMNITROPE INJ 10/1.5ML
- OMNITROPE INJ 5.8MG
- OMNITROPE INJ 5/1.5ML
- ONDANSETRON INJ 4MG/2ML
- ONE A DAY MIS PRENATAL
- ONTRUZANT INJ 150MG
- ONTRUZANT INJ 420MG
- ORAVIG TAB 50MG
- ORENCIA CLCK INJ 125MG/ML
- ORENCIA INJ 125MG/ML
- ORENCIA INJ 250MG
- ORENCIA INJ 50/0.4ML
- ORENCIA INJ 87.5/0.7
- OXANDROLONE TAB 10MG
- OXANDROLONE TAB 2.5MG
- OXISTAT LOT 1%
- OXYTROL/WOMN DIS 3.9MG/24
- OYS SHELL CA TAB /VIT D
- OYSCO 500+D CHW
- OYST SHELL/D TAB 250MG
- OYST SHELL/D TAB 500-125
- OYST SHELL/D TAB 600MG
- OYSTER SHELL TAB 500MG
- OYSTERCAL-D TAB 500MG
- PAIN & FEVER SOL 160/5ML
- PAIN & FEVER SUS 160/5ML
- PAIN RELIEF LIQ 500/15ML
- PAIN RELIEVR CHW 80MG
- PALONOSETRON INJ 0.25/5ML
- PANRETIN GEL 0.1%
- PARICALCITOL INJ 2MCG/ML
- PARICALCITOL INJ 5MCG/ML
- PATADAY SOL 0.1%
- PATADAY SOL 0.2%
- PEAK AIR FLO MIS ADLT/PED
- PEDIA-LAX LIQ 50MG
- PEGINTRON KIT 50MCG
- PERPHEN/AMIT TAB 2-10MG
- PERPHEN/AMIT TAB 2-25MG
- PERPHEN/AMIT TAB 4-10MG
- PERPHEN/AMIT TAB 4-25MG
- PERPHEN/AMIT TAB 4-50MG
- PERRY PRENAT CAP
- PHARBEDRYL CAP 25MG
- PHENAZOPYRID TAB 100MG
- PHENAZOPYRID TAB 200MG
- PHENYTEK CAP 200MG
- PHENYTEK CAP 300MG
- PIFELTRO TAB 100MG
- PILOCARPINE SOL 2% OP
- PILOCARPINE SOL 4% OP
- PINK BISMUTH CHW 262MG
- PIPER/TAZOBA INJ 3-0.375G
- PIPER/TAZOBA INJ 4-0.5GM
- POLY-IRON CAP 150 FORT
- POLY-IRON CAP 150MG
- POLY-VI-SOL SOL 50MG/ML
- POLYVITAMIN CHW /IRON
- POLY-VITE DRO
- POLY-VITE SOL /IRON
- PRED-G SUS OP
- PREMPHASE TAB
- PREMPRO TAB
- PREMPRO TAB 0.3-1.5
- PREMPRO TAB 0.45-1.5
- PREMPRO TAB 0.625-5
- PRENAT MULTI CAP +DHA
- PRENATAL 19 CHW TAB
- PRENATAL 19 TAB
- PRENATAL 19 TAB 29-1MG
- PRENATAL CAP FORMULA
- PRENATAL CAP OMEGA-3
- PRENATAL DHA CAP 200MG
- PRENATAL DHA PAK MULTI
- PRENATAL FRM TAB A-FREE
- PRENATAL MUL CAP +DHA
- PRENATAL TAB
- PRENATAL TAB COMPLETE
- PRENATAL TAB FORMULA
- PRENATAL/FE TAB
- PRENATAL+DHA MIS
- PRILOSEC OTC TAB 20MG
- PRIVIGEN INJ 20GRAMS
- PROCIT INJ 2000/ML
- PROCIT INJ 3000/ML
- PROCIT INJ 40000/ML
- PROGESTERONE SUP VGS 100
- PROGESTERONE SUP VGS 200
- PROMACTA TAB 12.5MG
- PROMACTA TAB 25MG
- PROMACTA TAB 50MG
- PROMACTA TAB 75MG
- PROMETHAZINE INJ 25MG/ML
- PROPARACAINE SOL 0.5% OP
- PSEUDOEPHEDR TAB 60MG
- PSYLLIUM POW 100%
- PULMICORT INH 180MCG
- PULMICORT INH 90MCG
- PULMONEB LT MIS NEBULIZE
- PULMOZYME SOL 1MG/ML
- PURE & GENTL DRO 0.3%
- PX IRON TAB 200MG
- PYRIME/LEUCO CAP 12.5/2.5
- PYRIME/LEUCO CAP 25/10MG
- PYRIME/LEUCO CAP 25/5MG
- PYRIME/LEUCO CAP 50/10MG
- PYRIME/LEUCO CAP 50/20MG
- PYRIME/LEUCO CAP 50/25MG
- PYRIME/LEUCO CAP 75/25MG
- QC NATURAL POW VEGETABL
- QUINIDINE SU TAB 200MG
- QUINIDINE SU TAB 300MG
- RA CA/VIT D3 CHW MINERALS
- RA COL-RITE CAP 50MG
- RA GLYCERIN SUP 80.7%
- RA HEMORRHOI CRE
- RA IBUPROFEN TAB 200MG
- RA LAXATIVE POW
- RA LAXATIVE TAB 25MG
- RA LICE KIT SOLUTION
- RA MELATONIN TAB 3MG
- RA OYS SHL/D TAB 500MG
- RA PRENATAL TAB FORMULA
- RECOMBINATE INJ
- RECOMBINATE INJ 220-400
- RECOMBINATE INJ 401-800

**ADDING TO FORMULARY  
JANUARY 1, 2022 (Continued)**

- RECOMBINATE INJ 801-1240
- RECOMBIVA HB INJ 10MCG/ML
- REGENECARE GEL HA 2%
- REGULOID CAP 400MG
- RELION KETON TES
- RELION TRUE KIT MET AIR
- RELION TRUE TES METRIX
- RELISTOR INJ 12/0.6ML
- RELISTOR TAB 150MG
- RENA-VITE TAB
- RENFLEXIS INJ 100MG
- REPATHA INJ 140MG/ML
- REPATHA PUSH INJ 420/3.5
- REPATHA SURE INJ 140MG/ML
- RESCRIPTOR TAB 200MG
- REYVOW TAB 100MG
- REYVOW TAB 50MG
- RHOGAM PLUS INJ 300MCG
- RIDAURA CAP 3MG
- RISACAL-D TAB
- RISPERDAL INJ 12.5MG
- RISPERDAL INJ 25MG
- RISPERDAL INJ 37.5MG
- RISPERDAL INJ 50MG
- RIVASTIGMINE DIS 13.3/24
- RIVASTIGMINE DIS 4.6MG/24
- RIVASTIGMINE DIS 9.5MG/24
- ROBAFEN SYP 100/5ML
- ROBITUSSIN SYP 7.5/5ML
- RUBRACA TAB 200MG
- RUBRACA TAB 250MG
- RUBRACA TAB 300MG
- RUXIENCE INJ 100/10ML
- RUXIENCE INJ 500/50ML
- RYBELSUS TAB 14MG
- RYBELSUS TAB 3MG
- RYBELSUS TAB 7MG
- SALINE NASAL SPR 0.65%
- SALSALATE TAB 500MG
- SALSALATE TAB 750MG
- SANDIMMUNE CAP 100MG
- SANDIMMUNE CAP 25MG
- SANDOSTATIN KIT LAR 10MG
- SANDOSTATIN KIT LAR 20MG
- SANDOSTATIN KIT LAR 30MG
- SANTYL OIN 250/GM
- SB FIB LAX POW 33%
- SE-NATAL 19 CHW
- SENNA SYP 8.8MG/5
- SENNA/DSS TAB 8.6-50MG
- SEREVENT DIS AER 50MCG
- SF 5000 PLUS CRE 1.1%
- SF GEL 1.1%
- SILACE LIQ 10MG/ML
- SILACE SYP 60/15ML
- SILTUSSIN-DM LIQ DIABETIC
- SILTUSSIN-DM SYP ALC FREE
- SIMETHICONE CAP 180MG
- SIMETHICONE CHW 80MG
- SLEEP AID TAB 25MG
- SLOW FE TAB 45MG
- SLOW IRON TAB 160MG CR
- SLOW IRON TAB 50MG
- SLOW RELEASE TAB 47.5MG
- SLOW-RELEASE TAB FE 45MG
- SM ANTI-ITCH CRE 2-0.1%
- SM ARTIFICIA SOL TEARS
- SM ASPIRIN TAB 325MG
- SM BEDDING AER LICE
- SM ONE DAILY MIS PRENATAL
- SM PAIN REL TAB 500MG
- SMOOTH ANTAC CHW 750MG
- SOD CHLORIDE OIN 5% OP
- SOD CHLORIDE SOL 5% OP
- SOD CHLORIDE TAB 1GM
- SOD CITRATE SOL CITR ACD
- SOD POLY SUL POW
- SODIUM BICAR TAB 325MG
- SODIUM BICAR TAB 650MG
- SODIUM PHENY TAB 500MG
- SOFOS/VELPAT TAB 400-100
- STELARA INJ 45MG/0.5
- STELARA INJ 5MG/ML
- STERIL WATER SOL IRRIG
- STIM LAXAT TAB 5MG EC
- STIMATE SOL 1.5MG/ML
- STIOLTO AER 2.5-2.5
- STOMACH RELF TAB 262MG
- STOOL SOFTNR CAP 100MG
- STOOL SOFTNR CAP 240MG
- STOP LICE KIT COMPLETE
- STOP LICE LIQ MAX ST
- STRESS FORMU TAB W/IRON
- STRIBILD TAB
- SUDAFED PE SOL CHILDREN
- SYMJEPI INJ 0.15MG
- SYMJEPI INJ 0.3MG
- SYMPROIC TAB 0.2MG
- SYMTUZA TAB
- SYNAGIS INJ 100MG/ML
- SYNAGIS INJ 50MG
- TAGRISSO TAB 40MG
- TAGRISSO TAB 80MG
- TASIGNA CAP 150MG
- TASIGNA CAP 200MG
- TASIGNA CAP 50MG
- TEFLARO INJ 400MG
- TEFLARO INJ 600MG
- TGT GLUCOSE CHW GRAPE
- THEOPHYLLINE TAB 100MG CR
- THEOPHYLLINE TAB 200MG CR
- THERANATAL MIS COMPLETE
- THYROGEN INJ 0.9MG
- THYROLAR-1 TAB 60MG
- THYROLAR-1/2 TAB 30MG
- THYROLAR-1/4 TAB 15MG
- THYROLAR-2 TAB 120MG
- THYROLAR-3 TAB 180MG
- TIOCONAZOLE OIN 6.5% VAG
- TL FOLATE TAB
- TOLAZAMIDE TAB 250MG
- TOLAZAMIDE TAB 500MG
- TOLBUTAMIDE TAB 500MG
- TOLMETIN SOD TAB 200MG
- TOUJEO MAX INJ 300IU/ML
- TOUJEO SOLO INJ 300IU/ML
- TRADJENTA TAB 5MG
- TRAMADOL HCL TAB 100MG ER
- TRAMADOL HCL TAB 200MG ER
- TRAMADOL HCL TAB 300MG ER
- TRAZIMERA INJ 150MG
- TRAZIMERA INJ 420MG
- TRELSTAR MIX INJ 11.25MG
- TRELSTAR MIX INJ 3.75MG
- TREPROSTINIL INJ 10MG/ML
- TREPROSTINIL INJ 1MG/ML
- TREPROSTINIL INJ 2.5MG/ML
- TREPROSTINIL INJ 5MG/ML
- TRIAZOLAM TAB 0.125MG
- TRIAZOLAM TAB 0.25MG
- TRICON CAP
- TRIJARDY XR TAB

**ADDING TO FORMULARY  
JANUARY 1, 2022 (Continued)**

- TRINATAL RX TAB 1
- TRINATE TAB
- TRIPLE ANTIB OIN PLUS
- TRI-VI-SOL SOL A/C/D
- TRUE METRIX KIT AIR
- TRUE METRIX TES GLUCOSE
- UBRELVY TAB 100MG
- UBRELVY TAB 50MG
- ULESFIA LOT 5%
- ULTRA CHOICE CHW KIDS
- UNIFIBER POW
- VALTOCO SPR 10MG
- VALTOCO SPR 15MG
- VALTOCO SPR 20MG
- VALTOCO SPR 5MG
- VAQTA INJ 50UNT/ML
- V-C FORTE CAP
- VECAMYL TAB 2.5MG
- VEREGEN OIN 15%
- VINATE II TAB
- VINATE M TAB
- VIRT-CAPS CAP
- VIRT-PHOS TAB 250 NEUT
- VISCO-3 INJ 25/2.5ML

- VITA-BEE/C TAB
- VITAFOL-OB TAB 65-1MG
- VITAMIN B1 TAB 250MG
- VITAMIN B-1 TAB 50MG
- VITAMIN B-12 SUB 1000MCG
- VITAMIN B-12 SUB 2500MCG
- VITAMIN B-12 TAB 1000MCG
- VITAMIN B-12 TAB 100MCG
- VITAMIN B-12 TAB 250MCG
- VITAMIN B-12 TAB 500MCG
- VITAMIN B-2 TAB 100MG
- VITAMIN B-6 TAB 100MG
- VITAMIN B-6 TAB 200MG TR
- VITAMIN D CAP 2000UNIT
- VITAMIN D CHW 400UNIT
- VITAMIN D3 CAP 10000UNT
- VITAMIN D3 CAP 5000UNIT
- VITAMIN D3 DRO 10MCG/ML
- VITAMIN D3 TAB 1000UNIT
- VITAMIN D3 TAB 2000UNIT
- VITAMIN D3 TAB 400UNIT
- VITAMIN D-3 TAB 5000UNIT
- VITE/IRON CHW CHILDREN
- VOL-PLUS TAB
- VOL-TAB RX TAB
- VRAYLAR CAP 1.5MG
- VRAYLAR CAP 3MG

- VRAYLAR CAP 4.5MG
- VRAYLAR CAP 6MG
- WAL-DRYL ALR TAB 12.5MG
- WAL-DRYL PE TAB 25-10MG
- WAL-TAP ELX CLD/ALLE
- WEE CARE SUS 15/1.25
- WP THYROID TAB 81.25MG
- XGEVA INJ
- XOFLUZA TAB 20MG
- XOFLUZA TAB 40MG
- XYREM SOL 500MG/ML
- ZARXIO INJ 300/0.5
- ZARXIO INJ 480/0.8
- ZIEXTENZO INJ 6/0.6ML
- ZINC-220 CAP
- ZINC-OXYDE OIN 0.44-20%
- ZOLADEX IMP 10.8MG
- ZOLADEX IMP 3.6MG
- ZORTRESS TAB 0.25MG
- ZORTRESS TAB 0.5MG
- ZORTRESS TAB 0.75MG
- Z-TUSS AC LIQ 2-9/5ML
- ZYKADIA CAP 150MG
- ZYLET SUS 0.5-0.3%
- ZYPREXA RELP INJ 210MG
- ZYPREXA RELP INJ 300MG
- ZYPREXA RELP INJ 405MG

**CHANGES TO PRIOR AUTHORIZATION REQUIREMENT STATUS**

**Adding Prior Authorization  
Requirement January 1, 2022**

- ACITRETIN CAP 10MG
- ACITRETIN CAP 17.5MG
- ACITRETIN CAP 25MG
- AKYNZEO CAP 300-0.5
- ALINIA SUS 100/5ML
- ALOCRI SOL 2%
- ALOMIDE SOL 0.1% OP
- APREPITANT CAP 125MG
- APREPITANT CAP 40MG
- APREPITANT CAP 80MG
- APREPITANT PAK 80 & 125
- ASA/DIPYRIDA CAP 25-200MG
- ASENAPINE SUB 10MG
- ASENAPINE SUB 2.5MG
- ASENAPINE SUB 5MG
- ATOVAQUONE SUS 750/5ML
- BARACLUDE SOL
- BAXDELA TAB 450MG
- BEPOTASTINE DRO 1.5%
- BEPREVE DRO 1.5%

- BESIVANCE SUS 0.6%
- BUDESONIDE CAP 3MG DR
- BUPRENORPHIN DIS 10MCG/HR
- BUPRENORPHIN DIS 5MCG/HR
- BUPRENORPHIN DIS 7.5/HR
- BYSTOLIC TAB 10MG
- BYSTOLIC TAB 2.5MG
- BYSTOLIC TAB 20MG
- BYSTOLIC TAB 5MG
- CALCIPOTRIEN SOL 0.005%
- CEFDITOREN TAB 200MG
- CEFDITOREN TAB 400MG
- CEVIMELINE CAP 30MG
- CHEMET CAP 100MG
- CIPRO/DEXA SUS 0.3-0.1%
- CLINDAMY/BEN GEL 1.2-5%
- CRESEMBA CAP 186 MG
- CYCLOPHOSPH CAP 25MG
- CYCLOPHOSPH CAP 50MG
- DENAVIR CRE 1%
- DESMOPRESSIN SPR 0.01%

- DIHYDROERGOT INJ 1MG/ML
- DOXEPIN TAB 3MG
- DOXEPIN TAB 6MG
- DOXERCALCIF CAP 0.5MCG
- DOXERCALCIF CAP 1MCG
- DOXERCALCIF CAP 2.5MCG
- DRONABINOL CAP 10MG
- DRONABINOL CAP 2.5MG
- DRONABINOL CAP 5MG
- ECONAZOLE CRE 1%
- ELMIRON CAP 100MG
- EMCYT CAP 140MG
- ENTRESTO TAB 24-26MG
- ENTRESTO TAB 49-51MG
- ENTRESTO TAB 97-103MG
- ERGOLOID MES TAB 1MG ORAL
- ERTACZO CRE 2%
- ERY/BENZOYL GEL 5-3%
- ETOPOSIDE CAP 50MG
- EVEROLIMUS TAB 0.25MG
- EVEROLIMUS TAB 0.5 MG
- EVEROLIMUS TAB 0.75MG

**Adding Prior Authorization Requirement January 1, 2022 (Continued)**

- EXEMESTANE TAB 25MG
- EZETIM/SIMVA TAB 10-10MG
- EZETIM/SIMVA TAB 10-20MG
- EZETIM/SIMVA TAB 10-40MG
- EZETIM/SIMVA TAB 10-80MG
- FENTANYL DIS 12MCG/HR
- FENTANYL DIS 25MCG/HR
- FETZIMA CAP 120MG
- FETZIMA CAP 20MG
- FETZIMA CAP 40MG
- FETZIMA CAP 80MG
- FETZIMA CAP TITRATIO
- FONDAPARINUX INJ 10/0.8ML
- FONDAPARINUX INJ 2.5/0.5
- FONDAPARINUX INJ 5/0.4ML
- FONDAPARINUX INJ 7.5/0.6
- FRAGMIN INJ 10000/ML
- FRAGMIN INJ 12500UNT
- FRAGMIN INJ 15000UNT
- FRAGMIN INJ 18000UNT
- FRAGMIN INJ 2500/0.2
- FRAGMIN INJ 5000/0.2
- FRAGMIN INJ 7500/0.3
- GATIFLOXACIN SOL 0.5%
- GLEOSTINE CAP 100MG
- GLEOSTINE CAP 10MG
- GLEOSTINE CAP 40MG
- HEPARIN SOD INJ 1000/ML
- HEPARIN SOD INJ 10000/ML
- HEPARIN SOD INJ 5000/0.5
- HYDROMORPHON TAB 12MG ER
- HYDROMORPHON TAB 16MG ER

- HYDROMORPHON TAB 8MG ER
- LACRISERT MIS 5MG OP
- LINEZOLID SUS 100/5ML
- LINEZOLID TAB 600MG
- LINZESS CAP 145MCG
- LINZESS CAP 290MCG
- LINZESS CAP 72MCG
- LOTEPIREDNOL SUS 0.5%
- MARPLAN TAB 10MG
- MECLOFEN SOD CAP 100MG
- MECLOFEN SOD CAP 50MG
- MEFENAM ACID CAP 250MG
- MELPHALAN TAB 2MG
- MOTOFEN TAB 1-0.025
- NAFTIFINE CRE HCL 1%
- NILUTAMIDE TAB 150MG
- NISOLDIPINE TAB 17MG ER
- NISOLDIPINE TAB 20MG ER
- NISOLDIPINE TAB 25.5MG
- NISOLDIPINE TAB 30MG ER
- NISOLDIPINE TAB 34MG ER
- NISOLDIPINE TAB 40MG ER
- NISOLDIPINE TAB 8.5MG ER
- NITAZOXANIDE TAB 500MG
- NUCYNTA ER TAB 100MG
- NUCYNTA ER TAB 50MG
- OMNARIS SPR
- OSMOPREP TAB 1.5GM
- OXYCODONE TAB 10MG ER
- OXYCODONE TAB 15MG ER
- OXYCODONE TAB 20MG ER
- OXYCODONE TAB 30MG ER
- OXYCONTIN TAB 10MG CR
- OXYCONTIN TAB 15MG CR
- OXYCONTIN TAB 20MG CR
- OXYCONTIN TAB 30MG CR
- OXYMORPHONE TAB HCL 10MG

- OXYMORPHONE TAB HCL 5MG
- PALIPERIDONE TAB ER 1.5MG
- PALIPERIDONE TAB ER 3MG
- PALIPERIDONE TAB ER 6MG
- PALIPERIDONE TAB ER 9MG
- PARICALCITOL CAP 1 MCG
- PARICALCITOL CAP 2 MCG
- PARICALCITOL CAP 4 MCG
- PICATO GEL 0.015%
- PICATO GEL 0.05%
- PRADAXA CAP 110MG
- PRADAXA CAP 150MG
- PRADAXA CAP 75MG
- PRAZIQUANTEL TAB 600MG
- RAMELTEON TAB 8MG
- SAVELLA MIS TITR PAK
- SAVELLA TAB 100MG
- SAVELLA TAB 12.5MG
- SAVELLA TAB 25MG
- SAVELLA TAB 50MG
- SULCONAZOLE CRE 1%
- SULCONAZOLE SOL 1%
- SYMLINPEN 60 INJ 1000MCG
- SYMLINPEN 120 INJ 1000MCG
- TOLCAPONE TAB 100MG
- TRETINOIN CAP 10MG
- TRINTELLIX TAB 10MG
- TRINTELLIX TAB 20MG
- TRINTELLIX TAB 5MG
- VELPHORO CHW 500MG
- VIIBRYD KIT STARTER
- VIIBRYD TAB 10MG
- VIIBRYD TAB 20MG
- VIIBRYD TAB 40MG
- ZIRGAN GEL 0.15%

**ADDING PRIOR AUTHORIZATION AND OTHER REQUIREMENTS**

**Adding Prior Authorization Requirement that Applies to members of all ages effective January 1, 2022**

- MEMANTINE HC CAP 14MG ER
- MEMANTINE HC CAP 21MG ER

**Adding Prior Authorization Requirement AND Age Limit(s) effective January 1, 2022**

- ARIPIRAZOLE SOL 1MG/ML
- DEXTROAMPHET CAP 10MG ER
- DEXTROAMPHET CAP 15MG ER
- METHAMPHETAM TAB 5MG
- METHYLPHENID CAP 30MG ER

**Adding Prior Authorization Requirement AND Quantity Limit Change effective January 1, 2022**

- ALISKIREN TAB 150MG
- ALISKIREN TAB 300MG
- ARIPIRAZOLE TAB 10MG ODT
- ARIPIRAZOLE TAB 15MG ODT
- BUTORPHANOL SOL 10MG/ML

- CLOMIPHENE TAB 50MG
- DEXCOM G5 MIS RECEIVER
- DEXCOM G5 MIS TRANSMIT
- DEXCOM G6 MIS RECEIVER
- DEXCOM G6 MIS SENSOR
- DEXCOM G6 MIS TRANSMIT
- DUTAST/TAMSU CAP 0.5-0.4
- FEBUXOSTAT TAB 40MG
- FEBUXOSTAT TAB 80MG
- G5/G4 MIS SENSOR
- HYDROCOD/IBU TAB 10-200MG
- IMIQUIMOD CRE 5%
- IVERMECTIN LOT 0.5%
- KETOPROFEN CAP 50MG
- KETOPROFEN CAP 75MG
- MORPHINE SUL TAB 100MG ER
- OXAPROZIN TAB 600MG
- OXICONAZOLE CRE NITRATE
- OXYMORPHONE TAB 10MG ER
- OXYMORPHONE TAB 15MG ER
- OXYMORPHONE TAB 5MG ER
- OXYMORPHONE TAB 7.5MG ER
- PIROXICAM CAP 10MG
- PIROXICAM CAP 20MG
- PREGABALIN CAP 100MG
- PREGABALIN CAP 150MG
- PREGABALIN CAP 200MG
- PREGABALIN CAP 225MG
- PREGABALIN CAP 25MG
- PREGABALIN CAP 300MG
- PREGABALIN CAP 50MG
- PREGABALIN CAP 75MG
- PRIMAQUINE TAB 26.3MG
- RILUZOLE TAB 50MG
- SILODOSIN CAP 4MG
- SILODOSIN CAP 8MG
- TACROLIMUS OIN 0.03%
- TACROLIMUS OIN 0.1%
- TOLMETIN SOD CAP 400MG
- TOLMETIN SOD TAB 600MG
- TOREMIFENE TAB 60MG
- TRAMADOL HCL TAB 100MG ER

**Adding Prior Authorization Requirement AND Tier Change (cost sharing) effective January 1, 2022**

- AIMOVIG INJ 140MG/ML
- AIMOVIG INJ 70MG/ML
- AZASITE SOL 1%
- BELSOMRA TAB 10MG
- BELSOMRA TAB 15MG
- BELSOMRA TAB 20MG
- BELSOMRA TAB 5MG
- DUREZOL EMU 0.05%
- EMGALITY INJ 100MG/ML
- EMGALITY INJ 120MG/ML
- EMGALITY INJ 120MG/ML
- ERGOT/CAFFEN TAB 1-100MG
- LASTACFT SOL 0.25%
- LATUDA TAB 120MG
- LATUDA TAB 20MG
- LATUDA TAB 40MG
- LATUDA TAB 60MG
- LATUDA TAB 80MG
- LEUKERAN TAB 2MG
- LUBIPROSTONE CAP 24MCG
- LYSODREN TAB 500MG
- MATULANE CAP 50MG
- MOVANTIK TAB 12.5MG
- MOVANTIK TAB 25MG
- NATACYN SUS 5% OP
- NEVANAC SUS 0.1%
- NUCYNTA TAB 100MG
- NUCYNTA TAB 50MG
- NUCYNTA TAB 75MG
- RESTASIS EMU 0.05%
- TABLOID TAB 40MG
- XIFAXAN TAB 200MG
- ZILEUTON ER TAB 600MG
- ZORTRESS TAB 1MG

**Adding Prior Authorization Requirement AND Age Limit(s) AND Quantity Limit Change effective January 1, 2022**

- ATOMOXETINE CAP 100MG
- ATOMOXETINE CAP 10MG
- ATOMOXETINE CAP 18MG
- ATOMOXETINE CAP 25MG
- ATOMOXETINE CAP 40MG
- ATOMOXETINE CAP 60MG
- ATOMOXETINE CAP 80MG
- GUANFACINE TAB 1MG ER
- GUANFACINE TAB 2MG ER
- GUANFACINE TAB 3MG ER

- GUANFACINE TAB 4MG ER
- DEXTROAMPHET CAP 5MG ER
- METHYLPHENID CAP 20MG ER
- METHYLPHENID CAP 40MG ER

**Adding Prior Authorization Requirement AND Quantity Limit Change AND Tier Change effective January 1, 2022**

- BRILINTA TAB 60MG
- BRILINTA TAB 90MG
- CALCIPOTRIEN OIN BETAMETH
- CALCITRIOL OIN 3MCG/GM
- EPIVIR HBV SOL 5MG/ML
- FENOPROFEN TAB 600MG
- OSPHENA TAB 60MG
- TOVIAZ TAB 4MG
- TOVIAZ TAB 8MG
- ZONTIVITY TAB 2.08MG

**Adding Prior Authorization Requirement AND Age Limit(s) AND Quantity Limit Change AND Tier Change effective January 1, 2022**

- VYVANSE CAP 10MG
- VYVANSE CAP 20MG
- VYVANSE CAP 30MG
- VYVANSE CAP 40MG
- VYVANSE CAP 50MG
- VYVANSE CAP 60MG
- VYVANSE CAP 70MG

(List continued on next page)

## PRIOR AUTHORIZATION REMOVED, OTHER NEW REQUIREMENTS IN EFFECT AS NOTED

### Prior Authorization No Longer Required effective January 1, 2022

- APTIOM TAB 200MG
- APTIOM TAB 400MG
- APTIOM TAB 600MG
- APTIOM TAB 800MG
- BANZEL TAB 200MG
- BANZEL TAB 400MG
- CLEMASTINE TAB 2.68MG
- CLOBAZAM TAB 10MG
- CLOBAZAM TAB 20MG
- DIPENTUM CAP 250MG
- DIPYRIDAMOLE TAB 25MG
- DIPYRIDAMOLE TAB 50MG
- DIPYRIDAMOLE TAB 75MG
- DOFETILIDE CAP 125MCG
- DOFETILIDE CAP 250MCG
- DOFETILIDE CAP 500MCG
- ESTRADIOL TAB 0.5MG
- ESTRADIOL TAB 1MG
- ESTRADIOL TAB 2MG
- MEMANTINE HC SOL 2MG/ML
- METHSCOPOLAM TAB 2.5MG
- METHSCOPOLAM TAB 5MG
- PENICILLAMIN TAB 250MG
- RIBASPHERE CAP 200MG
- RIBAVIRIN TAB 200MG
- RIVASTIGMINE CAP 1.5MG
- RIVASTIGMINE CAP 3MG
- RIVASTIGMINE CAP 4.5MG
- RIVASTIGMINE CAP 6MG
- RUFINAMIDE SUS 40MG/ML
- RUFINAMIDE TAB 200MG
- RUFINAMIDE TAB 400MG
- SIRTURO TAB 100MG

### Prior Authorization No Longer Required BUT Age Limit(s) Added effective January 1, 2022

- DIPHENHYDRAM ELX 12.5/5ML

- PROMETHAZINE SYP 6.25/5ML
- PROMETHAZINE TAB 12.5MG
- PROMETHAZINE TAB 25MG
- PROMETHAZINE TAB 50MG

### Prior Authorization No Longer Required BUT will have a Quantity Limit Change effective January 1, 2022

- CARISOPRODOL TAB 350MG
- CHLORZOXAZON TAB 500MG
- CREON CAP 12000UNT
- CREON CAP 24000UNT
- CREON CAP 3000UNIT
- CREON CAP 36000UNT
- CREON CAP 6000UNIT
- CYCLOBENZAPR TAB 10MG
- CYCLOBENZAPR TAB 5MG
- ESTRADIOL DIS 0.025MG
- ESTRADIOL DIS 0.0375MG
- ESTRADIOL DIS 0.05MG
- ESTRADIOL DIS 0.06MG
- ESTRADIOL DIS 0.075MG
- ESTRADIOL DIS 0.1MG
- ITRACONAZOLE CAP 100MG
- MEMANT TITRA PAK 5-10MG
- MEMANTINE TAB HCL 10MG
- MEMANTINE TAB HCL 5MG
- NORTRIPTYLIN CAP 75MG
- ORPHENADRINE TAB 100MG ER
- TESTOST CYP INJ 100MG/ML
- TESTOST CYP INJ 200MG/ML
- TESTOST ENAN INJ 200MG/ML
- ZENPEP CAP 10000UNT
- ZENPEP CAP 15000UNT
- ZENPEP CAP 20000UNT
- ZENPEP CAP 25000
- ZENPEP CAP 3000UNIT
- ZENPEP CAP 40000
- ZENPEP CAP 5000UNIT

### Prior Authorization No Longer Required BUT will have a Tier Change effective January 1, 2022

- PHENOXYBENZA CAP 10MG
- VIGABATRIN TAB 500MG
- VIGADRONE POW 500MG

### Prior Authorization No Longer Required BUT will have Age Limit(s) AND Quantity Limit Changes effective January 1, 2022

- AMITRIPTYLIN TAB 100MG
- AMITRIPTYLIN TAB 150MG
- AMITRIPTYLIN TAB 75MG
- HYDROXYZ HCL TAB 10MG
- HYDROXYZ HCL TAB 25MG
- HYDROXYZ HCL TAB 50MG
- HYDROXYZ PAM CAP 25MG
- HYDROXYZ PAM CAP 50MG
- HYDROXYZ HCL SYP 10MG/5ML
- HYDROXYZ PAM CAP 100MG
- METHOCARBAM TAB 500MG
- METHOCARBAM TAB 750MG
- NITROFUR MAC CAP 100MG
- NITROFUR MAC CAP 50MG
- NITROFURANTN CAP 100MG

### Prior Authorization No Longer Required BUT Quantity Limit Changes AND Tier Change effective January 1, 2022

- MENEST TAB 0.3MG
- MENEST TAB 0.625MG
- MENEST TAB 1.25MG
- PREMARIN TAB 0.3MG
- PREMARIN TAB 0.45MG
- PREMARIN TAB 0.625MG
- PREMARIN TAB 0.9MG
- PREMARIN TAB 1.25MG

## CHANGES TO STEP THERAPY REQUIREMENT STATUS

### Adding Step Therapy Requirement effective January 1, 2022

- CLONIDINE DIS 0.1/24HR
- CLONIDINE DIS 0.2/24HR
- CLONIDINE DIS 0.3/24HR
- DESVENLAFAX TAB 100MG ER
- DESVENLAFAX TAB 25MG ER

- DESVENLAFAX TAB 50MG ER
- SEVELAMER TAB 800MG



**Adding Step Therapy  
Requirement AND Quantity  
Limit Change effective January  
1, 2022**

- ALMOTRIPTAN TAB 12.5MG
- ALMOTRIPTAN TAB 6.25MG
- AZELASTINE SPR 0.1%
- CANDESARTAN TAB 16MG
- CANDESARTAN TAB 32MG
- CANDESARTAN TAB 4MG
- CANDESARTAN TAB 8MG
- DARIFENACIN TAB 15MG
- DARIFENACIN TAB 7.5MG
- ELETRIPTAN TAB 20MG
- ELETRIPTAN TAB 40MG
- EPROSART MES TAB 600MG
- EZETIMIBE TAB 10MG
- FLUNISOLIDE SPR 0.025%
- FROVATRIPTAN TAB 2.5MG
- LANSOPRAZOLE CAP 15MG DR
- LANSOPRAZOLE CAP 30MG DR
- LEVALBUTEROL NEB 0.31MG
- LEVALBUTEROL NEB 0.63MG
- LEVALBUTEROL NEB 1.25/0.5
- LEVALBUTEROL NEB 1.25MG
- OLOPATADINE SPR 0.6%
- RABEPRAZOLE TAB 20MG
- SOLIFENACIN TAB 10MG
- SOLIFENACIN TAB 5MG
- TELMISARTAN TAB 20MG
- TELMISARTAN TAB 40MG
- TELMISARTAN TAB 80MG
- TOLTERODINE TAB 1MG
- TOLTERODINE TAB 2MG
- TRAVOPROST DRO 0.004%
- TROSPIUM CHL CAP 60MG ER
- TROSPIUM CL TAB 20MG
- ZOLMITRIPTAN SPR 2.5MG

- ZOLMITRIPTAN SPR 5MG
- ZOLMITRIPTAN TAB 2.5 MG
- ZOLMITRIPTAN TAB 2.5MG
- ZOLMITRIPTAN TAB 5MG
- ZOLMITRIPTAN TAB 5MG ODT

**Adding Step Therapy  
Requirement AND Age Limit(s)  
AND Quantity Limit Change  
effective January 1, 2022**

- AVITA GEL 0.025%
- TRETINOIN CRE 0.025%
- TRETINOIN CRE 0.05%
- TRETINOIN CRE 0.1%
- TRETINOIN GEL 0.01%

**Adding Step Therapy  
Requirement AND Quantity  
Limit Change AND Tier  
Change effective January 1,  
2022**

- EURAX CRE 10%
- FLUVASTATIN CAP 20MG
- FLUVASTATIN CAP 40MG
- FLUVASTATIN TAB 80MG ER

**Step Therapy No Longer  
Required BUT Quantity Limit  
Change effective January 1,  
2022**

- APAP/CODEINE TAB 300-15MG
- APAP/CODEINE TAB 300-30MG
- AZELASTINE DRO 0.05%
- CICLOPIROX SUS 0.77%
- CODEINE SULF TAB 30MG
- CODEINE SULF TAB 60MG
- DESLORATADIN TAB 5MG
- EPINASTINE DRO 0.05%
- FENTANYL DIS 100MCG/H

- FENTANYL DIS 50MCG/HR
- FENTANYL DIS 75MCG/HR
- HYDROCO/APAP TAB 5-325MG
- HYDROMORPHON TAB 2MG
- HYDROMORPHON TAB 4MG
- HYDROMORPHON TAB 8MG
- METHADONE SOL 10MG/5ML
- METHADONE SOL 5MG/5ML
- METHADONE TAB 10MG
- METHADONE TAB 5MG
- MORPHINE SUL SOL 100/5ML
- MORPHINE SUL SOL 10MG/5ML
- MORPHINE SUL SOL 20MG/5ML
- MORPHINE SUL TAB 15MG
- MORPHINE SUL TAB 200MG ER
- MORPHINE SUL TAB 30MG
- MORPHINE SUL TAB 60MG ER
- NYSTOP POW 100000
- OLOPATADINE DRO 0.1%
- OLOPATADINE SOL 0.2%
- OXYCOD/APAP TAB 2.5-325
- OXYCOD/APAP TAB 5-325MG
- OXYCOD/APAP TAB 7.5-325
- OXYCOD/IBU TAB 5-400MG
- OXYCODONE TAB 20MG
- OXYCODONE TAB 30MG
- OXYMORPHONE TAB 20MG ER
- OXYMORPHONE TAB 30MG ER
- OXYMORPHONE TAB 40MG ER
- SIMVASTATIN TAB 80MG
- TRAMADL/APAP TAB 37.5-325
- TRAMADOL HCL TAB 200MG ER
- TRAMADOL HCL TAB 300MG ER
- TRAMADOL HCL TAB 50MG

**CHANGES TO AGE LIMITS – Stimulant drugs to treat Attention Deficit and related disorders require an exception for members ages 18 and older, unless the prescription claim or member health profile is submitted with a qualifying diagnosis; Liquid and chewable formulations require exception for ages 12 and older.**

**Adding Age Limit(s) effective January 1, 2022**

- AMITRIPTYLIN TAB 25MG
- AMITRIPTYLIN TAB 50MG
- AMOX/K CLAV CHW 200MG
- AMOX/K CLAV CHW 400MG
- AMOX/K CLAV SUS 200/5ML
- AMOX/K CLAV SUS 250/5ML
- AMOX/K CLAV SUS 400/5ML
- AMOX/K CLAV SUS 600/5ML
- AMOXICILLIN CHW 125MG
- AMOXICILLIN CHW 250MG
- AMOXICILLIN SUS 125/5ML
- AMOXICILLIN SUS 200/5ML
- AMOXICILLIN SUS 250/5ML
- AMOXICILLIN SUS 400/5ML
- AMPHET/DEXTR CAP 15MG ER
- AMPHET/DEXTR CAP 20MG ER
- AMPHET/DEXTR CAP 25MG ER
- AMPHET/DEXTR CAP 30MG ER
- AMPHET/DEXTR TAB 10MG
- AMPHET/DEXTR TAB 15MG
- AMPHET/DEXTR TAB 20MG
- AMPHET/DEXTR TAB 30MG
- AMPHET/DEXTR TAB 5MG
- AMPHET/DEXTR TAB 7.5MG
- AZITHROMYCIN SUS 100/5ML
- AZITHROMYCIN SUS 200/5ML
- BENZTROPINE TAB 0.5MG
- BENZTROPINE TAB 1MG
- BENZTROPINE TAB 2MG
- BUDESONIDE SUS 0.5MG/2
- BUT/ASA/CAFF CAP
- CEFACLOR SUS 125/5ML
- CEFACLOR SUS 250/5ML
- CEFACLOR SUS 375/5ML
- CEFADROXIL SUS 250/5ML
- CEFADROXIL SUS 500/5ML
- CEFDINIR SUS 125/5ML
- CEFDINIR SUS 250/5ML
- CEFIXIME SUS 100/5ML
- CEFIXIME SUS 200/5ML
- CEFPODO PROX SUS 100/5ML
- CEFPODO PROX SUS 50MG/5ML
- CEFPROZIL SUS 125/5ML
- CEFPROZIL SUS 250/5ML
- CEPHALEXIN SUS 125/5ML
- CEPHALEXIN SUS 250/5ML
- CHLORPROMAZ TAB 100MG
- CHLORPROMAZ TAB 10MG
- CHLORPROMAZ TAB 200MG
- CHLORPROMAZ TAB 25MG
- CHLORPROMAZ TAB 50MG
- CLARITHROMYC SUS 125/5ML
- CLARITHROMYC SUS 250/5ML
- CLINDAMYCIN SOL 75MG/5ML
- CLORAZ DIPOT TAB 3.75MG
- CYPROHEPTAD SYP 2MG/5ML
- CYPROHEPTAD TAB 4MG
- DEXMETHYLPH TAB 10MG
- DEXTROAMPHET TAB 10MG
- DEXTROAMPHET TAB 5MG
- DICYCLOMINE CAP 10MG
- DICYCLOMINE SOL 10MG/5ML
- DICYCLOMINE TAB 20MG
- DIGOXIN SOL 50MCG/ML
- DOXEPIN HCL CAP 100MG
- DOXEPIN HCL CAP 10MG
- DOXEPIN HCL CAP 150MG
- DOXEPIN HCL CAP 25MG
- DOXEPIN HCL CAP 75MG
- DOXEPIN HCL CON 10MG/ML
- ERYTHROM ETH SUS 200/5ML
- ERYTHROM ETH SUS 400/5ML
- ESCITALOPRAM SOL 5MG/5ML
- ESZOPICLONE TAB 2MG
- ESZOPICLONE TAB 3MG
- FLUOXETINE SOL 20MG/5ML
- FLUPHENAZINE TAB 10MG
- FLUPHENAZINE TAB 1MG
- FLUPHENAZINE TAB 2.5MG
- FLUPHENAZINE TAB 5MG
- FLUTICASONE SPR 50MCG
- FUROSEMIDE SOL 10MG/ML
- FUROSEMIDE SOL 8MG/ML
- HALOPER DEC INJ 100MG/ML
- HALOPER DEC INJ 50MG/ML
- HALOPERIDOL CON 2MG/ML
- HALOPERIDOL TAB 0.5MG
- HALOPERIDOL TAB 10MG
- HALOPERIDOL TAB 1MG
- HALOPERIDOL TAB 20MG
- HALOPERIDOL TAB 2MG
- HALOPERIDOL TAB 5MG
- HYOSCYAMINE SUB 0.125MG
- HYOSCYAMINE TAB 0.125MG
- IBUPROFEN CH SUS 100/5ML
- KETOROLAC TAB 10MG
- LEVOFLOXACIN SOL 25MG/ML
- LITHIUM CARB CAP 150MG
- LITHIUM CARB CAP 300MG
- LITHIUM CARB CAP 600MG
- LITHIUM CARB TAB 300MG
- LITHIUM CARB TAB 300MG ER
- LITHIUM CARB TAB 450MG ER
- LOXAPINE CAP 10MG
- LOXAPINE CAP 25MG
- LOXAPINE CAP 50MG
- LOXAPINE CAP 5MG
- METHYLPHENID CAP 50MG
- METHYLPHENID TAB 36MG ER
- NIZATIDINE SOL 15MG/ML
- PENICILLN VK SOL 125/5ML
- PENICILLN VK SOL 250/5ML
- PERPHENAZINE TAB 16MG
- PERPHENAZINE TAB 2MG
- PERPHENAZINE TAB 4MG
- PERPHENAZINE TAB 8MG
- PROCHLORPER SUP 25MG
- PROCHLORPER TAB 10MG
- PROCHLORPER TAB 5MG
- SMZ-TMP SUS 200-40/5

- TEMAZEPAM CAP 15MG
- TEMAZEPAM CAP 30MG
- THIORIDAZINE TAB 100MG
- THIORIDAZINE TAB 10MG
- THIORIDAZINE TAB 25MG
- THIORIDAZINE TAB 50MG
- THIOTHIXENE CAP 10MG
- THIOTHIXENE CAP 1MG
- THIOTHIXENE CAP 2MG
- THIOTHIXENE CAP 5MG
- TRIFLUOPERAZ TAB 10MG
- TRIFLUOPERAZ TAB 1MG
- TRIFLUOPERAZ TAB 2MG
- TRIFLUOPERAZ TAB 5MG
- TRIHEXYPHEN SOL  
0.4MG/ML
- TRIHEXYPHEN TAB 2MG
- TRIHEXYPHEN TAB 5MG
- ZALEPLON CAP 5MG
- ZOLPIDEM TAB 10MG
- ZOLPIDEM TAB 5MG

**Adding Age Limit(s) AND  
Quantity Limit Change  
effective January 1, 2022**

- ALPRAZOLAM TAB 0.25MG
- ALPRAZOLAM TAB 0.5MG
- ALPRAZOLAM TAB 1MG
- ALPRAZOLAM TAB 2MG
- AMITRIPTYLIN TAB 10MG
- AMPHET/DEXTR CAP 10MG  
ER
- AMPHET/DEXTR CAP 5MG  
ER
- AMPHET/DEXTR TAB 12.5MG
- ARISTADA INJ 441MG/1.
- ARISTADA INJ 662MG/2
- ARISTADA INJ 882MG/3
- ARISTADA INJ INITIO
- BUDESONIDE SUS 0.25MG/2
- BUSPIRONE TAB 10MG
- BUSPIRONE TAB 15MG
- BUSPIRONE TAB 30MG
- BUSPIRONE TAB 5MG
- BUSPIRONE TAB 7.5MG
- BUTAL/APAP TAB 50-325MG
- CETIRIZINE SOL 1MG/ML
- CITALOPRAM SOL  
10MG/5ML
- CLORAZ DIPOT TAB 15MG
- CLORAZ DIPOT TAB 7.5MG

- CLOZAPINE TAB 100MG
- CLOZAPINE TAB 200MG
- CLOZAPINE TAB 25MG
- CLOZAPINE TAB 50MG
- DEXMETHYLPH TAB 2.5MG
- DEXMETHYLPH TAB 5MG
- DIAZEPAM CON 5MG/ML
- DIAZEPAM SOL 5MG/5ML
- DIAZEPAM TAB 10MG
- DIAZEPAM TAB 2MG
- DIAZEPAM TAB 5MG
- DOXEPIN HCL CAP 50MG
- ESZOPICLONE TAB 1MG
- FAMOTIDINE SUS 40MG/5ML
- FLUCONAZOLE SUS  
10MG/ML
- FLUCONAZOLE SUS  
40MG/ML
- LEVOCETIRIZI SOL 2.5/5ML
- LORATADINE SYP 5MG/5ML
- LORAZEPAM CON 2MG/ML
- LORAZEPAM TAB 0.5MG
- LORAZEPAM TAB 1MG

**Adding Age Limit(s) AND  
Quantity Limit Change effective  
January 1, 2022**

- LORAZEPAM TAB 2MG
- METHYLDOPA TAB 250MG
- METHYLDOPA TAB 500MG
- METHYLPHENID CAP 10MG
- METHYLPHENID CAP 20MG
- METHYLPHENID CAP 30MG
- METHYLPHENID CAP 40MG  
ER
- METHYLPHENID CAP 60MG
- METHYLPHENID SOL  
10MG/5ML
- METHYLPHENID SOL  
5MG/5ML
- METHYLPHENID TAB 10MG
- METHYLPHENID TAB 10MG  
ER
- METHYLPHENID TAB 18MG  
ER
- METHYLPHENID TAB 20MG
- METHYLPHENID TAB 20MG  
ER
- METHYLPHENID TAB 27MG  
ER

- METHYLPHENID TAB 54MG  
ER
- METHYLPHENID TAB 5MG
- MONTELUKAST CHW 4MG
- MONTELUKAST CHW 5MG
- OLANZAPINE TAB 10MG
- OLANZAPINE TAB 15MG
- OLANZAPINE TAB 2.5MG
- OLANZAPINE TAB 20MG
- OLANZAPINE TAB 5MG
- OLANZAPINE TAB 7.5MG
- ONDANSETRON SOL  
4MG/5ML
- OSELTAMIVIR SUS 6MG/ML
- OXAZEPAM CAP 10MG
- OXAZEPAM CAP 15MG
- OXAZEPAM CAP 30MG
- PHENOBARB ELX 20MG/5ML
- PROMETHAZINE SUP 12.5MG
- PROMETHAZINE SUP 25MG
- QUETIAPINE TAB 100MG
- QUETIAPINE TAB 150MG ER
- QUETIAPINE TAB 200MG
- QUETIAPINE TAB 200MG ER
- QUETIAPINE TAB 25MG
- QUETIAPINE TAB 300MG
- QUETIAPINE TAB 300MG ER
- QUETIAPINE TAB 400MG
- QUETIAPINE TAB 400MG ER
- QUETIAPINE TAB 50MG
- QUETIAPINE TAB 50MG ER
- RISPERIDONE SOL 1MG/ML
- RISPERIDONE TAB 0.25 ODT
- RISPERIDONE TAB 0.25MG
- RISPERIDONE TAB 0.5MG
- RISPERIDONE TAB 0.5MG OD
- RISPERIDONE TAB 1MG
- RISPERIDONE TAB 1MG ODT
- RISPERIDONE TAB 2MG
- RISPERIDONE TAB 2MG ODT
- RISPERIDONE TAB 3MG
- RISPERIDONE TAB 3MG ODT
- RISPERIDONE TAB 4MG
- RISPERIDONE TAB 4MG ODT
- TIZANIDINE TAB 2MG
- TIZANIDINE TAB 4MG
- ZALEPLON CAP 10MG
- ZIPRASIDONE CAP 20MG
- ZIPRASIDONE CAP 40MG
- ZIPRASIDONE CAP 60MG
- ZIPRASIDONE CAP 80MG

## CHANGES TO QUANTITY LIMIT

### Quantity Limit Change effective January 1, 2022

- ACARBOSE TAB 100MG
- ACARBOSE TAB 25MG
- ACARBOSE TAB 50MG
- ACETAZOLAMID CAP 500MG ER
- ACETAZOLAMID TAB 125MG
- ACETAZOLAMID TAB 250MG
- ACYCLOVIR CAP 200MG
- ACYCLOVIR SUS 200/5ML
- ACYCLOVIR TAB 400MG
- ACYCLOVIR TAB 800MG
- ADVAIR HFA AER 115/21
- ADVAIR HFA AER 230/21
- ADVAIR HFA AER 45/21
- ALBUTEROL AER HFA
- ALBUTEROL NEB 0.083%
- ALBUTEROL NEB 0.5%
- ALBUTEROL NEB 0.63MG/3
- ALBUTEROL NEB 1.25MG/3
- ALCLOMETASON CRE 0.05%
- ALCLOMETASON OIN 0.05%
- ALENDRONATE TAB 10MG
- ALENDRONATE TAB 35MG
- ALENDRONATE TAB 5MG
- ALENDRONATE TAB 70MG
- ALFUZOSIN TAB 10MG ER
- ALLERGY RELF TAB 10MG
- ALOGLIPTIN TAB 12.5MG
- ALOGLIPTIN TAB 25MG
- ALOGLIPTIN TAB 6.25MG
- ALOGLIPTIN/ TAB METFORM
- AMANTADINE CAP 100MG
- AMANTADINE TAB 100MG
- AMCINONIDE CRE 0.1%
- AMCINONIDE LOT 0.1%
- AMLACTIN LOT 12%
- AMLOD/BENAZP CAP 10-20MG
- AMLOD/BENAZP CAP 10-40MG
- AMLOD/BENAZP CAP 2.5-10MG
- AMLOD/BENAZP CAP 5-10MG
- AMLOD/BENAZP CAP 5-20MG
- AMLOD/BENAZP CAP 5-40MG
- AMLOD/OLMESA TAB 10-20MG
- AMLOD/OLMESA TAB 10-40MG
- AMLOD/OLMESA TAB 5-20MG
- AMLOD/OLMESA TAB 5-40MG
- AMLODIPINE TAB 10MG
- AMLODIPINE TAB 2.5MG
- AMLODIPINE TAB 5MG
- AMMONIUM LAC CRE 12%
- AMOX/K CLAV TAB 250-125
- AMOX/K CLAV TAB 500-125
- AMOX/K CLAV TAB 875-125
- ANORO ELLIPT AER 62.5-25
- APTIVUS SOL
- ARIPIRAZOLE TAB 10MG
- ARIPIRAZOLE TAB 15MG
- ARIPIRAZOLE TAB 20MG
- ARIPIRAZOLE TAB 2MG
- ARIPIRAZOLE TAB 30MG
- ARIPIRAZOLE TAB 5MG
- ARISTADA INJ 1064MG
- ATAZANAVIR CAP 150MG
- ATENOL/CHLOR TAB 100-25MG
- ATENOL/CHLOR TAB 50-25MG
- ATENOLOL TAB 100MG
- ATENOLOL TAB 25MG
- ATENOLOL TAB 50MG
- ATORVASTATIN TAB 40MG
- ATORVASTATIN TAB 80MG
- ATOVAQ/PROGU TAB 250-100
- ATOVAQ/PROGU TAB 62.5-25
- AUG BETAMET CRE 0.05%
- AUG BETAMET GEL 0.05%
- AUG BETAMET LOT 0.05%
- AUG BETAMET OIN 0.05%
- AZATHIOPRINE TAB 50MG
- AZITHROMYCIN POW 1GM PAK
- AZITHROMYCIN TAB 250MG
- AZITHROMYCIN TAB 500MG
- AZITHROMYCIN TAB 600MG
- BACLOFEN TAB 10MG
- BACLOFEN TAB 20MG
- BALSALAZIDE CAP 750MG
- BASAGLAR INJ 100UNIT
- BENAZEP/HCTZ TAB 10-12.5
- BENAZEP/HCTZ TAB 20-12.5
- BENAZEP/HCTZ TAB 20-25MG
- BENAZEP/HCTZ TAB 5-6.25
- BENAZEPRIL TAB 10MG
- BENAZEPRIL TAB 20MG
- BENAZEPRIL TAB 40MG
- BENAZEPRIL TAB 5MG
- BENZOYL PER LIQ 10% WASH
- BETAMETH DIP CRE 0.05%
- BETAMETH DIP LOT 0.05%
- BETAMETH DIP OIN 0.05%
- BETAMETH VAL CRE 0.1%
- BETAMETH VAL OIN 0.1%
- BETAXOLOL TAB 10MG
- BETAXOLOL TAB 20MG
- BETHANECHOL TAB 10MG
- BETHANECHOL TAB 25MG
- BETHANECHOL TAB 50MG
- BETHANECHOL TAB 5MG
- BEVESPI AER 9-4.8MCG
- BICALUTAMIDE TAB 50MG
- BISOPRL/HCTZ TAB 10/6.25
- BISOPRL/HCTZ TAB 2.5/6.25
- BISOPRL/HCTZ TAB 5-6.25MG
- BISOPROL FUM TAB 10MG
- BISOPROL FUM TAB 5MG
- BP WASH LIQ 5%
- BREO ELLIPTA INH 100-25
- BREO ELLIPTA INH 200-25
- BRIELLYN TAB
- BRIMONIDINE SOL 0.15%
- BRIMONIDINE SOL 0.2% OP
- BROM/PSE/DM SYP
- BROMOCRIPTIN CAP 5MG
- BROMOCRIPTIN TAB 2.5MG
- BUDESONIDE SUS NASAL
- BUPROPION TAB 100MG
- BUPROPION TAB 100MG SR
- BUPROPION TAB 150MG SR
- BUPROPION TAB 200MG SR
- BUPROPION TAB 75MG
- BUPROPN HCL TAB 150MG XL
- BUPROPN HCL TAB 300MG XL
- BUT/APAP/CAF CAP CODEINE
- BUT/APAP/CAF TAB
- CALC ACETATE CAP 667MG

**Quantity Limit Change effective  
January 1, 2022 (Continued)**

- CALCITONIN SPR 200/ACT
- CAPTOPR/HCTZ TAB 25-15MG
- CAPTOPR/HCTZ TAB 25-25MG
- CAPTOPR/HCTZ TAB 50-15MG
- CAPTOPR/HCTZ TAB 50-25MG
- CAPTOPRIL TAB 100MG
- CAPTOPRIL TAB 12.5MG
- CAPTOPRIL TAB 25MG
- CAPTOPRIL TAB 50MG
- CARB/LEVO100 TAB /ENTACAP
- CARB/LEVO125 TAB /ENTACAP
- CARB/LEVO150 TAB /ENTACAP
- CARB/LEVO200 TAB /ENTACAP
- CARTEOLOL SOL 1% OP
- CARVEDILOL TAB 12.5MG
- CARVEDILOL TAB 25MG
- CARVEDILOL TAB 3.125MG
- CARVEDILOL TAB 6.25MG
- CEFUROXIME TAB 250MG
- CEFUROXIME TAB 500MG
- CELECOXIB CAP 100MG
- CELECOXIB CAP 200MG
- CELECOXIB CAP 50MG
- CETIRIZINE TAB 5MG
- CHANTIX PAK 0.5& 1MG
- CHANTIX TAB 0.5MG
- CHANTIX TAB 1MG
- CHLOROQUINE TAB 250MG
- CHLOROQUINE TAB 500MG
- CHOLESTYRAM POW 4GM
- CHOLESTYRAM POW 4GM LITE
- CICLOPIROX CRE 0.77%
- CICLOPIROX SOL 8%
- CIPROFLOXACN SOL 0.2%
- CITALOPRAM TAB 10MG
- CITALOPRAM TAB 20MG
- CITALOPRAM TAB 40MG
- CLINDAMYCIN CRE 2% VAG
- CLINDAMYCIN GEL 1%
- CLINDAMYCIN LOT 1%
- CLOBETASOL CRE 0.05%
- CLOBETASOL GEL 0.05%
- CLOBETASOL OIN 0.05%
- CLOBETASOL SOL 0.05%
- CLOMIPRAMINE CAP 25MG
- CLOMIPRAMINE CAP 50MG
- CLONAZEPAM TAB 0.5MG
- CLONAZEPAM TAB 1MG
- CLONAZEPAM TAB 2MG
- CLONIDINE TAB 0.1MG
- CLONIDINE TAB 0.2MG
- CLONIDINE TAB 0.3MG
- CLOPIDOGREL TAB 75MG
- CLOTRIM/BETA CRE DIPROP
- CLOTRIM/BETA LOT DIPROP
- CLOTRIMAZOLE TRO 10MG
- COLCHICINE TAB 0.6MG
- COLESTIPOL TAB 1GM
- COMBIGAN SOL 0.2/0.5%
- COMETRIQ KIT 100MG
- COMETRIQ KIT 140MG
- COMETRIQ KIT 60MG
- CRIXIVAN CAP 200MG
- CROMOLYN SOD SOL 4% OP
- CVS NICOTINE DIS 21MG/24H
- CVS NICOTINE GUM 4MG MINT
- CVS NICOTINE LOZ 2MG
- CYANOCOBALAM INJ 1000MCG
- DANAZOL CAP 100MG
- DANAZOL CAP 200MG
- DANAZOL CAP 50MG
- DAPSONE TAB 100MG
- DAPSONE TAB 25MG
- DESIPRAMINE TAB 100MG
- DESIPRAMINE TAB 150MG
- DESIPRAMINE TAB 25MG
- DESIPRAMINE TAB 75MG
- DESMOPRESSIN TAB 0.1MG
- DESMOPRESSIN TAB 0.2MG
- DESO/ETHINYL TAB ESTRADIO
- DESO/ETHINYL TAB ESTRADIO
- DESONIDE CRE 0.05%
- DESONIDE OIN 0.05%
- DESOXIMETAS CRE 0.05%
- DESOXIMETAS CRE 0.25%
- DESOXIMETAS GEL 0.05%
- DESOXIMETAS OIN 0.25%
- DEXAMETH PHO SOL 0.1% OP
- DEXILANT CAP 30MG DR
- DEXILANT CAP 60MG DR
- DICLO/MISOPR TAB 50-0.2MG
- DICLO/MISOPR TAB 75-0.2MG
- DICLOFEN POT TAB 50MG
- DICLOFENAC GEL 1%
- DICLOFENAC TAB 100MG ER
- DICLOFENAC TAB 25MG DR
- DICLOFENAC TAB 50MG DR
- DICLOFENAC TAB 75MG DR
- DIDANOSINE CAP 200MG
- DIFLUNISAL TAB 500MG
- DIGOXIN TAB 0.125MG
- DIGOXIN TAB 0.25MG
- DILTIAZEM CAP 120MG ER
- DILTIAZEM CAP 120MG ER
- DILTIAZEM CAP 120MG/24
- DILTIAZEM CAP 180MG ER
- DILTIAZEM CAP 180MG ER
- DILTIAZEM CAP 180MG/24
- DILTIAZEM CAP 240MG ER
- DILTIAZEM CAP 240MG ER
- DILTIAZEM CAP 240MG/24
- DILTIAZEM CAP 300MG ER
- DILTIAZEM CAP 360MG ER
- DILTIAZEM CAP 420MG/24
- DILTIAZEM TAB 120MG
- DILTIAZEM TAB 30MG
- DILTIAZEM TAB 60MG
- DILTIAZEM TAB 90MG
- DISULFIRAM TAB 250MG
- DISULFIRAM TAB 500MG
- DOCOSANOL CRE 10%
- DONEPEZIL TAB 10MG
- DONEPEZIL TAB 10MG ODT
- DONEPEZIL TAB 5MG
- DONEPEZIL TAB 5MG ODT
- DORZOL/TIMOL SOL 22.3-6.8
- DORZOLAMIDE SOL 2% OP
- DOXAZOSIN TAB 1MG
- DOXAZOSIN TAB 2MG
- DOXAZOSIN TAB 4MG
- DOXAZOSIN TAB 8MG
- DROSPIR/ETHI TAB 3-0.02MG
- DROSPIR/ETHI TAB 3-0.03MG
- DROSPIRE/ETH TAB ESTR/LEV
- DUAVEE TAB 0.45-20
- DULOXETINE CAP 20MG
- DULOXETINE CAP 30MG
- DULOXETINE CAP 60MG
- DUTASTERIDE CAP 0.5MG
- EDARBI TAB 40MG
- EDARBI TAB 80MG

**Quantity Limit Change effective  
January 1, 2022 (Continued)**

- EDURANT TAB 25MG
- EFAVIRENZ CAP 50MG
- ELIQUIS TAB 2.5MG
- ELIQUIS TAB 5MG
- ELLA TAB 30MG
- EMTRIVA SOL 10MG/ML
- ENALAPR/HCTZ TAB 10-25MG
- ENALAPR/HCTZ TAB 5-12.5MG
- ENALAPRIL TAB 10MG
- ENALAPRIL TAB 2.5MG
- ENALAPRIL TAB 20MG
- ENALAPRIL TAB 5MG
- ENBREL INJ 25MG
- ENOXAPARIN INJ 100MG/ML
- ENOXAPARIN INJ 120/0.8
- ENOXAPARIN INJ 150MG/ML
- ENOXAPARIN INJ 30/0.3ML
- ENOXAPARIN INJ 300/3ML
- ENOXAPARIN INJ 40/0.4ML
- ENOXAPARIN INJ 60/0.6ML
- ENOXAPARIN INJ 80/0.8ML
- ENTACAPONE TAB 200MG
- EPIPEN 2-PAK INJ 0.3MG
- EPIPEN-JR INJ 0.15MG
- EPLERENONE TAB 25MG
- EPLERENONE TAB 50MG
- EQ NICOTINE LOZ 4MG MINT
- ERYTHROMYCIN SOL 2%
- ESCITALOPRAM TAB 10MG
- ESCITALOPRAM TAB 20MG
- ESCITALOPRAM TAB 5MG
- ESOMEPRAM MAG CAP 20MG DR
- ESTRA/NORETH TAB 0.5-0.1
- ESTRADIOL CRE 0.01%
- ESTRADIOL TAB 10MCG
- ETHY ETH EST TAB 1-35
- ETODOLAC CAP 200MG
- ETODOLAC TAB 400MG
- ETODOLAC TAB 500MG
- FAMCICLOVIR TAB 125MG
- FAMCICLOVIR TAB 250MG
- FAMCICLOVIR TAB 500MG
- FARXIGA TAB 10MG
- FARXIGA TAB 5MG
- FELODIPINE TAB 10MG ER
- FELODIPINE TAB 2.5MG ER
- FELODIPINE TAB 5MG ER
- FENOFIBRATE CAP 134MG
- FENOFIBRATE CAP 200MG
- FENOFIBRATE CAP 43MG
- FENOFIBRATE CAP 67MG
- FENOFIBRATE TAB 145MG
- FENOFIBRATE TAB 160MG
- FENOFIBRATE TAB 48MG
- FENOFIBRATE TAB 54MG
- FEXOFENADINE TAB 180MG
- FEXOFENADINE TAB 60MG
- FIASP FLEX INJ TOUCH
- FIASP INJ 100/ML
- FIASP PENFIL INJ U-100
- FINASTERIDE TAB 5MG
- FLAVOXATE TAB 100MG
- FLUCONAZOLE TAB 100MG
- FLUCONAZOLE TAB 150MG
- FLUCONAZOLE TAB 200MG
- FLUCONAZOLE TAB 50MG
- FLUOCIN ACET CRE 0.025%
- FLUOCIN ACET OIN 0.025%
- FLUOCINONIDE CRE 0.05%
- FLUOCINONIDE GEL 0.05%
- FLUOCINONIDE OIN 0.05%
- FLUOCINONIDE SOL 0.05%
- FLUORABON DRO
- FLUORIDE CHW 0.25MG F
- FLUORIDE CHW 0.5MG F
- FLUORITAB DRO 0.125MG
- FLUOXETINE CAP 10MG
- FLUOXETINE CAP 20MG
- FLUOXETINE CAP 40MG
- FLURBIPROFEN TAB 100MG
- FLURBIPROFEN TAB 50MG
- FLUTICASONE CRE 0.05%
- FLUTICASONE OIN 0.005%
- FLUVOXAMINE TAB 100MG
- FLUVOXAMINE TAB 25MG
- FLUVOXAMINE TAB 50MG
- FOLIC ACID TAB 400MCG
- FOLIC ACID TAB 800MCG
- FOSINOP/HCTZ TAB 10/12.5
- FOSINOP/HCTZ TAB 20/12.5
- FOSINOPRIL TAB 10MG
- FOSINOPRIL TAB 20MG
- FOSINOPRIL TAB 40MG
- GEMFIBROZIL TAB 600MG
- GENTAMICIN CRE 0.1%
- GENTAMICIN OIN 0.1%
- GENTAMICIN SOL 0.3% OP
- GLIP/METFORM TAB 2.5-250M
- GLIP/METFORM TAB 2.5-500M
- GLIP/METFORM TAB 5-500MG
- GLYXAMBI TAB 10-5 MG
- GLYXAMBI TAB 25-5 MG
- GNP LIDOCAIN PAD 4%
- GRANISETRON TAB 1MG
- GUAIATUSS AC SYP 100-10/5
- GUANFACINE TAB 1MG
- GUANFACINE TAB 2MG
- HALOBETASOL CRE 0.05%
- HALOBETASOL OIN 0.05%
- HC VALERATE CRE 0.2%
- HM NICOTINE DIS 14MG/24H
- HUMIRA INJ 40/0.4ML
- HUMIRA KIT 40MG/0.8
- HUMIRA PEDIA INJ CROHNS
- HUMIRA PEN INJ 40/0.4ML
- HUMIRA PEN INJ CD/UC/HS
- HUMIRA PEN KIT CD/UC/HS
- HUMIRA PEN KIT PS/UV
- HUMULIN R INJ U-500
- HYDROCORT CRE 2.5%
- HYDROCORT ENE 100MG
- HYDROCORT LOT 2.5%
- HYDROCORT OIN 2.5%
- HYDROXYCHLOR TAB 200MG
- IBANDRONATE TAB 150MG
- IBRANCE CAP 100MG
- IBRANCE CAP 125MG
- IBRANCE CAP 75MG
- IBRANCE TAB 100MG
- IBRANCE TAB 125MG
- IBRANCE TAB 75MG
- IBUPROFEN TAB 400MG
- IBUPROFEN TAB 600MG
- IBUPROFEN TAB 800MG
- ICLUSIG TAB 15MG
- IMIPRAM HCL TAB 10MG
- IMIPRAM HCL TAB 50MG
- INCRUSE ELPT INH 62.5MCG
- INSPIRACHAMB MIS LARGE
- INTELENCE TAB 25MG
- INVIRASE TAB 500MG
- IPRATROPIUM SOL 0.02%INH
- IPRATROPIUM SPR 0.03%
- IPRATROPIUM SPR 0.06%
- IPRATROPIUM/ SOL ALBUTER
- IRBESAR/HCTZ TAB 150-12.5
- IRBESAR/HCTZ TAB 300-12.5
- IRBESARTAN TAB 150MG
- IRBESARTAN TAB 300MG
- IRBESARTAN TAB 75MG

**Quantity Limit Change effective  
January 1, 2022 (Continued)**

- ISENTRESS CHW 100MG
- ISENTRESS CHW 25MG
- ISENTRESS TAB 400MG
- ISOSORB DIN TAB 10MG
- ISOSORB DIN TAB 20MG
- ISOSORB DIN TAB 30MG
- ISOSORB DIN TAB 5MG
- ISOSORB MONO TAB 10MG
- ISOSORB MONO TAB 120MG ER
- ISOSORB MONO TAB 20MG
- ISOSORB MONO TAB 30MG ER
- ISOSORB MONO TAB 60MG ER
- ISRADIPINE CAP 2.5MG
- ISRADIPINE CAP 5MG
- JANUMET TAB 50-1000
- JANUMET TAB 50-500MG
- JANUMET XR TAB 100-1000
- JANUMET XR TAB 50-1000
- JANUMET XR TAB 50-500MG
- JANUVIA TAB 100MG
- JANUVIA TAB 25MG
- JANUVIA TAB 50MG
- JARDIANCE TAB 10MG
- JARDIANCE TAB 25MG
- JINTELI TAB 1MG-5MCG
- JUNEL 1.5/30 TAB
- JUNEL FE TAB 1.5/30
- KALETRA TAB 100-25MG
- KALETRA TAB 200-50MG
- KELNOR 1/50 TAB
- KETOCONAZOLE CRE 2%
- KETOCONAZOLE SHA 2%
- KETOROLAC SOL 0.4%
- KETOROLAC SOL 0.5%
- KETOTIF FUM DRO 0.025%OP
- KISQALI TAB 200DOSE
- KISQALI TAB 400DOSE
- KISQALI TAB 600DOSE
- KLOR-CON/EF TAB 25MEQ FR
- LABETALOL TAB 100MG
- LABETALOL TAB 200MG
- LABETALOL TAB 300MG
- LAMIVUDINE TAB 100MG
- LARIN 24 TAB FE 1/20
- LATANOPROST SOL 0.005%
- LEENA TAB
- LEFLUNOMIDE TAB 10MG
- LEFLUNOMIDE TAB 20MG
- LETROZOLE TAB 2.5MG
- LEVEMIR INJ
- LEVEMIR INJ FLEXTUOC
- LEVOBUNOLOL SOL 0.5% OP
- LEVOCETIRIZI TAB 5MG
- LEVO-ETH EST TAB 90-20MCG
- LEVONOR/ETHI TAB
- LEVONOR/ETHI TAB 0.1-0.02
- LEVONOR/ETHI TAB ESTRADIO
- LEVONOR/ETHI TAB ESTRADIO
- LIDO/PRILOCN CRE 2.5-2.5%
- LINDANE SHA 1%
- LISINOP/HCTZ TAB 10-12.5
- LISINOP/HCTZ TAB 20-12.5
- LISINOP/HCTZ TAB 20-25MG
- LISINOPRIL TAB 10MG
- LISINOPRIL TAB 2.5MG
- LISINOPRIL TAB 20MG
- LISINOPRIL TAB 30MG
- LISINOPRIL TAB 40MG
- LISINOPRIL TAB 5MG
- LO LOESTRIN TAB 1-10-10
- LOPIN/RITON SOL 80-20/ML
- LOPREEZA TAB 1-0.5MG
- LOSARTAN POT TAB 100MG
- LOSARTAN POT TAB 25MG
- LOSARTAN POT TAB 50MG
- LOSARTAN/HCT TAB 100-12.5
- LOSARTAN/HCT TAB 100-25
- LOSARTAN/HCT TAB 50-12.5
- LOW-OGESTREL TAB
- MALATHION LOT 0.5%
- MECLIZINE TAB 12.5MG
- MECLIZINE TAB 25MG
- MEDROXYPR AC TAB 10MG
- MEDROXYPR AC TAB 2.5MG
- MEDROXYPR AC TAB 5MG
- MEFLOQUINE TAB 250MG
- MELODETTA CHW 24 FE
- MELOXICAM TAB 15MG
- MELOXICAM TAB 7.5MG
- MEPROBAMATE TAB 200MG
- MEPROBAMATE TAB 400MG
- MESALAMINE CAP 0.375GM
- METFORMIN TAB 1000MG
- METFORMIN TAB 500MG
- METFORMIN TAB 500MG ER
- METFORMIN TAB 750MG ER
- METFORMIN TAB 850MG
- METHAZOLAMID TAB 25MG
- METHAZOLAMID TAB 50MG
- METHOTREXATE INJ 250/10ML
- METHOTREXATE INJ 25MG/ML
- METHOTREXATE INJ 50MG/2ML
- METOCLOPRAM TAB 10MG
- METOCLOPRAM TAB 5MG
- METOPRL/HCTZ TAB 100-25MG
- METOPRL/HCTZ TAB 100-50MG
- METOPRL/HCTZ TAB 50-25MG
- METOPROL SUC TAB 100MG ER
- METOPROL SUC TAB 200MG ER
- METOPROL SUC TAB 25MG ER
- METOPROL SUC TAB 50MG ER
- METOPROL TAR TAB 100MG
- METOPROL TAR TAB 25MG
- METOPROL TAR TAB 50MG
- METRONIDAZOL CRE 0.75%
- METRONIDAZOL GEL 0.75%
- METRONIDAZOL GEL 0.75%VAG
- METRONIDAZOL LOT 0.75%
- MIGLITOL TAB 100MG
- MIGLITOL TAB 25MG
- MIGLITOL TAB 50MG
- MINITRAN DIS 0.6MG/HR
- MIRTAZAPINE TAB 15MG
- MIRTAZAPINE TAB 30MG
- MIRTAZAPINE TAB 45MG
- MISOPROSTOL TAB 100MCG
- MISOPROSTOL TAB 200MCG
- MODAFINIL TAB 100MG
- MOEXIPRIL TAB 15MG
- MOEXIPRIL TAB 7.5MG
- MOMETASONE CRE 0.1%
- MOMETASONE OIN 0.1%
- MOMETASONE SOL 0.1%
- MONTELUKAST TAB 10MG
- MOXIFLOXACIN SOL HCL 0.5%
- MULTI VIT/FL DRO 0.5MG/ML
- MULTI-VIT/FE DRO /FL 0.25
- MULTIVIT/FL CHW 0.25MG

**Quantity Limit Change effective  
January 1, 2022 (Continued)**

- MULTIVIT/FL CHW 0.5MG
- MULTIVIT/FL CHW 1MG
- MULTIVIT/FL DRO 0.25MG
- MUPIROCIN OIN 2%
- MY WAY TAB 1.5MG
- NABUMETONE TAB 500MG
- NABUMETONE TAB 750MG
- NAPROXEN TAB 250MG
- NAPROXEN TAB 375MG
- NAPROXEN TAB 500MG
- NARATRIPTAN TAB 1MG
- NARATRIPTAN TAB 2.5MG
- NASAL ALLRGY SPR  
55MCG/AC
- NATEGLINIDE TAB 120MG
- NATEGLINIDE TAB 60MG
- NEFAZODONE TAB 100MG
- NEFAZODONE TAB 150MG
- NEFAZODONE TAB 200MG
- NEFAZODONE TAB 250MG
- NEFAZODONE TAB 50MG
- NEVIRAPINE TAB 100MG
- NEXIUM 24HR CAP 20MG
- NIACIN ER TAB 500MG
- NICARDIPINE CAP 20MG
- NICARDIPINE CAP 30MG
- NICOTINE POL GUM  
2MGFRUIT
- NICOTINE TD DIS 7MG/24HR
- NICOTROL INH
- NICOTROL NS SPR 10MG/ML
- NIFEDIPINE TAB 30MG ER
- NIFEDIPINE TAB 60MG ER
- NIFEDIPINE TAB 90MG ER
- NITROGLYCER DIS  
0.1MG/HR
- NITROGLYCER DIS  
0.2MG/HR
- NITROGLYCER DIS  
0.4MG/HR
- NORE/ETH/FER CAP 1/20
- NORE/ETH/FER CHW 0.4MG-  
35
- NORETH/ETHIN CHW FE
- NORETH/ETHIN TAB 0.5-2.5
- NORETH/ETHIN TAB 1/20
- NORETH/ETHIN TAB FE 1/20
- NORETHIN ACE TAB 5MG
- NORETHINDRON TAB  
0.35MG
- NORGEST/ETHI TAB 0.25/35
- NORGEST/ETHI TAB  
ESTRADIO
- NORGEST/ETHI TAB  
ESTRADIO
- NORTREL TAB 0.5/35
- NORTREL TAB 1/35
- NORTREL TAB 7/7/7
- NORTRIPTYLIN CAP 10MG
- NORVIR SOL 80MG/ML
- NOVOLIN INJ 70/30
- NOVOLIN INJ 70/30 FP
- NOVOLIN N INJ 100 UNIT
- NOVOLIN N INJ U-100
- NOVOLIN R INJ 100 UNIT
- NOVOLIN R INJ U-100
- NOVOLOG INJ 100/ML
- NOVOLOG INJ FLEXPEN
- NOVOLOG INJ PENFILL
- NOVOLOG MIX INJ 70/30
- NOVOLOG MIX INJ FLEXPEN
- NYSTATIN CRE 100000
- NYSTATIN OIN 100000
- OFLOXACIN DRO 0.3% OP
- OFLOXACIN DRO 0.3%OTIC
- OGESTREL TAB
- OLM MED/HCTZ TAB 20-12.5
- OLM MED/HCTZ TAB 40-12.5
- OLM MED/HCTZ TAB 40-  
25MG
- OLMESA MEDOX TAB 20MG
- OLMESA MEDOX TAB 40MG
- OLMESA MEDOX TAB 5MG
- OMEGA-3-ACID CAP 1GM
- OMEPRAZOLE CAP 10MG
- OMEPRAZOLE CAP  
20.6MGDR
- OMEPRAZOLE CAP 20MG
- OMEPRAZOLE CAP 40MG
- ONDANSETRON TAB 4MG
- ONDANSETRON TAB 4MG  
ODT
- ONDANSETRON TAB 8MG
- ONDANSETRON TAB 8MG  
ODT
- ORENITRAM TAB 0.125MG
- ORENITRAM TAB 0.25MG
- ORENITRAM TAB 1MG
- ORENITRAM TAB 2.5MG
- ORENITRAM TAB 5MG
- OSELTAMIVIR CAP 30MG
- OSELTAMIVIR CAP 45MG
- OSELTAMIVIR CAP 75MG
- OXYBUTYNIN SYP 5MG/5ML
- OXYBUTYNIN TAB 10MG ER
- OXYBUTYNIN TAB 15MG ER
- OXYBUTYNIN TAB 5MG
- OXYBUTYNIN TAB 5MG ER
- OZEMPIC INJ 2/1.5ML
- OZEMPIC INJ 4MG/3ML
- PANTOPRAZOLE TAB 20MG
- PANTOPRAZOLE TAB 40MG
- PAROXETINE TAB 10MG
- PAROXETINE TAB 20MG
- PAROXETINE TAB 30MG
- PAROXETINE TAB 40MG
- PENTOXIFYLLI TAB 400MG  
ER
- PERINDOPRIL TAB 2MG
- PERINDOPRIL TAB 4MG
- PERINDOPRIL TAB 8MG
- PERMETHRIN CRE 5%
- PHENELZINE TAB 15MG
- PHENOBARB TAB 100MG
- PHENOBARB TAB 15MG
- PHENOBARB TAB 16.2MG
- PHENOBARB TAB 30MG
- PHENOBARB TAB 32.4MG
- PHENOBARB TAB 60MG
- PHENOBARB TAB 64.8MG
- PHENOBARB TAB 97.2MG
- PHYTONADIONE TAB 5MG
- PIMOZIDE TAB 1MG
- PIMOZIDE TAB 2MG
- PIOGLITAZONE TAB 15MG
- PIOGLITAZONE TAB 30MG
- PIOGLITAZONE TAB 45MG
- PODOFILOX SOL 0.5%
- POLYMYXIN B/ SOL  
TRIMETHP
- POMALYST CAP 1MG
- POMALYST CAP 2MG
- POMALYST CAP 3MG
- POMALYST CAP 4MG
- POT CHLORIDE CAP 10MEQ  
ER
- POT CHLORIDE CAP 8MEQ  
ER
- POT CHLORIDE TAB 10MEQ  
ER
- POT CHLORIDE TAB 20MEQ  
ER
- POT CHLORIDE TAB 8MEQ  
ER
- POT CITRA ER TAB 1080MG
- POT CITRA ER TAB 1620MG
- POT CITRA ER TAB 540MG
- POT CL MICRO TAB 10MEQ  
CR



**Quantity Limit Change effective  
January 1, 2022 (Continued)**

- POT CL MICRO TAB 20MEQ ER
- PRASUGREL TAB 10MG
- PRASUGREL TAB 5MG
- PRAZOSIN HCL CAP 1MG
- PRAZOSIN HCL CAP 2MG
- PRAZOSIN HCL CAP 5MG
- PREDNICARBAT CRE 0.1%
- PREDNICARBAT OIN 0.1%
- PRENATABS RX TAB
- PREZISTA SUS 100MG/ML
- PREZISTA TAB 150MG
- PREZISTA TAB 75MG
- PRIFTIN TAB 150MG
- PRIMIDONE TAB 250MG
- PRIMIDONE TAB 50MG
- PROBEN/COLCH TAB 500-0.5
- PROBENECID TAB 500MG
- PROGESTERONE CAP 100MG
- PROGESTERONE CAP 200MG
- PROMETH/COD SOL 6.25-10
- PROMETH/PE SYP 6.25-5/5
- PROMETH/PE/ SYP CODEINE
- PROMETHAZINE SYP DM
- PROPRANOLOL CAP 120MG ER
- PROPRANOLOL CAP 160MG ER
- PROPRANOLOL CAP 60MG ER
- PROPRANOLOL CAP 80MG ER
- PROTRIPTYLIN TAB 5MG
- PYRIDOSTIGM TAB 60MG
- QNAPRIL/HCTZ TAB 10-12.5
- QNAPRIL/HCTZ TAB 20-12.5
- QNAPRIL/HCTZ TAB 20-25MG
- QUINAPRIL TAB 10MG
- QUINAPRIL TAB 20MG
- QUINAPRIL TAB 40MG
- QUINAPRIL TAB 5MG
- QUININE SULF CAP 324MG
- QVAR REDIIHA AER 80MCG
- QVAR REDIIHAL AER 40MCG
- RA CETIRIZIN TAB 10MG
- RA HYDROCORT CRE 1%PLS 12
- RA LAXATIVE POW
- RAMIPRIL CAP 1.25MG
- RAMIPRIL CAP 10MG
- RAMIPRIL CAP 2.5MG
- RAMIPRIL CAP 5MG
- RANOLAZINE TAB 1000MG
- RANOLAZINE TAB 500MG ER
- RASAGILINE TAB 0.5MG
- RASAGILINE TAB 1MG
- REGRANEX GEL 0.01%
- RELENZA MIS DISKHALE
- REPAGLINIDE TAB 0.5MG
- REPAGLINIDE TAB 1MG
- REPAGLINIDE TAB 2MG
- REVLIMID CAP 20MG
- REVLIMID CAP 25MG
- RIMANTADINE TAB 100MG
- RISEDRONATE TAB 150MG
- RISEDRONATE TAB 30MG
- RISEDRONATE TAB 35MG
- RISEDRONATE TAB 5MG
- RIZATRIPTAN TAB 10MG
- RIZATRIPTAN TAB 10MG ODT
- RIZATRIPTAN TAB 5MG
- RIZATRIPTAN TAB 5MG ODT
- ROSUVASTATIN TAB 10MG
- ROSUVASTATIN TAB 20MG
- ROSUVASTATIN TAB 40MG
- ROSUVASTATIN TAB 5MG
- SCOPOLAMINE DIS 1MG/3DAY
- SELEGILINE CAP 5MG
- SELEGILINE TAB 5MG
- SELZENTRY SOL 20MG/ML
- SELZENTRY TAB 25MG
- SELZENTRY TAB 300MG
- SERTRALINE CON 20MG/ML
- SERTRALINE TAB 100MG
- SERTRALINE TAB 25MG
- SERTRALINE TAB 50MG
- SILVER SULFA CRE 1%
- SOD FLUORIDE CHW 1MG F
- SOD FLUORIDE DRO 0.5MG/ML
- SOD FLUORIDE TAB 0.5MG F
- SOD SULFACET SOL 10% OP
- SOLIQUA INJ 100/33
- SPINOSAD SUS 0.9%
- SPIRIVA AER 1.25MCG
- SPIRIVA CAP HANDIHLR
- SPIRIVA SPR 2.5MCG
- STRIVERDI AER 2.5MCG
- SUCRALFATE TAB 1GM
- SULFAMYLON CRE 85MG/GM
- SULFASALAZIN TAB 500MG
- SULFASALAZIN TAB 500MG DR
- SULINDAC TAB 150MG
- SULINDAC TAB 200MG
- SUMATRIPTAN INJ 6MG/0.5
- SUMATRIPTAN TAB 100MG
- SUMATRIPTAN TAB 25MG
- SUMATRIPTAN TAB 50MG
- SUTENT CAP 12.5MG
- SUTENT CAP 25MG
- SYMBICORT AER 160-4.5
- SYMBICORT AER 80-4.5
- TAMSULOSIN CAP 0.4MG
- TAZAROTENE CRE 0.1%
- TERAZOSIN CAP 10MG
- TERAZOSIN CAP 1MG
- TERAZOSIN CAP 2MG
- TERAZOSIN CAP 5MG
- TERBINAFINE CRE 1%
- TERBINAFINE TAB 250MG
- TERBUTALINE TAB 2.5MG
- TERBUTALINE TAB 5MG
- TILIA FE TAB
- TIMOLOL GEL SOL 0.25% OP
- TIMOLOL GEL SOL 0.5% OP
- TIMOLOL MAL SOL 0.25% OP
- TIMOLOL MAL SOL 0.5% OP
- TIVICAY PD TAB 5MG
- TIVICAY TAB 10MG
- TIVICAY TAB 25MG
- TOBRA/DEXAME SUS 0.3-0.1%
- TOBRADEX OIN 0.3-0.1%
- TOBRAMYCIN SOL 0.3% OP
- TRACLEER TAB 32MG
- TRANDOLAPRIL TAB 1MG
- TRANDOLAPRIL TAB 2MG
- TRANDOLAPRIL TAB 4MG
- TRANYLCYPROM TAB 10MG
- TRAZODONE TAB 100MG
- TRAZODONE TAB 150MG
- TRAZODONE TAB 50MG
- TRELEGY AER ELLIPTA
- TRESIBA FLEX INJ 100UNIT
- TRESIBA FLEX INJ 200UNIT
- TRESIBA INJ 100UNIT
- TRIAMCINOLON CRE 0.025%
- TRIAMCINOLON CRE 0.1%
- TRIAMCINOLON CRE 0.5%
- TRIAMCINOLON LOT 0.025%
- TRIAMCINOLON LOT 0.1%
- TRIAMCINOLON OIN 0.025%
- TRIAMCINOLON OIN 0.1%
- TRIAMCINOLON OIN 0.5%

**Quantity Limit Change effective  
January 1, 2022 (Continued)**

- TRIFLURIDINE SOL 1% OP
- TRI-VIT/FLUO DRO 0.25MG
- TRI-VIT/FLUO DRO 0.5MG
- TRULICITY INJ 0.75/0.5
- TRULICITY INJ 1.5/0.5
- TRULICITY INJ 3/0.5
- TRULICITY INJ 4.5/0.5
- TYDEMY TAB
- UPTRAVI TAB 200/800
- UPTRAVI TAB 200MCG
- URSODIOL CAP 300MG
- URSODIOL TAB 250MG
- URSODIOL TAB 500MG
- VALACYCLOVIR TAB 1GM
- VALACYCLOVIR TAB 500MG
- VALSART/HCTZ TAB 160-12.5
- VALSART/HCTZ TAB 160-25MG
- VALSART/HCTZ TAB 320-12.5
- VALSART/HCTZ TAB 320-25MG
- VALSART/HCTZ TAB 80-12.5
- VALSARTAN TAB 160MG
- VALSARTAN TAB 320MG
- VALSARTAN TAB 40MG

- VALSARTAN TAB 80MG
- VENLAFAXINE CAP 150MG ER
- VENLAFAXINE CAP 37.5 ER
- VENLAFAXINE CAP 75MG ER
- VENLAFAXINE TAB 100MG
- VENLAFAXINE TAB 25MG
- VENLAFAXINE TAB 37.5MG
- VENLAFAXINE TAB 50MG
- VENLAFAXINE TAB 75MG
- VERAPAMIL CAP 100MG ER
- VERAPAMIL CAP 120MG ER
- VERAPAMIL CAP 180MG ER
- VERAPAMIL CAP 240MG ER
- VERAPAMIL CAP 300MG ER
- VERAPAMIL CAP 360MG SR
- VERAPAMIL TAB 120MG
- VERAPAMIL TAB 120MG ER
- VERAPAMIL TAB 180MG ER
- VERAPAMIL TAB 240MG ER
- VERAPAMIL TAB 40MG
- VERAPAMIL TAB 80MG
- VICTOZA INJ 18MG/3ML
- VOLTAREN GEL 1%
- WAL-ITIN TAB 10MG
- XALKORI CAP 200MG
- XALKORI CAP 250MG

- XARELTO STAR TAB 15/20MG
- XARELTO TAB 10MG
- XARELTO TAB 15MG
- XARELTO TAB 2.5MG
- XARELTO TAB 20MG
- XIGDUO XR TAB 10-1000
- XIGDUO XR TAB 10-500MG
- XIGDUO XR TAB 2.5-1000
- XIGDUO XR TAB 5-1000MG
- XIGDUO XR TAB 5-500MG
- XOLAIR INJ 150MG/ML
- XOLAIR INJ 75/0.5
- XOLAIR SOL 150MG
- XULTOPHY INJ 100/3.6
- ZAFIRLUKAST TAB 10MG
- ZAFIRLUKAST TAB 20MG

**Quantity Limit Change to apply  
to members of all ages effective  
January 1, 2022**

- CLOMIPRAMINE CAP 75MG
- DESIPRAMINE TAB 10MG
- DESIPRAMINE TAB 50MG
- IMIPRAM HCL TAB 25MG
- NORTRIPTYLIN CAP 25MG
- NORTRIPTYLIN CAP 50MG
- PROTRIPTYLIN TAB 10MG

**CHANGES TO COVERAGE TIER**

**Tier Change effective January 1,  
2022**

- ABIRATERONE TAB 250MG
- ABIRATERONE TAB 500MG
- AMBRISENTAN TAB 10MG
- AMBRISENTAN TAB 5MG
- BEXAROTENE CAP 75MG
- BOSENTAN TAB 125MG
- BOSENTAN TAB 62.5MG
- BUPRENORPHIN SUB 8MG
- CAPECITABINE TAB 150MG
- CAPECITABINE TAB 500MG
- CINACALCET TAB 30MG
- CINACALCET TAB 60MG
- CINACALCET TAB 90MG
- CLENPIQ SOL
- DALFAMPRIDIN TAB 10MG ER
- DEFERIPRONE TAB 500MG
- DIFICID TAB 200MG
- DIMETHYL FUM CAP 120MG DR

- DIMETHYL FUM CAP 240MG DR
- DIMETHYL FUM MIS STARTER
- ENCORE SUP 100MG
- ERLOTINIB TAB 100MG
- ERLOTINIB TAB 150MG
- ETHACRYNIC TAB ACD 25MG
- EVEROLIMUS TAB 2.5MG
- EVEROLIMUS TAB 5MG
- EVEROLIMUS TAB 7.5MG
- FYCOMPA TAB 10MG
- FYCOMPA TAB 12MG
- FYCOMPA TAB 2MG
- FYCOMPA TAB 4MG
- FYCOMPA TAB 6MG
- FYCOMPA TAB 8MG
- GOLYTELY SOL
- GUANIDINE TAB 125MG
- GYNAZOLE-1 CRE 2%
- ICATIBANT INJ 30MG/3ML

- IMATINIB MES TAB 100MG
- IMATINIB MES TAB 400MG
- LANCETS MIS 30G
- LAPATINIB TAB 250MG
- LEUPROLIDE INJ 1MG/0.2
- MENTAX CRE 1%
- NITISINONE CAP 10MG
- NITISINONE CAP 2MG
- NITISINONE CAP 5MG
- OCTREOTIDE INJ 1000MCG
- OCTREOTIDE INJ 100MCG
- OCTREOTIDE INJ 200MCG
- OCTREOTIDE INJ 500MCG
- PEG 3350 SOL ELECTROL
- PEG/NASUL/C/ SOL NACL/POT
- PEG-3350 SOL ELECTROL
- PHOSPHOLINE SOL 0.125%OP
- PLENVU SOL
- PREPOPIK PAK
- RIFATER TAB
- SAPROPTERIN TAB 100MG

**Tier Change effective January 1, 2022 (Continued)**

- SILDENAFIL TAB 20MG
- TADALAFIL TAB 20MG
- TAMOXIFEN TAB 10MG
- TAMOXIFEN TAB 20MG
- TEMOZOLOMIDE CAP 100MG
- TEMOZOLOMIDE CAP 140MG
- TEMOZOLOMIDE CAP 180MG
- TEMOZOLOMIDE CAP 20MG
- TEMOZOLOMIDE CAP 250MG
- TEMOZOLOMIDE CAP 5MG
- TETRABENAZIN TAB 12.5MG
- TETRABENAZIN TAB 25MG
- TOBRAMYCIN NEB 300/5ML
- TOLVAPTAN TAB 15MG
- TOLVAPTAN TAB 30MG
- TRECATOR TAB 250MG
- VALGANCICLOV SOL 50MG/ML
- VALGANCICLOV TAB 450MG
- VIMPAT SOL 10MG/ML
- VIMPAT TAB 100MG
- VIMPAT TAB 150MG
- VIMPAT TAB 200MG
- VIMPAT TAB 50MG
- VIVITROL INJ 380MG
- VORICONAZOLE TAB 200MG
- VORICONAZOLE TAB 50MG
- XIFAXAN TAB 550MG

**Tier Change AND Adding Age Limit(s) effective January 1, 2022**

- LITHIUM SOL 8MEQ/5ML

**Tier Change AND Quantity Limit Change effective January 1, 2022**

- ADEFOV DIPIV TAB 10MG
- ADVAIR DISKU AER 100/50
- ADVAIR DISKU AER 250/50
- ADVAIR DISKU AER 500/50
- AMCINONIDE OIN 0.1%
- ATORVASTATIN TAB 10MG
- ATORVASTATIN TAB 20MG
- ATROPINE SUL SOL 1% OP
- BALCOLTRA TAB 0.1-20
- BUPREN/NALOX SUB 2-0.5MG
- BUPREN/NALOX SUB 8-2MG
- BUPRENORPHIN SUB 2MG
- BUPROPION TAB 150MG SR
- CYCLOSET TAB 0.8MG
- DIFLORASONE CRE 0.05%
- DIFLORASONE OIN 0.05%
- ENTECAVIR TAB 0.5MG
- ENTECAVIR TAB 1MG
- ERLOTINIB TAB 25MG
- GLUCAGON KIT 1MG
- JENTADUETO TAB XR

- LEVONOR/ETHI TAB ESTRADIO
- LOVASTATIN TAB 10MG
- LOVASTATIN TAB 20MG
- LOVASTATIN TAB 40MG
- LUMIGAN SOL 0.01%
- NALTREXONE TAB 50MG
- NATAZIA TAB
- PRAVASTATIN TAB 10MG
- PRAVASTATIN TAB 20MG
- PRAVASTATIN TAB 40MG
- PRAVASTATIN TAB 80MG
- PREMARIN VAG CRE 0.625MG
- RALOXIFENE TAB 60MG
- RIVELSA TAB
- SIMBRINZA SUS 1-0.2%
- SIMVASTATIN TAB 10MG
- SIMVASTATIN TAB 20MG
- SIMVASTATIN TAB 40MG
- SIMVASTATIN TAB 5MG
- TAZORAC CRE 0.05%
- TAZORAC GEL 0.05%
- TAZORAC GEL 0.1%
- TINIDAZOLE TAB 250MG
- TINIDAZOLE TAB 500MG
- VELIVET PAK
- XULANE DIS 150-35
- ZIOPTAN DRO 0.0015%

**EXCH\_CVSC 3T NY2 STND eff 11/01/2021**

| <b>Drug Name</b> | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------|------------------|----------------------------|
|------------------|------------------|----------------------------|

**ANALGESICS****COX-2 INHIBITORS**

|  |   |  |
|--|---|--|
| <i>celecoxib caps 50mg, 100mg, 200mg</i> | 1 |  |
|--|---|--|

**GOUT**

|  |   |          |
|--|---|----------|
| <i>allopurinol tabs 100mg, 300mg</i>           | 1 |          |
| <i>colchicine tabs .6mg</i>                    | 1 |          |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 1 |          |
| <i>febuxostat tabs 40mg, 80mg</i>              | 1 | ST; PA** |
| <i>probenecid tabs 500mg</i>                   | 1 |          |

**NON-OPIOID ANALGESICS§**

|   |   |                        |
|---|---|------------------------|
| <i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> | 1 | QL (48 caps / 25 days) |
| <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> | 1 | QL (48 caps / 25 days) |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | 1 | QL (48 tabs / 25 days) |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>       | 1 | QL (48 caps / 25 days) |
| <i>tencon</i>   | 1 | QL (48 tabs / 25 days) |

**NSAIDS, COMBINATIONS§**

|  |   |  |
|--|---|--|
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> | 1 |  |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> | 1 |  |

**NSAIDS§**

|  |   |                        |
|--|---|------------------------|
| <i>diclofenac potassium tabs 50mg</i>  | 1 |                        |
| <i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>                     | 1 |                        |
| <i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i> | 1 |                        |
| <i>fenoprofen calcium tabs 600mg</i>   | 3 |                        |
| <i>flurbiprofen tabs 50mg, 100mg</i>   | 1 |                        |
| <i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>                      | 1 |                        |
| <i>ketoprofen caps 50mg, 75mg</i>  | 1 |                        |
| <i>ketorolac tromethamine soln 15mg/ml, 30mg/ml</i>                            | 1 |                        |
| <i>ketorolac tromethamine tabs 10mg</i>  | 1 | QL (20 tabs / 25 days) |
| <i>meclofenamate sodium caps 50mg, 100mg</i>                                   | 1 |                        |
| <i>mefenamic acid caps 250mg</i>   | 1 |                        |
| <i>meloxicam tabs 7.5mg, 15mg</i>  | 1 |                        |
| <i>nabumetone tabs 500mg, 750mg</i>  | 1 |                        |

| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>naproxen tabs 250mg, 375mg, 500mg</i>      | 1                |                            |
| <i>oxaprozin tabs 600mg</i>                   | 1                |                            |
| <i>piroxicam caps 10mg, 20mg</i>              | 1                |                            |
| <i>sulindac tabs 150mg, 200mg</i>             | 1                |                            |
| <i>tolmetin sodium caps 400mg; tabs 600mg</i> | 1                |                            |

### **OPIOID AGONIST/ANTAGONIST**

|   |   |                              |
|---|---|------------------------------|
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 1 | QL (3 units / day)           |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>   | 1 | QL (3 units / day)           |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>   | 1 | QL (3 units / day)           |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>  | 1 | QL (2 units / day)           |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>  | 0 | QL (3 tabs / day); \$0 copay |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>    | 0 | QL (3 tabs / day); \$0 copay |
| ZUBSOLV SUB 0.7-0.18  | 2 | QL (3 units / day)           |
| ZUBSOLV SUB 1.4-0.36  | 2 | QL (3 units / day)           |
| ZUBSOLV SUB 2.9-0.71  | 2 | QL (3 units / day)           |
| ZUBSOLV SUB 5.7-1.4   | 2 | QL (3 units / day)           |
| ZUBSOLV SUB 8.6-2.1   | 2 | QL (2 units / day)           |
| ZUBSOLV SUB 11.4-2.9  | 2 | QL (1 unit / day)            |

### **OPIOID ANALGESICS§**

|   |   |   |
|---|---|---|
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>              | 1 | ST, QL (2700 ml / 25 days); Subject to initial 7-day limit  |
| <i>acetaminophen w/ codeine tab 300-15 mg</i>                   | 1 | ST, QL (400 tabs / 25 days); Subject to initial 7-day limit |
| <i>acetaminophen w/ codeine tab 300-30 mg</i>                   | 1 | ST, QL (360 tabs / 25 days); Subject to initial 7-day limit |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>                   | 1 | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> | 1 | QL (48 caps / 25 days)                                      |
| <i>butorphanol tartrate soln 10mg/ml</i>                        | 1 | QL (2 bottles / 25 days)                                    |
| <i>codeine sulfate tabs 30mg</i>                                | 1 | ST, QL (42 tabs / 25 days); Subject to initial 7-day limit  |
| CODEINE SULFATE TABS 60mg                                       | 3 | ST, QL (42 tabs / 25 days); Subject to initial 7-day limit  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                  |
|---|------------------|---|
| <i>endocet</i>  | 1                | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>endocet</i>  | 1                | ST, QL (240 tabs / 25 days); Subject to initial 7-day limit |
| <i>endocet</i>  | 1                | ST, QL (360 tabs / 25 days); Subject to initial 7-day limit |
| <i>fentanyl pt72 12mcg/hr, 25mcg/hr</i>                                       | 1                | ST, QL (10 patches / 25 days)                               |
| <i>fentanyl pt72 50mcg/hr, 75mcg/hr, 100mcg/hr</i>                            | 1                | ST, PA; High Strength Requires PA                           |
| <i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i> | 1                | PA, QL (120 lozenges / 25 days)                             |
| <i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>               | 1                | ST, QL (30 tabs / 25 days)                                  |
| <i>hydrocodone bitartrate t24a 100mg, 120mg</i>                               | 1                | ST, PA; High Strength Requires PA                           |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>                         | 1                | ST, QL (2700 ml / 25 days); Subject to initial 7-day limit  |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>                                 | 1                | ST, QL (240 tabs / 25 days); Subject to initial 7-day limit |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>                               | 1                | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>                                | 1                | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>hydrocodone-ibuprofen tab 10-200 mg</i>                                    | 1                | ST, QL (50 tabs / 25 days); Subject to initial 7-day limit  |
| <i>hydromorphone hcl tabs 2mg</i>   | 1                | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>hydromorphone hcl tabs 4mg</i>   | 1                | ST, QL (150 tabs / 25 days); Subject to initial 7-day limit |
| <i>hydromorphone hcl tabs 8mg</i>   | 1                | ST, QL (60 tabs / 25 days); Subject to initial 7-day limit  |
| <i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>                                 | 1                | ST, QL (30 tabs / 25 days)                                  |
| <i>hydromorphone hcl tb24 32mg</i>  | 1                | ST, PA; High Strength Requires PA                           |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>methadone hcl conc 10mg/ml</i>                           | 1                | QL (30 ml / 25 days);<br>(indicated for opioid addiction)                     |
| <i>methadone hcl soln 5mg/5ml</i>                           | 1                | ST, QL (450 ml / 25 days)   |
| <i>methadone hcl soln 10mg/5ml</i>                          | 1                | ST, QL (300 mL / 25 days)   |
| <i>methadone hcl tabs 5mg</i>                               | 1                | ST, QL (90 tabs / 25 days)  |
| <i>methadone hcl tabs 10mg</i>                              | 1                | ST, QL (60 tabs / 25 days)  |
| <i>methadone hcl tbso 40mg</i>                              | 1                | QL (9 tabs / 25 days)   |
| <i>methadone hydrochloride i conc 10mg/ml</i>               | 1                | ST, QL (60 mL / 25 days); (generic of Methadone Intensol, indicated for pain) |
| <i>methadose tbso 40mg</i>                                  | 1                | QL (9 tabs / 25 days)   |
| <i>morphine sulfate cp24 10mg, 20mg, 30mg</i>               | 1                | ST, QL (60 caps / 25 days)  |
| <i>morphine sulfate cp24 50mg, 60mg, 80mg</i>               | 1                | ST, QL (30 caps / 25 days)  |
| <i>morphine sulfate cp24 100mg; tbcr 60mg, 100mg, 200mg</i> | 1                | ST, PA; High Strength Requires PA   |
| <i>morphine sulfate soln 10mg/5ml</i>                       | 1                | ST, QL (900 ml / 25 days); Subject to initial 7-day limit                     |
| <i>morphine sulfate soln 20mg/5ml</i>                       | 1                | ST, QL (675 mL / 25 days); Subject to initial 7-day limit                     |
| <i>morphine sulfate soln 100mg/5ml</i>                      | 1                | ST, QL (135 mL / 25 days); Subject to initial 7-day limit                     |
| <i>morphine sulfate supp 5mg, 10mg</i>                      | 1                | ST, QL (180 suppositories / 25 days); Subject to initial 7-day limit          |
| <i>morphine sulfate supp 20mg</i>                           | 1                | ST, QL (120 supp / 25 days); Subject to initial 7-day limit                   |
| <i>morphine sulfate supp 30mg</i>                           | 1                | ST, QL (90 supp / 25 days); Subject to initial 7-day limit                    |
| <i>morphine sulfate tabs 15mg</i>                           | 1                | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit                   |
| <i>morphine sulfate tabs 30mg</i>                           | 1                | ST, QL (90 tabs / 25 days); Subject to initial 7-day limit                    |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                  |
|---|------------------|---|
| <i>morphine sulfate tbc</i> 15mg, 30mg                          | 1                | ST, QL (90 tabs / 25 days)                                  |
| <i>morphine sulfate beads cp24</i> 30mg, 45mg, 60mg, 75mg, 90mg | 1                | ST, QL (30 caps / 25 days)                                  |
| <i>morphine sulfate beads cp24</i> 120mg                        | 1                | ST, PA; High Strength Requires PA                           |
| <i>nalbuphine hcl soln</i> 10mg/ml, 20mg/ml                     | 1                |   |
| NUCYNTA TABS 50mg   | 2                | ST, QL (120 tabs / 25 days); Subject to initial 7-day limit |
| NUCYNTA TABS 75mg   | 2                | ST, QL (90 tabs / 25 days); Subject to initial 7-day limit  |
| NUCYNTA TABS 100mg  | 2                | ST, QL (60 tabs / 25 days); Subject to initial 7-day limit  |
| NUCYNTA ER TB12 50mg, 100mg                                     | 3                | ST, QL (60 tabs / 25 days)                                  |
| NUCYNTA ER TB12 150mg, 200mg, 250mg                             | 3                | ST, PA; High Strength Requires PA                           |
| <i>oxycodone hcl caps</i> 5mg                                   | 1                | ST, QL (180 caps / 25 days); Subject to initial 7-day limit |
| <i>oxycodone hcl conc</i> 100mg/5ml                             | 1                | ST, QL (90 mL / 25 days); Subject to initial 7-day limit    |
| <i>oxycodone hcl soln</i> 5mg/5ml                               | 1                | ST, QL (900 ml / 25 days); Subject to initial 7-day limit   |
| <i>oxycodone hcl t12a</i> 10mg, 15mg, 20mg, 30mg                | 1                | ST, QL (60 tabs / 25 days)                                  |
| <i>oxycodone hcl t12a</i> 40mg, 60mg, 80mg                      | 1                | ST, PA; High Strength Requires PA                           |
| <i>oxycodone hcl tabs</i> 5mg, 10mg                             | 1                | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone hcl tabs</i> 15mg                                  | 1                | ST, QL (120 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone hcl tabs</i> 20mg                                  | 1                | ST, QL (90 tabs / 25 days); Subject to initial 7-day limit  |
| <i>oxycodone hcl tabs</i> 30mg                                  | 1                | ST, QL (60 tabs / 25 days); Subject to initial 7-day limit  |
| <i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg                | 1                | ST, QL (360 tabs / 25 days); Subject to initial 7-day limit |



| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                  |
|--|------------------|---|
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>     | 1                | ST, QL (360 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>   | 1                | ST, QL (240 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>    | 1                | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone-aspirin tab 4.8355-325 mg</i>         | 1                | ST, QL (360 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxycodone-ibuprofen tab 5-400 mg</i>            | 1                | ST, QL (28 tabs / 25 days); Subject to initial 7-day limit  |
| OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg              | 3                | ST, QL (60 tabs / 25 days)                                  |
| OXYCONTIN T12A 40mg, 60mg, 80mg                    | 3                | ST, PA; High Strength Requires PA                           |
| <i>oxymorphone hcl tabs 5mg</i>                    | 1                | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>oxymorphone hcl tabs 10mg</i>                   | 1                | ST, QL (90 tabs / 25 days); Subject to initial 7-day limit  |
| <i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i> | 1                | ST, QL (60 tabs / 25 days)                                  |
| <i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>       | 1                | ST, PA; High Strength Requires PA                           |
| <i>tramadol hcl tabs 50mg</i>                      | 1                | ST, QL (180 tabs / 25 days); Subject to initial 7-day limit |
| <i>tramadol hcl tb24 100mg</i>                     | 1                | ST, QL (30 tabs / 25 days)                                  |
| <i>tramadol hcl tb24 200mg, 300mg</i>              | 1                | ST, PA; High Strength Requires PA                           |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>      | 1                | ST, QL (40 tabs / 25 days); Subject to initial 7-day limit  |
| XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg            | 2                | ST, QL (60 caps / 25 days)                                  |
| XTAMPZA ER C12A 36mg                               | 2                | ST, PA; High Strength Requires Prior Auth                   |
| <b>OPIOID PARTIAL AGONISTS§</b>                    |                  |   |
| BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg         | 2                | ST, QL (60 films / 25 days)                                 |
| BELBUCA FILM 600mcg, 750mcg, 900mcg                | 2                | ST, PA; High Strength Requires Prior Auth                   |

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| <i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr</i> | 1                | ST, QL (4 patches / 25 days)  |
| <i>buprenorphine ptwk 15mcg/hr, 20mcg/hr</i>           | 1                | ST, PA; High Strength Requires Prior Auth   |
| <i>buprenorphine hcl subl 2mg, 8mg</i>                 | 0                | QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply |
| SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml                | 3                |   |

### **SALICYLATES**

|  |   |  |
|--|---|--|
| <i>aspirin enteric coated ad tbec 81mg</i> | 0 | QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered |
| <i>diflunisal tabs 500mg</i>               | 1 |  |
| <i>goodsense aspirin chew 81mg</i>         | 0 | QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered |

### **ANTI-INFECTIVES**

#### **ANTI-BACTERIALS - MISCELLANEOUS**

|   |   |                           |
|---|---|---------------------------|
| <i>fosfomycin tromethamine pack 3gm</i> | 1 |                           |
| <i>neomycin sulfate tabs 500mg</i>      | 1 |                           |
| <i>paromomycin sulfate caps 250mg</i>   | 1 |                           |
| SULFADIAZINE TABS 500mg                 | 3 |                           |
| <i>tinidazole tabs 250mg, 500mg</i>     | 1 |                           |
| <i>tobramycin nebu 300mg/4ml</i>        | 3 | PA, QL (224 mL / 28 days) |
| <i>tobramycin nebu 300mg/5ml</i>        | 3 | PA, QL (280 mL / 28 days) |

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

|  |   |                             |
|--|---|-----------------------------|
| ALINIA SUSR 100mg/5ml                                    | 3 | QL (540mL / 25 days)        |
| <i>atovaquone susp 750mg/5ml</i>                         | 1 |                             |
| <i>aztreonam solr 1gm, 2gm</i>                           | 1 |                             |
| CAYSTON SOLR 75mg  | 3 | PA, QL (84 vials / 28 days) |
| <i>clindamycin hcl caps 75mg, 150mg, 300mg</i>           | 1 |                             |
| <i>clindamycin palmitate hydrochloride solr 75mg/5ml</i> | 1 |                             |
| <i>dapsone tabs 25mg, 100mg</i>                          | 1 |                             |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| EMVERM CHEW 100mg  | 3                | QL (12 tabs / 365 days)  |
| <i>ivermectin tabs 3mg</i>   | 1                |  |
| <i>linezolid susr 100mg/5ml; tabs 600mg</i>                              | 1                |  |
| <i>methenamine hippurate tabs 1gm</i>                                    | 1                |  |
| <i>metronidazole caps 375mg; tabs 250mg, 500mg</i>                       | 1                |  |
| <i>nitazoxanide tabs 500mg</i>   | 1                | QL (20 tabs / 25 days)   |
| <i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>                | 1                | PA; High Risk<br>Medications require PA for members age 70 and older |
| <i>nitrofurantoin monohyd macro caps 100mg</i>                           | 1                | PA; High Risk<br>Medications require PA for members age 70 and older |
| <i>pentamidine isethionate solr 300mg</i>                                | 1                |  |
| <i>praziquantel tabs 600mg</i>   | 1                | QL (24 tabs / 365 days)  |
| PRIMSOL SOLN 50mg/5ml  | 2                |  |
| <i>pyrimethamine tabs 25mg</i>   | 3                | PA   |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>                  | 1                |  |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>                       | 1                |  |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>                      | 1                |  |
| <i>trimethoprim tabs 100mg</i>   | 1                |  |
| <i>vancomycin hcl caps 125mg, 250mg</i>                                  | 1                | QL (80 caps / 10 days)   |
| XIFAXAN TABS 200mg   | 2                | QL (9 tabs / 25 days)  |
| XIFAXAN TABS 550mg   | 2                | PA   |
| <b>ANTIFUNGALS</b>   |                  |  |
| <i>amphotericin b solr 50mg</i>  | 1                |  |
| <i>bio-statin</i>  | 1                |  |
| BIO-STATIN CAPS 500000unit, 1000000unit                                  | 2                |  |
| CRESEMBA CAPS 186mg  | 3                |  |
| <i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i> | 1                |  |
| <i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>                 | 1                |  |
| <i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>                     | 1                |  |
| <i>itraconazole caps 100mg; soln 10mg/ml</i>                             | 1                | PA   |
| NOXAFIL SUSP 40mg/ml   | 2                | PA   |
| <i>nystatin tabs 500000unit</i>  | 1                |  |
| <i>posaconazole tbec 100mg</i>   | 3                | PA   |
| <i>terbinafine hcl tabs 250mg</i>  | 1                |  |

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i> | 3                | PA                         |

### **ANTIMALARIALS**

|  |   |  |
|--|---|--|
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | 1 |  |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 1 |  |
| <i>chloroquine phosphate tabs 250mg, 500mg</i> | 1 |  |
| COARTEM TAB 20-120MG                           | 3 |  |
| <i>mefloquine hcl tabs 250mg</i>               | 1 |  |
| <i>primaquine phosphate tabs 26.3mg</i>        | 1 |  |
| <i>quinine sulfate caps 324mg</i>              | 1 |  |

### **ANTIRETROVIRAL AGENTS**

|   |   |                             |
|---|---|-----------------------------|
| <i>abacavir sulfate soln 20mg/ml</i>        | 1 | QL (900 mL / 30 days)       |
| <i>abacavir sulfate tabs 300mg</i>          | 1 | QL (60 tabs / 30 days)      |
| APTIVUS CAPS 250mg                          | 2 | QL (120 caps / 30 days)     |
| APTIVUS SOLN 100mg/ml                       | 2 | QL (285 mL / 28 days)       |
| <i>atazanavir sulfate caps 150mg, 300mg</i> | 1 | QL (30 caps / 30 days)      |
| <i>atazanavir sulfate caps 200mg</i>        | 1 | QL (60 caps / 30 days)      |
| CRIXIVAN CAPS 200mg                         | 2 | QL (450 caps / 30 days)     |
| CRIXIVAN CAPS 400mg                         | 2 | QL (180 caps / 30 days)     |
| <i>didanosine cpdr 200mg, 250mg, 400mg</i>  | 1 | QL (30 caps / 30 days)      |
| EDURANT TABS 25mg                           | 2 | QL (60 tabs / 30 days)      |
| <i>efavirenz caps 50mg, 200mg</i>           | 1 | QL (90 caps / 30 days)      |
| <i>efavirenz tabs 600mg</i>                 | 1 | QL (30 tabs / 30 days)      |
| <i>emtricitabine caps 200mg</i>             | 1 | QL (30 caps / 30 days)      |
| EMTRIVA SOLN 10mg/ml                        | 2 | QL (680 ml / 28 days)       |
| <i>etravirine tabs 100mg</i>                | 1 | QL (120 tabs / 30 days)     |
| <i>etravirine tabs 200mg</i>                | 1 | QL (60 tabs / 30 days)      |
| <i>fosamprenavir calcium tabs 700mg</i>     | 1 | QL (120 tabs / 30 days)     |
| FUZEON SOLR 90mg                            | 3 | PA, QL (60 vials / 30 days) |
| INTELENCE TABS 25mg, 100mg                  | 2 | QL (120 tabs / 30 days)     |
| INTELENCE TABS 200mg                        | 2 | QL (60 tabs / 30 days)      |
| INVIRASE TABS 500mg                         | 2 | QL (120 tabs / 30 days)     |
| ISENTRESS CHEW 25mg, 100mg                  | 2 | QL (180 tabs / 30 days)     |
| ISENTRESS PACK 100mg                        | 2 | QL (60 packets / 30 days)   |
| ISENTRESS TABS 400mg                        | 2 | QL (120 tabs / 30 days)     |
| ISENTRESS HD TABS 600mg                     | 2 | QL (60 tabs / 30 days)      |
| <i>lamivudine soln 10mg/ml</i>              | 1 | QL (900 ml / 30 days)       |
| <i>lamivudine tabs 150mg</i>                | 1 | QL (60 tabs / 30 days)      |
| <i>lamivudine tabs 300mg</i>                | 1 | QL (30 tabs / 30 days)      |
| LEXIVA SUSP 50mg/ml                         | 2 | QL (1575 mL / 28 days)      |
| <i>nevirapine susp 50mg/5ml</i>             | 1 | QL (1200 mL / 30 days)      |
| <i>nevirapine tabs 200mg</i>                | 1 | QL (60 tabs / 30 days)      |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| <i>nevirapine tb24 100mg</i>                                     | 1                | QL (90 tabs / 30 days)   |
| <i>nevirapine tb24 400mg</i>                                     | 1                | QL (30 tabs / 30 days)   |
| NORVIR PACK 100mg  | 2                | QL (360 packets / 30 days)   |
| NORVIR SOLN 80mg/ml  | 2                | QL (480 mL / 30 days)  |
| PREZISTA SUSP 100mg/ml   | 2                | QL (400 ml / 30 days)  |
| PREZISTA TABS 75mg   | 2                | QL (300 tabs / 30 days)  |
| PREZISTA TABS 150mg  | 2                | QL (180 tabs / 30 days)  |
| PREZISTA TABS 600mg  | 2                | QL (60 tabs / 30 days)   |
| PREZISTA TABS 800mg  | 2                | QL (30 tabs / 30 days)   |
| REYATAZ PACK 50mg  | 2                | QL (180 packets / 30 days)   |
| <i>ritonavir tabs 100mg</i>                                      | 1                | QL (360 tabs / 30 days)  |
| SELZENTRY SOLN 20mg/ml   | 2                | QL (1840 mL / 30 days)   |
| SELZENTRY TABS 25mg  | 2                | QL (240 tabs / 30 days)  |
| SELZENTRY TABS 75mg, 150mg                                       | 2                | QL (60 tabs / 30 days)   |
| SELZENTRY TABS 300mg   | 2                | QL (120 tabs / 30 days)  |
| <i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>                     | 1                | QL (60 caps / 30 days)   |
| <i>tenofovir disoproxil fumarate tabs 300mg</i>                  | 1                | QL (30 tabs / 30 days)   |
| TIVICAY TABS 10mg  | 2                | QL (240 tabs / 30 days)  |
| TIVICAY TABS 25mg, 50mg  | 2                | QL (60 tabs / 30 days)   |
| TIVICAY PD TBSO 5mg  | 2                | QL (360 tabs / 30 days)  |
| TROGARZO SOLN 200mg/1.33ml                                       | 3                |  |
| TYBOST TABS 150mg  | 2                | QL (30 tabs / 30 days)   |
| VIDEX EC CPDR 125mg  | 2                | QL (30 caps / 30 days)   |
| VIDEX PEDIATRIC SOLR 2gm   | 2                | QL (1200 ml / 30 days)   |
| VIRACEPT TABS 250mg  | 2                | QL (300 tabs / 30 days)  |
| VIRACEPT TABS 625mg  | 2                | QL (120 tabs / 30 days)  |
| VIREAD POWD 40mg/gm  | 2                | QL (240 gm / 30 days)  |
| VIREAD TABS 150mg, 200mg, 250mg                                  | 2                | QL (30 tabs / 30 days)   |
| <i>zidovudine caps 100mg</i>                                     | 1                | QL (180 caps / 30 days)  |
| <i>zidovudine syr 50mg/5ml</i>                                   | 1                | QL (1800 ml / 30 days)   |
| <i>zidovudine tabs 300mg</i>                                     | 1                | QL (60 tabs / 30 days)   |
| <b>ANTIRETROVIRAL COMBINATION AGENTS</b>                         |                  |  |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                | 1                | QL (30 tabs / 30 days)   |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> | 1                | QL (60 tabs / 30 days)   |
| BIKTARVY TAB   | 2                | QL (30 tabs / 30 days)   |
| CIMDUO TAB 300-300   | 2                | QL (30 tabs / 30 days)   |
| DESCOVY TAB 200/25MG   | 2                | QL (30 tabs / 30 days);<br>Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| DOVATO TAB 50-300MG   | 2                | QL (30 tabs / 30 days)  |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | 1                | QL (30 tabs / 30 days)  |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>       | 1                | QL (30 tabs / 30 days)  |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | 1                | QL (30 tabs / 30 days)  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 1                | QL (30 tabs / 30 days)  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 1                | QL (30 tabs / 30 days)  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 1                | QL (30 tabs / 30 days)  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 1                | QL (30 tabs / 30 days);<br>\$0 copay for pre-exposure prophylaxis |
| EVOTAZ TAB 300-150  | 2                | QL (30 tabs / 30 days)  |
| GENVOYA TAB   | 2                | QL (30 tabs / 30 days)  |
| KALETRA TAB 100-25MG  | 2                | QL (240 tabs / 30 days)   |
| KALETRA TAB 200-50MG  | 2                | QL (120 tabs / 30 days)   |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | 1                | QL (60 tabs / 30 days)  |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>      | 1                | QL (390 mL / 30 days)   |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                          | 1                | QL (240 tabs / 30 days)   |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                          | 1                | QL (120 tabs / 30 days)   |
| ODEFSEY TAB   | 2                | QL (30 tabs / 30 days)  |
| PREZCOBIX TAB 800-150   | 2                | QL (30 tabs / 30 days)  |
| TEMIXYS TAB 300-300   | 2                | QL (30 tabs / 30 days)  |
| TRIUMEQ TAB   | 2                | QL (30 tabs / 30 days)  |
| <b>ANTITUBERCULAR AGENTS</b>                                      |                  |   |
| <i>cycloserine caps 250mg</i>                                     | 1                |   |
| <i>ethambutol hcl tabs 100mg, 400mg</i>                           | 1                |   |
| <i>isoniazid syrpf 50mg/5ml; tabs 100mg, 300mg</i>                | 1                |   |
| PASER PACK 4gm  | 3                |   |
| PRIFTIN TABS 150mg  | 2                |   |
| <i>pyrazinamide tabs 500mg</i>                                    | 1                |   |
| <i>rifabutin caps 150mg</i>                                       | 1                |   |
| RIFAMATE CAP  | 2                |   |
| <i>rifampin caps 150mg, 300mg</i>                                 | 1                |   |
| RIFATER TAB   | 2                |   |
| SIRTURO TABS 20mg, 100mg  | 3                | PA  |
| TRECTOR TABS 250mg  | 2                |   |
| <b>ANTIVIRALS§</b>  |                  |   |
| <i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>    | 1                |   |

| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| <i>adefovir dipivoxil tabs 10mg</i>          | 3                |                             |
| BARACLUDE SOLN .05mg/ml                      | 3                |                             |
| <i>entecavir tabs .5mg, 1mg</i>              | 3                |                             |
| EPIVIR HBV SOLN 5mg/ml                       | 2                |                             |
| <i>famciclovir tabs 125mg, 250mg, 500mg</i>  | 1                |                             |
| <i>lamivudine (hbv) tabs 100mg</i>           | 1                |                             |
| <i>oseltamivir phosphate caps 30mg</i>       | 1                | QL (40 caps / 90 days)      |
| <i>oseltamivir phosphate caps 45mg, 75mg</i> | 1                | QL (20 caps / 90 days)      |
| <i>oseltamivir phosphate susr 6mg/ml</i>     | 1                | QL (360 mL / 90 days)       |
| RELENZA DISKHALER AEPB 5mg/blister           | 2                | QL (2 inhalers / 90 days)   |
| <i>rimantadine hydrochloride tabs 100mg</i>  | 1                |                             |
| <i>valacyclovir hcl tabs 500mg, 1000mg</i>   | 1                |                             |
| <i>valganciclovir hcl solr 50mg/ml</i>       | 3                | PA, QL (1000 mL / 30 days)  |
| <i>valganciclovir hcl tabs 450mg</i>         | 3                | PA, QL (120 tabs / 30 days) |
| VEMLIDY TABS 25mg                            | 3                | PA, QL (30 tabs / 30 days)  |

### **CEPHALOSPORINS**

|  |   |  |
|--|---|--|
| <i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>                  | 1 |  |
| <i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>                        | 1 |  |
| <i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>                                    | 1 |  |
| <i>cefditoren pivoxil tabs 200mg, 400mg</i>  | 1 |  |
| <i>cefepime hcl solr 1gm, 2gm</i>  | 1 |  |
| <i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>                                    | 1 |  |
| <i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>                  | 1 |  |
| <i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>                            | 1 |  |
| <i>ceftazidime solr 2gm</i>  | 1 |  |
| <i>ceftriaxone sodium solr 1gm, 2gm, 10gm, 250mg, 500mg</i>                              | 1 |  |
| <i>cefuroxime axetil tabs 250mg, 500mg</i>   | 1 |  |
| <i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i> | 1 |  |
| SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml   | 2 |  |
| <i>tazicef solr 1gm</i>  | 1 |  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <b>ERYTHROMYCINS/MACROLIDES</b>   |                  |                                   |
| <i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i> | 1                |                                   |
| <i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>    | 1                |                                   |
| DIFICID SUSR 40mg/ml; TABS 200mg  | 2                | PA                                |
| <i>ery-tab tbec 250mg, 333mg, 500mg</i>   | 1                |                                   |
| <i>erythrocin stearate tabs 250mg</i>   | 1                |                                   |
| <i>erythromycin base cpep 250mg; tabs 250mg, 500mg</i>                            | 1                |                                   |
| <i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>          | 1                |                                   |
| <b>FLUOROQUINOLONES</b>   |                  |                                   |
| BAXDELA TABS 450mg  | 3                |                                   |
| CIPRO SUSR 500mg/5ml  | 3                |                                   |
| <i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>                          | 1                |                                   |
| <i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>                        | 1                |                                   |
| <i>moxifloxacin hcl tabs 400mg</i>  | 1                |                                   |
| <i>ofloxacin tabs 300mg, 400mg</i>  | 1                |                                   |
| <b>HEPATITIS C</b>  |                  |                                   |
| EPCLUSA TAB 200-50MG  | 3                | PA, QL (28 tabs / 28 days)        |
| EPCLUSA TAB 400-100   | 3                | PA, QL (28 tabs / 28 days)        |
| HARVONI PAK   | 3                | PA, QL (28 pellets / 28 days)     |
| HARVONI PAK 45-200MG  | 3                | PA, QL (28 pellets / 28 days)     |
| HARVONI TAB 45-200MG  | 3                | PA, QL (28 tabs / 28 days)        |
| HARVONI TAB 90-400MG  | 3                | PA, QL (28 tabs / 28 days)        |
| PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml  | 3                | PA                                |
| <i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>                             | 1                | PA                                |
| SOVALDI PACK 150mg, 200mg   | 3                | ST, PA, QL (28 pellets / 28 days) |
| SOVALDI TABS 200mg, 400mg   | 3                | ST, PA, QL (28 tabs / 28 days)    |
| VOSEVI TAB  | 3                | PA, QL (28 tabs / 28 days)        |



| <b>Drug Name</b>      | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|-----------------------|------------------|--------------------------------|
| ZEPATIER TAB 50-100MG | 3                | ST, PA, QL (28 tabs / 28 days) |

### **PENICILLINS**

|   |   |  |
|---|---|--|
| <i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i> | 1 |  |
| <i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>   | 1 |  |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>   | 1 |  |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>   | 1 |  |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>   | 1 |  |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>   | 1 |  |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>   | 1 |  |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>   | 1 |  |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>   | 1 |  |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>   | 1 |  |
| <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>   | 1 |  |
| <i>ampicillin caps 500mg</i>  | 1 |  |
| <i>dicloxacillin sodium caps 250mg, 500mg</i>   | 1 |  |
| <i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>  | 1 |  |

### **TETRACYCLINES**

|  |   |  |
|--|---|--|
| <i>avidoxy tabs 100mg</i>  | 1 |  |
| <i>demeclocycline hcl tabs 150mg, 300mg</i>  | 1 |  |
| <i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i> | 1 |  |
| <i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>                            | 1 |  |
| <i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>                    | 1 |  |
| <i>morgidox 1x100mg caps 100mg</i>   | 1 |  |
| <i>tetracycline hcl caps 250mg, 500mg</i>  | 1 |  |

### **ANTINEOPLASTIC AGENTS**

#### **ALKYLATING AGENTS**

|  |   |  |
|--|---|--|
| <i>busulfan soln 6mg/ml</i>                  | 1 |  |
| <i>carmustine solr 100mg</i>                 | 1 |  |
| <i>cyclophosphamide caps 25mg, 50mg</i>      | 1 |  |
| <i>cyclophosphamide solr 1gm, 2gm, 500mg</i> | 3 |  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>dacarbazine solr 100mg, 200mg</i>                               | 1                |                            |
| EMCYT CAPS 140mg   | 3                |                            |
| GLEOSTINE CAPS 10mg, 40mg, 100mg                                   | 3                |                            |
| GLIADEL WAF 7.7MG  | 2                |                            |
| <i>ifosfamide soln 1gm/20ml, 3gm/60ml;<br/>solr 1gm</i>            | 1                |                            |
| LEUKERAN TABS 2mg  | 2                |                            |
| <i>melphalan tabs 2mg</i>  | 1                |                            |
| TEMODAR SOLR 100mg   | 3                | PA                         |
| <i>temozolomide caps 5mg, 20mg, 100mg,<br/>140mg, 180mg, 250mg</i> | 3                | PA                         |

### **ANTHRACYCLINES**

|  |   |  |
|--|---|--|
| <i>adriamycin solr 10mg, 50mg</i>                            | 1 |  |
| <i>daunorubicin hcl soln 20mg/4ml</i>                        | 1 |  |
| <i>doxorubicin hcl soln 2mg/ml</i>                           | 1 |  |
| <i>doxorubicin hcl liposomal inj 2mg/ml</i>                  | 1 |  |
| <i>epirubicin hcl soln 50mg/25ml,<br/>200mg/100ml</i>        | 1 |  |
| <i>idarubicin hcl soln 5mg/5ml, 10mg/10ml,<br/>20mg/20ml</i> | 1 |  |

### **ANTIBIOTICS**

|  |   |  |
|--|---|--|
| <i>bleomycin sulfate solr 15unit, 30unit</i> | 1 |  |
| <i>mitomycin solr 5mg, 20mg, 40mg</i>        | 1 |  |

### **ANTIMETABOLITES**

|  |   |                             |
|--|---|-----------------------------|
| ALIMTA SOLR 100mg, 500mg   | 3 |                             |
| <i>azacitidine susr 100mg</i>  | 3 | PA                          |
| <i>capecitabine tabs 150mg</i>   | 3 | PA, QL (120 tabs / 30 days) |
| <i>capecitabine tabs 500mg</i>   | 3 | PA, QL (300 tabs / 30 days) |
| <i>cladribine soln 10mg/10ml</i>   | 1 |                             |
| <i>clofarabine soln 1mg/ml</i>   | 1 |                             |
| <i>cytarabine soln 20mg/ml, 100mg/ml</i>   | 1 |                             |
| <i>decitabine solr 50mg</i>  | 3 | PA                          |
| <i>floxuridine solr .5gm</i>   | 1 |                             |
| <i>fludarabine phosphate soln 50mg/2ml;<br/>solr 50mg</i>                                      | 1 |                             |
| <i>fluorouracil soln 1gm/20ml, 2.5gm/50ml,<br/>5gm/100ml, 500mg/10ml</i>                       | 1 |                             |
| <i>gemcitabine hcl soln 1gm/26.3ml,<br/>2gm/52.6ml, 200mg/5.26ml; solr 1gm,<br/>2gm, 200mg</i> | 3 |                             |
| <i>mercaptopurine tabs 50mg</i>  | 1 |                             |
| <i>methotrexate sodium soln 1gm/40ml,<br/>50mg/2ml, 250mg/10ml; solr 1gm</i>                   | 1 |                             |
| NIPENT SOLR 10mg   | 2 |                             |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|---|------------------|---|
| TABLOID TABS 40mg   | 2                |   |
| <b>ANTIMITOTIC, TAXOIDS</b>   |                  |   |
| ABRAXANE INJ 100MG  | 2                |   |
| <i>docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml</i> | 1                |   |
| <i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>                   | 1                |   |
| <b>ANTIMITOTIC, VINCA ALKALOIDS</b>   |                  |   |
| <i>vinblastine sulfate soln 1mg/ml</i>  | 1                |   |
| <i>vincristine sulfate soln 1mg/ml</i>  | 1                |   |
| <i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i>                                      | 1                |   |
| <b>BIOLOGIC RESPONSE MODIFIERS</b>  |                  |   |
| ERBITUX SOLN 100mg/50ml, 200mg/100ml  | 3                | PA                                      |
| ERIVEDGE CAPS 150mg   | 3                | PA, QL (30 caps / 30 days)              |
| FARYDAK CAPS 10mg, 15mg, 20mg   | 3                | PA, QL (6 caps / 21 days)               |
| GAZYVA SOLN 1000mg/40ml   | 3                | PA                                      |
| IBRANCE CAPS 75mg, 100mg, 125mg   | 3                | PA, QL (21 caps / 28 days)              |
| IBRANCE TABS 75mg, 100mg, 125mg   | 3                | PA, QL (21 tabs / 28 days)              |
| KADCYLA SOLR 100mg, 160mg   | 3                | PA                                      |
| KEYTRUDA SOLN 100mg/4ml   | 3                | PA                                      |
| KISQALI TBPK 200mg  | 3                | PA, QL (21 tabs / 28 days); 200 mg dose |
| KISQALI TBPK 200mg  | 3                | PA, QL (42 tabs / 28 days); 400 mg dose |
| KISQALI TBPK 200mg  | 3                | PA, QL (63 tabs / 28 days); 600 mg dose |
| LYNPARZA TABS 100mg, 150mg  | 3                | PA, QL (120 tabs / 30 days)             |
| RYDAPT CAPS 25mg  | 3                | PA, QL (224 caps / 28 days)             |
| ZEJULA CAPS 100mg   | 3                | PA, QL (90 caps / 30 days)              |
| ZOLINZA CAPS 100mg  | 3                | PA, QL (120 caps / 30 days)             |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>   |                  |   |
| <i>abiraterone acetate tabs 250mg</i>   | 3                | PA, QL (120 tabs / 30 days)             |
| <i>abiraterone acetate tabs 500mg</i>   | 3                | PA, QL (60 tabs / 30 days)              |

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| <i>anastrozole tabs 1mg</i>                            | 1                | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>bicalutamide tabs 50mg</i>                          | 1                |   |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg                  | 3                | PA  |
| ERLEADA TABS 60mg                                      | 3                | PA, QL (120 tabs / 30 days)   |
| <i>exemestane tabs 25mg</i>                            | 1                | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>flutamide caps 125mg</i>                            | 1                |   |
| <i>fulvestrant soln 250mg/5ml</i>                      | 3                | PA  |
| <i>letrozole tabs 2.5mg</i>                            | 1                |   |
| <i>leuprolide acetate kit 1mg/0.2ml</i>                | 3                | PA  |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)    | 3                | PA  |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)           | 3                | PA  |
| LYSODREN TABS 500mg                                    | 2                |   |
| <i>megestrol acetate susp 40mg/ml; tabs 20mg, 40mg</i> | 1                |   |
| <i>nilutamide tabs 150mg</i>                           | 1                |   |
| NUBEQA TABS 300mg                                      | 3                | PA, QL (120 tabs / 30 days)   |
| <i>tamoxifen citrate tabs 10mg, 20mg</i>               | 1                | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |
| <i>toremifene citrate tabs 60mg</i>                    | 1                |   |
| XTANDI CAPS 40mg                                       | 3                | PA, QL (120 caps / 30 days)   |
| XTANDI TABS 40mg                                       | 3                | PA, QL (120 tabs / 30 days)   |
| XTANDI TABS 80mg                                       | 3                | PA, QL (60 tabs / 30 days)  |
| YONSA TABS 125mg                                       | 3                | PA, QL (120 tabs / 30 days)   |
| <b>KINASE INHIBITORS</b>                               |                  |   |
| AFINITOR TABS 10mg                                     | 3                | PA, QL (30 tabs / 30 days)  |
| AFINITOR DISPERZ TBSO 2mg, 5mg                         | 3                | PA, QL (60 tabs / 30 days)  |
| AFINITOR DISPERZ TBSO 3mg                              | 3                | PA, QL (90 tabs / 30 days)  |

| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| ALECENSA CAPS 150mg                       | 3                | PA, QL (240 caps / 30 days) |
| BOSULIF TABS 100mg                        | 3                | PA, QL (90 tabs / 30 days)  |
| BOSULIF TABS 400mg, 500mg                 | 3                | PA, QL (30 tabs / 30 days)  |
| CABOMETYX TABS 20mg, 40mg, 60mg           | 3                | PA, QL (30 tabs / 30 days)  |
| CALQUENCE CAPS 100mg                      | 3                | PA, QL (60 caps / 30 days)  |
| CAPRELSA TABS 100mg                       | 3                | PA, QL (60 tabs / 30 days)  |
| CAPRELSA TABS 300mg                       | 3                | PA, QL (30 tabs / 30 days)  |
| COMETRIQ KIT 20mg                         | 3                | PA, QL (1 kit / 28 days)    |
| COMETRIQ KIT 100MG                        | 3                | PA, QL (1 kit / 28 days)    |
| COMETRIQ KIT 140MG                        | 3                | PA, QL (1 kit / 28 days)    |
| <i>erlotinib hcl tabs 25mg</i>            | 3                | PA, QL (60 tabs / 30 days)  |
| <i>erlotinib hcl tabs 100mg, 150mg</i>    | 3                | PA, QL (30 tabs / 30 days)  |
| <i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>  | 3                | PA, QL (30 tabs / 30 days)  |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg       | 3                | PA, QL (30 tabs / 30 days)  |
| IDHIFA TABS 50mg, 100mg                   | 3                | PA, QL (30 tabs / 30 days)  |
| <i>imatinib mesylate tabs 100mg</i>       | 3                | PA, QL (90 tabs / 30 days)  |
| <i>imatinib mesylate tabs 400mg</i>       | 3                | PA, QL (60 tabs / 30 days)  |
| IMBRUVICA CAPS 70mg                       | 3                | PA, QL (30 caps / 30 days)  |
| IMBRUVICA CAPS 140mg                      | 3                | PA, QL (90 caps / 30 days)  |
| IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg | 3                | PA, QL (30 tabs / 30 days)  |
| INLYTA TABS 1mg                           | 3                | PA, QL (240 tabs / 30 days) |
| INLYTA TABS 5mg                           | 3                | PA, QL (120 tabs / 30 days) |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg   | 3                | PA, QL (60 tabs / 30 days)  |
| <i>lapatinib ditosylate tabs 250mg</i>    | 3                | PA, QL (180 tabs / 30 days) |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg          | 3                | PA, QL (30 caps / 30 days)  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| LENVIMA 8 MG DAILY DOSE CPPK 4mg                        | 3                | PA, QL (60 caps / 30 days)  |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg                      | 3                | PA, QL (30 caps / 30 days)  |
| LENVIMA 12MG DAILY DOSE CPPK 4mg                        | 3                | PA, QL (90 caps / 30 days)  |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg                      | 3                | PA, QL (60 caps / 30 days)  |
| LENVIMA CAP 14 MG                                       | 3                | PA, QL (60 caps / 30 days)  |
| LENVIMA CAP 18 MG                                       | 3                | PA, QL (90 caps / 30 days)  |
| LENVIMA CAP 24 MG                                       | 3                | PA, QL (90 caps / 30 days)  |
| LORBRENA TABS 25mg                                      | 3                | PA, QL (90 tabs / 30 days)  |
| LORBRENA TABS 100mg                                     | 3                | PA, QL (30 tabs / 30 days)  |
| MEKINIST TABS 2mg                                       | 3                | PA, QL (30 tabs / 30 days)  |
| MEKINIST TABS .5mg                                      | 3                | PA, QL (90 tabs / 30 days)  |
| NEXAVAR TABS 200mg                                      | 3                | PA, QL (120 tabs / 30 days) |
| SPRYCEL TABS 20mg                                       | 3                | PA, QL (90 tabs / 30 days)  |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg             | 3                | PA, QL (30 tabs / 30 days)  |
| STIVARGA TABS 40mg                                      | 3                | PA, QL (84 tabs / 28 days)  |
| <i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i> | 3                | PA, QL (30 caps / 30 days)  |
| SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg                  | 3                | PA, QL (30 caps / 30 days)  |
| TAFINLAR CAPS 50mg, 75mg                                | 3                | PA, QL (120 caps / 30 days) |
| TUKYSA TABS 50mg, 150mg                                 | 3                | PA, QL (120 tabs / 30 days) |
| VITRAKVI CAPS 25mg                                      | 3                | PA, QL (180 caps / 30 days) |
| VITRAKVI CAPS 100mg                                     | 3                | PA, QL (60 caps / 30 days)  |
| VITRAKVI SOLN 20mg/ml                                   | 3                | PA, QL (300 mL / 30 days)   |
| VOTRIENT TABS 200mg                                     | 3                | PA, QL (120 tabs / 30 days) |
| XALKORI CAPS 200mg, 250mg                               | 3                | PA, QL (120 caps / 30 days) |

| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---------------------------|------------------|-----------------------------|
| ZELBORAF TABS 240mg       | 3                | PA, QL (240 tabs / 30 days) |
| ZYDELIG TABS 100mg, 150mg | 3                | PA, QL (60 tabs / 30 days)  |
| ZYKADIA TABS 150mg        | 3                | PA, QL (90 tabs / 30 days)  |

### **MISCELLANEOUS**

|  |   |                            |
|--|---|----------------------------|
| <i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i> | 1 |                            |
| <i>bexarotene caps 75mg</i>                      | 3 | PA                         |
| DROXIA CAPS 200mg, 300mg, 400mg                  | 2 |                            |
| <i>hydroxyurea caps 500mg</i>                    | 1 |                            |
| MATULANE CAPS 50mg                               | 2 |                            |
| <i>mitoxantrone hcl conc 2mg/ml</i>              | 3 | PA                         |
| ODOMZO CAPS 200mg                                | 3 | PA, QL (30 caps / 30 days) |
| ONCASPAR SOLN 750unit/ml                         | 3 | PA                         |
| PHOTOFRIN SOLR 75mg                              | 2 |                            |
| QUADRAMET SOLN 1850mbq/ml                        | 2 |                            |
| TICE BCG SUSR 50mg                               | 2 |                            |
| <i>tretinoin (chemotherapy) caps 10mg</i>        | 1 |                            |
| VISTOGARD PACK 10gm                              | 3 | QL (20 packets / 5 days)   |

### **PLATINUM-BASED AGENTS**

|  |   |  |
|--|---|--|
| <i>carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i> | 1 |  |
| <i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i>            | 1 |  |
| <i>oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg</i>      | 3 |  |
| <i>paraplatin soln 1000mg/100ml</i>                                  | 1 |  |

### **PROTECTIVE AGENTS**

|   |   |  |
|---|---|--|
| <i>dexrazoxane hcl solr 250mg, 500mg</i>  | 1 |  |
| <i>leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg</i> | 1 |  |
| <i>mesna soln 100mg/ml</i>  | 1 |  |
| MESNEX TABS 400mg   | 3 |  |

### **TOPOISOMERASE INHIBITORS**

|  |   |  |
|--|---|--|
| <i>etoposide caps 50mg; soln 100mg/5ml</i>                 | 1 |  |
| <i>irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml</i> | 3 |  |
| <i>irinotecan hcl soln 300mg/15ml</i>                      | 1 |  |
| TENIPOSIDE SOLN 10mg/ml                                    | 2 |  |
| <i>toposar soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>        | 1 |  |
| <i>topotecan hcl solr 4mg</i>                              | 1 |  |

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

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

**ANTINEOPLASTIC, BCL-2 INHIBITORS**

|                           |   |                             |
|---------------------------|---|-----------------------------|
| VENCLEXTA TABS 10mg, 50mg | 3 | PA, QL (120 tabs / 30 days) |
| VENCLEXTA TABS 100mg      | 3 | PA, QL (180 tabs / 30 days) |
| VENCLEXTA TAB START PK    | 3 | PA, QL (1 pack / 28 days)   |

**CARDIOVASCULAR**

**ACE INHIBITOR COMBINATIONS**

|   |   |  |
|---|---|--|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>           | 1 |  |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>             | 1 |  |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>             | 1 |  |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>             | 1 |  |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>            | 1 |  |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>            | 1 |  |
| BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG                    | 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 |  |



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>  | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>  | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>    | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>         | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>         | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i>           | 1                |                            |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i>           | 1                |                            |
| TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-180 MG                  | 1                |                            |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i>           | 1                |                            |
| TRANDOLAPRIL-VERAPAMIL HCL TAB ER 4-240 MG                  | 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>                           | 1                |                            |
| <b>ALPHA BLOCKERS</b>                                       |                  |                            |
| <i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>           | 1                |                            |
| <i>prazosin hcl caps 1mg, 2mg, 5mg</i>                      | 1                |                            |
| <i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>               | 1                |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>      |                  |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> | 1                |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> | 1                |                            |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>        | 1                |                            |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>        | 1                |                            |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i>                   | 1                |                            |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i>                   | 1                |                            |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i>                  | 1                |                            |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i>                  | 1                |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>   | 1                |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>     | 1                |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>  | 1                |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>    | 1                |                            |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>    | 1                |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>     | 1                |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>     | 1                |                            |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>       | 1                |                            |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>               | 1                |                            |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>               | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>  | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>   | 1                |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>      | 1                |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>      | 1                |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>        | 1                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>   | 1                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>   | 1                |                            |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>    | 1                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 1                |                            |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>   | 1                |                            |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                          | 1                |                            |
| <i>telmisartan-amlodipine tab 40-10 mg</i>                         | 1                |                            |
| <i>telmisartan-amlodipine tab 80-5 mg</i>                          | 1                |                            |
| <i>telmisartan-amlodipine tab 80-10 mg</i>                         | 1                |                            |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>              | 1                |                            |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>              | 1                |                            |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>                | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>                | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>               | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>                 | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>               | 1                |                            |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>                 | 1                |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                         |                  |                            |
| <i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>             | 1                |                            |
| <i>EDARBI TABS 40mg, 80mg</i>                                      | 3                | ST; PA**                   |
| <i>eprosartan mesylate tabs 600mg</i>                              | 1                |                            |
| <i>irbesartan tabs 75mg, 150mg, 300mg</i>                          | 1                |                            |
| <i>losartan potassium tabs 25mg, 50mg, 100mg</i>                   | 1                |                            |
| <i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>                   | 1                |                            |
| <i>telmisartan tabs 20mg, 40mg, 80mg</i>                           | 1                |                            |
| <i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>                     | 1                |                            |
| <b>ANTIARRHYTHMICS</b>   |                  |                            |
| <i>amiodarone hcl tabs 200mg, 400mg</i>                            | 1                |                            |
| <i>disopyramide phosphate caps 100mg, 150mg</i>                    | 1                |                            |
| <i>dofetilide caps 125mcg, 250mcg, 500mcg</i>                      | 1                | PA                         |
| <i>flecainide acetate tabs 50mg, 100mg, 150mg</i>                  | 1                |                            |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|---|------------------|---|
| <i>mexiletine hcl caps 150mg, 200mg, 250mg</i>                            | 1                |   |
| MULTAQ TABS 400mg   | 3                | PA                                      |
| NORPACE CR CP12 100mg, 150mg  | 2                |   |
| <i>pacerone tabs 100mg, 200mg</i>   | 1                |   |
| <i>procainamide hcl soln 100mg/ml</i>                                     | 1                |   |
| <i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i> | 1                |   |
| <i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>                              | 1                |   |
| <i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>                         | 1                |   |
| <i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>                     | 1                |   |
| <b>ANTILIPEMICS, BILE ACID RESINS</b>                                     |                  |   |
| <i>cholestyramine pack 4gm; powd 4gm/dose</i>                             | 1                |   |
| <i>cholestyramine light pack 4gm; powd 4gm/dose</i>                       | 1                |   |
| <i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>                        | 1                |   |
| <i>prevalite powd 4gm/dose</i>  | 1                |   |
| <b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>                     |                  |   |
| <i>ezetimibe tabs 10mg</i>  | 1                |   |
| <b>ANTILIPEMICS, FIBRATES</b>   |                  |   |
| <i>fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg</i>              | 1                |   |
| <i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>               | 1                |   |
| <i>gemfibrozil tabs 600mg</i>   | 1                |   |
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>            |                  |   |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                                 | 1                |   |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                                 | 1                |   |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>                                 | 1                |   |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                                 | 1                |   |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                         |                  |   |
| <i>atorvastatin calcium tabs 10mg, 20mg</i>                               | 1                | \$0 copay for members age 40 through 75 |
| <i>atorvastatin calcium tabs 40mg, 80mg</i>                               | 1                |   |
| <i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>                      | 1                | \$0 copay for members age 40 through 75 |
| <i>lovastatin tabs 10mg, 20mg, 40mg</i>                                   | 1                | \$0 copay for members age 40 through 75 |
| <i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>                     | 1                | \$0 copay for members age 40 through 75 |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|---|------------------|---|
| <i>rosuvastatin calcium tabs 5mg, 10mg</i>                  | 1                | \$0 copay for members age 40 through 75 |
| <i>rosuvastatin calcium tabs 20mg, 40mg</i>                 | 1                |   |
| <i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>               | 1                | \$0 copay for members age 40 through 75 |
| <i>simvastatin tabs 80mg</i>                                | 1                | ST; PA**                                |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                          |                  |   |
| <i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i> | 1                |   |
| <b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS</b>                    |                  |   |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                   | 1                |   |
| VASCEPA CAPS .5gm, 1gm                                      | 2                |   |
| <b>ANTILIPEMICS, PCSK9 INHIBITORS</b>                       |                  |   |
| PRALUENT SOAJ 75mg/ml, 150mg/ml                             | 3                | PA, QL (2 pens / 28 days)               |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                   |                  |   |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>           | 1                |   |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>          | 1                |   |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> | 1                |   |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>   | 1                |   |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>  | 1                |   |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>    | 1                |   |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>   | 1                |   |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>   | 1                |   |
| <i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>   | 1                |   |
| <i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>   | 1                |   |
| <b>BETA-BLOCKERS</b>  |                  |   |
| <i>acebutolol hcl caps 200mg, 400mg</i>                     | 1                |   |
| <i>atenolol tabs 25mg, 50mg, 100mg</i>                      | 1                |   |
| <i>betaxolol hcl tabs 10mg, 20mg</i>                        | 1                |   |
| <i>bisoprolol fumarate tabs 5mg, 10mg</i>                   | 1                |   |
| BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg                        | 3                |   |
| <i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>        | 1                |   |
| <i>labetalol hcl tabs 100mg, 200mg, 300mg</i>               | 1                |   |
| <i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>   | 1                |   |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| metoprolol tartrate tabs 25mg, 50mg, 100mg  | 1                |                            |
| nadolol tabs 20mg, 40mg, 80mg   | 1                |                            |
| pindolol tabs 5mg, 10mg   | 1                |                            |
| propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg | 1                |                            |
| timolol maleate tabs 5mg, 10mg, 20mg  | 1                |                            |

### **CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS**

|  |   |  |
|--|---|--|
| amlodipine besylate-atorvastatin calcium tab 2.5-10 mg | 1 |  |
| amlodipine besylate-atorvastatin calcium tab 2.5-20 mg | 1 |  |
| amlodipine besylate-atorvastatin calcium tab 2.5-40 mg | 1 |  |
| amlodipine besylate-atorvastatin calcium tab 5-10 mg   | 1 |  |
| amlodipine besylate-atorvastatin calcium tab 5-20 mg   | 1 |  |
| amlodipine besylate-atorvastatin calcium tab 5-40 mg   | 1 |  |
| amlodipine besylate-atorvastatin calcium tab 5-80 mg   | 1 |  |
| amlodipine besylate-atorvastatin calcium tab 10-10 mg  | 1 |  |
| amlodipine besylate-atorvastatin calcium tab 10-20 mg  | 1 |  |
| amlodipine besylate-atorvastatin calcium tab 10-40 mg  | 1 |  |
| amlodipine besylate-atorvastatin calcium tab 10-80 mg  | 1 |  |

### **CALCIUM CHANNEL BLOCKERS**

|  |   |  |
|--|---|--|
| amlodipine besylate tabs 2.5mg, 5mg, 10mg  | 1 |  |
| CARDIZEM LA TB24 120mg   | 3 |  |
| cartia xt cp24 120mg, 180mg, 240mg, 300mg  | 1 |  |
| dilt-xr cp24 120mg, 180mg, 240mg   | 1 |  |
| diltiazem hcl cp12 60mg, 90mg, 120mg; tabs 30mg, 60mg, 90mg, 120mg                 | 1 |  |
| diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg                  | 1 |  |
| diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 |  |
| felodipine tb24 2.5mg, 5mg, 10mg   | 1 |  |
| isradipine caps 2.5mg, 5mg   | 1 |  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>  | 1                |                            |
| <i>nicardipine hcl caps 20mg, 30mg</i>   | 1                |                            |
| <i>nifedipine tb24 30mg, 60mg, 90mg</i>  | 1                |                            |
| <i>nimodipine caps 30mg</i>  | 1                |                            |
| <i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>  | 1                |                            |
| <i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>  | 1                |                            |
| <i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i> | 1                |                            |
| <b>DIGITALIS GLYCOSIDES</b>  |                  |                            |
| <i>digoxin soln .05mg/ml; tabs 125mcg, 250mcg</i>  | 1                |                            |
| LANOXIN TABS 62.5mcg   | 2                |                            |
| <b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>  |                  |                            |
| <i>aliskiren fumarate tabs 150mg, 300mg</i>  | 1                |                            |
| <b>DIURETICS</b>   |                  |                            |
| <i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>   | 1                |                            |
| ALDACTAZIDE TAB 50/50  | 2                |                            |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>   | 1                |                            |
| <i>amiloride hcl tabs 5mg</i>  | 1                |                            |
| <i>bumetanide tabs .5mg, 1mg, 2mg</i>  | 1                |                            |
| <i>chlorothiazide tabs 250mg, 500mg</i>  | 1                |                            |
| <i>chlorthalidone tabs 25mg, 50mg</i>  | 1                |                            |
| DIURIL SUSP 250mg/5ml  | 3                |                            |
| <i>ethacrynic acid tabs 25mg</i>   | 3                |                            |
| <i>furosemide soln 8mg/ml, 10mg/ml; tabs 20mg, 40mg, 80mg</i>  | 1                |                            |
| <i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>  | 1                |                            |
| <i>indapamide tabs 1.25mg, 2.5mg</i>   | 1                |                            |
| <i>mannitol soln 20%, 25%</i>  | 1                |                            |
| <i>methazolamide tabs 25mg, 50mg</i>   | 1                |                            |
| <i>metolazone tabs 2.5mg, 5mg, 10mg</i>  | 1                |                            |
| <i>osmitrol viaflex soln 5%, 10%, 15%</i>  | 1                |                            |
| <i>spironolactone tabs 25mg, 50mg, 100mg</i>   | 1                |                            |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>   | 1                |                            |
| <i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>  | 1                |                            |
| <i>triamterene caps 50mg, 100mg</i>  | 1                |                            |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>triamterene &amp; hydrochlorothiazide cap<br/>37.5-25 mg</i> | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide tab<br/>37.5-25 mg</i> | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide tab 75-<br/>50 mg</i>  | 1                |                            |

### **MISCELLANEOUS**

|   |   |                             |
|---|---|-----------------------------|
| <i>clonidine ptwk .1mg/24hr, .2mg/24hr,<br/>.3mg/24hr</i> | 1 |                             |
| <i>clonidine hcl tabs .1mg, .2mg, .3mg</i>                | 1 |                             |
| ENTRESTO TAB 24-26MG                                      | 2 |                             |
| ENTRESTO TAB 49-51MG                                      | 2 |                             |
| ENTRESTO TAB 97-103MG                                     | 2 |                             |
| <i>guanfacine hcl tabs 1mg, 2mg</i>                       | 1 |                             |
| <i>hydralazine hcl tabs 10mg, 25mg, 50mg,<br/>100mg</i>   | 1 |                             |
| METHYLDOPA TABS 250mg, 500mg                              | 1 |                             |
| <i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>                | 1 |                             |
| <i>minoxidil tabs 2.5mg, 10mg</i>                         | 1 |                             |
| <i>phenoxybenzamine hcl caps 10mg</i>                     | 3 | PA, QL (360 caps / 25 days) |
| <i>ranolazine tb12 500mg, 1000mg</i>                      | 1 | ST; PA**                    |

### **NITRATES**

|  |   |  |
|--|---|--|
| <i>isosorbide dinitrate tabs 5mg, 10mg,<br/>20mg, 30mg</i>   | 1 |  |
| <i>isosorbide mononitrate tabs 10mg, 20mg;<br/>tb24 30mg, 60mg, 120mg</i>                                    | 1 |  |
| <i>minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr,<br/>.6mg/hr</i>  | 1 |  |
| NITRO-DUR PT24 .3mg/hr, .8mg/hr  | 2 |  |
| <i>nitroglycerin pt24 .1mg/hr, .2mg/hr,<br/>.4mg/hr, .6mg/hr; soln .4mg/spray; subl<br/>.3mg, .4mg, .6mg</i> | 1 |  |

### **PULMONARY ARTERIAL HYPERTENSION**

|  |   |                            |
|--|---|----------------------------|
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg,<br>2.5mg                   | 3 | PA, QL (90 tabs / 30 days) |
| <i>ambrisentan tabs 5mg, 10mg</i>                              | 3 | PA, QL (30 tabs / 30 days) |
| <i>bosentan tabs 62.5mg, 125mg</i>                             | 3 | PA, QL (60 tabs / 30 days) |
| OPSUMIT TABS 10mg  | 3 | PA, QL (30 tabs / 30 days) |
| ORENITRAM TBCR .125mg, .25mg, 1mg,<br>2.5mg, 5mg               | 3 | PA                         |
| REMODULIN SOLN 20mg/20ml,<br>50mg/20ml, 100mg/20ml, 200mg/20ml | 3 | PA                         |



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| <i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>     | 3                | PA                             |
| <i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>            | 3                | PA, QL (90 tabs / 30 days)     |
| <i>tadalafil (pulmonary hypertension) tabs 20mg</i>                     | 3                | PA, QL (60 tabs / 30 days)     |
| TRACLEER TBSO 32mg  | 3                | PA, QL (112 tabs / 28 days)    |
| TYVASO STARTER SOLN .6mg/ml   | 3                | PA, QL (28 ampules / 28 days)  |
| UPTRAVI SOLR 1800mcg  | 3                | PA                             |
| UPTRAVI TABS 200mcg   | 3                | PA, QL (140 tabs / 28 days)    |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg | 3                | PA, QL (60 tabs / 30 days)     |
| UPTRAVI TAB 200/800   | 3                | PA, QL (1 pack / 28 days)      |
| VENTAVIS SOLN 10mcg/ml, 20mcg/ml  | 3                | PA, QL (270 ampules / 30 days) |

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY§**

|  |   |                         |
|--|---|-------------------------|
| <i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i> | 1 | QL (150 tabs / 25 days) |
| ALPRAZOLAM INTENSOL CONC 1mg/ml  | 2 | QL (300 mL / 25 days)   |
| <i>lorazepam conc 2mg/ml</i>   | 1 | QL (150 mL / 25 days)   |
| <i>lorazepam tabs .5mg, 1mg, 2mg</i>                                     | 1 | QL (150 tabs / 25 days) |
| <i>meprobamate tabs 200mg, 400mg</i>                                     | 1 |                         |
| <i>oxazepam caps 10mg, 15mg, 30mg</i>                                    | 1 | QL (120 caps / 25 days) |

### **ANTI-CONVULSANTS§**

|   |   |                         |
|---|---|-------------------------|
| APTIOM TABS 200mg, 400mg, 600mg, 800mg  | 3 | PA                      |
| BANZEL TABS 200mg, 400mg  | 3 | PA                      |
| BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg   | 3 | PA                      |
| <i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i> | 1 |                         |
| CELONTIN CAPS 300mg   | 3 |                         |
| <i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>  | 1 | PA                      |
| <i>clonazepam tabs .5mg, 1mg, 2mg</i>   | 1 |                         |
| <i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>   | 1 | QL (180 tabs / 25 days) |
| <i>diazepam soln 5mg/5ml</i>  | 1 | QL (1200 mL / 25 days)  |
| <i>diazepam soln 5mg/ml</i>   | 1 |                         |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| <i>diazepam tabs 2mg, 5mg, 10mg</i>   | 1                | QL (120 tabs / 25 days)        |
| <i>diazepam intensol conc 5mg/ml</i>  | 1                | QL (240 mL / 25 days)          |
| <i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>  | 1                |                                |
| <i>epitol tabs 200mg</i>  | 1                |                                |
| <i>ethosuximide caps 250mg; soln 250mg/5ml</i>  | 1                |                                |
| <i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>  | 1                |                                |
| <i>FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg</i>  | 2                |                                |
| <i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>   | 1                |                                |
| <i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i> | 1                |                                |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>  | 1                |                                |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>   | 1                |                                |
| <i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>   | 1                |                                |
| <i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>   | 1                |                                |
| <i>PEGANONE TABS 250mg</i>  | 3                |                                |
| <i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>  | 1                |                                |
| <i>phenytoin chew 50mg; susp 125mg/5ml</i>  | 1                |                                |
| <i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>   | 1                |                                |
| <i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>  | 1                | ST; PA**                       |
| <i>primidone tabs 50mg, 250mg</i>   | 1                |                                |
| <i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>   | 1                | PA                             |
| <i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>  | 1                |                                |
| <i>topiramate csp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>   | 1                |                                |
| <i>valproate sodium soln 250mg/5ml</i>  | 1                |                                |
| <i>valproic acid caps 250mg</i>   | 1                |                                |
| <i>vigabatrin pack 500mg</i>  | 3                | PA, QL (180 packets / 30 days) |

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| <i>vigabatrin tabs 500mg</i>                        | 3                | PA, QL (180 tabs / 30 days) |
| VIMPAT SOLN 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 3                |                             |
| <i>zonisamide caps 25mg, 50mg, 100mg</i>            | 1                |                             |

### **ANTIDEMENTIA**

|  |   |  |
|--|---|--|
| <i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>                    | 1 |  |
| <i>ergoloid mesylates tabs 1mg</i>   | 1 |  |
| <i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i> | 1 |  |
| <i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>           | 1 | PA; PA applies for members less than 30 years of age |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>                     | 1 | PA; PA applies for members less than 30 years of age |
| NAMENDA XR CAP TITRATIO  | 2 | PA; PA applies for members less than 30 years of age |
| <i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>                               | 1 | PA   |

### **ANTIDEPRESSANTS§**

|  |   |   |
|--|---|---|
| <i>amitriptyline hcl tabs 10mg</i>   | 1 | QL (150 tabs / 25 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl tabs 25mg</i>   | 1 | QL (60 tabs / 25 days); QL applies to members age 65 and older  |
| <i>amitriptyline hcl tabs 50mg</i>   | 1 | QL (30 tabs / 25 days); QL applies to members age 65 and older  |
| <i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>                                   | 1 | PA; High strength requires PA for members age 65 and older      |
| <i>amoxapine tabs 25mg, 50mg, 100mg</i>  | 1 | QL (90 tabs / 25 days); QL applies to members age 65 and older  |
| <i>amoxapine tabs 150mg</i>  | 1 | QL (60 tabs / 25 days); QL applies to members age 65 and older  |
| <i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i> | 1 |   |
| <i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>                | 1 |   |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| <i>desipramine hcl tabs 10mg, 25mg, 50mg</i>                       | 1                | QL (90 tabs / 25 days);<br>QL applies to members<br>age 65 and older  |
| <i>desipramine hcl tabs 75mg</i>                                   | 1                | QL (60 tabs / 25 days);<br>QL applies to members<br>age 65 and older  |
| <i>desipramine hcl tabs 100mg, 150mg</i>                           | 1                | QL (30 tabs / 25 days);<br>QL applies to members<br>age 65 and older  |
| <i>desvenlafaxine succinate tb24 25mg,<br/>50mg, 100mg</i>         | 1                | ST, QL (30 tabs / 25<br>days); (generic of<br>Pristiq) PA**           |
| <i>doxepin hcl caps 10mg, 25mg, 50mg</i>                           | 1                | QL (90 caps / 25 days);<br>QL applies to members<br>age 65 and older  |
| <i>doxepin hcl caps 75mg</i>                                       | 1                | QL (60 caps / 25 days);<br>QL applies to members<br>age 65 and older  |
| <i>doxepin hcl caps 100mg, 150mg</i>                               | 1                | QL (30 caps / 25 days);<br>QL applies to members<br>age 65 and older  |
| <i>doxepin hcl conc 10mg/ml</i>                                    | 1                | QL (450 mL / 25 days);<br>QL applies to members<br>age 65 and older   |
| <i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>                        | 1                |   |
| EMSAM PT24 6mg/24hr, 9mg/24hr,<br>12mg/24hr                        | 3                | PA  |
| <i>escitalopram oxalate soln 5mg/5ml; tabs<br/>5mg, 10mg, 20mg</i> | 1                |   |
| FETZIMA CP24 20mg, 40mg, 80mg,<br>120mg                            | 3                | ST, QL (30 caps / 25<br>days); PA**                                   |
| FETZIMA CAP TITRATIO   | 3                | ST, QL (30 caps / 25<br>days); PA**                                   |
| <i>fluoxetine hcl caps 10mg, 20mg, 40mg;<br/>soln 20mg/5ml</i>     | 1                |   |
| <i>fluoxetine hcl tabs 10mg, 20mg</i>                              | 1                | (generic Sarafem not<br>covered)                                      |
| <i>imipramine hcl tabs 10mg, 25mg</i>                              | 1                | QL (120 tabs / 25 days);<br>QL applies to members<br>age 65 and older |
| <i>imipramine hcl tabs 50mg</i>                                    | 1                | QL (60 tabs / 25 days);<br>QL applies to members<br>age 65 and older  |
| <i>imipramine pamoate caps 75mg, 100mg</i>                         | 1                | QL (30 caps / 25 days);<br>QL applies to members<br>age 65 and older  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                      |
|--|------------------|---|
| <i>imipramine pamoate caps 125mg, 150mg</i>                                  | 1                | PA; High strength requires PA for members age 65 and older      |
| <i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>                                 | 1                |   |
| MARPLAN TABS 10mg  | 3                |   |
| <i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>       | 1                |   |
| <i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>                  | 1                |   |
| <i>nortriptyline hcl caps 10mg</i>   | 1                | QL (150 caps / 25 days); QL applies to members age 65 and older |
| <i>nortriptyline hcl caps 25mg</i>   | 1                | QL (60 caps / 25 days); QL applies to members age 65 and older  |
| <i>nortriptyline hcl caps 50mg</i>   | 1                | QL (30 caps / 25 days); QL applies to members age 65 and older  |
| <i>nortriptyline hcl caps 75mg</i>   | 1                | PA; High strength requires PA for members age 65 and older      |
| <i>nortriptyline hcl soln 10mg/5ml</i>                                       | 1                | QL (750 mL / 25 days); QL applies to members age 65 and older   |
| <i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i> | 1                |   |
| <i>phenelzine sulfate tabs 15mg</i>  | 1                |   |
| <i>protriptyline hcl tabs 5mg</i>  | 1                | QL (90 tabs / 25 days); QL applies to members age 65 and older  |
| <i>protriptyline hcl tabs 10mg</i>   | 1                | QL (60 tabs / 25 days); QL applies to members age 65 and older  |
| <i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>                   | 1                |   |
| <i>tranylcypromine sulfate tabs 10mg</i>                                     | 1                |   |
| <i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>                          | 1                |   |
| <i>trimipramine maleate caps 25mg, 50mg</i>                                  | 1                | QL (60 caps / 25 days); QL applies to members age 65 and older  |
| <i>trimipramine maleate caps 100mg</i>                                       | 1                | QL (30 caps / 25 days); QL applies to members age 65 and older  |
| TRINTELLIX TABS 5mg, 10mg, 20mg  | 3                | ST; PA**  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg</i> | 1                |                            |
| VIIBRYD TABS 10mg, 20mg, 40mg   | 3                | ST; PA**                   |
| VIIBRYD KIT STARTER   | 3                | ST; PA**                   |

### **ANTIPARKINSONIAN AGENTS**

|   |   |                                  |
|---|---|----------------------------------|
| <i>amantadine hcl caps 100mg; syrp 50mg/5ml; tabs 100mg</i>   | 1 |                                  |
| APOKYN SOCT 30mg/3ml  | 3 | PA, QL (20 cartridges / 30 days) |
| <i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>   | 1 |                                  |
| <i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>  | 1 |                                  |
| <i>carbidopa tabs 25mg</i>  | 1 |                                  |
| CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG  | 1 |                                  |
| CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG  | 1 |                                  |
| CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG  | 1 |                                  |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>   | 1 |                                  |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>   | 1 |                                  |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>   | 1 |                                  |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>  | 1 |                                  |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>  | 1 |                                  |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>  | 1 |                                  |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>   | 1 |                                  |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>   | 1 |                                  |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>  | 1 |                                  |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>   | 1 |                                  |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>   | 1 |                                  |
| <i>entacapone tabs 200mg</i>  | 1 |                                  |
| <i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i> | 1 |                                  |
| <i>rasagiline mesylate tabs .5mg, 1mg</i>   | 1 |                                  |
| <i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>   | 1 |                                  |
| <i>selegiline hcl caps 5mg; tabs 5mg</i>  | 1 |                                  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>tolcapone tabs 100mg</i>   | 1                |                            |
| <i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>  | 1                |                            |
| <b>ANTIPSYCHOTICS</b>   |                  |                            |
| <i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>                       | 1                |                            |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml   | 2                |                            |
| ARISTADA INITIO PRSY 675mg/2.4ml  | 2                |                            |
| <i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>  | 1                |                            |
| <i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>   | 1                |                            |
| <i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>                        | 1                |                            |
| <i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>                               | 1                |                            |
| <i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>   | 1                |                            |
| <i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>   | 1                |                            |
| <i>haloperidol lactate conc 2mg/ml</i>  | 1                |                            |
| LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg   | 2                | ST; PA**                   |
| <i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>  | 1                |                            |
| <i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>                        | 1                |                            |
| <i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>   | 1                |                            |
| <i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>  | 1                |                            |
| <i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i> | 1                |                            |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg  | 3                | ST; PA**                   |
| <i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>    | 1                |                            |
| <i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>  | 1                |                            |
| <i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>   | 1                |                            |
| <i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>   | 1                |                            |

| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg | 1                |                            |

### **ATTENTION DEFICIT HYPERACTIVITY DISORDERS**

|  |   |                         |
|--|---|-------------------------|
| amphetamine-dextroamphetamine cap er 24hr 5 mg                 | 1 | QL (90 caps / 25 days)  |
| amphetamine-dextroamphetamine cap er 24hr 10 mg                | 1 | QL (90 caps / 25 days)  |
| amphetamine-dextroamphetamine cap er 24hr 15 mg                | 1 | QL (30 caps / 25 days)  |
| amphetamine-dextroamphetamine cap er 24hr 20 mg                | 1 | QL (30 caps / 25 days)  |
| amphetamine-dextroamphetamine cap er 24hr 25 mg                | 1 | QL (30 caps / 25 days)  |
| amphetamine-dextroamphetamine cap er 24hr 30 mg                | 1 | QL (30 caps / 25 days)  |
| amphetamine-dextroamphetamine tab 5 mg                         | 1 | QL (90 tabs / 25 days)  |
| amphetamine-dextroamphetamine tab 7.5 mg                       | 1 | QL (90 tabs / 25 days)  |
| amphetamine-dextroamphetamine tab 10 mg                        | 1 | QL (90 tabs / 25 days)  |
| amphetamine-dextroamphetamine tab 12.5 mg                      | 1 | QL (90 tabs / 25 days)  |
| amphetamine-dextroamphetamine tab 15 mg                        | 1 | QL (60 tabs / 25 days)  |
| amphetamine-dextroamphetamine tab 20 mg                        | 1 | QL (60 tabs / 25 days)  |
| amphetamine-dextroamphetamine tab 30 mg                        | 1 | QL (30 tabs / 25 days)  |
| atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg | 1 |                         |
| dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg              | 1 | QL (60 caps / 25 days)  |
| dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg             | 1 | QL (30 caps / 25 days)  |
| dexmethylphenidate hcl tabs 2.5mg, 5mg                         | 1 | QL (120 tabs / 25 days) |
| dexmethylphenidate hcl tabs 10mg                               | 1 | QL (60 tabs / 25 days)  |
| dextroamphetamine sulfate cp24 5mg, 10mg                       | 1 | QL (120 caps / 25 days) |
| dextroamphetamine sulfate cp24 15mg                            | 1 | QL (60 caps / 25 days)  |
| dextroamphetamine sulfate soln 5mg/5ml                         | 1 | QL (1,200 mL / 25 days) |
| dextroamphetamine sulfate tabs 5mg, 10mg                       | 1 | QL (120 tabs / 25 days) |
| guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg                  | 1 |                         |
| methamphetamine hcl tabs 5mg                                   | 1 | QL (150 tabs / 25 days) |



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>                  | 1                | QL (180 chew tabs / 25 days) |
| <i>methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg</i> | 1                | QL (60 caps / 25 days)       |
| <i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i> | 1                | QL (30 caps / 25 days)       |
| <i>methylphenidate hcl soln 5mg/5ml</i>                           | 1                | QL (1800 mL / 25 days)       |
| <i>methylphenidate hcl soln 10mg/5ml</i>                          | 1                | QL (900 mL / 25 days)        |
| <i>methylphenidate hcl tabs 5mg, 10mg</i>                         | 1                | QL (180 tabs / 25 days)      |
| <i>methylphenidate hcl tabs 20mg; tbcrl 10mg, 20mg</i>            | 1                | QL (90 tabs / 25 days)       |
| <i>methylphenidate hcl tbcrl 18mg, 27mg, 36mg</i>                 | 1                | QL (60 tabs / 25 days)       |
| <i>methylphenidate hcl tbcrl 54mg</i>                             | 1                | QL (30 tabs / 25 days)       |
| VYVANSE CAPS 10mg, 20mg, 30mg                                     | 2                | QL (60 caps / 25 days)       |
| VYVANSE CAPS 40mg, 50mg, 60mg, 70mg                               | 2                | QL (30 caps / 25 days)       |
| VYVANSE CHEW 10mg, 20mg, 30mg                                     | 2                | QL (60 tabs / 25 days)       |
| VYVANSE CHEW 40mg, 50mg, 60mg                                     | 2                | QL (30 tabs / 25 days)       |
| <i>zenzedi tabs 2.5mg, 7.5mg</i>                                  | 1                | QL (120 tabs / 25 days)      |
| <i>zenzedi tabs 15mg, 20mg</i>                                    | 1                | QL (60 tabs / 25 days)       |
| <i>zenzedi tabs 30mg</i>  | 1                | QL (30 tabs / 25 days)       |

### **HYPNOTICS§**

|   |   |   |
|---|---|---|
| BELSOMRA TABS 5mg, 10mg, 15mg, 20mg                           | 2 | ST; PA**  |
| <i>cvs sleep-aid nighttime tabs 25mg</i>                      | 1 | OTC   |
| <i>doxepin hcl (sleep) tabs 3mg, 6mg</i>                      | 1 | QL (30 tabs / 25 days);<br>QL applies to members age 65 and older |
| <i>eszopiclone tabs 1mg, 2mg, 3mg</i>                         | 1 | QL (15 tabs / 25 days)  |
| <i>ramelteon tabs 8mg</i>                                     | 1 | QL (15 tabs / 25 days)  |
| <i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>               | 1 | QL (15 caps / 25 days)  |
| <i>zaleplon caps 5mg, 10mg</i>                                | 1 | QL (15 caps / 25 days)  |
| <i>zolpidem tartrate tabs 5mg, 10mg; tbcrl 6.25mg, 12.5mg</i> | 1 | QL (15 tabs / 25 days)  |

### **MIGRAINES§**

|  |   |                                       |
|--|---|---------------------------------------|
| AIMOVIG SOAJ 70mg/ml                           | 2 | ST, QL (2 injections / 25 days); PA** |
| AIMOVIG SOAJ 140mg/ml                          | 2 | ST, QL (1 injection / 25 days); PA**  |
| AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml       | 2 | ST, QL (3 injections / 75 days); PA** |
| <i>almotriptan malate tabs 6.25mg, 12.5mg</i>  | 1 | QL (12 tabs / 25 days)                |
| <i>dihydroergotamine mesylate soln 1mg/ml</i>  | 1 |                                       |
| <i>eletriptan hydrobromide tabs 20mg, 40mg</i> | 1 | QL (12 tabs / 25 days)                |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                      |
|---|------------------|---|
| EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml   | 2                | ST, QL (2 injections / 25 days); PA**                           |
| EMGALITY SOSY 100mg/ml  | 2                | ST, QL (3 injections / 25 days); PA**                           |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                                      | 3                |   |
| <i>frovatriptan succinate tabs 2.5mg</i>  | 1                | QL (18 tabs / 25 days)  |
| <i>naratriptan hcl tabs 1mg, 2.5mg</i>  | 1                | QL (12 tabs / 25 days)  |
| <i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>                      | 1                | QL (18 tabs / 25 days)  |
| <i>sumatriptan soln 5mg/act</i>   | 1                | QL (24 sprays / 25 days)  |
| <i>sumatriptan soln 20mg/act</i>  | 1                | QL (12 sprays / 25 days)  |
| <i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>                     | 1                | QL (18 syringes / 25 days)                                      |
| <i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; sosy 6mg/0.5ml</i>     | 1                | QL (12 units / 25 days)   |
| <i>sumatriptan succinate soln 6mg/0.5ml</i>                                     | 1                | QL (12 vials / 25 days)   |
| <i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>                             | 1                | QL (12 tabs / 25 days)  |
| <i>zolmitriptan soln 2.5mg, 5mg</i>   | 1                | QL (12 sprays / 25 days)  |
| <i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>                            | 1                | QL (12 tabs / 25 days)  |
| <b>MISCELLANEOUS</b>  |                  |   |
| <i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>                           | 1                |   |
| <i>clomipramine hcl caps 25mg, 50mg</i>   | 1                | QL (150 caps / 25 days); QL applies to members age 65 and older |
| <i>clomipramine hcl caps 75mg</i>   | 1                | QL (90 caps / 25 days); QL applies to members age 65 and older  |
| EVERYSOI SOLR .75mg/ml  | 3                | PA, QL (2 bottles / 24 days)                                    |
| <i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>            | 1                |   |
| GUANIDINE HCL TABS 125mg  | 3                |   |
| LITHIUM SOLN 8meq/5ml   | 3                |   |
| <i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i> | 1                |   |
| NUEDEXTA CAP 20-10MG  | 2                | PA  |
| <i>pimozide tabs 1mg, 2mg</i>   | 1                |   |
| <i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>               | 1                |   |
| <i>riluzole tabs 50mg</i>   | 1                |   |

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg | 3                | ST; PA**                    |
| SAVELLA MIS TITR PAK                   | 3                | ST; PA**                    |
| <i>tetrabenazine tabs 12.5mg</i>       | 3                | PA, QL (120 tabs / 30 days) |
| <i>tetrabenazine tabs 25mg</i>         | 3                | PA, QL (60 tabs / 30 days)  |

### **MULTIPLE SCLEROSIS AGENTS**

|  |   |                                     |
|--|---|-------------------------------------|
| AUBAGIO TABS 7mg, 14mg   | 3 | PA, QL (30 tabs / 30 days)          |
| AVONEX PSKT 30mcg/0.5ml  | 3 | ST, PA, QL (4 injections / 28 days) |
| AVONEX PEN AJKT 30mcg/0.5ml  | 3 | ST, PA, QL (4 injections / 28 days) |
| BETASERON KIT .3mg   | 3 | PA, QL (14 injections / 28 days)    |
| COPAXONE SOSY 20mg/ml  | 3 | PA, QL (30 injections / 30 days)    |
| COPAXONE SOSY 40mg/ml  | 3 | PA, QL (12 syringes / 28 days)      |
| <i>dalfampridine tb12 10mg</i>                                       | 3 | PA, QL (60 tabs / 30 days)          |
| <i>dimethyl fumarate cpdr 120mg</i>                                  | 3 | PA, QL (14 caps / 28 days)          |
| <i>dimethyl fumarate cpdr 240mg</i>                                  | 3 | PA, QL (60 caps / 30 days)          |
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> | 3 | PA, QL (1 kit / 30 days)            |
| GILENYA CAPS .5mg  | 3 | PA, QL (30 caps / 30 days)          |
| <i>glatiramer acetate sosy 40mg/ml</i>                               | 2 | PA, QL (12 syringes / 28 days)      |
| <i>glatopa sosy 20mg/ml</i>  | 2 | PA, QL (30 injections / 30 days)    |
| PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml                        | 3 | ST, PA, QL (1 carton / 28 days)     |
| PLEGRIDY INJ STARTER   | 3 | ST, PA, QL (1 kit / 28 days)        |
| PLEGRIDY PEN INJ STARTER   | 3 | ST, PA, QL (1 pack / 28 days)       |
| REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml                                  | 3 | PA, QL (12 syringes / 28 days)      |
| REBIF REBIDO INJ TITRATN   | 3 | PA, QL (1 box / 28 days)            |
| REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml                         | 3 | PA, QL (12 syringes / 28 days)      |
| REBIF TITRTN INJ PACK  | 3 | PA, QL (1 box / 28 days)            |
| TYSABRI CONC 300mg/15ml  | 3 | PA, QL (1 vial / 28 days)           |

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|--|
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>               |                  |  |
| <i>baclofen tabs 5mg, 10mg, 20mg</i>                | 1                |  |
| <i>carisoprodol tabs 350mg</i>                      | 1                | PA; High Risk<br>Medications require PA for members age 70 and older |
| <i>chlorzoxazone tabs 500mg</i>                     | 1                | PA; High Risk<br>Medications require PA for members age 70 and older |
| <i>cyclobenzaprine hcl tabs 5mg, 10mg</i>           | 1                | PA; High Risk<br>Medications require PA for members age 70 and older |
| <i>dantrolene sodium caps 25mg, 50mg, 100mg</i>     | 1                |  |
| <i>metaxalone tabs 800mg</i>                        | 1                | PA; High Risk<br>Medications require PA for members age 70 and older |
| <i>methocarbamol tabs 500mg, 750mg</i>              | 1                | PA; High Risk<br>Medications require PA for members age 70 and older |
| <i>orphenadrine citrate soln 30mg/ml</i>            | 1                |  |
| <i>orphenadrine citrate tb12 100mg</i>              | 1                | PA; High Risk<br>Medications require PA for members age 70 and older |
| <i>tizanidine hcl tabs 2mg, 4mg</i>                 | 1                |  |
| <b>NARCOLEPSY/CATAPLEXY</b>                         |                  |  |
| <i>armodafinil tabs 50mg</i>                        | 1                | PA, QL (60 tabs / 25 days)   |
| <i>armodafinil tabs 150mg, 200mg, 250mg</i>         | 1                | PA, QL (30 tabs / 25 days)   |
| <i>modafinil tabs 100mg, 200mg</i>                  | 1                | PA, QL (60 tabs / 25 days)   |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                       |                  |  |
| <i>acamprosate calcium tbec 333mg</i>               | 1                |  |
| <i>bupropion hcl (smoking deterrent) tb12 150mg</i> | 0                | \$0 limited to 2 treatment cycles/year                               |
| CHANTIX TABS .5mg, 1mg                              | 0                | \$0 limited to 2 treatment cycles/year                               |
| CHANTIX CONTINUING MONTH TABS 1mg                   | 0                | \$0 limited to 2 treatment cycles/year                               |
| CHANTIX PAK 0.5& 1MG                                | 0                | \$0 limited to 2 treatment cycles/year                               |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                       |
|--|------------------|--|
| <i>disulfiram tabs 250mg, 500mg</i>                                    | 1                |  |
| <i>goodsense nicotine polacr gum 4mg; lozg 4mg</i>                     | 0                | OTC; \$0 limited to 2 treatment cycles/year                      |
| <i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i> | 1                |  |
| <i>naltrexone hcl tabs 50mg</i>  | 0                | \$0 copay  |
| NARCAN LIQD 4mg/0.1ml  | 2                |  |
| <i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>                    | 0                | OTC; \$0 limited to 2 treatment cycles/year                      |
| <i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg</i>                      | 0                | OTC; \$0 limited to 2 treatment cycles/year                      |
| <i>nicotine step 3 pt24 7mg/24hr</i>                                   | 0                | OTC; \$0 limited to 2 treatment cycles/year                      |
| NICOTROL INHALER INHA 10mg   | 0                | QL (max 168 days / year); \$0 limited to 2 treatment cycles/year |
| NICOTROL NS SOLN 10mg/ml   | 0                | QL (max 168 days / year); \$0 limited to 2 treatment cycles/year |
| <i>sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>   | 0                | OTC; \$0 limited to 2 treatment cycles/year                      |
| VIVITROL SUSR 380mg  | 3                | QL (1 vial / 28 days)  |

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

|   |   |    |
|---|---|----|
| INTRAROSA INST 6.5mg                                  | 3 |    |
| <i>methyltestosterone caps 10mg</i>                   | 1 | PA |
| <i>testosterone gel 10mg/act, 25mg/2.5gm</i>          | 1 | PA |
| <i>testosterone cypionate soln 100mg/ml, 200mg/ml</i> | 1 | PA |
| <i>testosterone enanthate soln 200mg/ml</i>           | 1 | PA |

### **ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS^**

|  |   |  |
|--|---|--|
| <i>acarbose tabs 25mg, 50mg, 100mg</i> | 1 |  |
| <i>miglitol tabs 25mg, 50mg, 100mg</i> | 1 |  |

### **ANTIDIABETICS, AMYLIN ANALOGS^**

|                                  |   |          |
|----------------------------------|---|----------|
| SYMLINPEN 60 SOPN 1500mcg/1.5ml  | 3 | ST; PA** |
| SYMLINPEN 120 SOPN 2700mcg/2.7ml | 3 | ST; PA** |

### **ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS^**

|   |   |  |
|---|---|--|
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 1 |  |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 1 |  |
| <i>glipizide-metformin hcl tab 5-500 mg</i>   | 1 |  |

### **ANTIDIABETICS, BIGUANIDE^**

|   |   |  |
|---|---|--|
| <i>metformin hcl tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg</i> | 1 |  |
|---|---|--|

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS^</b>           |           |                     |
| <i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>               | 1         | ST; PA**            |
| JANUVIA TABS 25mg, 50mg, 100mg                                     | 2         | ST; PA**            |
| <b>ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS^</b>                  |           |                     |
| CYCLOSET TABS .8mg   | 3         |                     |
| <b>ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS^</b>                |           |                     |
| <i>alogliptin-metformin hcl tab 12.5-500 mg</i>                    | 1         | ST; PA**            |
| <i>alogliptin-metformin hcl tab 12.5-1000 mg</i>                   | 1         | ST; PA**            |
| JANUMET TAB 50-500MG   | 2         | ST; PA**            |
| JANUMET TAB 50-1000  | 2         | ST; PA**            |
| JANUMET XR TAB 50-500MG  | 2         | ST; PA**            |
| JANUMET XR TAB 50-1000   | 2         | ST; PA**            |
| JANUMET XR TAB 100-1000  | 2         | ST; PA**            |
| JENTADUETO XR TAB 2.5-1000MG                                       | 3         | ST; PA**            |
| JENTADUETO XR TAB 5-1000MG   | 3         | ST; PA**            |
| <b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS^</b>                     |           |                     |
| OZEMPIC SOPN 2mg/1.5ml, 4mg/3ml                                    | 2         | ST; PA**            |
| TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml    | 2         | ST; PA**            |
| VICTOZA SOPN 18mg/3ml  | 2         | ST; PA**            |
| <b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS^</b>         |           |                     |
| SOLIQUA INJ 100/33   | 2         | ST; PA**            |
| XULTOPHY INJ 100/3.6   | 2         | ST; PA**            |
| <b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION^</b>    |           |                     |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>                | 1         |                     |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>                | 1         |                     |
| <b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION^</b> |           |                     |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i>                    | 1         |                     |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i>                    | 1         |                     |
| <b>ANTIDIABETICS, INSULIN SENSITIZER^</b>                          |           |                     |
| <i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>                      | 1         |                     |
| <b>ANTIDIABETICS, INSULIN^</b>                                     |           |                     |
| BASAGLAR KWIKPEN SOPN 100unit/ml                                   | 2         |                     |
| FIASP FLEX INJ TOUCH   | 2         |                     |
| FIASP INJ 100/ML   | 2         |                     |
| FIASP PENFIL INJ U-100   | 2         |                     |
| HUMULIN INJ 70/30  | 3         | OTC                 |
| HUMULIN INJ 70/30KWP   | 3         | OTC                 |
| HUMULIN N SUSP 100unit/ml  | 3         | OTC                 |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| HUMULIN N KWIKPEN SUPN 100unit/ml                                   | 3                | OTC                        |
| HUMULIN R SOLN 100unit/ml   | 3                | OTC                        |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml                           | 2                |                            |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml                             | 2                |                            |
| LEVEMIR SOLN 100unit/ml   | 2                |                            |
| LEVEMIR FLEXTOUCH SOPN 100unit/ml                                   | 2                |                            |
| NOVOLIN INJ 70/30   | 2                | OTC; RELION not covered    |
| NOVOLIN INJ 70/30 FP  | 2                | OTC; RELION not covered    |
| NOVOLIN N SUSP 100unit/ml   | 2                | OTC; RELION not covered    |
| NOVOLIN N FLEXPEN SUPN 100unit/ml                                   | 2                | OTC; RELION not covered    |
| NOVOLIN R SOLN 100unit/ml   | 2                | OTC; RELION not covered    |
| NOVOLIN R FLEXPEN SOPN 100unit/ml                                   | 2                | OTC; RELION not covered    |
| NOVOLOG SOLN 100unit/ml   | 2                |                            |
| NOVOLOG FLEXPEN SOPN 100unit/ml                                     | 2                |                            |
| NOVOLOG MIX 70/30 FLEXPEN   | 2                |                            |
| NOVOLOG MIX INJ 70/30   | 2                |                            |
| NOVOLOG PENFILL SOCT 100unit/ml                                     | 2                |                            |
| TRESIBA SOLN 100unit/ml   | 2                |                            |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml                       | 2                |                            |
| <b>ANTIDIABETICS, MEGLITINIDE^</b>                                  |                  |                            |
| <i>nateglinide tabs 60mg, 120mg</i>                                 | 1                |                            |
| <i>repaglinide tabs .5mg, 1mg, 2mg</i>                              | 1                |                            |
| <b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO^</b> |                  |                            |
| SYNJARDY TAB 5-500MG  | 2                | ST; PA**                   |
| SYNJARDY TAB 5-1000MG   | 2                | ST; PA**                   |
| SYNJARDY TAB 12.5-500   | 2                | ST; PA**                   |
| SYNJARDY TAB 12.5-1000MG  | 2                | ST; PA**                   |
| SYNJARDY XR TAB 5-1000MG  | 2                | ST; PA**                   |
| SYNJARDY XR TAB 10-1000   | 2                | ST; PA**                   |
| SYNJARDY XR TAB 12.5-1000MG   | 2                | ST; PA**                   |
| SYNJARDY XR TAB 25-1000   | 2                | ST; PA**                   |
| XIGDUO XR TAB 2.5-1000  | 2                | ST; PA**                   |
| XIGDUO XR TAB 5-500MG   | 2                | ST; PA**                   |
| XIGDUO XR TAB 5-1000MG  | 2                | ST; PA**                   |
| XIGDUO XR TAB 10-500MG  | 2                | ST; PA**                   |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| XIGDUO XR TAB 10-1000  | 2                | ST; PA**                    |
| <b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS^</b> |                  |                             |
| GLYXAMBI TAB 10-5 MG   | 2                | ST; PA**                    |
| GLYXAMBI TAB 25-5 MG   | 2                | ST; PA**                    |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB^</b>                          |                  |                             |
| FARXIGA TABS 5mg, 10mg   | 2                | ST; PA**                    |
| JARDIANCE TABS 10mg, 25mg  | 2                | ST; PA**                    |
| <b>ANTIDIABETICS, SULFONYLUREA^</b>  |                  |                             |
| glimepiride tabs 1mg, 2mg, 4mg   | 1                |                             |
| glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg  | 1                |                             |
| <b>BISPHOSPHONATES</b>   |                  |                             |
| alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg                              | 1                |                             |
| FOSAMAX + D TAB 70-2800  | 3                | ST; PA**                    |
| FOSAMAX + D TAB 70-5600  | 3                | ST; PA**                    |
| ibandronate sodium tabs 150mg  | 1                |                             |
| pamidronate disodium soln 30mg/10ml  | 1                |                             |
| risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg                                  | 1                |                             |
| zoledronic acid conc 4mg/5ml; soln 5mg/100ml   | 3                | PA                          |
| <b>CALCIUM RECEPTOR AGONISTS</b>   |                  |                             |
| cinacalcet hcl tabs 30mg, 60mg   | 3                | PA, QL (60 tabs / 30 days)  |
| cinacalcet hcl tabs 90mg   | 3                | PA, QL (120 tabs / 30 days) |
| <b>CHELATING AGENTS</b>  |                  |                             |
| CHEMET CAPS 100mg  | 3                |                             |
| deferiprone tabs 500mg   | 3                | PA                          |
| FERRIPROX SOLN 100mg/ml; TABS 1000mg   | 3                | PA                          |
| FERRIPROX TWICE-A-DAY TABS 1000mg  | 3                | PA                          |
| penicillamine tabs 250mg   | 1                | PA                          |
| sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml                                    | 1                |                             |
| sps susp 15gm/60ml   | 1                |                             |
| <b>CONTRACEPTIVES</b>  |                  |                             |
| altavera   | 0                |                             |
| alyacen 1/35   | 0                |                             |
| alyacen 7/7/7  | 0                |                             |
| amethia  | 0                |                             |



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amethyst</i>   | 0                |                            |
| ANNOVERA MIS  | 0                | QL (1 / 300 days)          |
| <i>apri</i>   | 0                |                            |
| <i>aranelle</i>   | 0                |                            |
| <i>ashlyna</i>  | 0                |                            |
| <i>aviane</i>   | 0                |                            |
| <i>azurette</i>   | 0                |                            |
| BALCOLTRA TAB 0.1-20  | 0                |                            |
| <i>camila tabs .35mg</i>  | 0                |                            |
| <i>caziant</i>  | 0                |                            |
| <i>chateal</i>  | 0                |                            |
| <i>cryselle-28</i>  | 0                |                            |
| <i>cyclafem 1/35</i>  | 0                |                            |
| <i>cyclafem 7/7/7</i>   | 0                |                            |
| <i>dasetta 1/35</i>   | 0                |                            |
| <i>dasetta 7/7/7</i>  | 0                |                            |
| <i>delyla</i>   | 0                |                            |
| DEPO-SUBQ PROVERA 104 SUSY<br>104mg/0.65ml                              | 0                | QL (4 inj / 300 days)      |
| <i>drospirenone-ethinyl estrad-levomefolate<br/>tab 3-0.02-0.451 mg</i> | 0                |                            |
| <i>drospirenone-ethinyl estrad-levomefolate<br/>tab 3-0.03-0.451 mg</i> | 0                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.03<br/>mg</i>                 | 0                |                            |
| <i>elinest</i>  | 0                |                            |
| ELLA TABS 30mg  | 0                |                            |
| <i>emoquette</i>  | 0                |                            |
| <i>enpresse-28</i>  | 0                |                            |
| <i>enskyce</i>  | 0                |                            |
| <i>errin tabs .35mg</i>   | 0                |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab<br/>1 mg-50 mcg</i> | 0                |                            |
| <i>etonogestrel-ethinyl estradiol va ring<br/>0.120-0.015 mg/24hr</i>   | 0                | QL (13 / 300 days)         |
| <i>falmina</i>  | 0                |                            |
| <i>fayosim</i>  | 0                |                            |
| <i>gemmily</i>  | 0                |                            |
| <i>gianvi</i>   | 0                |                            |
| <i>heather tabs .35mg</i>   | 0                |                            |
| <i>introvale</i>  | 0                |                            |
| <i>jolessa</i>  | 0                |                            |
| <i>junel 1.5/30</i>   | 0                |                            |
| <i>junel 1/20</i>   | 0                |                            |
| <i>junel fe 1.5/30</i>  | 0                |                            |
| <i>junel fe 1/20</i>  | 0                |                            |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>junel fe 24</i>  | 0                |                            |
| <i>kariva</i>   | 0                |                            |
| <i>kelnor 1/35</i>  | 0                |                            |
| <i>kurvelo</i>  | 0                |                            |
| KYLEENA IUD 19.5mg  | 0                | QL (1 / 300 days)          |
| <i>larin 1.5/30</i>   | 0                |                            |
| <i>leena</i>  | 0                |                            |
| <i>lessina</i>  | 0                |                            |
| <i>levonest</i>   | 0                |                            |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>          | 0                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>         | 0                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>                | 0                |                            |
| <i>levora 0.15/30-28</i>  | 0                |                            |
| LILETTA IUD 19.5mcg/day   | 0                | QL (1 / 300 days)          |
| LO LOESTRIN TAB 1-10-10   | 0                |                            |
| <i>loryna</i>   | 0                |                            |
| <i>low-ogestrel</i>   | 0                |                            |
| <i>lutera</i>   | 0                |                            |
| <i>marlissa</i>   | 0                |                            |
| <i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i> | 0                | QL (4 inj / 300 days)      |
| <i>mibelas 24 fe</i>  | 0                |                            |
| <i>microgestin 1.5/30</i>   | 0                |                            |
| MIRENA IUD 20mcg/24hr   | 0                | QL (1 / 300 days)          |
| <i>mono-lynyah</i>  | 0                |                            |
| NATAZIA TAB   | 0                |                            |
| <i>necon 0.5/35-28</i>  | 0                |                            |
| NEXPLANON IMPL 68mg   | 0                | QL (1 / 300 days)          |
| NEXTSTELLIS TAB 3-14.2MG  | 0                |                            |
| <i>nikki</i>  | 0                |                            |
| <i>nora-be tabs .35mg</i>   | 0                |                            |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>          | 0                |                            |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>          | 0                |                            |
| <i>norethindrone (contraceptive) tabs .35mg</i>                                 | 0                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>                | 0                |                            |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>              | 0                |                            |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>                  | 0                |                            |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | 0                |                            |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 0                |                            |
| <i>nortrel 0.5/35 (28)</i>   | 0                |                            |
| <i>nortrel 1/35</i>  | 0                |                            |
| <i>nortrel 7/7/7</i>   | 0                |                            |
| <i>ocella</i>  | 0                |                            |
| <i>ogestrel</i>  | 0                |                            |
| <i>orsythia</i>  | 0                |                            |
| PARAGARD IUD T380A   | 0                | QL (1 unit / 300 days)     |
| <i>pirmella 1/35</i>   | 0                |                            |
| <i>pirmella 7/7/7</i>  | 0                |                            |
| <i>portia-28</i>   | 0                |                            |
| <i>previfem</i>  | 0                |                            |
| <i>reclipsen</i>   | 0                |                            |
| <i>rivelsa</i>   | 0                |                            |
| SKYLA IUD 13.5mg   | 0                | QL (1 / 300 days)          |
| SLYND TABS 4mg   | 0                |                            |
| <i>sprintec 28</i>   | 0                |                            |
| <i>sronyx</i>  | 0                |                            |
| <i>syeda</i>   | 0                |                            |
| <i>take action tabs 1.5mg</i>                                      | 0                | OTC                        |
| <i>tilia fe</i>  | 0                |                            |
| <i>tri-linyah</i>  | 0                |                            |
| <i>tri-sprintec</i>  | 0                |                            |
| <i>trivora-28</i>  | 0                |                            |
| TWIRLA DIS 120-30  | 0                |                            |
| TYBLUME CHW 0.1-0.02   | 0                |                            |
| <i>velivet</i>   | 0                |                            |
| <i>viorele</i>   | 0                |                            |
| <i>vyfemla</i>   | 0                |                            |
| <i>wera</i>  | 0                |                            |
| <i>xulane</i>  | 0                |                            |
| <i>zarah</i>   | 0                |                            |
| <i>zovia 1/35e</i>   | 0                |                            |
| <b>ENDOMETRIOSIS</b>   |                  |                            |
| <i>danazol caps 50mg, 100mg, 200mg</i>                             | 1                |                            |
| ORILISSA TABS 150mg, 200mg   | 2                |                            |
| SYNAREL SOLN 2mg/ml  | 3                | PA                         |
| <b>ENZYME REPLACEMENTS</b>   |                  |                            |
| CERDELGA CAPS 84mg   | 3                | PA, QL (60 caps / 30 days) |
| CYSTADANE POW  | 3                | PA                         |
| CYSTAGON CAPS 50mg, 150mg  | 3                | PA                         |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>nitisinone caps 2mg, 5mg, 10mg</i>                            | 3                | PA                         |
| ORFADIN CAPS 20mg; SUSP 4mg/ml                                   | 3                | PA                         |
| <i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i> | 3                | PA                         |

### **ESTROGENS**

|   |   |   |
|---|---|---|
| CLIMARA PRO DIS WEEKLY  | 2 |   |
| DUAVEE TAB 0.45-20  | 2 |   |
| <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; tabs .5mg, 1mg, 2mg</i> | 1 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>   | 1 |   |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>   | 1 |   |
| <i>estradiol vaginal crea .1mg/gm</i>   | 1 |   |
| <i>jinteli</i>  | 1 |   |
| MENEST TABS .3mg, .625mg, 1.25mg  | 3 | PA; High Risk Medications require PA for members age 70 and older |
| <i>mimvey</i>   | 1 |   |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>   | 1 |   |
| PREMARIN CREA .625mg/gm   | 3 |   |
| PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg   | 3 | PA; High Risk Medications require PA for members age 70 and older |
| <i>yuvaferm tabs 10mcg</i>  | 1 |   |

### **FERTILITY REGULATORS**

|  |   |                                  |
|--|---|----------------------------------|
| CHORIONIC GONADOTROPIN SOLR 10000unit      | 3 | PA                               |
| <i>clomiphene citrate tabs 50mg</i>        | 1 |                                  |
| <i>ganirelix acetate sosy 250mcg/0.5ml</i> | 3 | PA                               |
| GONAL-F SOLR 450unit                       | 3 | PA, QL (10 vials / 28 days)      |
| GONAL-F SOLR 1050unit                      | 3 | PA, QL (6 vials / 28 days)       |
| GONAL-F RFF SOLR 75unit                    | 3 | PA, QL (60 vials / 28 days)      |
| GONAL-F RFF REDIJECT SOLN 300unit/0.5ml    | 3 | PA, QL (15 cartridges / 28 days) |
| GONAL-F RFF REDIJECT SOLN 450unt/0.75ml    | 3 | PA, QL (10 cartridges / 28 days) |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| GONAL-F RFF REDIJECT SOLN<br>900unit/1.5ml   | 3                | PA, QL (7 cartridges / 28 days)   |
| OVIDREL INJ 250mcg/0.5ml   | 3                | PA  |
| <b>GLUCOCORTICOIDS</b>   |                  |   |
| <i>cortisone acetate tabs 25mg</i>   | 1                |   |
| <i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i> | 1                |   |
| DEXAMETHASONE INTENSOL CONC<br>1mg/ml  | 2                |   |
| <i>fludrocortisone acetate tabs .1mg</i>   | 1                |   |
| <i>hydrocortisone tabs 5mg, 10mg, 20mg</i>   | 1                |   |
| MEDROL TABS 2mg  | 2                |   |
| <i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>                                  | 1                |   |
| <i>prednisolone soln 15mg/5ml</i>  | 1                |   |
| <i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml</i>                          | 1                |   |
| <i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>         | 1                |   |
| PREDNISONE INTENSOL CONC 5mg/ml  | 2                |   |
| <b>GLUCOSE ELEVATING AGENTS<sup>^</sup></b>  |                  |   |
| <i>glucagon (rdna) kit 1mg</i>   | 1                |   |
| INSTA-GLUCOSE GEL 77.4%  | 2                | OTC   |
| <b>HUMAN GROWTH HORMONES</b>   |                  |   |
| HUMATROPE SOLR 6mg, 12mg, 24mg   | 3                | PA  |
| HUMATROPE COMBO PACK SOLR 5mg  | 3                | PA  |
| <b>MISCELLANEOUS</b>   |                  |   |
| <i>cabergoline tabs .5mg</i>   | 1                |   |
| <i>calcitonin (salmon) soln 200unit/act</i>  | 1                |   |
| INCRELEX SOLN 40mg/4ml   | 3                | PA  |
| <i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i>                                  | 3                | PA, QL (90 ml / 30 days)  |
| <i>octreotide acetate soln 200mcg/ml</i>   | 3                | PA, QL (225 ml / 30 days)   |
| <i>octreotide acetate soln 1000mcg/ml</i>  | 3                | PA, QL (45 ml / 30 days)  |
| OSPHENA TABS 60mg  | 2                |   |
| PROLIA SOSY 60mg/ml  | 3                | PA, QL (60mg / 24 weeks)  |
| <i>raloxifene hcl tabs 60mg</i>  | 1                | \$0 copay for women ages 35 and older for the primary prevention of breast cancer |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml   | 3                | PA, QL (1 injection / 28 days) |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg  | 3                | PA, QL (30 vials / 30 days)    |
| <i>tolvaptan tabs 15mg, 30mg</i>  | 3                | PA                             |
| TYMLOS SOPN 3120mcg/1.56ml  | 3                | PA, QL (1 pen / 30 days)       |
| <b>PHOSPHATE BINDER AGENTS</b>  |                  |                                |
| <i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>  | 1                |                                |
| FOSRENOL PACK 750mg, 1000mg   | 3                |                                |
| <i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>   | 1                |                                |
| VELPHORO CHEW 500mg   | 3                |                                |
| <b>PROGESTINS</b>   |                  |                                |
| CRINONE GEL 4%, 8%  | 2                |                                |
| LUPANETA KIT 3.75-5   | 3                | PA                             |
| LUPANETA KIT 11.25-5  | 3                | PA                             |
| <i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>  | 1                |                                |
| <i>norethindrone acetate tabs 5mg</i>   | 1                |                                |
| <i>progesterone caps 100mg, 200mg</i>   | 1                |                                |
| <b>THYROID AGENTS</b>   |                  |                                |
| <i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i> | 1                |                                |
| <i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>                      | 1                |                                |
| <i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>  | 1                |                                |
| <i>methimazole tabs 5mg, 10mg</i>   | 1                |                                |
| <i>propylthiouracil tabs 50mg</i>   | 1                |                                |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg                   | 2                |                                |
| <i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg</i>                                    | 1                |                                |
| <b>VASOPRESSINS</b>   |                  |                                |
| <i>desmopressin acetate tabs .1mg, .2mg</i>   | 1                |                                |
| <i>desmopressin acetate spray soln .01%</i>   | 1                |                                |
| <i>desmopressin acetate spray refrigerated soln .01%</i>  | 1                |                                |

| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| <b>GASTROINTESTINAL</b>                                   |           |   |
| <b>ANTICHOLINERGICS</b>                                   |           |   |
| CUVPOSA SOLN 1mg/5ml                                      | 2         |   |
| dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg       | 1         |   |
| ed-spaz tbdp .125mg                                       | 1         |   |
| glycopyrrolate tabs 1mg, 2mg                              | 1         |   |
| hyoscyamine sulfate subl .125mg; tabs .125mg; tbdp .125mg | 1         |   |
| methscopolamine bromide tabs 2.5mg, 5mg                   | 1         | PA; High Risk Medications require PA for members age 70 and older |
| nulev tbdp .125mg   | 1         |   |
| oscimin subl .125mg; tabs .125mg                          | 1         |   |
| symax-sl subl .125mg                                      | 1         |   |
| <b>ANTIEMETICS§</b>                                       |           |   |
| AKYNZEO CAP 300-0.5                                       | 3         | QL (2 caps / 21 days)   |
| aprepitant caps 40mg                                      | 1         | QL (3 caps / 180 days)  |
| aprepitant caps 80mg                                      | 1         | QL (4 caps / 21 days)   |
| aprepitant caps 125mg                                     | 1         | QL (2 caps / 21 days)   |
| aprepitant capsule therapy pack 80 & 125 mg               | 1         | QL (2 packs / 21 days)  |
| compro supp 25mg  | 1         |   |
| dronabinol caps 2.5mg, 5mg, 10mg                          | 1         | QL (60 caps / 25 days)  |
| granisetron hcl tabs 1mg                                  | 1         | QL (12 tabs / 21 days)  |
| meclizine hcl tabs 12.5mg, 25mg                           | 1         |   |
| metoclopramide hcl soln 10mg/10ml; tabs 5mg, 10mg         | 1         |   |
| ondansetron tbdp 4mg, 8mg                                 | 1         | QL (18 tabs / 21 days)  |
| ondansetron hcl soln 4mg/5ml                              | 1         | QL (200 mL / 21 days)   |
| ondansetron hcl tabs 4mg, 8mg                             | 1         | QL (18 tabs / 21 days)  |
| ondansetron hcl tabs 24mg                                 | 1         | QL (2 tabs / 21 days)   |
| prochlorperazine supp 25mg                                | 1         |   |
| prochlorperazine maleate tabs 5mg, 10mg                   | 1         |   |
| promethazine hcl supp 12.5mg, 25mg                        | 1         |   |
| promethazine hcl syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg | 1         | PA; High Risk Medications require PA for members age 70 and older |
| promethegan supp 12.5mg, 25mg, 50mg                       | 1         |   |
| SANCUSO PTCH 3.1mg/24hr                                   | 2         | QL (2 patches / 21 days)  |
| scopolamine pt72 1mg/3days                                | 1         |   |
| trimethobenzamide hcl caps 300mg                          | 1         |   |
| VARUBI TBPK 90mg  | 2         |   |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| <b>H2-RECEPTOR ANTAGONISTS</b>  |           |  |
| <i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>                                   | 1         |  |
| <i>cimetidine hcl soln 300mg/5ml</i>  | 1         |  |
| <i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>                                    | 1         |  |
| <i>nizatidine caps 150mg, 300mg; soln 15mg/ml</i>                                   | 1         |  |
| <b>INFLAMMATORY BOWEL DISEASE</b>   |           |  |
| <i>balsalazide disodium caps 750mg</i>  | 1         |  |
| <i>budesonide cpep 3mg</i>  | 1         |  |
| DIPENTUM CAPS 250mg   | 3         | PA   |
| <i>hydrocortisone (intrarectal) enem 100mg/60ml</i>                                 | 1         |  |
| <i>mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i> | 1         |  |
| <i>mesalamine w/ cleanser kit 4gm</i>   | 1         |  |
| <i>sulfasalazine tabs 500mg; tbec 500mg</i>   | 1         |  |
| <b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>                                   |           |  |
| LINZESS CAPS 72mcg, 145mcg, 290mcg  | 2         |  |
| <i>lubiprostone caps 8mcg, 24mcg</i>  | 1         |  |
| <b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>                                       |           |  |
| <i>alosetron hcl tabs .5mg, 1mg</i>   | 1         | PA   |
| <b>LAXATIVES</b>  |           |  |
| CLENPIQ SOL   | 0         | \$0 copay for members age 50 through 74, otherwise not covered |
| <i>enulose soln 10gm/15ml</i>   | 1         |  |
| <i>gavilyte-c</i>   | 1         |  |
| <i>gavilyte-g</i>   | 1         |  |
| <i>gavilyte-h</i>   | 0         | \$0 copay for members age 50 through 74, otherwise not covered |
| <i>gavilyte-n/flavor pack</i>   | 1         |  |
| <i>generlac soln 10gm/15ml</i>  | 1         |  |
| GOLYTELY SOL  | 2         |  |
| <i>lactulose soln 10gm/15ml</i>   | 1         |  |
| OSMOPREP TAB 1.5GM  | 3         |  |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>                       | 1         |  |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>                  | 0         | \$0 copay for members age 50 through 74; Tier 1 for all others |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                                 | 1         |  |



| <b>Drug Name</b>                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                     |
|---|------------------|--|
| PLENVU SOL                                      | 0                | \$0 copay for members age 50 through 74, otherwise not covered |
| <i>polyethylene glycol 3350 powd 17gm/scoop</i> | 1                | OTC  |
| PREPOPIK PAK                                    | 0                | \$0 copay for members age 50 through 74, otherwise not covered |
| SUPREP BOWEL SOL PREP KIT                       | 0                | \$0 copay for members age 50 through 74; Tier 2 for all others |
| SUTAB TAB                                       | 0                | \$0 copay for members age 50 through 74, otherwise not covered |

### **MISCELLANEOUS**

|   |   |                           |
|---|---|---------------------------|
| <i>cvs anti-diarrheal tabs 2mg</i>                    | 1 | OTC                       |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | 1 |                           |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>     | 1 |                           |
| <i>loperamide hcl caps 2mg</i>                        | 1 |                           |
| <i>misoprostol tabs 100mcg, 200mcg</i>                | 1 |                           |
| MOTOFEN TAB 1-0.025                                   | 3 |                           |
| MOVANTIK TABS 12.5mg, 25mg                            | 2 |                           |
| SUCRAID SOLN 8500unit/ml                              | 3 | PA, QL (354 mL / 25 days) |
| <i>sucralfate tabs 1gm</i>                            | 1 |                           |
| <i>ursodiol caps 300mg; tabs 250mg, 500mg</i>         | 1 |                           |

### **PANCREATIC ENZYMES**

|                     |   |    |
|---------------------|---|----|
| CREON CAP 3000UNIT  | 2 | PA |
| CREON CAP 6000UNIT  | 2 | PA |
| CREON CAP 12000UNT  | 2 | PA |
| CREON CAP 24000UNT  | 2 | PA |
| CREON CAP 36000UNT  | 2 | PA |
| VIOKACE TAB 10440   | 2 | PA |
| VIOKACE TAB 20880   | 2 | PA |
| ZENPEP CAP 3000UNIT | 2 | PA |
| ZENPEP CAP 5000UNIT | 2 | PA |
| ZENPEP CAP 10000UNT | 2 | PA |
| ZENPEP CAP 15000UNT | 2 | PA |
| ZENPEP CAP 20000UNT | 2 | PA |
| ZENPEP CAP 25000    | 2 | PA |
| ZENPEP CAP 40000    | 2 | PA |

### **PROTON PUMP INHIBITORS§**

|                                  |   |                              |
|----------------------------------|---|------------------------------|
| <i>cvs omeprazole/sodium bic</i> | 1 | QL (90 caps / 365 days), OTC |
|----------------------------------|---|------------------------------|

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| DEXILANT CPDR 30mg, 60mg                               | 3                | ST, QL (90 caps / 365 days); PA**                                 |
| <i>esomeprazole magnesium cpdr 20mg, 40mg</i>          | 1                | QL (90 caps / 365 days)   |
| <i>esomeprazole magnesium pack 10mg</i>                | 1                | QL (90 packets / 365 days); Covered for age less than 1 year only |
| <i>kls esomeprazole magnesiu cpdr 20mg</i>             | 1                | QL (90 caps / 365 days), OTC                                      |
| <i>kls omeprazole tbec 20mg</i>                        | 1                | QL (90 tabs / 365 days), OTC                                      |
| <i>lansoprazole cpdr 15mg, 30mg</i>                    | 1                | QL (90 caps / 365 days)   |
| NEXIUM PACK 2.5mg, 5mg                                 | 3                | QL (90 packets / 365 days); Covered for age less than 1 year only |
| NEXIUM 24HR CPDR 20mg                                  | 1                | QL (90 caps / 365 days), OTC                                      |
| NEXIUM 24HR TBEC 20mg                                  | 1                | QL (90 tabs / 365 days), OTC                                      |
| <i>omeprazole cpdr 10mg, 20mg, 40mg</i>                | 1                | QL (90 caps / 365 days)   |
| <i>omeprazole magnesium cpdr 20.6mg</i>                | 1                | QL (90 caps / 365 days), OTC                                      |
| <i>pantoprazole sodium tbec 20mg, 40mg</i>             | 1                | QL (90 tabs / 365 days)   |
| <i>rabeprazole sodium tbec 20mg</i>                    | 1                | QL (90 tabs / 365 days)   |
| <b>RECTAL,CORTICOSTEROIDS</b>                          |                  |   |
| <i>hydrocortisone (rectal) crea 2.5%</i>               | 1                |   |
| <i>procto-pak crea 1%</i>                              | 1                |   |
| <b>GENITOURINARY</b>                                   |                  |   |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>                    |                  |   |
| <i>alfuzosin hcl tb24 10mg</i>                         | 1                |   |
| CARDURA XL TB24 4mg, 8mg                               | 3                | ST; PA**  |
| <i>dutasteride caps .5mg</i>                           | 1                |   |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>       | 1                |   |
| <i>finasteride tabs 5mg</i>                            | 1                |   |
| <i>silodosin caps 4mg, 8mg</i>                         | 1                |   |
| <i>tadalafil tabs 2.5mg, 5mg</i>                       | 1                | PA, QL (30 tabs / 25 days)  |
| <i>tamsulosin hcl caps .4mg</i>                        | 1                |   |
| <b>CONTRACEPTIVES</b>                                  |                  |   |
| ENCARE SUPP 100mg                                      | 0                | OTC   |
| OPTIONS GYNOL II VAGINAL GEL 3%                        | 0                | OTC   |
| SHUR-SEAL GEL 2%                                       | 0                | OTC   |
| TODAY SPONGE MISC 1000mg                               | 0                | OTC   |
| VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4% | 0                | OTC   |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>MISCELLANEOUS</b>  |                  |                            |
| <i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>  | 1                |                            |
| ELMIRON CAPS 100mg  | 3                |                            |
| <i>flavoxate hcl tabs 100mg</i>   | 1                |                            |
| <i>phenazopyridine tab 95mg tabs 95mg</i>   | 1                | OTC                        |
| <i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>   | 1                |                            |
| <b>URINARY ANTISPASMODICS</b>   |                  |                            |
| <i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>  | 1                |                            |
| <i>oxybutynin chloride syrp 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>   | 1                |                            |
| <i>solifenacin succinate tabs 5mg, 10mg</i>   | 1                |                            |
| <i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>  | 1                |                            |
| TOVIAZ TB24 4mg, 8mg  | 2                |                            |
| <i>trospium chloride cp24 60mg; tabs 20mg</i>   | 1                |                            |
| <b>VAGINAL ANTI-INFECTIVES</b>  |                  |                            |
| CLEOCIN SUPP 100mg  | 2                |                            |
| <i>clindamycin phosphate vaginal crea 2%</i>  | 1                |                            |
| <i>cvs miconazole 1 combinat</i>  | 1                | OTC                        |
| GYNAZOLE-1 CREA 2%  | 3                |                            |
| <i>metronidazole vaginal gel .75%</i>   | 1                |                            |
| <i>miconazole 3 supp 200mg</i>  | 1                |                            |
| <i>miconazole 3 combination</i>   | 1                | OTC                        |
| <i>miconazole 7 crea 2%</i>   | 1                | OTC                        |
| <i>sm miconazole 3</i>  | 1                | OTC                        |
| <i>terconazole vaginal crea .4%, .8%; supp 80mg</i>   | 1                |                            |
| <i>vandazole gel .75%</i>   | 1                |                            |
| <b>HEMATOLOGIC</b>  |                  |                            |
| <b>ANTICOAGULANTS</b>   |                  |                            |
| ELIQUIS TABS 2.5mg, 5mg   | 2                |                            |
| ELIQUIS STARTER PACK TBPK 5mg   | 2                |                            |
| <i>enoxaparin sodium soln 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml</i>                      | 1                |                            |
| <i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>   | 1                |                            |
| FRAGMIN SOLN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml | 3                |                            |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>heparin sodium (porcine) soln</i><br>1000unit/ml, 5000unit/0.5ml, 5000unit/ml,<br>10000unit/ml, 20000unit/ml | 1                |                            |
| <i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg,<br/>4mg, 5mg, 6mg, 7.5mg, 10mg</i>                                       | 1                |                            |
| PRADAXA CAPS 75mg, 110mg, 150mg   | 3                |                            |
| <i>warfarin sodium tabs 1mg, 2mg, 2.5mg,<br/>3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>                                | 1                |                            |
| XARELTO TABS 2.5mg, 10mg, 15mg,<br>20mg   | 2                |                            |
| XARELTO STAR TAB 15/20MG  | 2                |                            |

### **HEMATOPOIETIC GROWTH FACTORS**

|  |   |                                 |
|--|---|---------------------------------|
| ARANESP ALBUMIN FREE SOLN 25mcg/ml,<br>40mcg/ml, 60mcg/ml, 100mcg/ml,<br>200mcg/ml, 300mcg/ml; SOSY<br>10mcg/0.4ml, 25mcg/0.42ml,<br>40mcg/0.4ml, 60mcg/0.3ml,<br>100mcg/0.5ml, 150mcg/0.3ml,<br>200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml | 3 | PA                              |
| NEULASTA SOSY 6mg/0.6ml  | 3 | PA, QL (2 injections / 28 days) |
| NEULASTA ONPRO KIT PSKT 6mg/0.6ml  | 3 | PA, QL (2 injections / 28 days) |
| NIVESTYM SOLN 300mcg/ml,<br>480mcg/1.6ml; SOSY 300mcg/0.5ml,<br>480mcg/0.8ml   | 3 | PA                              |
| RETACRIT SOLN 2000unit/ml,<br>3000unit/ml, 4000unit/ml, 10000unit/ml,<br>20000unit/ml, 40000unit/ml  | 3 | PA                              |
| UDENYCA SOSY 6mg/0.6ml   | 3 | PA, QL (2 injections / 28 days) |

### **MISCELLANEOUS**

|   |   |                                |
|---|---|--------------------------------|
| <i>anagrelide hcl caps .5mg, 1mg</i>                        | 1 |                                |
| <i>cilostazol tabs 50mg, 100mg</i>                          | 1 |                                |
| HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml,<br>105mg/0.7ml, 150mg/ml | 3 | PA                             |
| <i>icatibant acetate soln 30mg/3ml</i>                      | 3 | PA, QL (45 syringes / 90 days) |
| <i>pentoxifylline tbc 400mg</i>                             | 1 |                                |
| <i>tranexamic acid soln 1000mg/10ml; tabs<br/>650mg</i>     | 1 |                                |

### **PLATELET AGGREGATION INHIBITORS**

|   |   |  |
|---|---|--|
| <i>aspirin-dipyridamole cap er 12hr 25-200<br/>mg</i> | 1 |  |
| BRILINTA TABS 60mg, 90mg                              | 2 |  |
| <i>clopidogrel bisulfate tabs 75mg, 300mg</i>         | 1 |  |

| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|--|
| <i>dipyridamole tabs 25mg, 50mg, 75mg</i> | 1                | PA; High Risk<br>Medications require PA<br>for members age 70 and<br>older |
| <i>prasugrel hcl tabs 5mg, 10mg</i>       | 1                |  |
| ZONTIVITY TABS 2.08mg                     | 2                |  |

## **IMMUNOLOGIC AGENTS**

### **BIOLOGIC DISEASE-MODIFYING AGENTS**

|  |   |  |
|--|---|--|
| ACTEMRA SOLN 80mg/4ml                                      | 3 | ST, PA, QL (10 vials / 14 days)  |
| ACTEMRA SOLN 200mg/10ml                                    | 3 | ST, PA, QL (4 vials / 14 days)   |
| ACTEMRA SOLN 400mg/20ml                                    | 3 | ST, PA, QL (2 vials / 14 days)   |
| ACTEMRA SOSY 162mg/0.9ml                                   | 3 | ST, PA, QL (4 syringes / 28 days)  |
| ENBREL SOLN 25mg/0.5ml; SOLR 25mg                          | 3 | PA, QL (4 vials / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis      |
| ENBREL SOSY 25mg/0.5ml, 50mg/ml                            | 3 | PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis   |
| ENBREL MINI SOCT 50mg/ml                                   | 3 | PA, QL (4 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis |
| ENBREL SURECLICK SOAJ 50mg/ml                              | 3 | PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis   |
| HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml | 3 | PA, QL (2 injections / 28 days)  |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml                         | 3 | PA, QL (4 injections / 28 days)  |
| HUMIRA PEDIA INJ CROHNS                                    | 3 | PA, QL (2 injections / 28 days); (80mg and 40mg dual strength kit)   |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| HUMIRA PEDIATRIC CROHNS D PSKT<br>80mg/0.8ml                    | 3                | PA, QL (3 injections / 28 days); (80mg single strength kit)   |
| HUMIRA PEN PNKT 40mg/0.4ml                                      | 3                | PA, QL (4 injections / 28 days)   |
| HUMIRA PEN KIT PS/UV  | 3                | PA, QL (1 kit / 28 days)  |
| HUMIRA PEN-CD/UC/HS START PNKT<br>40mg/0.8ml                    | 3                | PA, QL (6 pens / 28 days)   |
| HUMIRA PEN-CD/UC/HS START PNKT<br>80mg/0.8ml                    | 3                | PA, QL (1 kit / 28 days)  |
| HUMIRA PEN-PS/UV STARTER PNKT<br>40mg/0.8ml                     | 3                | PA, QL (4 pens / 28 days)   |
| KEVZARA SOAJ 150mg/1.14ml,<br>200mg/1.14ml                      | 3                | PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)     |
| KEVZARA SOSY 150mg/1.14ml,<br>200mg/1.14ml                      | 3                | PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents) |
| RINVOQ TB24 15mg  | 3                | PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis  |
| SIMPONI SOAJ 50mg/0.5ml, 100mg/ml;<br>SOSY 50mg/0.5ml, 100mg/ml | 3                | ST, PA, QL (1 injection / 28 days)  |
| SIMPONI ARIA SOLN 50mg/4ml                                      | 3                | PA, QL (200 mg / 8 weeks)   |
| SKYRIZI PSKT 75mg/0.83ml  | 3                | PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis   |
| SKYRIZI SOSY 150mg/ml   | 3                | PA, QL (1 syringe / 12 weeks); Preferred agent for Psoriasis  |
| SKYRIZI PEN SOAJ 150mg/ml                                       | 3                | PA, QL (1 syringe / 12 weeks); Preferred agent for Psoriasis  |
| STELARA SOSY 45mg/0.5ml   | 3                | PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis           |
| STELARA SOSY 90mg/ml  | 3                | PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis           |

| <b>Drug Name</b>                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--------------------------------------|------------------|--|
| TALTZ SOAJ 80mg/ml; SOSY 80mg/ml     | 3                | PA, QL (1 injection / 28 days); Preferred agent for Psoriasis                                |
| TREMFYA SOPN 100mg/ml; SOSY 100mg/ml | 3                | PA, QL (1 injection / 56 days); Preferred agent for Psoriasis                                |
| XELJANZ SOLN 1mg/ml                  | 3                | PA, QL (240 mL / 24 days)  |
| XELJANZ TABS 5mg                     | 3                | PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis                         |
| XELJANZ TABS 10mg                    | 3                | PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira) |
| XELJANZ XR TB24 11mg                 | 3                | PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis                         |
| XELJANZ XR TB24 22mg                 | 3                | PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira) |

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

|  |   |   |
|--|---|---|
| <i>hydroxychloroquine sulfate tabs 200mg</i> | 1 |   |
| <i>leflunomide tabs 10mg, 20mg</i>           | 1 |   |
| <i>methotrexate sodium tabs 2.5mg</i>        | 1 |   |
| OTEZLA TABS 30mg                             | 3 | PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis |
| OTEZLA TAB 10/20/30                          | 3 | PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis |

### **IMMUNOGLOBULIN**

|                    |   |    |
|--------------------|---|----|
| HYQVIA INJ 2.5-200 | 3 | PA |
| HYQVIA INJ 5-400   | 3 | PA |
| HYQVIA INJ 10-800  | 3 | PA |
| HYQVIA INJ 20-1600 | 3 | PA |
| HYQVIA INJ 30-2400 | 3 | PA |

### **IMMUNOMODULATORS**

|  |   |                            |
|--|---|----------------------------|
| INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu | 3 | PA                         |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg                             | 3 | PA, QL (21 caps / 28 days) |

| <b>Drug Name</b>                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------|------------------|----------------------------|
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg | 3                | PA, QL (28 caps / 28 days) |
| REVLIMID CAPS 20mg, 25mg             | 3                | PA, QL (21 caps / 28 days) |
| THALOMID CAPS 50mg, 100mg            | 3                | PA, QL (28 caps / 28 days) |
| THALOMID CAPS 150mg, 200mg           | 3                | PA, QL (56 caps / 28 days) |

### **IMMUNOSUPPRESSANTS**

|  |   |  |
|--|---|--|
| <i>azathioprine tabs 50mg</i>  | 1 |  |
| <i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i> | 1 |  |
| <i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg</i>                          | 1 |  |
| <i>gengraf caps 25mg, 100mg; soln 100mg/ml</i>   | 1 |  |
| <i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>                     | 1 |  |
| <i>mycophenolate sodium tbec 180mg, 360mg</i>  | 1 |  |
| <i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>                                      | 1 |  |
| <i>tacrolimus caps .5mg, 1mg, 5mg</i>  | 1 |  |
| ZORTRESS TABS 1mg  | 2 |  |

### **VACCINES**

|   |   |   |
|---|---|---|
| ACTHIB INJ  | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| ADACEL INJ  | 0 |   |
| AFLURIA QUAD INJ 2021-22  | 0 |   |
| BEXSERO INJ   | 0 |   |
| BOOSTRIX INJ  | 0 |   |
| DAPTACEL INJ  | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| DIP/TET PED INJ 25-5LFU   | 0 | \$0 copay for members age 18 and younger, otherwise not covered |
| ENGERIX-B INJ 10mcg/0.5ml, 20mcg/ml; SUSP 10mcg/0.5ml, 20mcg/ml | 0 |   |
| FLUAD QUADRIVALENT 2021-2 PRSY .5ml                             | 0 |   |
| FLUARIX QUAD INJ 2021-22  | 0 |   |
| FLUBLOK QUAD INJ 2021-22  | 0 |   |
| FLUCLVX QUAD INJ 2021-22  | 0 |   |
| FLULAVAL QUA INJ 2021-22  | 0 |   |
| FLUMIST QUAD SUS 2021-22  | 0 |   |



| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                      |
|---|------------------|---|
| FLUZONE INJ 2021-22                               | 0                |   |
| FLUZONE QUAD INJ 2021-22                          | 0                |   |
| GARDASIL 9 INJ                                    | 0                |   |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml              | 0                |   |
| HEPLISAV-B SOSY 20mcg/0.5ml                       | 0                |   |
| HIBERIX SOLR 10mcg                                | 0                | \$0 copay for members age 18 and younger, otherwise not covered |
| INFANRIX INJ                                      | 0                | \$0 copay for members age 18 and younger, otherwise not covered |
| IPOL INJ INACTIVE                                 | 0                | \$0 copay for members age 18 and younger, otherwise not covered |
| KINRIX INJ  | 0                | \$0 copay for members age 18 and younger, otherwise not covered |
| M-M-R II INJ                                      | 0                |   |
| MENACTRA INJ                                      | 0                |   |
| MENVEO INJ  | 0                |   |
| PEDIARIX INJ 0.5ML                                | 0                | \$0 copay for members age 18 and younger, otherwise not covered |
| PEDVAX HIB SUSP 7.5mcg/0.5ml                      | 0                | \$0 copay for members age 18 and younger, otherwise not covered |
| PENTACEL INJ                                      | 0                | \$0 copay for members age 18 and younger, otherwise not covered |
| PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml               | 0                |   |
| PREVNAR 13 INJ                                    | 0                |   |
| PROQUAD INJ                                       | 0                | \$0 copay for members age 18 and younger, otherwise not covered |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml | 0                |   |
| ROTARIX SUS                                       | 0                | \$0 copay for members age 18 and younger, otherwise not covered |
| ROTATEQ SOL                                       | 0                | \$0 copay for members age 18 and younger, otherwise not covered |
| SHINGRIX SUSR 50mcg/0.5ml                         | 0                | \$0 copay for members age 19 and older, otherwise not covered   |

| <b>Drug Name</b>                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                      |
|------------------------------------|------------------|---|
| TDVAX INJ 2-2 LF                   | 0                | \$0 copay for members age 19 and older, otherwise not covered   |
| TENIVAC INJ 5-2LF                  | 0                | \$0 copay for members age 19 and older, otherwise not covered   |
| TRUMENBA INJ                       | 0                |   |
| TWINRIX INJ                        | 0                | \$0 copay for members age 19 and older, otherwise not covered   |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml | 0                |   |
| VARIVAX INJ 1350pfu/0.5ml          | 0                |   |
| VAXELIS INJ                        | 0                | \$0 copay for members age 18 and younger, otherwise not covered |
| ZOSTAVAX SUSR 19400unt/0.65ml      | 0                | \$0 copay for members age 19 and older, otherwise not covered   |

## **MEDICAL DEVICES**

### **CONTRACEPTIVES**

|                                   |   |                   |
|-----------------------------------|---|-------------------|
| CAYA DPR                          | 0 | QL (1 / 300 days) |
| FC2 FEMALE MIS CONDOM             | 0 | OTC               |
| FEMCAP MIS 22MM                   | 0 | QL (1 / 300 days) |
| FEMCAP MIS 26MM                   | 0 | QL (1 / 300 days) |
| FEMCAP MIS 30MM                   | 0 | QL (1 / 300 days) |
| OMNIFLEX DPR                      | 0 | QL (1 / 300 days) |
| WIDE-SEAL SILICONE DIAPHR DPRH 2% | 0 | QL (1 / 300 days) |

### **DIABETIC SUPPLIES^**

|                                    |   |                                     |
|------------------------------------|---|-------------------------------------|
| ALCOHOL PREP PAD                   | 2 | OTC                                 |
| AUTOLET PLAT MIS 1.8MM             | 2 | OTC                                 |
| BLOOD GLUCOSE CALIBRATION SOLUTION | 2 | OTC                                 |
| BREEZE 2 BLOOD GLUCOSE TEST KITS   | 2 | OTC                                 |
| BREEZE 2 MIS TEST                  | 2 | QL (204 Test Strips / 25 days), OTC |
| CONTOUR KIT LINK 2.4               | 2 | OTC                                 |
| CONTOUR KIT MONITOR                | 2 | OTC                                 |
| CONTOUR TES BLD GLUC               | 2 | QL (204 Test Strips / 25 days), OTC |
| DEXCOM G5 MIS RECEIVER             | 2 |                                     |
| DEXCOM G5 MIS TRANSMIT             | 2 |                                     |
| DEXCOM G6 MIS RECEIVER             | 2 |                                     |
| DEXCOM G6 MIS SENSOR               | 2 |                                     |
| DEXCOM G6 MIS TRANSMIT             | 2 |                                     |
| G4 PLAT PED MIS RVC/SHAR           | 2 |                                     |
| G4 PLATINUM MIS PEDIATRC           | 2 |                                     |
| G4 PLATINUM MIS RCV/SHAR           | 2 |                                     |

| <b>Drug Name</b>                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------|------------------|----------------------------|
| G4 PLATINUM MIS RECEIVER          | 2                |                            |
| G4 PLATINUM MIS TRANSMIT          | 2                |                            |
| G4 SENSOR MIS                     | 2                |                            |
| G5/G4 MIS SENSOR                  | 2                |                            |
| GLUCOSE URINE TEST STRIPS         | 2                | OTC                        |
| INSULIN PEN NEEDLES               | 2                | OTC                        |
| INSULIN PEN NEEDLES/SYRINGES      | 2                | OTC                        |
| KETONE URINE TEST STRIPS          | 2                | OTC                        |
| LANCETS                           | 2                | OTC                        |
| LANCING DEVICE                    | 2                | OTC                        |
| NOVOFINE PEN NEEDLES              | 2                | OTC                        |
| OMNIPOD DASH                      | 2                |                            |
| OMNIPOD KIT STARTER               | 2                |                            |
| OMNIPOD MIS 5 PACK                | 2                |                            |
| SHARPS CONTAINER                  | 2                | OTC                        |
| URINE GLUCOSE MONITORING SUPPLIES | 2                | OTC                        |
| URINE TEST STRIPS                 | 2                | OTC                        |
| V-GO 20 KIT                       | 2                |                            |
| V-GO 30 KIT                       | 2                |                            |
| V-GO 40 KIT                       | 2                |                            |

### **MISCELLANEOUS**

|                            |   |     |
|----------------------------|---|-----|
| ADULT RESPIRATORY MASK     | 2 |     |
| ADULT RESPIRATORY MASK     | 2 | OTC |
| HUMATROPEN                 | 2 | OTC |
| PEDIATRIC RESPIRATORY MASK | 2 |     |
| PEDIATRIC RESPIRATORY MASK | 2 | OTC |

### **NUTRITIONAL/SUPPLEMENTS**

#### **ELECTROLYTES**

|  |   |   |
|--|---|---|
| <i>effer-k tbcf 25meq</i>                          | 1 |   |
| FLUORABON SOLN .55mg/0.6ml                         | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>floritab chew 1mg</i>                           | 1 |   |
| <i>floritab chew .25mg, .5mg; soln .125mg/drop</i> | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>flura-drops soln .25mg/drop</i>                 | 0 | \$0 applies for ages 5 and under, otherwise not covered |
| <i>klor-con 8 tbcf 8meq</i>                        | 1 |   |
| <i>klor-con 10 tbcf 10meq</i>                      | 1 |   |
| <i>klor-con m15 tbcf 15meq</i>                     | 1 |   |
| <i>klor-con m20 tbcf 20meq</i>                     | 1 |   |
| <i>ludent chew 1mg</i>                             | 1 |   |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|---|------------------|---|
| <i>ludent chew .25mg, .5mg</i>  | 0                | \$0 applies for ages 5 and under, otherwise not covered |
| <i>monoject sodium chloride soln .9%</i>  | 1                |   |
| <i>nafrinse chew 2.2mg</i>  | 1                |   |
| <i>nafrinse drops soln .125mg/drop</i>  | 0                | \$0 applies for ages 5 and under, otherwise not covered |
| <i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbc 8meq, 10meq, 20meq</i> | 1                |   |
| <i>potassium chloride microencapsulated crystals er tbc 10meq, 20meq</i>          | 1                |   |
| <i>sodium chloride soln 2.5meq/ml</i>   | 1                |   |
| <i>sodium fluoride chew 1mg; tabs 1mg</i>   | 1                |   |
| <i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>                  | 0                | \$0 applies for ages 5 and under, otherwise not covered |

#### **IV REPLACEMENT SOLUTIONS**

|   |   |  |
|---|---|--|
| <i>sodium chloride soln .45%, .9%, 3%, 5%</i> | 1 |  |
|---|---|--|

#### **VITAMINS**

|  |   |  |
|--|---|--|
| <i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i> | 1 |  |
| <i>cholecalciferol caps 50000unit</i>              | 1 | OTC  |
| CITRANATAL CAP HARMONY                             | 2 |  |
| CITRANATAL CAP MEDLEY                              | 2 |  |
| CITRANATAL MIS                                     | 2 |  |
| CITRANATAL MIS 90 DHA                              | 2 |  |
| CITRANATAL MIS B-CALM                              | 2 |  |
| CITRANATAL PAK ASSURE                              | 2 |  |
| CITRANATAL PAK DHA                                 | 2 |  |
| CITRANATAL TAB BLOOM                               | 2 |  |
| CITRANATAL TAB RX                                  | 2 |  |
| <i>cyanocobalamin soln 1000mcg/ml</i>              | 1 |  |
| <i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>    | 1 |  |
| <i>elite-ob</i>                                    | 1 |  |
| <i>ergocalciferol caps 50000unit</i>               | 1 |  |
| <i>folic acid caps 800mcg</i>                      | 0 | QL (100 caps / 30 days), OTC; \$0 copay for ages 55 and under, otherwise not covered |
| <i>folic acid tabs 1mg</i>                         | 1 |  |
| <i>folic acid tabs 400mcg, 800mcg</i>              | 0 | QL (100 tabs / 30 days), OTC; \$0 copay for ages 55 and under, otherwise not covered |

| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>multi-vit/iron/fluoride</i>            | 1                | OTC                        |
| <i>multi-vitamin/fluoride dr</i>          | 1                |                            |
| <i>multivitamin/fluoride</i>              | 1                |                            |
| <i>mvc-fluoride</i>                       | 1                |                            |
| <i>paricalcitol caps 1mcg, 2mcg, 4mcg</i> | 1                |                            |
| <i>phytonadione tabs 5mg</i>              | 1                |                            |
| <i>prenatabs rx</i>                       | 1                |                            |
| <i>pyridoxine hcl tabs 25mg, 50mg</i>     | 1                | OTC                        |
| <i>tri-vite/fluoride</i>                  | 1                |                            |
| <i>vitamins a/c/d/fluoride</i>            | 1                |                            |
| <i>westab max</i>                         | 1                |                            |

## **OPHTHALMIC**

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

|  |   |  |
|--|---|--|
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>              | 1 |  |
| BLEPHAMIDE OIN S.O.P.  | 2 |  |
| BLEPHAMIDE SUS OP  | 2 |  |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>            | 1 |  |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>            | 1 |  |
| <i>neomycin-polymyxin-hc ophth susp</i>                            | 1 |  |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 1 |  |
| TOBRADEX OIN 0.3-0.1%  | 2 |  |
| TOBRADEX ST SUS 0.3-0.05   | 2 |  |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                | 1 |  |

### **ANTI-INFECTIVES**

|   |   |  |
|---|---|--|
| AZASITE SOLN 1%   | 2 |  |
| <i>bacitracin (ophthalmic) oint 500unit/gm</i>                      | 1 |  |
| <i>bacitracin-polymyxin b ophth oint</i>                            | 1 |  |
| BESIVANCE SUSP .6%  | 3 |  |
| <i>ciprofloxacin hcl (ophth) soln .3%</i>                           | 1 |  |
| <i>erythromycin (ophth) oint 5mg/gm</i>                             | 1 |  |
| <i>gatifloxacin (ophth) soln .5%</i>                                | 1 |  |
| <i>gentak oint .3%</i>  | 1 |  |
| <i>gentamicin sulfate (ophth) soln .3%</i>                          | 1 |  |
| <i>levofloxacin (ophth) soln .5%</i>                                | 1 |  |
| <i>moxifloxacin hcl (ophth) soln .5%</i>                            | 1 |  |
| NATACYN SUSP 5%   | 2 |  |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 1 |  |
| <i>ofloxacin (ophth) soln .3%</i>                                   | 1 |  |
| <i>polycin</i>  | 1 |  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>polymyxin b-trimethoprim ophth soln</i><br>10000 unit/ml-0.1% | 1                |                            |
| <i>sulfacetamide sodium (ophth) oint 10%;</i><br><i>soln 10%</i> | 1                |                            |
| <i>tobramycin (ophth) soln .3%</i>                               | 1                |                            |
| <i>trifluridine soln 1%</i>                                      | 1                |                            |
| ZIRGAN GEL .15%  | 3                |                            |
| <b>ANTI-INFLAMMATORIES</b>                                       |                  |                            |
| ACUVAIL SOLN .45%  | 2                |                            |
| <i>bromfenac sodium (ophth) soln .09%</i>                        | 1                |                            |
| <i>dexamethasone sodium phosphate (ophth)</i><br><i>soln .1%</i> | 1                |                            |
| <i>diclofenac sodium (ophth) soln .1%</i>                        | 1                |                            |
| DUREZOL EMUL .05%  | 2                |                            |
| <i>flurbiprofen sodium soln .03%</i>                             | 1                |                            |
| FML OINT .1%   | 2                |                            |
| FML FORTE SUSP .25%  | 2                |                            |
| ILEVRO SUSP .3%  | 2                |                            |
| <i>ketorolac tromethamine (ophth) soln .4%,</i><br><i>.5%</i>    | 1                |                            |
| <i>loteprednol etabonate susp .5%</i>                            | 1                |                            |
| MAXIDEX SUSP .1%   | 2                |                            |
| NEVANAC SUSP .1%   | 2                |                            |
| PRED MILD SUSP .12%  | 2                |                            |
| <i>prednisolone acetate (ophth) susp 1%</i>                      | 1                |                            |
| PREDNISOLONE SODIUM PHOSP SOLN 1%                                | 2                |                            |
| <b>ANTIALLERGICS</b>   |                  |                            |
| ALOCRI SOLN 2%   | 3                |                            |
| ALOMIDE SOLN .1%   | 3                |                            |
| <i>azelastine hcl (ophth) soln .05%</i>                          | 1                | ST                         |
| <i>bepotastine besilate soln 1.5%</i>                            | 1                | ST                         |
| BEPREVE SOLN 1.5%  | 3                | ST                         |
| <i>cromolyn sodium (ophth) soln 4%</i>                           | 1                |                            |
| <i>epinastine hcl (ophth) soln .05%</i>                          | 1                | ST                         |
| <i>kp ketotifen fumarate soln .025%</i>                          | 1                | OTC                        |
| LASTACFT SOLN .25%   | 2                | ST                         |
| <i>olopatadine hcl soln .1%, .2%</i>                             | 1                | ST                         |
| PAZEO SOLN .7%   | 2                |                            |
| <b>ANTIGLAUCOMA</b>  |                  |                            |
| <i>apraclonidine hcl soln .5%</i>                                | 1                |                            |
| <i>betaxolol hcl (ophth) soln .5%</i>                            | 1                |                            |
| BETIMOL SOLN .25%, .5%   | 3                |                            |
| BETOPTIC-S SUSP .25%   | 2                |                            |
| <i>brimonidine tartrate soln .15%, .2%</i>                       | 1                |                            |
| <i>brinzolamide susp 1%</i>                                      | 1                |                            |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>carteolol hcl (ophth) soln 1%</i>                             | 1                |                            |
| COMBIGAN SOL 0.2/0.5%  | 2                |                            |
| <i>dorzolamide hcl soln 2%</i>                                   | 1                |                            |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> | 1                |                            |
| <i>latanoprost soln .005%</i>                                    | 1                |                            |
| <i>levobunolol hcl soln .5%</i>                                  | 1                |                            |
| LUMIGAN SOLN .01%  | 2                | ST; PA**                   |
| PHOSPHOLINE IODIDE SOLR .125%                                    | 3                |                            |
| <i>pilocarpine hcl soln 1%</i>                                   | 1                |                            |
| SIMBRINZA SUS 1-0.2%   | 2                |                            |
| <i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>    | 1                |                            |
| <i>travoprost soln .004%</i>                                     | 1                |                            |
| ZIOPTAN SOLN .015mg/ml   | 3                | ST; PA**                   |

### **MISCELLANEOUS**

|   |   |                              |
|---|---|------------------------------|
| ATROPINE SULFATE SOLN 1%                            | 3 |                              |
| CYSTARAN SOLN .44%                                  | 3 | PA, QL (4 bottles / 28 days) |
| LACRISERT INST 5mg                                  | 3 |                              |
| <i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i> | 1 |                              |
| RESTASIS EMUL .05%                                  | 2 |                              |
| <i>tropicamide soln .5%, 1%</i>                     | 1 |                              |

### **OTHER**

#### **IRRIGATION SOLUTIONS**

|                   |   |  |
|-------------------|---|--|
| <i>physiolyte</i> | 1 |  |
|-------------------|---|--|

### **RESPIRATORY**

#### **ANAPHYLAXIS TREATMENT AGENTS**

|   |   |   |
|---|---|---|
| <i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i> | 1 | QL (4 auto-injectors / 25 days)                           |
| <i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>            | 1 | QL (4 auto-injectors / 25 days); (generic of Adrenaclick) |
| EPIPEN 2-PAK SOAJ .3mg/0.3ml                                  | 2 | QL (4 auto-injectors / 25 days)                           |
| EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml                              | 2 | QL (4 auto-injectors / 25 days)                           |

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

|  |   |                          |
|--|---|--------------------------|
| ANORO ELLIPT AER 62.5-25                                 | 2 | QL (1 package / 25 days) |
| BEVESPI AER 9-4.8MCG                                     | 2 | QL (1 package / 25 days) |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 1 | QL (6 boxes / 25 days)   |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|--|
| TRELEGY AER ELLIPTA   | 2                | QL (1 package / 25 days)   |
| <b>ANTICHOLINERGICS§</b>  |                  |  |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh                                  | 2                | QL (1 package / 25 days)   |
| <i>ipratropium bromide soln .02%</i>                              | 1                | QL (5 boxes / 25 days)   |
| <i>ipratropium bromide (nasal) soln .03%, .06%</i>                | 1                |  |
| SPIRIVA HANDIHALER CAPS 18mcg                                     | 2                | QL (1 package / 25 days)   |
| SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act                     | 2                | QL (1 package / 25 days)   |
| <b>ANTI-HISTAMINE COMBINATIONS</b>                                |                  |  |
| <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> | 1                | QL (1 package / 25 days)   |
| <b>ANTI-HISTAMINES§</b>   |                  |  |
| <i>allergy relief caps 10mg</i>                                   | 1                | OTC  |
| <i>azelastine hcl soln .1%, .15%</i>                              | 1                | QL (2 bottles / 25 days)   |
| <i>brompheniramine tannate chew 12mg</i>                          | 1                |  |
| <i>carbinoxamine maleate tabs 4mg</i>                             | 1                |  |
| <i>cetirizine hcl chew 5mg, 10mg; tabs 5mg, 10mg</i>              | 1                | OTC  |
| <i>cetirizine hcl childrens soln 1mg/ml</i>                       | 1                | OTC  |
| <i>clemastine fumarate tabs 2.68mg</i>                            | 1                | PA; High Risk<br>Medications require PA for members age 70 and older |
| <i>cvs allergy relief childr susp 30mg/5ml</i>                    | 1                | OTC  |
| <i>cyproheptadine hcl syrup 2mg/5ml; tabs 4mg</i>                 | 1                |  |
| <i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>                    | 1                | ST   |
| <i>diphenhydramine hcl elix 12.5mg/5ml</i>                        | 1                | PA; High Risk<br>Medications require PA for members age 70 and older |
| <i>diphenhydramine hcl soln 50mg/ml</i>                           | 1                |  |
| <i>fexofenadine hcl tabs 60mg, 180mg</i>                          | 1                | OTC  |
| <i>gnp loratadine syrup 5mg/5ml</i>                               | 1                | OTC  |
| <i>hydroxyzine hcl syrup 10mg/5ml; tabs 10mg, 25mg, 50mg</i>      | 1                | PA; High Risk<br>Medications require PA for members age 70 and older |
| <i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>                 | 1                | PA; High Risk<br>Medications require PA for members age 70 and older |



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i> | 1                |                            |
| <i>loratadine caps 10mg; tabs 10mg</i>                         | 1                | OTC                        |
| <i>olopatadine hcl (nasal) soln .6%</i>                        | 1                | QL (1 container / 25 days) |
| <i>px allergy relief tbdp 10mg</i>                             | 1                | OTC                        |
| ZYRTEC ALLERGY CAPS 10mg                                       | 1                | OTC                        |

### **BETA AGONISTS§**

|   |   |                           |
|---|---|---------------------------|
| <i>albuterol sulfate aers 108mcg/act</i>                            | 1 | QL (2 inhalers / 25 days) |
| <i>albuterol sulfate nebu .5%</i>                                   | 1 | QL (60 mL / 25 days)      |
| <i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>          | 1 | QL (5 boxes / 25 days)    |
| <i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i> | 1 |                           |
| <i>levalbuterol hcl nebu 1.25mg/0.5ml</i>                           | 1 | QL (45 mL / 25 days)      |
| <i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>       | 1 | QL (300 mL / 25 days)     |
| <i>metaproterenol sulfate syrp 10mg/5ml</i>                         | 1 |                           |
| STRIVERDI RESPIMAT AERS 2.5mcg/act                                  | 2 | QL (1 package / 25 days)  |
| <i>terbutaline sulfate tabs 2.5mg, 5mg</i>                          | 1 |                           |

### **BIOLOGIC RESPONSE MODIFIERS**

|   |   |                                 |
|---|---|---------------------------------|
| NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml | 3 | PA, QL (3 injections / 28 days) |
| XOLAIR SOLR 150mg                               | 3 | PA, QL (8 vials / 28 days)      |
| XOLAIR SOSY 75mg/0.5ml                          | 3 | PA, QL (2 syringes / 28 days)   |
| XOLAIR SOSY 150mg/ml                            | 3 | PA, QL (8 syringes / 28 days)   |

### **COLD/COUGH**

|  |   |     |
|--|---|-----|
| <i>benzonatate caps 100mg, 200mg</i>                             | 1 |     |
| <i>guaifenesin ac</i>  | 1 | OTC |
| <i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>        | 1 |     |
| <i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>             | 1 |     |
| <i>hydrocodone w/ homatropine tab 5-1.5 mg</i>                   | 1 |     |
| <i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>      | 1 |     |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>              | 1 |     |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i>                      | 1 |     |
| <i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> | 1 |     |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                |
|--|------------------|---|
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>          | 1                |   |
| TUZISTRA XR SUS  | 3                |   |
| <b>LEUKOTRIENE MODIFIERS</b>                                 |                  |   |
| <i>zileuton tb12 600mg</i>                                   | 3                |   |
| <b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>                      |                  |   |
| <i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i> | 1                |   |
| <i>zafirlukast tabs 10mg, 20mg</i>                           | 1                |   |
| <b>MAST CELL STABILIZERS§</b>                                |                  |   |
| <i>cromolyn sodium nebu 20mg/2ml</i>                         | 1                | QL (2 boxes / 25 days)                                    |
| <b>MISCELLANEOUS</b>   |                  |   |
| <i>acetylcysteine soln 10%, 20%</i>                          | 1                |   |
| DALIRESP TABS 250mcg, 500mcg                                 | 3                | PA  |
| ESBRIET CAPS 267mg   | 3                | PA, QL (270 caps / 30 days)                               |
| ESBRIET TABS 267mg   | 3                | PA, QL (270 tabs / 30 days)                               |
| ESBRIET TABS 801mg   | 3                | PA, QL (90 tabs / 30 days)                                |
| GLASSIA SOLN 1000mg/50ml                                     | 3                | PA  |
| KALYDECO PACK 25mg, 50mg, 75mg                               | 3                | PA, QL (56 packets / 28 days)                             |
| KALYDECO TABS 150mg  | 3                | PA, QL (56 tabs / 28 days); carton consists of 56 tablets |
| KALYDECO TABS 150mg  | 3                | PA, QL (60 tabs / 30 days); packet consists of 60 tablets |
| ORKAMBI GRA 100-125  | 3                | PA, QL (56 packets / 28 days)                             |
| ORKAMBI GRA 150-188  | 3                | PA, QL (56 packets / 28 days)                             |
| ORKAMBI TAB 100-125  | 3                | PA, QL (112 tabs / 28 days)                               |
| ORKAMBI TAB 200-125  | 3                | PA, QL (112 tabs / 28 days)                               |
| PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg                    | 3                | PA  |
| <i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>      | 1                |   |
| SYMDEKO TAB 50-75MG  | 3                | PA, QL (56 tabs / 28 days)                                |
| SYMDEKO TAB 100-150  | 3                | PA, QL (56 tabs / 28 days)                                |

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|--|------------------|------------------------------------|
| TRIKAFTA TAB   | 3                | PA, QL (84 tabs / 28 days)         |
| <b>NASAL STEROIDS§</b>                                 |                  |                                    |
| <i>eql fluticasone propionat susp 50mcg/act</i>        | 1                | QL (1 container / 25 days), OTC    |
| <i>flunisolide (nasal) soln .025%</i>                  | 1                | QL (3 containers / 25 days)        |
| <i>fluticasone propionate (nasal) susp 50mcg/act</i>   | 1                | QL (1 container / 25 days)         |
| OMNARIS SUSP 50mcg/act                                 | 3                | ST, QL (1 package / 25 days); PA** |
| <i>rhinocort allergy susp 32mcg/act</i>                | 1                | QL (1 bottle / 25 days), OTC       |
| <i>triamcinolone acetonide (nasal) aero 55mcg/act</i>  | 1                | QL (1 package / 25 days), OTC      |
| <b>STEROID INHALANTS§</b>                              |                  |                                    |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act | 2                | QL (1 package / 25 days)           |
| <i>budesonide (inhalation) susp 1mg/2ml</i>            | 1                | QL (1 box / 25 days)               |
| <i>budesonide (inhalation) susp .5mg/2ml</i>           | 1                | QL (2 boxes / 25 days)             |
| <i>budesonide (inhalation) susp .25mg/2ml</i>          | 1                | QL (3 boxes / 25 days)             |
| QVAR REDIHALER AERB 40mcg/act, 80mcg/act               | 2                | QL (2 packages / 25 days)          |
| <b>STEROID/BETA-AGONIST COMBINATIONS§</b>              |                  |                                    |
| ADVAIR DISKU AER 100/50                                | 1                | QL (1 package / 25 days)           |
| ADVAIR DISKU AER 250/50                                | 1                | QL (1 package / 25 days)           |
| ADVAIR DISKU AER 500/50                                | 1                | QL (1 package / 25 days)           |
| ADVAIR HFA AER 45/21                                   | 2                | QL (1 package / 25 days)           |
| ADVAIR HFA AER 115/21                                  | 2                | QL (1 package / 25 days)           |
| ADVAIR HFA AER 230/21                                  | 2                | QL (1 package / 25 days)           |
| BREO ELLIPTA INH 100-25                                | 2                | QL (1 package / 25 days)           |
| BREO ELLIPTA INH 200-25                                | 2                | QL (1 package / 25 days)           |
| SYMBICORT AER 80-4.5                                   | 2                | QL (3 packages / 25 days)          |
| SYMBICORT AER 160-4.5                                  | 2                | QL (3 packages / 25 days)          |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>XANTHINES</b>   |           |                     |
| <i>theophylline soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i> | 1         |                     |

**TOPICAL**

**DERMATOLOGY, ACNE**

|  |   |   |
|--|---|---|
| <i>acne medication 5 gel 5%</i>                                    | 1 | OTC   |
| ACNE MEDICATION 5 LOTN 5%  | 1 | OTC   |
| ACNE MEDICATION 10 LOTN 10%  | 1 | OTC   |
| <i>adapalene crea .1%; gel .1%, .3%</i>                            | 1 | PA; PA applies for members age 35 and older |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>                     | 1 | ST  |
| <i>avita crea .025%; gel .025%</i>                                 | 1 | PA; PA applies for members age 35 and older |
| BENZIQ GEL 5.25%   | 2 | ST  |
| BENZIQ LS GEL 2.75%  | 2 | ST  |
| <i>benziq wash liqd 5.25%</i>                                      | 1 | ST  |
| BENZOYL PEROXIDE GEL 2.5%  | 1 | OTC   |
| <i>benzoyl peroxide gel 5%, 10%</i>                                | 1 | OTC   |
| BENZOYL PEROXIDE CLEANSER LIQD 6%                                  | 1 | OTC   |
| <i>benzoyl peroxide wash liqd 5%, 10%</i>                          | 1 | OTC   |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>                      | 1 | ST  |
| <i>bp gel gel 10%</i>  | 1 | OTC   |
| <i>bp wash liqd 2.5%</i>   | 1 | ST  |
| <i>bp wash liqd 5%</i>   | 1 | OTC   |
| <i>clean &amp; clear continuous crea 10%</i>                       | 1 | OTC   |
| <i>clindacin etz pledgets swab 1%</i>                              | 1 |   |
| CLINDACIN KIT PAC 1%   | 3 |   |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 1 |   |
| <i>clindamycin phosphate (topical) foam 1%</i>                     | 1 |   |
| <i>clindamycin phosphate (topical) gel 1%</i>                      | 1 | QL (75g / 25 days)                          |
| <i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>            | 1 | QL (60mL / 25 days)                         |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>             | 1 |   |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>         | 1 |   |
| <i>cvs acne cleansing bar bar 10%</i>                              | 1 | OTC   |
| <i>cvs creamy acne face wash liqd 4%</i>                           | 1 | OTC   |
| <i>cvs targeted acne spot tr crea 2.5%</i>                         | 1 | OTC   |
| EPIDUO FORTE GEL 0.3-2.5%  | 3 | ST  |
| <i>ery pads 2%</i>   | 1 |   |
| <i>erythromycin (acne aid) gel 2%</i>                              | 1 | QL (60g / 25 days)                          |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|---|------------------|---|
| <i>erythromycin (acne aid) soln 2%</i>                        | 1                | QL (60mL / 25 days)                         |
| <i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>               | 1                | PA  |
| NEUTROGENA CLEAR PORE CLE LIQD 3.5%                           | 1                | OTC   |
| <i>sulfacetamide sodium (acne) lotn 10%</i>                   | 1                |   |
| <i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i> | 1                | PA; PA applies for members age 35 and older |

### **DERMATOLOGY, ACTINIC KERATOSIS**

|  |   |  |
|--|---|--|
| <i>fluorouracil (topical) crea 5%; soln 2%, 5%</i> | 1 |  |
| <i>imiquimod crea 5%</i>                           | 1 |  |
| PICATO GEL .015%, .05%                             | 3 |  |

### **DERMATOLOGY, ANTIBIOTICS**

|  |   |                    |
|--|---|--------------------|
| <i>gentamicin sulfate (topical) crea .1%; oint .1%</i> | 1 |                    |
| IV PREP WIPE PAD                                       | 2 | OTC                |
| <i>mupirocin oint 2%</i>                               | 1 | QL (30g / 25 days) |
| <i>qc bacitracin oint 500unit/gm</i>                   | 1 | OTC                |
| <i>silver sulfadiazine crea 1%</i>                     | 1 |                    |
| <i>ssd crea 1%</i>                                     | 1 |                    |
| SULFAMYLON CREA 85mg/gm                                | 3 |                    |
| <i>triple antibiotic</i>                               | 1 | OTC                |

### **DERMATOLOGY, ANTIFUNGALS**

|   |   |                          |
|---|---|--------------------------|
| <i>anti-fungal powder powd 1%</i>                   | 1 | OTC                      |
| <i>antifungal crea 1%, 2%</i>                       | 1 | OTC                      |
| <i>athletes foot spray aero 1%</i>                  | 1 | OTC                      |
| <i>butenafine hcl crea 1%</i>                       | 1 | OTC                      |
| <i>ciclopirox gel .77%</i>                          | 1 | ST, QL (120g / 25 days)  |
| <i>ciclopirox sham 1%</i>                           | 1 | QL (120mL / 25 days)     |
| <i>ciclopirox soln 8%</i>                           | 1 |                          |
| <i>ciclopirox olamine crea .77%</i>                 | 1 | ST, QL (120g / 25 days)  |
| <i>ciclopirox olamine susp .77%</i>                 | 1 | ST, QL (120mL / 25 days) |
| <i>clotrimazole (topical) crea 1%</i>               | 1 | ST, QL (120g / 25 days)  |
| <i>clotrimazole (topical) crea 1%; soln 1%</i>      | 1 | OTC                      |
| <i>clotrimazole (topical) soln 1%</i>               | 1 | QL (120mL / 25 days)     |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i>  | 1 | QL (60g / 25 days)       |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i> | 1 | QL (60mL / 25 days)      |
| <i>crux prescription streng aerp 2%</i>             | 1 | OTC                      |
| <i>cvs athletes foot liquid aero 2%</i>             | 1 | OTC                      |
| <i>econazole nitrate crea 1%</i>                    | 1 | ST, QL (60g / 25 days)   |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| ERTACZO CREA 2%  | 3                | QL (60g / 25 days)   |
| <i>gnp miconazorb af powd 2%</i>                                     | 1                | OTC  |
| <i>gnp terbinafine hydrochlo crea 1%</i>                             | 1                | OTC  |
| JUBLIA SOLN 10%  | 3                | PA, QL (4mL / 21 days)   |
| <i>ketoconazole (topical) crea 2%</i>                                | 1                | ST, QL (120g / 25 days)  |
| LOTRIMIN ANTIFUNGAL AERO 2%  | 1                | OTC  |
| LOTRIMIN ULTRA CREA 1%   | 1                | OTC  |
| <i>medicated anti-fungal soln 1%</i>                                 | 1                | OTC  |
| MENTAX CREA 1%   | 3                | QL (60g / 25 days)   |
| <i>naftifine hcl crea 1%, 2%</i>                                     | 1                | ST, QL (60g / 25 days)   |
| <i>nyamyc powd 100000unit/gm</i>                                     | 1                | ST, QL (120g / 25 days)  |
| <i>nystatin (topical) crea 100000unit/gm;<br/>oint 100000unit/gm</i> | 1                | ST, QL (120g / 25 days)  |
| <i>nystatin-triamcinolone cream 100000-0.1<br/>unit/gm-%</i>         | 1                | QL (60g / 25 days)   |
| <i>nystatin-triamcinolone oint 100000-0.1<br/>unit/gm-%</i>          | 1                | QL (60g / 25 days)   |
| <i>nystop powd 100000unit/gm</i>                                     | 1                | ST, QL (120g / 25 days)  |
| <i>oxiconazole nitrate crea 1%</i>                                   | 1                | ST, QL (60g / 25 days)   |
| <i>sulconazole nitrate crea 1%</i>                                   | 1                | QL (60g / 25 days)   |
| <i>sulconazole nitrate soln 1%</i>                                   | 1                | QL (60mL / 25 days)  |
| <i>tolnaftate aerp 1%</i>  | 1                | OTC  |
| <i>triple paste af oint 2%</i>                                       | 1                | OTC  |
| <b>DERMATOLOGY, ANTIPRURITIC</b>                                     |                  |  |
| <i>doxepin hcl (antipruritic) crea 5%</i>                            | 3                | ST, QL (45 grams / 25 days); PA**  |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                                   |                  |  |
| <i>acitretin caps 10mg, 17.5mg, 25mg</i>                             | 1                |  |
| <i>calcipotriene soln .005%</i>                                      | 1                |  |
| <i>calcitriol (topical) oint 3mcg/gm</i>                             | 3                |  |
| COSENTYX SOSY 75mg/0.5ml, 150mg/ml                                   | 3                | PA, QL (1 syringe / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| COSENTYX SOSY 150mg/ml   | 3                | PA, QL (300 mg / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis    |
| COSENTYX SENSOREADY PEN SOAJ 150mg/ml                                | 3                | PA, QL (1 pen / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis     |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| COSENTYX SENSOREADY PEN SOAJ<br>150mg/ml                                   | 3                | PA, QL (300 mg / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis |
| <i>methoxsalen rapid caps 10mg</i>   | 1                |   |
| <i>tazarotene crea .1%</i>   | 1                | PA  |
| TAZORAC CREA .05%; GEL .05%, .1%   | 2                | PA  |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>  |                  |   |
| <i>ketoconazole (topical) sham 2%</i>                                      | 1                |   |
| <i>selenium sulfide lotn 2.5%</i>  | 1                |   |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>  |                  |   |
| <i>alclometasone dipropionate crea .05%; oint .05%</i>                     | 1                | QL (120g / 25 days)   |
| <i>amcinonide crea .1%</i>   | 1                | QL (120g / 25 days)   |
| <i>amcinonide lotn .1%</i>   | 1                | QL (120mL / 25 days)  |
| AMCINONIDE OINT .1%  | 2                | QL (120g / 25 days)   |
| <i>betamethasone dipropionate (topical) crea .05%; oint .05%</i>           | 1                | QL (120g / 25 days)   |
| <i>betamethasone dipropionate (topical) lotn .05%</i>                      | 1                | QL (120mL / 25 days)  |
| <i>betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%</i> | 1                | QL (120g / 25 days)   |
| <i>betamethasone dipropionate augmented lotn .05%</i>                      | 1                | QL (120mL / 25 days)  |
| <i>betamethasone valerate crea .1%; foam .12%; oint .1%</i>                | 1                | QL (120g / 25 days)   |
| <i>betamethasone valerate lotn .1%</i>                                     | 1                | QL (120mL / 25 days)  |
| <i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>          | 3                |   |
| <i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>     | 1                | QL (120g / 25 days)   |
| <i>clobetasol propionate liqd .05%; lotn .05%; sham .05%; soln .05%</i>    | 1                | QL (120mL / 25 days)  |
| <i>clocortolone pivalate crea .1%</i>                                      | 3                | QL (120g / 25 days)   |
| <i>desonide crea .05%; oint .05%</i>                                       | 1                | QL (120g / 25 days)   |
| <i>desonide lotn .05%</i>  | 1                | QL (120mL / 25 days)  |
| <i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>                 | 1                | QL (120g / 25 days)   |
| <i>diflorasone diacetate crea .05%; oint .05%</i>                          | 3                | QL (120g / 25 days)   |
| <i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>                 | 1                | QL (120g / 25 days)   |
| <i>fluocinolone acetonide oil .01%; soln .01%</i>                          | 1                | QL (120mL / 25 days)  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <i>fluocinonide crea .05%; gel .05%; oint .05%</i>                                  | 1                | QL (120g / 25 days)               |
| <i>fluocinonide soln .05%</i>   | 1                | QL (120mL / 25 days)              |
| <i>fluticasone propionate crea .05%; oint .005%</i>                                 | 1                | QL (120g / 25 days)               |
| <i>fluticasone propionate lotn .05%</i>   | 1                | QL (120mL / 25 days)              |
| <i>halobetasol propionate crea .05%; oint .05%</i>                                  | 1                | QL (120g / 25 days)               |
| <i>hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%</i>                            | 1                | QL (120g / 25 days)               |
| <i>hydrocortisone (topical) lotn 2.5%</i>   | 1                | QL (120mL / 25 days)              |
| <i>hydrocortisone butyrate crea .1%; oint .1%</i>                                   | 1                | QL (120g / 25 days)               |
| <i>hydrocortisone butyrate soln .1%</i>   | 1                | QL (120mL / 25 days)              |
| <i>hydrocortisone valerate crea .2%; oint .2%</i>                                   | 1                | QL (120g / 25 days)               |
| <i>mometasone furoate crea .1%; oint .1%</i>  | 1                | QL (120g / 25 days)               |
| <i>mometasone furoate soln .1%</i>  | 1                | QL (120mL / 25 days)              |
| <i>prednicarbate crea .1%; oint .1%</i>   | 1                | QL (120g / 25 days)               |
| <i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i> | 1                | QL (120g / 25 days)               |
| <i>triamcinolone acetonide (topical) lotn .025%, .1%</i>                            | 1                | QL (120mL / 25 days)              |
| <i>triderm crea .1%</i>   | 1                | QL (120g / 25 days)               |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>   |                  |                                   |
| <i>lidocaine hcl gel 2%; prsy 2%</i>  | 1                | QL (60mL / 25 days)               |
| <i>lidocaine hcl soln 4%</i>  | 1                | QL (50mL / 25 days)               |
| <i>lidocaine pain relief pat ptch 4%</i>  | 1                | QL (30 patches / 25 days), OTC    |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>  | 1                | QL (30gm / 25 days)               |
| <i>lidocaine-prilocaine cream kit 2.5-2.5%</i>                                      | 1                |                                   |
| SYNERA DIS 70-70MG  | 3                | QL (2 patches / 25 days)          |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>                          |                  |                                   |
| AVAGE CREA .1%  | 3                |                                   |
| CONDYLOX GEL .5%  | 3                |                                   |
| DENAVIR CREA 1%   | 3                | ST                                |
| <i>diclofenac sodium (topical) gel 1%</i>   | 1                | QL (300g / 25 days)               |
| <i>diclofenac sodium (topical) gel 1%</i>   | 1                | QL (300g / 25 days), OTC          |
| <i>docosanol crea 10%</i>   | 1                | OTC                               |
| EUCRISA OINT 2%   | 2                | ST, QL (60 grams / 25 days); PA** |
| LACTIC ACID LOTN 10%  | 1                |                                   |
| <i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>                            | 1                |                                   |



| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| <i>podofilox soln .5%</i>                  | 1                |                             |
| RECTIV OINT .4%                            | 3                |                             |
| <i>tacrolimus (topical) oint .03%, .1%</i> | 1                |                             |
| TARGRETIN GEL 1%                           | 3                | PA                          |
| VOLTAREN GEL 1%                            | 1                | QL (300g / 25 days),<br>OTC |

### **DERMATOLOGY, ROSACEA**

|   |   |    |
|---|---|----|
| <i>azelaic acid gel 15%</i>                                       | 1 |    |
| FINACEA FOAM 15%  | 2 |    |
| <i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i> | 1 |    |
| MIRVASO GEL .33%  | 3 | PA |
| <i>rosadan crea .75%</i>  | 1 |    |

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

|   |   |          |
|---|---|----------|
| <i>crotan lotn 10%</i>                    | 1 |          |
| EURAX CREA 10%                            | 3 |          |
| <i>gnp lice treatment liqd 1%</i>         | 1 | OTC      |
| <i>ivermectin (pediculicide) lotn .5%</i> | 1 | ST; PA** |
| <i>lice treatment lotn 1%</i>             | 1 | OTC      |
| <i>lindane sham 1%</i>                    | 1 |          |
| <i>malathion lotn .5%</i>                 | 1 |          |
| <i>permethrin crea 5%</i>                 | 1 |          |
| <i>spinosad susp .9%</i>                  | 1 |          |

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

|   |   |                        |
|---|---|------------------------|
| REGANEX GEL .01%                              | 3 | PA, QL (30g / 25 days) |
| <i>sodium chloride (gu irrigant) soln .9%</i> | 1 |                        |

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

|   |   |  |
|---|---|--|
| <i>cevimeline hcl caps 30mg</i>                         | 1 |  |
| <i>chlorhexidine gluconate (mouth-throat) soln .12%</i> | 1 |  |
| <i>clotrimazole troc 10mg</i>                           | 1 |  |
| <i>lidocaine hcl (mouth-throat) soln 2%, 4%</i>         | 1 |  |
| <i>nystatin (mouth-throat) susp 100000unit/ml</i>       | 1 |  |
| <i>oralone dental paste pste .1%</i>                    | 1 |  |
| <i>periogard soln .12%</i>                              | 1 |  |
| <i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>           | 1 |  |
| <i>triamcinolone acetonide (mouth) pste .1%</i>         | 1 |  |

### **OTIC**

|   |   |  |
|---|---|--|
| <i>acetic acid (otic) soln 2%</i>                     | 1 |  |
| <i>ciprofloxacin hcl (otic) soln .2%</i>              | 1 |  |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | 1 |  |
| CORTISPORIN SUS -TC OTIC                              | 3 |  |
| <i>fluocinolone acetonide (otic) oil .01%</i>         | 1 |  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i>               | 1                |                            |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                         | 1                |                            |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 1                |                            |
| <i>ofloxacin (otic) soln .3%</i>                                  | 1                |                            |

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Room 509F, HHH Building  
Washington, D.C. 20201

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|               |  |
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