



**Senior Whole Health of New York NHC (HMO-DSNP),  
Senior Whole Health Medicare Complete Care (HMO D-SNP)**

**2026 年處方集**

**(「承保藥物清單」或「藥物清單」)**

**請詳閱以下內容：本文件包含資訊  
關於我們在本計畫承保的藥物**

HPMS 核准處方集文件，提交 ID 00026144

本處方集之最近更新日期為 06/01/2026。

如需了解最新資訊或其他問題，請聯絡 Senior Whole Health of New York NHC, Senior Whole Health Medicare Complete Care 會員服務部，電話：(800) 665-3086（TTY 使用者請撥打 711），時間為 10 月 1 日至 3 月 31 日：當地時間每週 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：當地時間週一至週五上午 8:00 至下午 8:00，或造訪 [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare)。



**致現有會員的備註：** 本處方集自去年以來已有所變更。請檢查這份文件，確保其中仍含有您所服用的藥物。

當此藥物清單（處方集）提及「我方」、「我方」或「我們的」，就表示 Senior Whole Health of New York。當其提及「計畫」或「我們的計畫」時，就是指 Senior Whole Health of New York NHC，Senior Whole Health Medicare Complete Care。

本文件包含本計畫之藥物清單（處方集），其有效期截至 06/01/2026。如需更新藥物清單（處方集），請聯絡我們。我們的聯絡資訊以及藥物清單的最近更新日期，就在封面和封底頁列明。

您通常必須使用網路藥房才能使用您的處方藥福利。福利、處方集、藥房網路和/或共付額/共同保險可能在 2026 年 1 月 1 日發生變更，並在一年中不時發生變更。

### **Senior Whole Health of New York NHC，Senior Whole Health Medicare Complete Care 處方集是什麼？**

本文件中，我們使用「藥物清單」和「處方集」一詞表示相同的含義。處方集是本計畫與醫療照護提供者團隊協商選擇的承保藥物清單，此清單代表的處方療法被認為是高品質治療計畫的必要部分。本計畫通常承保我們處方集中所列之藥物，只要該藥物具有醫學上之必要性、處方藥在計畫網路藥房調配，並遵守其他計畫規定。如需瞭解如何領取處方藥，請查看您的承保證明。

### **處方集可以變更嗎？**

大多數的藥物承保變更發生在 1 月 1 日，但我們的計畫可能會在一年中新增或移除處方集中的藥物，將其移至不同的費用分攤等級，或新增新的限制。在進行這些變更時，我們必須遵守 Medicare 規定。處方集的更新資訊每月都會發布在我們的網站上，網址為：[MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare)。

**今年可能對您造成影響的變更：**在以下情況下，您會受到年內保險範圍變更的影響：

- **立即替換某些新版本的原廠藥和原廠生物製劑。**如果我們將藥物替換為此藥物的某種新版本，我們可能會立即將其從處方集中移除，該新版本藥物將出現在相同或較低的費用分攤等級中，並具有相同或較少的限制。當我們將新版本藥物加入處方集時，我們可能決定繼續保留處方集中的原廠藥或原廠生物製劑，但會立即將藥物轉移至不同的費用分攤等級或加入新的限制。

只有在我們添加原廠藥的一種新版本非專利藥物，或添加原廠生物製劑的某種新版本生物相似性藥時，我們才能立即進行這些變更（例如，添加可互換的生物相似性藥，該藥可由藥房替換原廠生物製劑而無需新處方）。

如果您目前正在服用原廠藥或原廠生物製劑，我們可能不會在作出立即變更之前提前告知您，但我們隨後會向您提供有關我們作出特定變更的資訊。

如果我們作出此類變更，您或您的處方開立者可以要求我們作出例外處理，並繼續為您承保正在變更的藥物。如需更多資訊，請參閱以下標題為「如何申請 Senior Whole Health of

New York NHC，Senior Whole Health Medicare Complete Care 處方集的例外處理？」的部分。

對您來說，可能其中有一些是新類型藥物。如需更多資訊，請參閱以下標題為「原廠生物製劑是什麼？它們與生物相似性藥有何關聯？」的部分。

- **退出市場的藥物。**倘製造商撤銷藥物銷售，或美國食品藥物管理局 (FDA) 基於安全或有效性原因決定撤銷藥物銷售，我們可能會立即從處方集中移除該藥物，並隨後向服用該藥物的會員發出通知。
- **其他變更。**我們可能作出其他影響目前正在服用藥物的會員的變更。例如，我們可能會在添加非專利藥時從處方集中移除原廠藥，或在添加生物相似性藥時移除原廠生物製劑。我們也可能會對原廠藥或原廠生物製劑實施新的限制，或將其移至不同的費用分攤等級，或兩者皆適用。我們可能會根據新的臨床指南進行變更。如果我們從處方集中移除藥物、對藥物添加事先授權、數量限制和/或階段治療限制，或將藥物移至更高的費用分攤層級，我們必須在變更生效前至少 30 天通知受影響的會員。或者，當會員要求補充藥物時，他們可能會收到 31 天份量的藥物和變更通知。

如果我們作出這些其他變更，您或您的處方開立者可以要求我們對您作出例外處理，並繼續承保您一直在服用的藥物。我們向您提供的通知還將包括有關如何申請例外處理的資訊，您也可以在此以下標題為「如何申請 Senior Whole Health of New York NHC，Senior Whole Health Medicare Complete Care 處方集的例外處理？」的部分中找到資訊。

**如果您目前正在服用該藥物，則不會影響您的變更。**一般而言，如果您正在服用本 2026 年處方集藥物，且該藥物在年初時即納入承保範圍，則在 2026 承保年度內，我們不會停止或降低該藥物的承保範圍，除非出現上述所述的情況。這意味著這些藥物將以相同的費用分攤方式繼續供應，並且在承保年度的餘下時間內對服用這些藥物的會員沒有新的限制。有關不會影響您的變更，今年您將不會收到直接通知。但是，在次年 1 月 1 日，此類變更會影響您，請務必查看新福利年度的處方集，以瞭解藥物的任何變更。

所附處方集有效期截至 06/01/2026。如欲瞭解我們計畫承保藥物的最新資訊，請聯絡我們。我們的聯絡資訊位於封面和封底頁。

### 我如何使用處方集？

有兩種方法可以尋找您在處方集中的藥物：

#### 醫療狀況

處方集從第 8 頁開始。根據用於治療的醫療狀況類型，此處方集中的藥物分為不同的類別。例如，用於治療心臟疾病的藥物列在「心血管疾病」類別下。如果您知道您的藥物用於何種用途，請在從第 8 頁開始的清單中尋找類別名稱。然後在類別名稱下方尋找您的藥物。

## 按字母順序的列表

如果您不確定要尋找哪個類別，您應該在從第 97 頁開始的索引中尋找您的藥物。該索引提供本文件中包含的所有藥物的字母順序列表。索引中列出了原廠藥與非專利藥物。查看索引並找到您的藥物。在您的藥物旁邊，您將看到該項可搜尋承保資訊的頁面編號。翻至索引中列出的頁面，然後在列表的第一欄中找到您的藥物名稱。

## 非專利藥物是什麼？

我們的計畫承保原廠藥與非專利藥物。非專利藥因具有與原廠藥相同的活性成分而獲得 FDA 批准。一般而言，非專利藥的效果與原廠藥一樣好，而且價格通常比原廠藥低。許多原廠藥都有非專利藥替代品。通常在藥房可用非專利藥替代原廠藥而無需新處方，具體取決於州法律。

## 原廠生物製劑是什麼？它們與生物相似性藥有何關聯？

在處方集中，當我們提到藥物時，可能是指藥物或生物製劑。生物製劑是比一般藥物更複雜的藥物。由於生物製劑比一般藥物更複雜，因此它們沒有非專利形式，而是有稱為生物相似性藥的替代品。一般而言，生物相似性藥的作用與原廠生物製劑一樣好，且費用可能更低。某些原廠生物製劑有生物相似性藥替代品。一些生物相似性藥是可互換的生物相似性藥，並且根據州法律，可以在藥房替代原廠生物製劑而無需新處方，就像非專利藥可以替代原廠藥一樣。

有關藥物類型的討論，請參閱承保證明，第 5 章，第 3.1 節，「『藥物清單』說明了哪些為承保的 D 部分藥物」。

## 我的承保是否有任何限制？

某些承保藥物可能有額外的承保要求或限制。這些要求和限制可能包括：

- **事先授權：**對於某些藥物，我們的計畫要求您或您的處方藥事先取得授權。這表示您必須先取得我們計畫的批准，才能領取處方藥。如果您未獲得批准，我們的計畫可能不承保該藥物。
- **數量限制：**對於某些藥物，我們的計畫會限制計畫承保的藥物數量。例如，我們的計畫為每個處方提供 30 個 esomeprazole magnesium。這可能是標準一個月或三個月供應量的補充。
- **階段治療：**在某些情況下，我們的計畫要求您先嘗試使用某些藥物來治療您的醫療狀況，然後我們才會為該病症承保其他藥物。例如，如果藥物 A 和藥物 B 都治療您的疾病，除非您先嘗試藥物 A，否則我們的計畫可能不承保藥物 B。如果藥物 A 對您沒有幫助，我們的計畫才會承保藥物 B。

您可以查看從第 8 頁開始的處方集，瞭解您的藥物是否有任何額外的要求或限制。您也可以造訪我們的網站，以取得特定承保藥物所受限制的詳細資訊。我們已發布線上文件，說明我們的事先授權和階段治療限制。您也可以要求我們向您寄出一份副本。我們的聯絡資訊以及處方集的最近更新日期，就在封面和封底頁列明。

您可以要求我們的計畫對這些約束或限制作出例外處理，或要求我們提供可能治療您健康狀況的其他類似藥物清單。有關如何申請例外處理的資訊，請參閱第 5 頁的「如何申請 Senior Whole Health of New York NHC，Senior Whole Health Medicare Complete Care 的例外處理？」一節。

### 什麼是非處方 (OTC) 藥？

OTC 藥是非處方藥，通常不在 Medicare Prescription Drug Plan 的承保範圍內。我們的計畫為某些 OTC 藥物付費。我們的計畫將免費向您提供這些 OTC 藥物。我們計畫的這些 OTC 藥物費用不計入您的 D 部分藥物總費用。

### 如果我的藥物不在處方集上，該怎麼辦？

如果您的藥物未包含在此處方集（承保藥物清單）中，則應首先聯絡會員服務部，並詢問您的藥物是否在承保範圍內。

如果您發現我們的計畫不承保您的藥物，您有兩種選擇：

- 您可以向會員服務部索取我們計畫承保之類似藥物的清單。當您收到清單時，請向您的醫生出示，並要求他們開出我們計畫承保的類似藥物。
- 您可以要求我們的計畫做出例外處理並承保您的藥物。請參閱下文以取得有關如何申請例外處理的資訊。

### 如何申請 Senior Whole Health of New York NHC，Senior Whole Health Medicare Complete Care 處方集的例外處理？

您可以要求我們的計畫對承保規定做出例外處理。您可以要求我們提供多種類型的例外處理。

- 即使藥物不在我們的處方集中，您也可以要求我們承保該藥物。如果獲得批准，此藥物將以預先確定的費用分攤水平承保，您將無法要求我們以較低的費用分攤水平提供藥物。
- 您可以要求我們對您的藥物豁免承保限制，包括事先授權、階段治療或藥物數量限制。例如，對於某些藥物，我們的計畫限制我們所承保的藥物數量。倘您的藥物有數量限制，您可要求我們豁免限制並承保更多數量。
- 您可以要求我們以較低的費用分攤水平承保處方集藥物，除非該藥物屬於特殊級藥物。如果獲得批准，這將降低您必須為藥物支付的金額。

一般來說，只有在計畫處方集中包含了替代藥物、藥物的費用分攤水平較低的或適用限制對您無效和/或藥物會導致您產生不良影響的情況下，我們的計畫才會批准您的例外處理申請。

您或您的處方開立者應聯絡我們，要求提供等級或處方集例外處理，包括承保範圍限制的例外處理。**當您申請例外處理時，您的處方開立者將需要解釋您需要例外處理的醫療原因。**一般而言，收到您的處方開立者的支持聲明後，我們必須在 72 小時內做出決定。如果您認為且我們同意，等待 30 天的時間做出決定，可能會對您的健康造成嚴重傷害，您可以要求加急（快速）決定。如果我們同意，或您的處方開立者要求快速決定，我們必須在收到您處方開立者的支持聲明後的 24 小時內給您一個決定。

### 如果我的藥物不在處方集中或有限制，我該怎麼辦？

作為計畫中的新會員或續保會員，您可能服用不在我們處方集中的藥物。或者，您可能正在服用我們處方集中的藥物，但該藥物有承保限制，例如事先授權。您應該與您的處方開立者討論有關要求承保決定以表明您符合批准標準、改用我們承保的替代藥物，或要求處方集例外處理，以便我們承保您服用的藥物。當您和您的醫生為您決定正確的行動方針時，我們可能會在某些情況下，在您成為我們計畫會員的最初 90 天內承保您的藥物。

對於未在我們處方集中或具有承保限制的每種藥物，我們將暫時承保 31 天的供應量。倘您處方規定的用藥天數較少，我們會允許您持續補充藥物，保證提供最多 31 天份量的藥物。如果承保未獲批准，在您的最初 31 天供應量後，即使您已加入計畫不到 90 天，我們也不會支付這些藥物的費用。

如果您是長期護理機構的居民，且您需要的藥物不在我們的處方集中，或者您取得藥物的能力有限，但您加入本計畫的會員資格已超過最初 90 天，那麼在您尋求處方集例外處理期間，我們將給付該藥物的 31 天緊急供應量。

### 過渡政策

計畫中的新會員可能服用不在我們處方集中的藥物，或是受到某些限制的藥物，例如事先授權或階段治療。目前的會員也可能受到處方集從某年至次年的變更所影響。會員應與其醫師討論，以決定是否應改用我們承保的不同藥物，或要求提供處方集例外處理，以取得藥物給付。請參閱《會員手冊》以深入瞭解如何提出例外處理要求。如果您的藥物不在處方集中、受到某些限制（例如事先授權或階段治療），或將在次年移出處方集且您需要改用我們承保的不同藥物，或要求提供處方集例外處理，請聯絡會員服務部。

在會員與其醫師討論以判定正確行動方向的期間，如果會員在成為 D 部分藥物計畫新會員的最初 90 天需要續藥，我們可能會暫時提供非處方集藥物。如果您是現任會員，且受到處方集從某年至次年的變更影響，如需在新計畫年度的最初 90 天內續藥，我們將暫時提供非處方集藥物。

當會員前往網路藥房且我們暫時提供不在處方集中的藥物，或具有承保約束或限制的藥物（否則將視為「D 部分藥物」），我們將給付 31 天供應量的藥物（除非處方規定的用藥天數較少）。在我們給付 31 天份的暫時藥物供應後，通常不會再支付這些藥物的費用，這是過渡政策的一部分。

在我們支付您藥物的暫時供應費用後，我們會提供書面通知。本通知將說明提出例外處理要求時可採取的步驟，以及如何與您的醫師合作決定是否應改用我們承保的適當藥物。

如果新會員是長期護理機構（如養老院）的居民，我們將給付 31 天份的暫時過渡供應（除非處方規定的用藥天數較少）。如有需要，我們將在新會員投保計畫的最初 90 天內，承保多次此類藥物補充。如果居民已在我們的計畫中投保超過 90 天，並且需要不在我們處方集中的藥物或受其他限制

(例如階段治療或劑量限制)的藥物，則在新會員尋求處方集例外處理期間，我們將暫時給付該藥物的 31 天份緊急供應量 (除非處方規定的用藥天數較少)。如果您接受的護理等級出現變化，並需要從一個機構或治療中心轉移到另一個機構或治療中心，則可能會出現例外處理情況。在這種情況下，即使您作為計畫會員超出了最初 90 天，您仍有資格獲得暫時一次性藥物補充的例外處理。

### 如需更多資訊

如需有關計畫處方藥承保範圍的詳細資訊，請檢閱您的承保證明和其他計畫資料。

如果您對我們的計畫有疑問，請聯絡我們。我們的聯絡資訊以及處方集的最近更新日期，就在封面和封底頁列明。

如果您對 Medicare 處方藥承保範圍有一般性問題，請致電 Medicare，電話：1-800-MEDICARE (1-800-633-4227)，本專線全年無休。TTY 使用者應致電 1-877-486-2048。或者，請造訪 <http://www.medicare.gov>。

### Senior Whole Health of New York NHC，Senior Whole Health Medicare Complete Care 處方集

以下處方集提供我們計畫承保藥物的承保資訊。倘在清單中尋找您的藥物遇到阻礙，請翻至從第 97 頁開始的索引。

表格的第一欄會列出藥物名稱。原廠藥為大寫 (例如 CIPRO)，而非專利藥物則以小寫斜體列出 (例如 *ciprofloxacin*)。

您可透過「要求/限制」欄位中的資訊瞭解我們的計畫對您的藥物承保是否有任何特殊要求。

PA = 事先授權 (核准)：您必須先獲得批准，方可取得此藥物。

QL = 數量限制：計畫承保的藥物數量。

ST = 階段治療標準：您須先嘗試另一種藥物方可取得此藥物。

NM = 非郵購：此藥物無法透過郵購續藥。

B/D = 視具體情況而定，此藥物可能屬於 Medicare B 部分或 D 部分承保的藥物。

\_ = Medicaid 承保的非 D 部分藥物或 OTC 項目。

NDS = 無延長天數供給：您可收到的天數供給將受到限制。

## MOLINA\_CY26\_6T\_GS\_CORE eff 06/01/2026

| Drug Name  | Drug Tier | Requirements/Limits          |
|--|-----------|------------------------------|
| <b>ANALGESICS</b>  |           |                              |
| <b>GOUT</b>  |           |                              |
| <i>allopurinol</i> TABS 100mg, 300mg   | 1         |                              |
| <i>colchicine</i> TABS .6mg  | 3         | QL (120 tabs / 30 days)      |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i>                                 | 3         |                              |
| <i>febuxostat</i> TABS 40mg, 80mg  | 4         | PA                           |
| <i>probenecid</i> TABS 500mg   | 3         |                              |
| <b>MISCELLANEOUS</b>   |           |                              |
| <i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%                    | 3         | B/D                          |
| <b>NSAIDS</b>  |           |                              |
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg                                       | 3         | QL (60 caps / 30 days)       |
| <i>celecoxib</i> CAPS 400mg  | 3         | QL (30 caps / 30 days)       |
| <i>diclofenac potassium</i> TABS 50mg  | 2         | QL (120 tabs / 30 days)      |
| <i>diclofenac sodium</i> TB24 100mg  | 3         |                              |
| <i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg                                 | 2         |                              |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>                 | 4         |                              |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>                 | 4         |                              |
| <i>diflunisal</i> TABS 500mg   | 3         |                              |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | 3         |                              |
| <i>flurbiprofen</i> TABS 100mg   | 3         |                              |
| <i>ibu</i> TABS 400mg, 600mg, 800mg  | 1         |                              |
| <i>ibuprofen</i> SUSP 100mg/5ml  | 3         |                              |
| <i>ibuprofen</i> TABS 400mg, 600mg, 800mg                                      | 1         |                              |
| <i>meloxicam</i> TABS 7.5mg, 15mg  | 1         |                              |
| <i>nabumetone</i> TABS 500mg, 750mg  | 2         |                              |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg                                       | 1         |                              |
| <i>naproxen</i> TBEC 375mg   | 2         | QL (120 tabs / 30 days)      |
| <i>naproxen sodium</i> TABS 275mg, 550mg                                       | 3         |                              |
| <i>oxaprozin</i> TABS 600mg  | 4         |                              |
| <i>piroxicam</i> CAPS 10mg, 20mg   | 3         |                              |
| <i>sulindac</i> TABS 150mg, 200mg  | 2         |                              |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>  |           |                              |
| <i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr     | 2         | QL (4 patches / 28 days), PA |

如需瞭解本表格中符號和縮寫的詳細含義，請查閱第 7 頁。

06/01/2026

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--|------------------|---------------------------------|
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr | 4                | QL (10 patches / 30 days), PA   |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg  | 4                | QL (30 tabs / 30 days), PA      |
| <i>hydrocodone bitartrate</i> T24A 100mg, 120mg  | 5                | NDS, QL (30 tabs / 30 days), PA |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml  | 3                | QL (450 mL / 30 days), PA       |
| <i>methadone hcl</i> TABS 5mg, 10mg  | 3                | QL (90 tabs / 30 days), PA      |
| <i>methadone hydrochloride i</i> CONC 10mg/ml  | 3                | QL (90 mL / 30 days), PA        |
| <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg  | 3                | QL (90 tabs / 30 days), PA      |
| OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg  | 4                | QL (60 tabs / 30 days), PA      |
| OXYCONTIN T12A 40mg, 60mg, 80mg  | 5                | NDS, QL (60 tabs / 30 days), PA |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>   |                  |                                 |
| <i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml   | 3                | QL (2700 mL / 30 days)          |
| <i>acetaminophen w/ codeine tab</i> 300-15 mg  | 2                | QL (400 tabs / 30 days)         |
| <i>acetaminophen w/ codeine tab</i> 300-30 mg  | 2                | QL (360 tabs / 30 days)         |
| <i>acetaminophen w/ codeine tab</i> 300-60 mg  | 2                | QL (180 tabs / 30 days)         |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml  | 4                |                                 |
| <i>butorphanol tartrate</i> SOLN 10mg/ml   | 3                | QL (10 mL / 30 days)            |
| <i>endocet tab</i> 2.5-325mg   | 3                | QL (360 tabs / 30 days)         |
| <i>endocet tab</i> 5-325mg   | 3                | QL (360 tabs / 30 days)         |
| <i>endocet tab</i> 7.5-325mg   | 3                | QL (240 tabs / 30 days)         |
| <i>endocet tab</i> 10-325mg  | 3                | QL (180 tabs / 30 days)         |
| <i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml  | 4                | QL (2700 mL / 30 days)          |
| <i>hydrocodone-acetaminophen tab</i> 5-325 mg  | 3                | QL (240 tabs / 30 days)         |
| <i>hydrocodone-acetaminophen tab</i> 7.5-325 mg  | 3                | QL (180 tabs / 30 days)         |
| <i>hydrocodone-acetaminophen tab</i> 10-325 mg   | 3                | QL (180 tabs / 30 days)         |
| <i>hydrocodone-ibuprofen tab</i> 7.5-200 mg  | 3                | QL (150 tabs / 30 days)         |
| <i>hydromorphone hcl</i> LIQD 1mg/ml   | 4                | QL (600 mL / 30 days)           |
| <i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg  | 3                | QL (180 tabs / 30 days)         |
| <i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml   | 4                | B/D                             |
| <i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml  | 3                | QL (900 mL / 30 days)           |
| <i>morphine sulfate</i> SOLN 100mg/5ml   | 3                | QL (180 mL / 30 days)           |

如需瞭解本表格中符號和縮寫的詳細含義，請查閱第 7 頁。

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>morphine sulfate</i> TABS 15mg, 30mg               | 3                | QL (180 tabs / 30 days)    |
| <i>oxycodone hcl</i> CONC 100mg/5ml                   | 4                | QL (180 mL / 30 days)      |
| <i>oxycodone hcl</i> SOLN 5mg/5ml                     | 4                | QL (900 mL / 30 days)      |
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg | 3                | QL (180 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>      | 3                | QL (360 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>        | 3                | QL (360 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>      | 3                | QL (240 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>       | 3                | QL (180 tabs / 30 days)    |
| <i>tramadol hcl</i> TABS 50mg                         | 2                | QL (240 tabs / 30 days)    |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>         | 2                | QL (240 tabs / 30 days)    |

## **ANTI-INFECTIVES**

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

|   |   |                           |
|---|---|---------------------------|
| <i>albendazole</i> TABS 200mg                                     | 4 | QL (672 tabs / year), PA  |
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml                   | 4 |                           |
| ARIKAYCE SUSP 590mg/8.4ml   | 5 | NDS, NM, PA               |
| <i>atovaquone</i> SUSP 750mg/5ml                                  | 4 | QL (300 mL / 30 days), PA |
| <i>aztreonam</i> SOLR 1gm, 2gm                                    | 4 |                           |
| BLUJEPa TABS 750mg  | 3 |                           |
| CAYSTON SOLR 75mg   | 5 | NDS, NM, PA               |
| <i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg                    | 2 |                           |
| <i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml          | 4 |                           |
| <i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | 3 |                           |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>           | 4 |                           |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>           | 4 |                           |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>           | 4 |                           |
| CLINDMYC/NAC INJ 300/50ML   | 4 |                           |
| CLINDMYC/NAC INJ 600/50ML   | 4 |                           |
| CLINDMYC/NAC INJ 900/50ML   | 4 |                           |
| <i>colistimethate sodium</i> SOLR 150mg                           | 4 |                           |
| <i>dapsone</i> TABS 25mg, 100mg                                   | 3 |                           |
| DAPTOMYCIN SOLR 350mg   | 5 | NDS                       |
| <i>daptomycin</i> SOLR 350mg, 500mg                               | 5 | NDS                       |
| EMVERM CHEW 100mg   | 5 | NDS, QL (12 tabs / year)  |
| <i>ertapenem sodium</i> SOLR 1gm                                  | 3 |                           |
| <i>fosfomicin tromethamine</i> PACK 3gm                           | 4 |                           |

如需瞭解本表格中符號和縮寫的詳細含義，請查閱第 7 頁。

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--|------------------|---------------------------------|
| <i>gentamicin in saline inj 0.8 mg/ml</i>                  | 3                |                                 |
| <i>gentamicin in saline inj 1 mg/ml</i>                    | 3                |                                 |
| <i>gentamicin in saline inj 1.2 mg/ml</i>                  | 3                |                                 |
| <i>gentamicin in saline inj 1.6 mg/ml</i>                  | 3                |                                 |
| <i>gentamicin in saline inj 2 mg/ml</i>                    | 3                |                                 |
| <i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>            | 3                |                                 |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i>     | 4                |                                 |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i>     | 4                |                                 |
| IMPAVIDO CAPS 50mg   | 5                | NDS, PA                         |
| <i>ivermectin TABS 3mg</i>                                 | 3                | QL (20 tabs / 90 days), PA      |
| <i>ivermectin TABS 6mg</i>                                 | 3                | QL (10 tabs / 90 days), PA      |
| <i>linezolid SOLN 600mg/300ml</i>                          | 4                |                                 |
| <i>linezolid SUSR 100mg/5ml</i>                            | 5                | NDS, QL (1800 mL / 30 days)     |
| <i>linezolid TABS 600mg</i>                                | 4                | QL (60 tabs / 30 days)          |
| LINEZOLID INJ 2MG/ML                                       | 4                |                                 |
| <i>meropenem SOLR 1gm, 2gm, 500mg</i>                      | 4                |                                 |
| <i>methenamine hippurate TABS 1gm</i>                      | 3                |                                 |
| <i>metronidazole SOLN 500mg/100ml</i>                      | 3                |                                 |
| <i>metronidazole TABS 250mg, 500mg</i>                     | 1                |                                 |
| <i>neomycin sulfate TABS 500mg</i>                         | 2                |                                 |
| <i>nitazoxanide TABS 500mg</i>                             | 5                | NDS, QL (6 tabs / 30 days)      |
| <i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>        | 3                |                                 |
| <i>nitrofurantoin monohyd macro CAPS 100mg</i>             | 3                |                                 |
| <i>pentamidine isethionate inh SOLR 300mg</i>              | 4                | B/D                             |
| <i>pentamidine isethionate inj SOLR 300mg</i>              | 4                |                                 |
| <i>polymyxin b sulfate SOLR 500000unit</i>                 | 4                |                                 |
| <i>praziquantel TABS 600mg</i>                             | 4                |                                 |
| <i>pyrimethamine TABS 25mg</i>                             | 5                | NDS, QL (90 tabs / 30 days), PA |
| <i>streptomycin sulfate SOLR 1gm</i>                       | 5                | NDS                             |
| <i>sulfadiazine TABS 500mg</i>                             | 5                | NDS                             |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> | 4                |                                 |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>    | 3                |                                 |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>         | 1                |                                 |

如需瞭解本表格中符號和縮寫的詳細含義，請查閱第 7 頁。

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>                    | 1                |   |
| <i>tinidazole TABS 250mg, 500mg</i>                                    | 3                |   |
| TOBI PODHALER CAPS 28mg  | 5                | NDS, NM, PA   |
| <i>tobramycin NEBU 300mg/5ml</i>                                       | 5                | NDS, NM, PA   |
| <i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml</i>           | 3                |   |
| <i>trimethoprim TABS 100mg</i>   | 3                |   |
| <i>vancomycin hcl CAPS 125mg</i>                                       | 4                | QL (80 caps / 180 days)   |
| <i>vancomycin hcl CAPS 250mg</i>                                       | 4                | QL (160 caps / 180 days)  |
| <i>vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg</i> | 4                |   |
| VANCOMYCIN INJ 1 GM  | 4                |   |
| VANCOMYCIN INJ 500MG   | 4                |   |
| VANCOMYCIN INJ 750MG   | 4                |   |
| <b>ANTIFUNGALS</b>   |                  |   |
| <i>amphotericin b SOLR 50mg</i>  | 4                | B/D   |
| <i>amphotericin b liposome SUSR 50mg</i>                               | 5                | NDS, B/D  |
| <i>caspofungin acetate SOLR 50mg, 70mg</i>                             | 4                |   |
| CRESEMBA CAPS 74.5mg, 186mg  | 5                | NDS, PA   |
| <i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg</i>                    | 3                |   |
| <i>fluconazole TABS 100mg, 150mg, 200mg</i>                            | 2                |   |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>                       | 3                |   |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>                       | 3                |   |
| <i>flucytosine CAPS 250mg, 500mg</i>                                   | 5                | NDS, PA   |
| <i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>               | 4                |   |
| <i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>                   | 4                |   |
| <i>itraconazole CAPS 100mg</i>   | 4                | QL (120 caps / 30 days)   |
| <i>ketoconazole TABS 200mg</i>   | 3                | PA  |
| <i>micafungin sodium SOLR 50mg, 100mg</i>                              | 4                |   |
| <i>nystatin TABS 500000unit</i>  | 3                |   |
| <i>posaconazole SUSP 40mg/ml</i>                                       | 5                | NDS, QL (630 mL / 30 days), PA  |
| <i>posaconazole TBEC 100mg</i>   | 5                | NDS, QL (93 tabs / 30 days), PA   |
| <i>terbinafine hcl TABS 250mg</i>                                      | 2                | QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year |

如需瞭解本表格中符號和縮寫的詳細含義，請查閱第 7 頁。

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| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|--|------------------|--------------------------------|
| <i>voriconazole</i> SOLR 200mg                     | 4                | PA                             |
| <i>voriconazole</i> SUSR 40mg/ml                   | 5                | NDS, QL (600 mL / 28 days), PA |
| <i>voriconazole</i> TABS 50mg                      | 4                | QL (480 tabs / 30 days)        |
| <i>voriconazole</i> TABS 200mg                     | 4                | QL (120 tabs / 30 days)        |
| <b>ANTIMALARIALS</b>                               |                  |                                |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>     | 4                |                                |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>     | 4                |                                |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg     | 4                |                                |
| COARTEM TAB 20-120MG                               | 4                |                                |
| <i>mefloquine hcl</i> TABS 250mg                   | 3                |                                |
| <i>primaquine phosphate</i> TABS 26.3mg            | 3                |                                |
| PRIMAQUINE PHOSPHATE TABS 26.3mg                   | 3                |                                |
| <i>quinine sulfate</i> CAPS 324mg                  | 4                | PA                             |
| <b>ANTI-RETROVIRAL AGENTS</b>                      |                  |                                |
| <i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg   | 4                |                                |
| APTIVUS CAPS 250mg                                 | 5                | NDS                            |
| <i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg | 4                |                                |
| <i>darunavir</i> TABS 600mg                        | 4                | QL (60 tabs / 30 days)         |
| <i>darunavir</i> TABS 800mg                        | 4                | QL (30 tabs / 30 days)         |
| EDURANT TABS 25mg                                  | 5                | NDS                            |
| EDURANT PED TBSO 2.5mg                             | 5                | NDS                            |
| <i>efavirenz</i> TABS 600mg                        | 4                |                                |
| <i>emtricitabine</i> CAPS 200mg                    | 4                |                                |
| EMTRIVA SOLN 10mg/ml                               | 4                |                                |
| <i>etravirine</i> TABS 100mg, 200mg                | 5                | NDS                            |
| <i>fosamprenavir calcium</i> TABS 700mg            | 5                | NDS                            |
| INTELENCE TABS 25mg                                | 4                |                                |
| ISENTRESS CHEW 25mg                                | 4                |                                |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg       | 5                | NDS                            |
| ISENTRESS HD TABS 600mg                            | 5                | NDS                            |
| <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg  | 3                |                                |
| <i>maraviroc</i> TABS 150mg, 300mg                 | 5                | NDS                            |
| <i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg        | 4                |                                |
| <i>nevirapine</i> TABS 200mg                       | 2                |                                |
| NORVIR PACK 100mg                                  | 4                |                                |
| PIFELTRO TABS 100mg                                | 5                | NDS                            |
| PREZISTA SUSP 100mg/ml                             | 5                | NDS, QL (400 mL / 30 days)     |

如需瞭解本表格中符號和縮寫的詳細含義，請查閱第 7 頁。

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| PREZISTA TABS 75mg  | 4                | QL (480 tabs / 30 days)      |
| PREZISTA TABS 150mg   | 5                | NDS, QL (240 tabs / 30 days) |
| REYATAZ PACK 50mg   | 5                | NDS                          |
| <i>rilpivirine hcl</i> TABS 25mg                                  | 5                | NDS                          |
| <i>ritonavir</i> TABS 100mg                                       | 3                |                              |
| RUKOBIA TB12 600mg  | 5                | NDS                          |
| SELZENTRY SOLN 20mg/ml  | 5                | NDS                          |
| SUNLENCA TABS 300mg; TBPK 300mg                                   | 5                | NDS                          |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg                   | 4                |                              |
| TIVICAY TABS 50mg   | 5                | NDS                          |
| TIVICAY PD TBSO 5mg   | 5                | NDS                          |
| TROGARZO SOLN 200mg/1.33ml  | 5                | NDS                          |
| TYBOST TABS 150mg   | 3                |                              |
| VIRACEPT TABS 250mg, 625mg  | 5                | NDS                          |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg                     | 5                | NDS                          |
| <i>zidovudine</i> CAPS 100mg                                      | 4                |                              |
| <i>zidovudine</i> SYRP 50mg/5ml; TABS 300mg                       | 3                |                              |
| <b>ANTIRETROVIRAL COMBINATION AGENTS</b>                          |                  |                              |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                 | 4                |                              |
| BIKTARVY TAB 30-120-15 MG   | 5                | NDS                          |
| BIKTARVY TAB 50-200-25 MG   | 5                | NDS                          |
| CIMDUO TAB 300-300  | 5                | NDS                          |
| DELSTRIGO TAB   | 5                | NDS                          |
| DESCOVY TAB 120-15MG  | 5                | NDS                          |
| DESCOVY TAB 200/25MG  | 5                | NDS                          |
| DOVATO TAB 50-300MG   | 5                | NDS                          |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | 4                |                              |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>       | 5                | NDS                          |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | 5                | NDS                          |
| <i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>   | 5                | NDS                          |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 4                |                              |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 5                | NDS                          |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 4                |                              |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 4                |                            |
| EVOTAZ TAB 300-150  | 5                | NDS                        |
| GENVOYA TAB   | 5                | NDS                        |
| JULUCA TAB 50-25MG  | 5                | NDS                        |
| KALETRA SOL   | 4                |                            |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | 4                |                            |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                          | 4                |                            |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                          | 4                |                            |
| ODEFSEY TAB   | 5                | NDS                        |
| PREZCOBIX TAB 675/150   | 5                | NDS                        |
| PREZCOBIX TAB 800-150   | 5                | NDS                        |
| STRIBILD TAB  | 5                | NDS                        |
| SYMTUZA TAB   | 5                | NDS                        |
| TRIUMEQ PD TAB  | 4                |                            |
| TRIUMEQ TAB   | 5                | NDS                        |
| <b>ANTITUBERCULAR AGENTS</b>                                      |                  |                            |
| <i>cycloserine CAPS 250mg</i>                                     | 5                | NDS                        |
| <i>ethambutol hcl TABS 100mg, 400mg</i>                           | 3                |                            |
| <i>isoniazid SYRP 50mg/5ml</i>                                    | 4                |                            |
| <i>isoniazid TABS 100mg, 300mg</i>                                | 1                |                            |
| PRIFTIN TABS 150mg  | 4                |                            |
| <i>pyrazinamide TABS 500mg</i>                                    | 4                |                            |
| <i>rifabutin CAPS 150mg</i>                                       | 4                |                            |
| <i>rifampin CAPS 150mg, 300mg</i>                                 | 3                |                            |
| <i>rifampin SOLR 600mg</i>  | 4                |                            |
| SIRTURO TABS 20mg, 100mg  | 5                | NDS, NM, PA                |
| <b>ANTIVIRALS</b>   |                  |                            |
| <i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>                    | 2                |                            |
| <i>acyclovir SUSP 200mg/5ml</i>                                   | 4                |                            |
| <i>acyclovir sodium SOLN 50mg/ml</i>                              | 4                | B/D                        |
| <i>adefovir dipivoxil TABS 10mg</i>                               | 4                |                            |
| BARACLUDE SOLN .05mg/ml   | 5                | NDS, ST                    |
| <i>entecavir TABS .5mg, 1mg</i>                                   | 4                |                            |
| EPCLUSA PAK 150-37.5  | 5                | NDS, NM, PA                |
| EPCLUSA PAK 200-50MG  | 5                | NDS, NM, PA                |
| EPCLUSA TAB 200-50MG  | 5                | NDS, NM, PA                |
| EPCLUSA TAB 400-100   | 5                | NDS, NM, PA                |
| <i>famciclovir TABS 125mg, 250mg, 500mg</i>                       | 3                |                            |
| <i>ganciclovir sodium SOLR 500mg</i>                              | 4                | B/D                        |
| <i>lamivudine (hbv) TABS 100mg</i>                                | 3                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---|------------------|--------------------------------------|
| LIVTENCITY TABS 200mg                                   | 5                | NDS, QL (336 tabs / 28 days), NM, PA |
| MAVYRET PAK 50-20MG                                     | 5                | NDS, NM, PA                          |
| MAVYRET TAB 100-40MG                                    | 5                | NDS, NM, PA                          |
| <i>oseltamivir phosphate</i> CAPS 30mg                  | 3                | QL (168 caps / year)                 |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg            | 3                | QL (84 caps / year)                  |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml                | 3                | QL (1080 mL / year)                  |
| PAXLOVID PAK  | 2                | QL (22 tabs / 90 days)               |
| PAXLOVID TAB 150-100                                    | 2                | QL (40 tabs / 90 days)               |
| PAXLOVID TAB 300-100                                    | 2                | QL (60 tabs / 90 days)               |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml               | 5                | NDS, NM, PA                          |
| PREVYMIS TABS 240mg, 480mg                              | 5                | NDS, QL (28 tabs / 28 days), PA      |
| RELENZA DISKHALER AEPB 5mg/blister                      | 3                | QL (6 inhalers / year)               |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg   | 3                | NM                                   |
| <i>rimantadine hydrochloride</i> TABS 100mg             | 4                |                                      |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg                 | 3                |                                      |
| <i>valganciclovir hcl</i> SOLR 50mg/ml                  | 5                | NDS                                  |
| <i>valganciclovir hcl</i> TABS 450mg                    | 3                |                                      |
| VOSEVI TAB  | 5                | NDS, NM, PA                          |
| <b>CEPHALOSPORINS</b>                                   |                  |                                      |
| <i>cefaclor</i> CAPS 250mg, 500mg                       | 3                |                                      |
| <i>cefadroxil</i> CAPS 500mg                            | 2                |                                      |
| <i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml             | 3                |                                      |
| CEFAZOLIN SOLR 2gm, 3gm                                 | 4                |                                      |
| CEFAZOLIN INJ 1GM/50ML                                  | 4                |                                      |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg | 3                |                                      |
| CEFAZOLIN SOLN 2GM/100ML-4%                             | 4                |                                      |
| CEFAZOLIN/DEX SOL 1GM/50ML-4%                           | 4                |                                      |
| CEFAZOLIN/DEX SOL 2GM/50ML-3%                           | 4                |                                      |
| CEFAZOLIN/DEX SOL 3GM/50ML-2%                           | 4                |                                      |
| CEFAZOLIN/DEX SOL 3GM/150ML-4%                          | 4                |                                      |
| <i>cefdinir</i> CAPS 300mg                              | 2                |                                      |
| <i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml               | 3                |                                      |
| <i>cefepime hcl</i> SOLR 1gm, 2gm                       | 4                |                                      |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml   | 4                |                                      |
| <i>cefotetan disodium</i> SOLR 1gm, 2gm                 | 4                |                                      |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm             | 4                |                                      |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>cefepodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml                            | 4                |                            |
| <i>cefepodoxime proxetil</i> TABS 100mg, 200mg                                   | 3                |                            |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg                    | 3                |                            |
| <i>ceftaroline fosamil</i> SOLR 400mg, 600mg                                     | 5                | NDS                        |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm  | 4                |                            |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg                      | 4                |                            |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg                                       | 2                |                            |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg                                       | 3                |                            |
| <i>cephalexin</i> CAPS 250mg, 500mg  | 1                |                            |
| <i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml                                      | 3                |                            |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm  | 4                |                            |
| TEFLARO SOLR 400mg, 600mg  | 5                | NDS                        |
| <b>ERYTHROMYCINS/MACROLIDES</b>  |                  |                            |
| <i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml                        | 3                |                            |
| <i>azithromycin</i> TABS 250mg, 500mg, 600mg                                     | 1                |                            |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg                      | 4                |                            |
| <i>clarithromycin</i> TABS 250mg, 500mg  | 3                |                            |
| DIFICID SUSR 40mg/ml   | 5                | NDS                        |
| <i>e.e.s. 400</i> TABS 400mg   | 4                |                            |
| ERYTHROCIN LACTOBIONATE SOLR 500mg   | 4                |                            |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 4                |                            |
| <i>erythromycin ethylsuccinate</i> TABS 400mg                                    | 4                |                            |
| <i>erythromycin lactobionate</i> SOLR 500mg                                      | 4                |                            |
| <i>fidaxomicin</i> TABS 200mg  | 5                | NDS                        |
| <b>FLUOROQUINOLONES</b>  |                  |                            |
| CIPRO SUSR 500mg/5ml   | 4                |                            |
| <i>ciprofloxacin 200 mg/100ml in d5w</i>   | 3                |                            |
| <i>ciprofloxacin 400 mg/200ml in d5w</i>   | 3                |                            |
| <i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg                                | 1                |                            |
| <i>levofloxacin</i> SOLN 25mg/ml   | 4                |                            |
| <i>levofloxacin</i> TABS 250mg, 500mg, 750mg                                     | 1                |                            |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i>                                   | 3                |                            |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i>                                  | 3                |                            |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i>                                  | 3                |                            |
| <i>moxifloxacin hcl</i> TABS 400mg   | 3                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>   | 4                |                            |
| <b>PENICILLINS</b>   |                  |                            |
| <i>amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i> | 1                |                            |
| <i>amoxicillin CHEW 125mg, 250mg</i>   | 2                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>  | 3                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>  | 4                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>  | 3                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>  | 3                |                            |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>  | 3                |                            |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>  | 2                |                            |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>  | 2                |                            |
| <i>ampicillin CAPS 500mg</i>   | 2                |                            |
| <i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>  | 4                |                            |
| <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>  | 4                |                            |
| <i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>                                      | 4                |                            |
| <i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>  | 4                |                            |
| <i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>  | 4                |                            |
| <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>   | 4                |                            |
| <i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>                                 | 4                |                            |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i>  | 3                |                            |
| <i>nafcillin sodium SOLR 1gm, 2gm</i>  | 4                |                            |
| <i>nafcillin sodium SOLR 10gm</i>  | 5                | NDS                        |
| <i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>  | 4                |                            |
| <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>   | 4                |                            |
| <i>penicillin g sodium SOLR 5000000unit</i>  | 4                |                            |
| <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>  | 2                |                            |
| <i>penicillin v potassium TABS 250mg, 500mg</i>  | 1                |                            |
| <i>pfizerpen SOLR 5000000unit, 20000000unit</i>  | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>             | 4                |                                 |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>              | 4                |                                 |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>                | 4                |                                 |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>              | 4                |                                 |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>              | 4                |                                 |
| <b>TETRACYCLINES</b>  |                  |                                 |
| <i>doxy 100 SOLR 100mg</i>  | 4                |                                 |
| <i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>                               | 2                |                                 |
| <i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>          | 3                |                                 |
| <i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>                   | 3                |                                 |
| <i>doxycycline hyclate SOLR 100mg</i>   | 4                |                                 |
| <i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>                                   | 3                |                                 |
| NUZYRA SOLR 100mg   | 5                | NDS, NM                         |
| NUZYRA TABS 150mg   | 5                | NDS, QL (30 tabs / 14 days), NM |
| <i>tetracycline hcl CAPS 250mg, 500mg</i>                                       | 4                |                                 |
| <i>tigecycline SOLR 50mg</i>  | 4                |                                 |
| <b>ANTINEOPLASTIC AGENTS</b>  |                  |                                 |
| <b>ALKYLATING AGENTS</b>  |                  |                                 |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml  | 5                | NDS, B/D, NM                    |
| BENDEKA SOLN 100mg/4ml  | 5                | NDS, B/D, NM                    |
| <i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>            | 3                | B/D                             |
| <i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>                       | 3                | B/D                             |
| <i>cyclophosphamide CAPS 25mg, 50mg</i>   | 3                | B/D                             |
| CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml                                | 5                | NDS, B/D, NM                    |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml | 5                | NDS, B/D                        |
| <i>cyclophosphamide SOLN 1gm/5ml; SOLR 2gm</i>                                  | 5                | NDS, B/D                        |
| <i>cyclophosphamide SOLR 1gm, 500mg</i>   | 4                | B/D                             |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg  | 4                | B/D                             |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|--|------------------|---|
| CYCLOPHOSPHAMIDE MONOHYDR SOLN<br>2gm/10ml   | 5                | NDS, B/D                                |
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml,<br>500mg/ml   | 5                | NDS, B/D, NM                            |
| GLEOSTINE CAPS 10mg, 40mg  | 4                | NM                                      |
| GLEOSTINE CAPS 100mg   | 5                | NDS, NM                                 |
| LEUKERAN TABS 2mg  | 5                | NDS, PA                                 |
| <i>lomustine</i> CAPS 10mg, 40mg   | 4                | NM                                      |
| <i>lomustine</i> CAPS 100mg  | 5                | NDS, NM                                 |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml,<br>200mg/40ml                                 | 4                | B/D                                     |
| <i>oxaliplatin</i> SOLR 50mg, 100mg  | 5                | NDS, B/D                                |
| VIVIMUSTA SOLN 100mg/4ml   | 5                | NDS, B/D, NM                            |
| <b>ANTIMETABOLITES</b>   |                  |   |
| <i>azacitidine</i> SUSR 100mg  | 5                | NDS, B/D, NM                            |
| <i>cytarabine</i> SOLN 20mg/ml   | 3                | B/D                                     |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml,<br>5gm/100ml, 500mg/10ml                      | 3                | B/D                                     |
| <i>gemcitabine hcl</i> SOLN 1gm/26.3ml,<br>2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm,<br>200mg | 4                | B/D                                     |
| INQOVI TAB 35-100MG  | 5                | NDS, QL (5 tabs / 28<br>days), NM, PA   |
| LONSURF TAB 15-6.14  | 5                | NDS, QL (100 tabs / 28<br>days), NM, PA |
| LONSURF TAB 20-8.19  | 5                | NDS, QL (80 tabs / 28<br>days), NM, PA  |
| <i>mercaptopurine</i> SUSP 2000mg/100ml  | 5                | NDS, NM                                 |
| <i>mercaptopurine</i> TABS 50mg  | 3                |   |
| <i>methotrexate sodium</i> SOLN 1gm/40ml,<br>50mg/2ml, 250mg/10ml; SOLR 1gm                  | 2                | B/D                                     |
| ONUREG TABS 200mg, 300mg   | 5                | NDS, QL (14 tabs / 28<br>days), NM, PA  |
| <i>pemetrexed disodium</i> SOLR 100mg, 500mg,<br>750mg, 1000mg                               | 5                | NDS, B/D                                |
| TABLOID TABS 40mg  | 5                | NDS, PA                                 |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>  |                  |   |
| <i>abiraterone acetate</i> TABS 250mg  | 5                | NDS, QL (120 tabs / 30<br>days), NM, PA |
| <i>abiraterone acetate</i> TABS 500mg  | 5                | NDS, QL (60 tabs / 30<br>days), NM, PA  |
| <i>abirtega</i> TABS 250mg   | 4                | QL (120 tabs / 30 days),<br>NM, PA      |

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| <b>Drug Name</b>                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| AKEEGA TAB 50/500MG                      | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| AKEEGA TAB 100/500                       | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>anastrozole</i> TABS 1mg              | 2                |                                      |
| <i>bicalutamide</i> TABS 50mg            | 2                |                                      |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg    | 4                | NM, PA                               |
| ERLEADA TABS 60mg                        | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| ERLEADA TABS 240mg                       | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| EULEXIN CAPS 125mg                       | 5                | NDS                                  |
| <i>exemestane</i> TABS 25mg              | 4                |                                      |
| FIRMAGON SOLR 80mg                       | 4                | NM, PA                               |
| FIRMAGON SOLR 120mg/vial                 | 5                | NDS, NM, PA                          |
| <i>fulvestrant</i> SOSY 250mg/5ml        | 5                | NDS, B/D                             |
| INLURIYO TABS 200mg                      | 5                | NDS, QL (56 tabs / 28 days), NM, PA  |
| <i>letrozole</i> TABS 2.5mg              | 2                |                                      |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml  | 4                | NM, PA                               |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg        | 5                | NDS, NM, PA                          |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg       | 5                | NDS, NM, PA                          |
| LYSODREN TABS 500mg                      | 5                | NDS, NM                              |
| <i>megestrol acetate</i> TABS 20mg, 40mg | 3                |                                      |
| <i>nilutamide</i> TABS 150mg             | 5                | NDS                                  |
| NUBEQA TABS 300mg                        | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| ORGOVYX TABS 120mg                       | 5                | NDS, NM, PA                          |
| ORSERDU TABS 86mg                        | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| ORSERDU TABS 345mg                       | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| SOLTAMOX SOLN 10mg/5ml                   | 5                | NDS                                  |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg | 2                |                                      |
| <i>toremifene citrate</i> TABS 60mg      | 4                | PA                                   |
| XTANDI CAPS 40mg                         | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| XTANDI TABS 40mg                         | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| XTANDI TABS 80mg                         | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| YONSA TABS 125mg                         | 5                | NDS, QL (120 tabs / 30 days), NM, PA |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|--|------------------|--|
| <b>IMMUNOMODULATORS</b>  |                  |  |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg                                  | 5                | NDS, QL (28 caps / 28 days), NM, PA    |
| <i>lenalidomide</i> CAPS 20mg, 25mg  | 5                | NDS, QL (21 caps / 28 days), NM, PA    |
| <i>pomalidomide</i> CAPS 1mg, 2mg, 3mg, 4mg                                      | 5                | NDS, QL (21 caps / 28 days), NM, PA    |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg   | 5                | NDS, QL (21 caps / 28 days), NM, PA    |
| THALOMID CAPS 50mg   | 5                | NDS, QL (84 caps / 28 days), NM, PA    |
| THALOMID CAPS 100mg  | 5                | NDS, QL (112 caps / 28 days), NM, PA   |
| <b>MISCELLANEOUS</b>   |                  |  |
| BESREMI SOSY 500mcg/ml   | 5                | NDS, QL (2 syringes / 28 days), NM, PA |
| <i>bexarotene</i> CAPS 75mg  | 5                | NDS, QL (300 caps / 30 days), NM, PA   |
| <i>doxorubicin hcl</i> SOLN 2mg/ml   | 4                | B/D                                    |
| <i>doxorubicin hcl liposomal</i> SUSP 2mg/ml                                     | 5                | NDS, B/D                               |
| <i>hydroxyurea</i> CAPS 500mg  | 2                |  |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml           | 4                | B/D                                    |
| IWILFIN TABS 192mg   | 5                | NDS, QL (240 tabs / 30 days), NM, PA   |
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 4                | B/D                                    |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg                             | 3                |  |
| MATULANE CAPS 50mg   | 5                | NDS, NM                                |
| <i>mesna</i> TABS 400mg  | 5                | NDS                                    |
| MODEYSO CAPS 125mg   | 5                | NDS, QL (20 caps / 28 days), NM, PA    |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg  | 5                | NDS                                    |
| WELIREG TABS 40mg  | 5                | NDS, QL (90 tabs / 30 days), NM, PA    |
| <b>MITOTIC INHIBITORS</b>  |                  |  |
| <i>docetaxel</i> CONC 20mg/ml  | 4                | B/D                                    |
| <i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml   | 5                | NDS, B/D                               |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml          | 5                | NDS, B/D                               |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---|------------------|--------------------------------------|
| DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml                     | 5                | NDS, B/D, NM                         |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml           | 3                | B/D                                  |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | 4                | B/D                                  |
| <i>paclitaxel inj 100mg</i>                                     | 5                | NDS, B/D, NM                         |
| <i>vincristine sulfate</i> SOLN 1mg/ml                          | 2                | B/D                                  |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml              | 4                | B/D                                  |
| <b>MOLECULAR TARGET AGENTS</b>                                  |                  |                                      |
| ALECENSA CAPS 150mg   | 5                | NDS, QL (240 caps / 30 days), NM, PA |
| ALUNBRIG TABS 30mg  | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| ALUNBRIG TABS 90mg, 180mg                                       | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| ALUNBRIG PAK  | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| AUGTYRO CAPS 40mg   | 5                | NDS, QL (240 caps / 30 days), NM, PA |
| AUGTYRO CAPS 160mg  | 5                | NDS, QL (60 caps / 30 days), NM, PA  |
| AVMAPKI PAK FAKZYNJA  | 5                | NDS, QL (1 pack / 28 days), NM, PA   |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg                    | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| BALVERSA TABS 3mg   | 5                | NDS, QL (84 tabs / 28 days), NM, PA  |
| BALVERSA TABS 4mg   | 5                | NDS, QL (56 tabs / 28 days), NM, PA  |
| BALVERSA TABS 5mg   | 5                | NDS, QL (28 tabs / 28 days), NM, PA  |
| BORTEZOMIB SOLR 1mg, 2.5mg                                      | 4                | NM, PA                               |
| <i>bortezomib</i> SOLR 3.5mg                                    | 5                | NDS, NM, PA                          |
| BOSULIF CAPS 50mg   | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| BOSULIF CAPS 100mg  | 5                | NDS, QL (300 caps / 30 days), NM, PA |
| BOSULIF TABS 100mg  | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| BOSULIF TABS 400mg, 500mg                                       | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| BRAFTOVI CAPS 75mg  | 5                | NDS, QL (180 caps / 30 days), NM, PA |

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| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| BRUKINSA CAPS 80mg                                   | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| BRUKINSA TABS 160mg                                  | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| CABOMETYX TABS 20mg, 40mg, 60mg                      | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| CALQUENCE TABS 100mg                                 | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| CAPRELSA TABS 100mg                                  | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| CAPRELSA TABS 300mg                                  | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| COMETRIQ (60MG DOSE) KIT 20mg                        | 5                | NDS, QL (84 caps / 28 days), NM, PA  |
| COMETRIQ KIT 100MG                                   | 5                | NDS, QL (56 caps / 28 days), NM, PA  |
| COMETRIQ KIT 140MG                                   | 5                | NDS, QL (112 caps / 28 days), NM, PA |
| COPIKTRA CAPS 15mg, 25mg                             | 5                | NDS, QL (56 caps / 28 days), NM, PA  |
| COTELLIC TABS 20mg                                   | 5                | NDS, QL (63 tabs / 28 days), NM, PA  |
| DANZITEN TABS 71mg, 95mg                             | 5                | NDS, QL (112 tabs / 28 days), NM, PA |
| <i>dasatinib</i> TABS 20mg                           | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| DAURISMO TABS 25mg                                   | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| DAURISMO TABS 100mg                                  | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| ENSACOVE CAPS 25mg                                   | 5                | NDS, QL (270 caps / 30 days), NM, PA |
| ENSACOVE CAPS 100mg                                  | 5                | NDS, QL (60 caps / 30 days), NM, PA  |
| ERIVEDGE CAPS 150mg                                  | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| <i>erlotinib hcl</i> TABS 25mg                       | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>erlotinib hcl</i> TABS 100mg, 150mg               | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg       | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |

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| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|-------------------------------------|------------------|--------------------------------------|
| <i>everolimus</i> TBSO 2mg, 5mg     | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>everolimus</i> TBSO 3mg          | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| FOTIVDA CAPS .89mg, 1.34mg          | 5                | NDS, QL (21 caps / 28 days), NM, PA  |
| FRUZAQLA CAPS 1mg                   | 5                | NDS, QL (84 caps / 28 days), NM, PA  |
| FRUZAQLA CAPS 5mg                   | 5                | NDS, QL (21 caps / 28 days), NM, PA  |
| GAVRETO CAPS 100mg                  | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| <i>gefitinib</i> TABS 250mg         | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| GILOTRIF TABS 20mg, 30mg, 40mg      | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| GOMEKLI CAPS 1mg                    | 5                | NDS, QL (168 caps / 28 days), NM, PA |
| GOMEKLI CAPS 2mg                    | 5                | NDS, QL (84 caps / 28 days), NM, PA  |
| GOMEKLI TBSO 1mg                    | 5                | NDS, QL (168 tabs / 28 days), NM, PA |
| HERCEP HYLEC SOL 60-10000           | 5                | NDS, NM, PA                          |
| HERCEPTIN SOLR 150mg                | 5                | NDS, NM, PA                          |
| HERCESSI SOLR 150mg, 420mg          | 5                | NDS, NM, PA                          |
| HERNEXEOS TABS 60mg                 | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| HERZUMA SOLR 150mg, 420mg           | 5                | NDS, NM, PA                          |
| HYRNUO TABS 10mg                    | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| IBRANCE CAPS 75mg, 100mg, 125mg     | 5                | NDS, QL (21 caps / 28 days), NM, PA  |
| IBRANCE TABS 75mg, 100mg, 125mg     | 5                | NDS, QL (21 tabs / 28 days), NM, PA  |
| IBTROZI CAPS 200mg                  | 5                | NDS, QL (90 caps / 30 days), NM, PA  |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| IDHIFA TABS 50mg, 100mg             | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>imatinib mesylate</i> TABS 100mg | 4                | QL (90 tabs / 30 days), NM, PA       |
| <i>imatinib mesylate</i> TABS 400mg | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |

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| <b>Drug Name</b>                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| IMBRUVICA CAPS 70mg                      | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| IMBRUVICA CAPS 140mg                     | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| IMBRUVICA SUSP 70mg/ml                   | 5                | NDS, QL (216 mL / 27 days), NM, PA   |
| IMBRUVICA TABS 140mg, 280mg, 420mg       | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| IMKELDI SOLN 80mg/ml                     | 5                | NDS, QL (280 mL / 28 days), NM, PA   |
| INLYTA TABS 1mg                          | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| INLYTA TABS 5mg                          | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| INREBIC CAPS 100mg                       | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| ITOVEBI TABS 3mg                         | 5                | NDS, QL (56 tabs / 28 days), NM, PA  |
| ITOVEBI TABS 9mg                         | 5                | NDS, QL (28 tabs / 28 days), NM, PA  |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg  | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| JAYPIRCA TABS 50mg                       | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| JAYPIRCA TABS 100mg                      | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| KADCYLA SOLR 100mg, 160mg                | 5                | NDS, B/D, NM                         |
| KANJINTI SOLR 150mg, 420mg               | 5                | NDS, NM, PA                          |
| KEYTRUDA SOLN 100mg/4ml                  | 5                | NDS, NM, PA                          |
| KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML | 5                | NDS, QL (1 vial / 21 days), NM, PA   |
| KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML | 5                | NDS, QL (1 vial / 42 days), NM, PA   |
| KISQALI 200 DOSE TBPK 200mg              | 5                | NDS, QL (21 tabs / 28 days), NM, PA  |
| KISQALI 400 DOSE TBPK 200mg              | 5                | NDS, QL (42 tabs / 28 days), NM, PA  |
| KISQALI 400 PAK FEMARA                   | 5                | NDS, QL (70 tabs / 28 days), NM, PA  |
| KISQALI 600 DOSE TBPK 200mg              | 5                | NDS, QL (63 tabs / 28 days), NM, PA  |
| KISQALI 600 PAK FEMARA                   | 5                | NDS, QL (91 tabs / 28 days), NM, PA  |

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| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| KOMZIFTI CAPS 200mg                    | 5                | NDS, QL (90 caps / 30 days), NM, PA  |
| KOSELUGO CAPS 10mg                     | 5                | NDS, QL (240 caps / 30 days), NM, PA |
| KOSELUGO CAPS 25mg                     | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| KOSELUGO CPSP 5mg                      | 5                | NDS, QL (600 caps / 30 days), NM, PA |
| KOSELUGO CPSP 7.5mg                    | 5                | NDS, QL (360 caps / 30 days), NM, PA |
| KRAZATI TABS 200mg                     | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| <i>lapatinib ditosylate</i> TABS 250mg | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| LAZCLUZE TABS 80mg                     | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| LAZCLUZE TABS 240mg                    | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg       | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg       | 5                | NDS, QL (60 caps / 30 days), NM, PA  |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg     | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| LENVIMA 12MG DAILY DOSE CPPK 4mg       | 5                | NDS, QL (90 caps / 30 days), NM, PA  |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg     | 5                | NDS, QL (60 caps / 30 days), NM, PA  |
| LENVIMA CAP 14 MG                      | 5                | NDS, QL (60 caps / 30 days), NM, PA  |
| LENVIMA CAP 18 MG                      | 5                | NDS, QL (90 caps / 30 days), NM, PA  |
| LENVIMA CAP 24 MG                      | 5                | NDS, QL (90 caps / 30 days), NM, PA  |
| LORBRENA TABS 25mg                     | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| LORBRENA TABS 100mg                    | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| LUMAKRAS TABS 120mg                    | 5                | NDS, QL (240 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 240mg                    | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 320mg                    | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |

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| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| LYNPARZA TABS 100mg, 150mg             | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg    | 5                | NDS, QL (84 tabs / 28 days), NM, PA  |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg    | 5                | NDS, QL (112 tabs / 28 days), NM, PA |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg    | 5                | NDS, QL (140 tabs / 28 days), NM, PA |
| MEKINIST SOLR .05mg/ml                 | 5                | NDS, QL (1260 mL / 30 days), NM, PA  |
| MEKINIST TABS 2mg                      | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| MEKINIST TABS .5mg                     | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| MEKTOVI TABS 15mg                      | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| MONJUVI SOLR 200mg                     | 5                | NDS, NM, PA                          |
| NERLYNX TABS 40mg                      | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| <i>nilotinib hcl</i> CAPS 50mg         | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| <i>nilotinib hcl</i> CAPS 150mg, 200mg | 5                | NDS, QL (112 caps / 28 days), NM, PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg           | 5                | NDS, QL (3 caps / 28 days), NM, PA   |
| ODOMZO CAPS 200mg                      | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| OGIVRI SOLR 150mg, 420mg               | 5                | NDS, NM, PA                          |
| OGSIVEO TABS 100mg, 150mg              | 5                | NDS, QL (56 tabs / 28 days), NM, PA  |
| OJEMDA SUSR 25mg/ml                    | 5                | NDS, QL (96 mL / 28 days), NM, PA    |
| OJEMDA TABS 100mg                      | 5                | NDS, QL (24 tabs / 28 days), NM, PA  |
| OJJAARA TABS 100mg, 150mg, 200mg       | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| ONTRUZANT SOLR 150mg, 420mg            | 5                | NDS, NM, PA                          |
| <i>pazopanib hcl</i> TABS 200mg        | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| <i>pazopanib hcl</i> TABS 400mg        | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg       | 5                | NDS, QL (28 tabs / 28 days), NM, PA  |
| PHESGO SOL                             | 5                | NDS, NM, PA                          |

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

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---|------------------|--------------------------------------|
| <i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| TABRECTA TABS 150mg, 200mg                              | 5                | NDS, QL (112 tabs / 28 days), NM, PA |
| TAFINLAR CAPS 50mg, 75mg                                | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| TAFINLAR TBSO 10mg                                      | 5                | NDS, QL (840 tabs / 28 days), NM, PA |
| TAGRISSO TABS 40mg, 80mg                                | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg             | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| TALZENNA CAPS .25mg                                     | 5                | NDS, QL (90 caps / 30 days), NM, PA  |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml                  | 5                | NDS, NM, PA                          |
| TECENTRIQ INJ HYBREZA                                   | 5                | NDS, QL (1 vial / 21 days), NM, PA   |
| TEPMETKO TABS 225mg                                     | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| TIBSOVO TABS 250mg                                      | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg             | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| TRAZIMERA SOLR 150mg, 420mg                             | 5                | NDS, NM, PA                          |
| TRUQAP TABS 160mg, 200mg                                | 5                | NDS, QL (64 tabs / 28 days), NM, PA  |
| TRUQAP TBPK 160mg, 200mg                                | 5                | NDS, QL (4 packs / 28 days), NM, PA  |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml                     | 5                | NDS, NM, PA                          |
| TUKYSA TABS 50mg, 150mg                                 | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| TURALIO CAPS 125mg                                      | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| VANFLYTA TABS 17.7mg, 26.5mg                            | 5                | NDS, QL (56 tabs / 28 days), NM, PA  |
| VENCLEXTA TABS 10mg                                     | 3                | QL (112 tabs / 28 days), NM, PA      |
| VENCLEXTA TABS 50mg                                     | 5                | NDS, QL (112 tabs / 28 days), NM, PA |
| VENCLEXTA TABS 100mg                                    | 5                | NDS, QL (180 tabs / 30 days), NM, PA |
| VENCLEXTA TAB START PK                                  | 5                | NDS, QL (42 tabs / 28 days), NM, PA  |

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

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| <b>Drug Name</b>                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|------------------------------------|------------------|--------------------------------------|
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 5                | NDS, NM, PA                          |
| ZOLINZA CAPS 100mg                 | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| ZYDELIG TABS 100mg, 150mg          | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| ZYKADIA TABS 150mg                 | 5                | NDS, QL (84 tabs / 28 days), NM, PA  |

## **CARDIOVASCULAR**

### **ACE INHIBITOR COMBINATIONS**

|   |   |                        |
|---|---|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>           | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>             | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>             | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>             | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>            | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>            | 6 | QL (30 caps / 30 days) |
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i>          | 6 |                        |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | 6 |                        |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | 6 |                        |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>          | 6 |                        |
| <i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>           | 6 |                        |
| <i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>           | 6 |                        |
| <i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>           | 6 |                        |
| <i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>           | 6 |                        |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>  | 6 |                        |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>   | 6 |                        |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> | 6 |                        |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> | 6 |                        |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | 6 |                        |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | 6 |                        |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>          | 6 |                        |

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

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| EDARBYCLOR TAB 40-25MG  | 4                | QL (30 tabs / 30 days),<br>ST |
| ENTRESTO CAP 6-6MG  | 3                | QL (240 caps / 30 days)       |
| ENTRESTO CAP 15-16MG  | 3                | QL (240 caps / 30 days)       |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>               | 6                | QL (60 tabs / 30 days)        |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>               | 6                | QL (30 tabs / 30 days)        |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>  | 6                |                               |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> | 6                |                               |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>   | 6                |                               |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>      | 6                | QL (30 tabs / 30 days)        |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>      | 6                | QL (30 tabs / 30 days)        |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>        | 6                | QL (30 tabs / 30 days)        |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>   | 6                | QL (30 tabs / 30 days)        |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>   | 6                | QL (30 tabs / 30 days)        |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>     | 6                | QL (30 tabs / 30 days)        |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>  | 6                | QL (30 tabs / 30 days)        |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>    | 6                | QL (30 tabs / 30 days)        |
| <i>sacubitril-valsartan tab 24-26 mg</i>                            | 3                | QL (60 tabs / 30 days)        |
| <i>sacubitril-valsartan tab 49-51 mg</i>                            | 3                | QL (60 tabs / 30 days)        |
| <i>sacubitril-valsartan tab 97-103 mg</i>                           | 3                | QL (60 tabs / 30 days)        |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                           | 6                | QL (30 tabs / 30 days)        |
| <i>telmisartan-amlodipine tab 40-10 mg</i>                          | 6                | QL (30 tabs / 30 days)        |
| <i>telmisartan-amlodipine tab 80-5 mg</i>                           | 6                | QL (30 tabs / 30 days)        |
| <i>telmisartan-amlodipine tab 80-10 mg</i>                          | 6                | QL (30 tabs / 30 days)        |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>               | 6                | QL (30 tabs / 30 days)        |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>               | 6                | QL (60 tabs / 30 days)        |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>                 | 6                | QL (30 tabs / 30 days)        |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>                 | 6                | QL (30 tabs / 30 days)        |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>                | 6                | QL (30 tabs / 30 days)        |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--|------------------|-------------------------------|
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>                           | 6                | QL (30 tabs / 30 days)        |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>                         | 6                | QL (30 tabs / 30 days)        |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>                           | 6                | QL (30 tabs / 30 days)        |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                                   |                  |                               |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>                             | 6                | QL (60 tabs / 30 days)        |
| <i>candesartan cilexetil TABS 32mg</i>                                       | 6                | QL (30 tabs / 30 days)        |
| EDARBI TABS 40mg, 80mg   | 4                | QL (30 tabs / 30 days),<br>ST |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i>                                    | 6                | QL (30 tabs / 30 days)        |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i>                             | 6                |                               |
| <i>olmesartan medoxomil TABS 5mg</i>   | 6                | QL (60 tabs / 30 days)        |
| <i>olmesartan medoxomil TABS 20mg, 40mg</i>                                  | 6                | QL (30 tabs / 30 days)        |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i>                                     | 6                | QL (30 tabs / 30 days)        |
| <i>valsartan TABS 40mg, 80mg, 160mg</i>                                      | 6                | QL (60 tabs / 30 days)        |
| <i>valsartan TABS 320mg</i>  | 6                | QL (30 tabs / 30 days)        |
| <b>ANTIARRHYTHMICS</b>   |                  |                               |
| <i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i> | 4                |                               |
| <i>amiodarone hcl TABS 200mg</i>   | 1                |                               |
| <i>disopyramide phosphate CAPS 100mg, 150mg</i>                              | 4                |                               |
| <i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>                                | 4                |                               |
| <i>flecainide acetate TABS 50mg, 100mg, 150mg</i>                            | 3                |                               |
| MULTAQ TABS 400mg  | 4                | QL (60 tabs / 30 days)        |
| <i>pacerone TABS 100mg, 400mg</i>  | 4                |                               |
| <i>pacerone TABS 200mg</i>   | 1                |                               |
| <i>propafenone hcl CP12 225mg, 325mg, 425mg</i>                              | 4                |                               |
| <i>propafenone hcl TABS 150mg, 225mg, 300mg</i>                              | 3                |                               |
| <i>quinidine sulfate TABS 200mg, 300mg</i>                                   | 4                |                               |
| <i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>                            | 2                |                               |
| <i>sotalol hcl (afib/afi) TABS 80mg, 120mg, 160mg</i>                        | 3                |                               |
| <b>ANTILIPEMICS, FIBRATES</b>  |                  |                               |
| <i>choline fenofibrate CPDR 45mg, 135mg</i>                                  | 3                |                               |
| <i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>                             | 2                |                               |
| <i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>                        | 3                |                               |
| <i>gemfibrozil TABS 600mg</i>  | 2                |                               |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                            |                  |                               |
| <i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i>                      | 6                | QL (30 tabs / 30 days)        |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|--|------------------|--|
| EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg                  | 4                | QL (30 caps / 30 days), ST             |
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg                    | 6                | QL (60 caps / 30 days), ST             |
| <i>fluvastatin sodium</i> TB24 80mg                          | 6                | QL (30 tabs / 30 days), ST             |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg                      | 6                | QL (60 tabs / 30 days)                 |
| <i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg               | 6                | QL (30 tabs / 30 days), ST             |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg        | 6                | QL (30 tabs / 30 days)                 |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg       | 6                | QL (30 tabs / 30 days)                 |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg          | 6                | QL (30 tabs / 30 days)                 |
| ZYPITAMAG TABS 2mg, 4mg                                      | 4                | QL (30 tabs / 30 days), ST             |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                           |                  |  |
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose                | 3                |  |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose          | 3                |  |
| <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg               | 4                |  |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm                     | 4                |  |
| <i>colestipol hcl</i> TABS 1gm                               | 3                |  |
| <i>ezetimibe</i> TABS 10mg                                   | 2                | QL (30 tabs / 30 days)                 |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                    | 6                | QL (30 tabs / 30 days)                 |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                    | 6                | QL (30 tabs / 30 days)                 |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>                    | 6                | QL (30 tabs / 30 days)                 |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                    | 6                | QL (30 tabs / 30 days)                 |
| NEXLETOL TABS 180mg  | 3                | QL (30 tabs / 30 days)                 |
| NEXLIZET TAB 180/10MG  | 3                | QL (30 tabs / 30 days)                 |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | 3                | QL (60 tabs / 30 days)                 |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                    | 3                |  |
| <i>prevalite</i> PACK 4gm; POWD 4gm/dose                     | 3                |  |
| REPATHA SOSY 140mg/ml  | 3                | QL (6 syringes / 28 days), NM, PA      |
| REPATHA SURECLICK SOAJ 140mg/ml                              | 3                | QL (6 autoinjectors / 28 days), NM, PA |
| VASCEPA CAPS .5gm, 1gm                                       | 3                |  |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                    |                  |  |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>            | 2                |  |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>           | 2                |  |

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

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>diltiazem hcl extended release beads</i> CP24<br>120mg, 180mg, 240mg, 300mg, 360mg,<br>420mg | 2                |                            |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg   | 2                |                            |
| <i>isradipine</i> CAPS 2.5mg, 5mg   | 4                |                            |
| <i>matzim la</i> TB24 180mg, 240mg, 300mg,<br>360mg, 420mg                                      | 3                |                            |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg  | 4                |                            |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg   | 3                |                            |
| <i>nimodipine</i> CAPS 30mg   | 4                |                            |
| <i>nisoldipine</i> TB24 8.5mg, 17mg, 34mg   | 4                |                            |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg,<br>300mg, 360mg, 420mg                              | 2                |                            |
| <i>verapamil hcl</i> CP24 100mg, 200mg, 300mg,<br>360mg; SOLN 2.5mg/ml                          | 4                |                            |
| <i>verapamil hcl</i> CP24 120mg, 180mg, 240mg   | 3                |                            |
| <i>verapamil hcl</i> TABS 40mg, 80mg, 120mg   | 1                |                            |
| <i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg   | 2                |                            |
| <b>DIURETICS</b>  |                  |                            |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg,<br>250mg   | 3                |                            |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>  | 2                |                            |
| <i>amiloride hcl</i> TABS 5mg   | 2                |                            |
| <i>bumetanide</i> SOLN .25mg/ml; TABS .5mg,<br>1mg, 2mg   | 3                |                            |
| <i>chlorthalidone</i> TABS 25mg, 50mg   | 2                |                            |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml  | 2                |                            |
| <i>furosemide</i> TABS 20mg, 40mg, 80mg   | 1                |                            |
| <i>furosemide inj</i> SOLN 10mg/ml  | 3                |                            |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS<br>12.5mg, 25mg, 50mg                              | 1                |                            |
| <i>indapamide</i> TABS 1.25mg, 2.5mg  | 1                |                            |
| <i>methazolamide</i> TABS 25mg, 50mg  | 4                |                            |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg   | 2                |                            |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25<br/>mg</i>                                | 2                |                            |
| <i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg   | 2                |                            |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25<br/>mg</i>                                 | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25<br/>mg</i>                                 | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50<br/>mg</i>                                   | 1                |                            |

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| Drug Name  | Drug Tier | Requirements/Limits                     |
|--|-----------|---|
| <b>MISCELLANEOUS</b>   |           |   |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg                      | 6         | QL (30 tabs / 30 days)                  |
| <i>amlodipine besylate-atorvastatin calcium tab</i><br>2.5-10 mg | 6         |   |
| <i>amlodipine besylate-atorvastatin calcium tab</i><br>2.5-20 mg | 6         |   |
| <i>amlodipine besylate-atorvastatin calcium tab</i><br>2.5-40 mg | 6         |   |
| <i>amlodipine besylate-atorvastatin calcium tab</i><br>5-10 mg   | 6         |   |
| <i>amlodipine besylate-atorvastatin calcium tab</i><br>5-20 mg   | 6         |   |
| <i>amlodipine besylate-atorvastatin calcium tab</i><br>5-40 mg   | 6         |   |
| <i>amlodipine besylate-atorvastatin calcium tab</i><br>5-80 mg   | 6         |   |
| <i>amlodipine besylate-atorvastatin calcium tab</i><br>10-10 mg  | 6         |   |
| <i>amlodipine besylate-atorvastatin calcium tab</i><br>10-20 mg  | 6         |   |
| <i>amlodipine besylate-atorvastatin calcium tab</i><br>10-40 mg  | 6         |   |
| <i>amlodipine besylate-atorvastatin calcium tab</i><br>10-80 mg  | 6         |   |
| <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr,<br>.3mg/24hr         | 3         |   |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg                       | 1         |   |
| CORLANOR SOLN 5mg/5ml  | 4         | QL (450 mL / 30 days)                   |
| <i>digoxin</i> SOLN .05mg/ml, .25mg/ml                           | 4         |   |
| <i>digoxin</i> TABS 125mcg, 250mcg                               | 2         | QL (30 tabs / 30 days)                  |
| <i>droxidopa</i> CAPS 100mg                                      | 4         | QL (90 caps / 30 days),<br>NM, PA       |
| <i>droxidopa</i> CAPS 200mg, 300mg                               | 5         | NDS, QL (180 caps / 30<br>days), NM, PA |
| <i>epinephrine</i> SOLN 1mg/ml                                   | 4         |   |
| <i>guanfacine hcl</i> TABS 1mg, 2mg                              | 3         | PA; PA applies if 65<br>years and older |
| <i>hydralazine hcl</i> SOLN 20mg/ml                              | 4         |   |
| <i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg,<br>100mg           | 1         |   |
| <i>ivabradine hcl</i> TABS 5mg, 7.5mg                            | 4         | QL (60 tabs / 30 days)                  |
| <i>metyrosine</i> CAPS 250mg                                     | 5         | NDS, NM, PA                             |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg                             | 3         |   |
| <i>midodrine hcl</i> TABS 10mg                                   | 4         |   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---|------------------|--------------------------------------|
| <i>minoxidil</i> TABS 2.5mg, 10mg                                       | 2                |                                      |
| <i>ranolazine</i> TB12 500mg, 1000mg                                    | 4                |                                      |
| VERQUVO TABS 2.5mg, 5mg, 10mg   | 3                | QL (30 tabs / 30 days), PA           |
| <b><i>NITRATES</i></b>  |                  |                                      |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg                  | 3                |                                      |
| <i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg                    | 1                |                                      |
| <i>nitro-bid</i> OINT 2%  | 3                |                                      |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr            | 3                |                                      |
| <i>nitroglycerin</i> SUBL .3mg, .4mg, .6mg                              | 2                |                                      |
| <b><i>PULMONARY ARTERIAL HYPERTENSION</i></b>                           |                  |                                      |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg                               | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| <i>alyq</i> TABS 20mg   | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>ambrisentan</i> TABS 5mg, 10mg                                       | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>bosentan</i> TABS 62.5mg, 125mg                                      | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| <i>bosentan</i> TBSO 32mg   | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| OPSUMIT TABS 10mg   | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg            | 3                | QL (360 tabs / 30 days), NM, PA      |
| <i>tadalafil (pulmonary hypertension)</i> TABS 20mg                     | 4                | QL (60 tabs / 30 days), NM, PA       |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml   | 5                | NDS, NM, PA                          |
| UPTRAVI TABS 200mcg   | 5                | NDS, QL (140 tabs / 28 days), NM, PA |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| UPTRAVI PACK TAB 200/800  | 5                | NDS, QL (1 pack / 28 days), NM, PA   |
| WINREVAIR KIT 45mg, 60mg  | 5                | NDS, QL (2 vials / 21 days), NM, PA  |
| WINREVAIR INJ 45MG  | 5                | NDS, QL (2 vials / 21 days), NM, PA  |
| WINREVAIR INJ 60MG  | 5                | NDS, QL (2 vials / 21 days), NM, PA  |

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| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---------------------------------------|------------------|--------------------------------------|
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg | 5                | NDS, QL (140 caps / 28 days), NM, PA |
| YUTREPIA CAPS 106mcg                  | 5                | NDS, QL (224 caps / 28 days), NM, PA |

## **CENTRAL NERVOUS SYSTEM**

### **ANTIANSXIETY**

|   |   |                         |
|---|---|-------------------------|
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg      | 2 | QL (150 tabs / 30 days) |
| <i>bupirone hcl</i> TABS 5mg, 10mg, 15mg          | 1 |                         |
| <i>bupirone hcl</i> TABS 7.5mg, 30mg              | 3 |                         |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg | 3 |                         |
| <i>lorazepam</i> CONC 2mg/ml                      | 3 | QL (150 mL / 30 days)   |
| <i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml           | 2 |                         |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg              | 2 | QL (150 tabs / 30 days) |
| <i>lorazepam intensol</i> CONC 2mg/ml             | 3 | QL (150 mL / 30 days)   |

### **ANTIDEMENTIA**

|  |   |  |
|--|---|--|
| <i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg            | 2 | QL (30 tabs / 30 days)                 |
| <i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg          | 2 |  |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg         | 3 | QL (30 caps / 30 days)                 |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml                  | 4 | QL (200 mL / 30 days)                  |
| <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg          | 3 | QL (60 tabs / 30 days)                 |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml | 4 | PA; PA applies if 29 years and younger |
| <i>memantine hcl</i> TABS 5mg, 10mg                          | 3 | PA; PA applies if 29 years and younger |
| <i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>      | 4 |  |
| <i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>      | 4 |  |
| <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>      | 4 |  |
| NAMZARIC CAP 7-10MG  | 4 |  |
| <i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr | 4 | QL (30 patches / 30 days)              |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg     | 3 | QL (60 caps / 30 days)                 |

### **ANTIDEPRESSANTS**

|  |   |                                      |
|--|---|--------------------------------------|
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 3 | PA; PA applies if 65 years and older |
|--|---|--------------------------------------|

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg                             | 3                | PA; PA applies if 65 years and older |
| AUVELITY TAB 45-105MG  | 4                | QL (60 tabs / 30 days), PA           |
| <i>bupropion hcl</i> TABS 75mg, 100mg                                      | 2                |                                      |
| <i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg                  | 2                | QL (60 tabs / 30 days)               |
| <i>bupropion hcl</i> TB24 300mg  | 2                | QL (30 tabs / 30 days)               |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml                               | 3                |                                      |
| <i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg                       | 1                |                                      |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg                              | 4                | PA                                   |
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg           | 4                | PA; PA applies if 65 years and older |
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg                     | 3                | QL (30 tabs / 30 days)               |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | 3                | PA; PA applies if 65 years and older |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg                              | 4                | QL (60 caps / 30 days), PA           |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg                                | 3                | QL (60 caps / 30 days)               |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr                                   | 5                | NDS, QL (30 patches / 30 days), PA   |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml                                   | 4                |                                      |
| <i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg                           | 1                |                                      |
| EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg                                  | 5                | NDS, QL (30 tabs / 30 days), PA      |
| EXXUA TITRATION PACK TB24 18.2mg   | 5                | NDS, QL (2 packs / year), PA         |
| FETZIMA CP24 20mg, 40mg  | 4                | QL (60 caps / 30 days), PA           |
| FETZIMA CP24 80mg, 120mg   | 4                | QL (30 caps / 30 days), PA           |
| FETZIMA CAP TITRATIO   | 4                | QL (2 packs / year), PA              |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg                                | 1                |                                      |
| <i>fluoxetine hcl</i> SOLN 20mg/5ml  | 3                |                                      |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg                                | 2                | PA; PA applies if 65 years and older |
| MARPLAN TABS 10mg  | 4                | QL (180 tabs / 30 days)              |
| <i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg                       | 3                |                                      |
| <i>mirtazapine</i> TABS 15mg, 30mg, 45mg                                   | 2                |                                      |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg                | 4                |                                      |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                   |
|---|------------------|--|
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg        | 2                |  |
| <i>nortriptyline hcl</i> SOLN 10mg/5ml                      | 4                |  |
| <i>paroxetine hcl</i> SUSP 10mg/5ml                         | 4                | QL (900 mL / 30 days), PA; PA applies if 65 years and older  |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg           | 2                | PA; PA applies if 65 years and older                         |
| <i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg             | 4                | QL (60 tabs / 30 days), PA; PA applies if 65 years and older |
| <i>phenelzine sulfate</i> TABS 15mg                         | 3                |  |
| <i>protriptyline hcl</i> TABS 5mg, 10mg                     | 4                |  |
| RALDESY SOLN 10mg/ml  | 4                | QL (1800 mL / 30 days), PA                                   |
| <i>sertraline hcl</i> CONC 20mg/ml                          | 3                |  |
| <i>sertraline hcl</i> TABS 25mg, 50mg, 100mg                | 1                |  |
| <i>tranylcypromine sulfate</i> TABS 10mg                    | 4                |  |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg                | 1                |  |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg                 | 4                | QL (120 caps / 30 days)                                      |
| <i>trimipramine maleate</i> CAPS 100mg                      | 4                | QL (60 caps / 30 days)                                       |
| TRINTELLIX TABS 5mg, 10mg, 20mg                             | 4                | QL (30 tabs / 30 days), PA                                   |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg             | 2                |  |
| <i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 3                |  |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg                 | 4                | QL (30 tabs / 30 days)                                       |
| ZURZUVAE CAPS 20mg, 25mg                                    | 5                | NDS, QL (28 caps / 14 days), PA                              |
| ZURZUVAE CAPS 30mg  | 5                | NDS, QL (14 caps / 14 days), PA                              |
| <b>ANTIPARKINSONIAN AGENTS</b>                              |                  |  |
| <i>amantadine hcl</i> CAPS 100mg                            | 3                | QL (120 caps / 30 days)                                      |
| <i>amantadine hcl</i> SOLN 50mg/5ml                         | 3                |  |
| <i>amantadine hcl</i> TABS 100mg                            | 4                |  |
| <i>benztropine mesylate</i> SOLN 1mg/ml                     | 4                |  |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg             | 2                | PA; PA applies if 65 years and older                         |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg          | 4                |  |
| <i>carb/levo orally disintegrating tab 10-100mg</i>         | 3                |  |
| <i>carb/levo orally disintegrating tab 25-100mg</i>         | 3                |  |
| <i>carb/levo orally disintegrating tab 25-250mg</i>         | 3                |  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| <i>carbidopa</i> TABS 25mg   | 4                |                                      |
| <i>carbidopa &amp; levodopa tab</i> 10-100 mg  | 2                |                                      |
| <i>carbidopa &amp; levodopa tab</i> 25-100 mg  | 2                |                                      |
| <i>carbidopa &amp; levodopa tab</i> 25-250 mg  | 2                |                                      |
| <i>carbidopa &amp; levodopa tab er</i> 25-100 mg   | 3                |                                      |
| <i>carbidopa &amp; levodopa tab er</i> 50-200 mg   | 3                |                                      |
| <i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg                                 | 4                |                                      |
| <i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg                                | 4                |                                      |
| <i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg                                  | 4                |                                      |
| <i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg                               | 4                |                                      |
| <i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg                                | 4                |                                      |
| <i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg                                  | 4                |                                      |
| <i>entacapone</i> TABS 200mg   | 4                |                                      |
| INBRIJA CAPS 42mg  | 5                | NDS, QL (300 caps / 30 days), NM, PA |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg           | 2                |                                      |
| <i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg | 4                |                                      |
| <i>rasagiline mesylate</i> TABS .5mg, 1mg  | 4                | QL (30 tabs / 30 days)               |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg                | 2                |                                      |
| <i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg                            | 4                |                                      |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg   | 3                |                                      |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml  | 3                |                                      |
| <i>trihexyphenidyl hcl</i> TABS 2mg, 5mg   | 2                |                                      |
| <b>ANTIPSYCHOTICS</b>  |                  |                                      |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml  | 5                | NDS, QL (1 syringe / 56 days)        |
| ABILIFY MAINTENA PRSY 300mg, 400mg   | 5                | NDS, QL (1 syringe / 28 days)        |
| ABILIFY MAINTENA SRER 300mg, 400mg   | 5                | NDS, QL (1 injection / 28 days)      |
| <i>aripiprazole</i> SOLN 1mg/ml  | 4                | QL (900 mL / 30 days)                |
| <i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg                                | 4                | QL (30 tabs / 30 days)               |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| <i>aripiprazole</i> TBDP 10mg, 15mg   | 4                | QL (60 tabs / 30 days), ST      |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml   | 5                | NDS, QL (1 syringe / 28 days)   |
| ARISTADA PRSY 1064mg/3.9ml  | 5                | NDS, QL (1 syringe / 56 days)   |
| ARISTADA INITIO PRSY 675mg/2.4ml  | 5                | NDS                             |
| <i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg  | 4                | QL (60 tabs / 30 days)          |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg   | 5                | NDS, QL (30 caps / 30 days)     |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 4                |                                 |
| <i>clozapine</i> TABS 25mg, 50mg  | 3                |                                 |
| <i>clozapine</i> TABS 100mg   | 3                | QL (270 tabs / 30 days)         |
| <i>clozapine</i> TABS 200mg   | 3                | QL (120 tabs / 30 days)         |
| <i>clozapine</i> TBDP 12.5mg, 25mg  | 4                | PA                              |
| <i>clozapine</i> TBDP 100mg   | 4                | QL (270 tabs / 30 days), PA     |
| <i>clozapine</i> TBDP 150mg   | 4                | QL (180 tabs / 30 days), PA     |
| <i>clozapine</i> TBDP 200mg   | 4                | QL (120 tabs / 30 days), PA     |
| COBENFY CAP 50-20MG   | 5                | NDS, QL (60 caps / 30 days)     |
| COBENFY CAP 100-20MG  | 5                | NDS, QL (60 caps / 30 days)     |
| COBENFY CAP 125-30MG  | 5                | NDS, QL (60 caps / 30 days)     |
| COBENFY STRT CAP PACK   | 5                | NDS, QL (2 packs / year)        |
| ERZOFRI SUSY 39mg/0.25ml  | 4                | QL (1 syringe / 28 days)        |
| ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml  | 5                | NDS, QL (1 syringe / 28 days)   |
| ERZOFRI SUSY 351mg/2.25ml   | 5                | NDS, QL (2 syringes / year)     |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg   | 5                | NDS, QL (60 tabs / 30 days), PA |
| FANAPT PAK PACK A   | 4                | QL (2 packs / year), PA         |
| FANAPT PAK PACK B   | 4                | QL (2 packs / year), PA         |
| FANAPT PAK PACK C   | 4                | QL (2 packs / year), PA         |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml  | 4                |                                 |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|--|------------------|-------------------------------------|
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 4                |                                     |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg  | 3                |                                     |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml  | 3                |                                     |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml  | 3                |                                     |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml   | 5                | NDS, QL (1 injection / 180 days)    |
| INVEGA SUSTENNA SUSY 39mg/0.25ml   | 4                | QL (1 syringe / 28 days)            |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml                           | 5                | NDS, QL (1 syringe / 28 days)       |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml                      | 5                | NDS, QL (1 syringe / 90 days)       |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg   | 3                |                                     |
| <i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg   | 4                | QL (30 tabs / 30 days)              |
| <i>lurasidone hcl</i> TABS 80mg  | 4                | QL (60 tabs / 30 days)              |
| LYBALVI TAB 5-10MG   | 5                | NDS, QL (30 tabs / 30 days)         |
| LYBALVI TAB 10-10MG  | 5                | NDS, QL (30 tabs / 30 days)         |
| LYBALVI TAB 15-10MG  | 5                | NDS, QL (30 tabs / 30 days)         |
| LYBALVI TAB 20-10MG  | 5                | NDS, QL (30 tabs / 30 days)         |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg  | 4                |                                     |
| NUPLAZID CAPS 34mg   | 5                | NDS, QL (30 caps / 30 days), NM, PA |
| NUPLAZID TABS 10mg   | 5                | NDS, QL (30 tabs / 30 days), NM, PA |
| <i>olanzapine</i> SOLR 10mg  | 4                | QL (3 vials / 1 day)                |
| <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg  | 2                | QL (60 tabs / 30 days)              |
| <i>olanzapine</i> TABS 7.5mg, 15mg, 20mg   | 2                | QL (30 tabs / 30 days)              |
| <i>olanzapine</i> TBDP 5mg, 15mg, 20mg   | 4                | QL (30 tabs / 30 days), ST          |
| <i>olanzapine</i> TBDP 10mg  | 4                | QL (60 tabs / 30 days), ST          |
| OPIPZA FILM 2mg, 5mg   | 5                | NDS, QL (30 films / 30 days), PA    |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| OPIPZA FILM 10mg  | 5                | NDS, QL (90 films / 30 days), PA |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 9mg                  | 4                | QL (30 tabs / 30 days)           |
| <i>paliperidone</i> TB24 6mg                              | 4                | QL (60 tabs / 30 days)           |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg              | 3                |                                  |
| <i>pimozide</i> TABS 1mg, 2mg                             | 4                |                                  |
| <i>quetiapine fumarate</i> TABS 25mg                      | 2                | QL (180 tabs / 30 days)          |
| <i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg | 2                | QL (90 tabs / 30 days)           |
| <i>quetiapine fumarate</i> TABS 300mg, 400mg              | 2                | QL (60 tabs / 30 days)           |
| <i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg        | 4                | QL (60 tabs / 30 days), PA       |
| <i>quetiapine fumarate</i> TB24 150mg, 200mg              | 4                | QL (30 tabs / 30 days), PA       |
| REXULTI TABS 3mg, 4mg                                     | 5                | NDS, QL (30 tabs / 30 days)      |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg                        | 5                | NDS, QL (60 tabs / 30 days)      |
| <i>risperidone</i> SOLN 1mg/ml                            | 3                | QL (240 mL / 30 days)            |
| <i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg   | 2                |                                  |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg                     | 4                | QL (60 tabs / 30 days), ST       |
| <i>risperidone</i> TBDP 4mg                               | 4                | QL (120 tabs / 30 days), ST      |
| <i>risperidone</i> TBDP .25mg, .5mg                       | 4                | QL (90 tabs / 30 days), ST       |
| <i>risperidone microspheres</i> SRER 12.5mg, 25mg         | 4                | QL (2 injections / 28 days)      |
| <i>risperidone microspheres</i> SRER 37.5mg, 50mg         | 5                | NDS, QL (2 injections / 28 days) |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr           | 5                | NDS, QL (30 patches / 30 days)   |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg      | 3                |                                  |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg               | 4                |                                  |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg       | 3                |                                  |
| VERSACLOZ SUSP 50mg/ml                                    | 5                | NDS, QL (600 mL / 30 days), PA   |
| VRAYLAR CAPS 1.5mg  | 5                | NDS, QL (60 caps / 30 days)      |
| VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg                 | 5                | NDS, QL (30 caps / 30 days)      |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                    |
|---|------------------|---|
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg  | 4                | QL (60 caps / 30 days)  |
| <i>ziprasidone mesylate</i> SOLR 20mg   | 4                | QL (6 injections / 3 days)                                    |
| ZYPREXA RELPREVV SUSR 210mg   | 4                | QL (2 vials / 28 days), NM, PA                                |
| ZYPREXA RELPREVV SUSR 300mg   | 5                | NDS, QL (2 vials / 28 days), NM, PA                           |
| ZYPREXA RELPREVV SUSR 405mg   | 5                | NDS, QL (1 vial / 28 days), NM, PA                            |
| <b>ANTISEIZURE AGENTS</b>   |                  |   |
| APTIOM TABS 200mg, 400mg  | 5                | NDS, QL (30 tabs / 30 days)                                   |
| APTIOM TABS 600mg, 800mg  | 5                | NDS, QL (60 tabs / 30 days)                                   |
| <i>brivaracetam</i> SOLN 10mg/ml  | 4                | QL (600 mL / 30 days), PA                                     |
| <i>brivaracetam</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg  | 4                | QL (60 tabs / 30 days), PA                                    |
| BRIVIACT SOLN 10mg/ml   | 5                | NDS, QL (600 mL / 30 days), PA                                |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg   | 5                | NDS, QL (60 tabs / 30 days), PA                               |
| <i>carbamazepine</i> CHEW 100mg; TABS 200mg   | 3                |   |
| <i>carbamazepine</i> CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg | 4                |   |
| <i>clobazam</i> SUSP 2.5mg/ml   | 4                | QL (480 mL / 30 days), PA                                     |
| <i>clobazam</i> TABS 10mg, 20mg   | 4                | QL (60 tabs / 30 days), PA                                    |
| <i>clonazepam</i> TABS 2mg  | 2                | QL (300 tabs / 30 days)                                       |
| <i>clonazepam</i> TABS .5mg, 1mg  | 2                | QL (90 tabs / 30 days)  |
| <i>clonazepam</i> TBDP 2mg  | 3                | QL (300 tabs / 30 days)                                       |
| <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg   | 3                | QL (90 tabs / 30 days)  |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg   | 4                | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |
| DIACOMIT CAPS 250mg   | 5                | NDS, QL (360 caps / 30 days), NM, PA                          |
| DIACOMIT CAPS 500mg   | 5                | NDS, QL (180 caps / 30 days), NM, PA                          |
| DIACOMIT PACK 250mg   | 5                | NDS, QL (360 packets / 30 days), NM, PA                       |

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| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| DIACOMIT PACK 500mg                                    | 5                | NDS, QL (180 packets / 30 days), NM, PA  |
| <i>diazepam</i> SOLN 5mg/5ml                           | 3                | QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply  |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg                    | 2                | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg | 4                |  |
| <i>diazepam inj</i> SOLN 5mg/ml                        | 4                |  |
| <i>diazepam intensol</i> CONC 5mg/ml                   | 3                | QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply   |
| DILANTIN CAPS 30mg                                     | 4                |  |
| <i>divalproex sodium</i> CSDR 125mg                    | 4                |  |
| <i>divalproex sodium</i> TB24 250mg, 500mg             | 3                |  |
| <i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg      | 2                |  |
| EPIDIOLEX SOLN 100mg/ml                                | 5                | NDS, QL (600 mL / 30 days), NM, PA   |
| <i>eslicarbazepine acetate</i> TABS 200mg, 400mg       | 4                | QL (30 tabs / 30 days)   |
| <i>eslicarbazepine acetate</i> TABS 600mg, 800mg       | 4                | QL (60 tabs / 30 days)   |
| <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml         | 3                |  |
| <i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg     | 4                |  |
| FINTEPLA SOLN 2.2mg/ml                                 | 5                | NDS, QL (360 mL / 30 days), NM, PA   |
| FYCOMPA SUSP .5mg/ml                                   | 5                | NDS, QL (680 mL / 28 days), PA   |
| FYCOMPA TABS 2mg                                       | 4                | QL (60 tabs / 30 days), PA   |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg                 | 5                | NDS, QL (30 tabs / 30 days), PA  |
| <i>gabapentin</i> CAPS 100mg, 300mg                    | 2                | QL (360 caps / 30 days)  |
| <i>gabapentin</i> CAPS 400mg                           | 2                | QL (270 caps / 30 days)  |
| <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml            | 3                | QL (2160 mL / 30 days)   |
| <i>gabapentin</i> TABS 600mg                           | 2                | QL (180 tabs / 30 days)  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                    |
|---|------------------|---|
| <i>gabapentin</i> TABS 800mg  | 2                | QL (120 tabs / 30 days)                                       |
| <i>lacosamide</i> SOLN 200mg/20ml   | 4                |   |
| <i>lacosamide</i> TABS 50mg   | 4                | QL (120 tabs / 30 days)                                       |
| <i>lacosamide</i> TABS 100mg, 150mg, 200mg  | 4                | QL (60 tabs / 30 days)  |
| <i>lacosamide oral</i> SOLN 10mg/ml   | 4                | QL (1200 mL / 30 days)  |
| <i>lamotrigine</i> CHEW 5mg, 25mg   | 3                |   |
| <i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg   | 1                |   |
| <i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg | 4                | ST  |
| <i>levetiracetam</i> SOLN 100mg/ml; TB24 500mg, 750mg   | 3                |   |
| <i>levetiracetam</i> SOLN 500mg/5ml   | 4                |   |
| <i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg   | 2                |   |
| <i>levetiracetam</i> TB3D 250mg   | 4                | QL (360 tabs / 30 days)                                       |
| <i>levetiracetam</i> TB3D 500mg   | 4                | QL (180 tabs / 30 days)                                       |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>                                  | 4                |   |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>                                 | 4                |   |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>                                 | 4                |   |
| <i>methsuximide</i> CAPS 300mg  | 4                |   |
| NAYZILAM SOLN 5mg/0.1ml   | 4                | QL (10 nasal units / 30 days)                                 |
| <i>oxcarbazepine</i> SUSP 300mg/5ml   | 4                |   |
| <i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg   | 3                |   |
| <i>perampanel</i> SUSP .5mg/ml  | 5                | NDS, QL (680 mL / 28 days), PA                                |
| <i>perampanel</i> TABS 2mg  | 4                | QL (60 tabs / 30 days), PA                                    |
| <i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg  | 4                | QL (30 tabs / 30 days), PA                                    |
| <i>phenobarbital</i> ELIX 20mg/5ml  | 4                | QL (1500 mL / 30 days), PA; PA applies if 65 years and older  |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg             | 3                | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml  | 4                | PA; PA applies if 65 years and older                          |
| <i>phenytek</i> CAPS 200mg, 300mg   | 3                |   |

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

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

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                   |
|--|------------------|--|
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>         | 4                | QL (30 caps / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>         | 4                | QL (30 caps / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>         | 4                | QL (30 caps / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 5 mg</i>                  | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i>                | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 10 mg</i>                 | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>               | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 15 mg</i>                 | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>                 | 3                | QL (90 tabs / 30 days), PA                                   |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>                 | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>                   | 4                | QL (120 caps / 30 days)                                      |
| <i>atomoxetine hcl CAPS 40mg</i>                               | 4                | QL (60 caps / 30 days)                                       |
| <i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>                  | 4                | QL (30 caps / 30 days)                                       |
| <i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>                  | 3                | QL (120 tabs / 30 days), PA                                  |
| <i>dexmethylphenidate hcl TABS 10mg</i>                        | 3                | QL (60 tabs / 30 days), PA                                   |
| <i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>                | 3                | QL (30 tabs / 30 days), PA; PA applies if 65 years and older |
| <i>guanfacine hcl (adhd) TB24 3mg</i>                          | 3                | QL (60 tabs / 30 days), PA; PA applies if 65 years and older |
| <i>lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg</i>       | 4                | QL (60 caps / 30 days), PA                                   |
| <i>lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg</i> | 4                | QL (30 caps / 30 days), PA                                   |
| <i>lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg</i>       | 4                | QL (60 tabs / 30 days), PA                                   |
| <i>lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg</i>       | 4                | QL (30 tabs / 30 days), PA                                   |
| <i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg</i>               | 4                | QL (180 tabs / 30 days), PA                                  |

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| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>methylphenidate hcl</i> SOLN 5mg/5ml       | 4                | QL (1800 mL / 30 days), PA  |
| <i>methylphenidate hcl</i> SOLN 10mg/5ml      | 4                | QL (900 mL / 30 days), PA   |
| <i>methylphenidate hcl</i> TABS 5mg, 10mg     | 3                | QL (180 tabs / 30 days), PA   |
| <i>methylphenidate hcl</i> TABS 20mg          | 3                | QL (90 tabs / 30 days), PA  |
| <i>methylphenidate hcl</i> TBCR 10mg, 20mg    | 4                | QL (90 tabs / 30 days), PA  |
| <b><i>HYPNOTICS</i></b>                       |                  |   |
| DAYVIGO TABS 5mg, 10mg                        | 3                | QL (30 tabs / 30 days)  |
| <i>doxepin hcl (sleep)</i> TABS 3mg, 6mg      | 3                | QL (30 tabs / 30 days)  |
| <i>ramelteon</i> TABS 8mg                     | 3                | QL (30 tabs / 30 days)  |
| <i>tasimelteon</i> CAPS 20mg                  | 5                | NDS, QL (30 caps / 30 days), NM, PA   |
| <i>temazepam</i> CAPS 7.5mg, 30mg             | 4                | QL (30 caps / 30 days), PA; PA applies if 65 years and older  |
| <i>temazepam</i> CAPS 15mg                    | 4                | QL (60 caps / 30 days), PA; PA applies if 65 years and older  |
| <i>zolpidem tartrate</i> TABS 5mg, 10mg       | 2                | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <b><i>MIGRAINE</i></b>                        |                  |   |
| AIMOVIQ SOAJ 70mg/ml, 140mg/ml                | 3                | QL (1 pen / 30 days), NM, PA  |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml | 5                | NDS, QL (8 mL / 30 days), PA  |
| EMGALITY SOAJ 120mg/ml                        | 3                | QL (2 pens / 30 days), NM, PA   |
| EMGALITY SOSY 100mg/ml                        | 3                | QL (3 syringes / 30 days), NM, PA   |
| EMGALITY SOSY 120mg/ml                        | 3                | QL (2 syringes / 30 days), NM, PA   |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>    | 3                | QL (40 tabs / 28 days), PA  |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg        | 3                | QL (12 tabs / 30 days)  |
| NURTEC TBDP 75mg                              | 3                | QL (16 tabs / 30 days), PA  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---|------------------|--------------------------------------|
| QULIPTA TABS 10mg, 30mg, 60mg                                 | 3                | QL (30 tabs / 30 days), PA           |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg    | 3                | QL (18 tabs / 30 days)               |
| <i>sumatriptan</i> SOLN 5mg/act                               | 4                | QL (24 units / 30 days)              |
| <i>sumatriptan</i> SOLN 20mg/act                              | 4                | QL (12 units / 30 days)              |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml   | 4                | QL (12 injections / 30 days)         |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg           | 2                | QL (12 tabs / 30 days)               |
| UBRELVY TABS 50mg, 100mg                                      | 3                | QL (16 tabs / 30 days), PA           |
| <b>MISCELLANEOUS</b>  |                  |                                      |
| AUSTEDO TABS 6mg  | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| AUSTEDO TABS 9mg, 12mg  | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 6mg   | 5                | NDS, QL (90 tabs / 30 days), NM, PA  |
| AUSTEDO XR TB24 12mg  | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg                  | 5                | NDS, QL (30 tabs / 30 days), NM, PA  |
| AUSTEDO XR TB24 24mg  | 5                | NDS, QL (60 tabs / 30 days), NM, PA  |
| AUSTEDO XR TAB TITR KIT                                       | 5                | NDS, QL (2 packs / year), NM, PA     |
| <i>lithium</i> SOLN 8meq/5ml                                  | 4                |                                      |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg | 1                |                                      |
| <i>lithium carbonate</i> TBCR 300mg, 450mg                    | 2                |                                      |
| NUDEXTA CAP 20-10MG   | 5                | NDS, QL (60 caps / 30 days), PA      |
| <i>pyridostigmine bromide</i> TABS 60mg                       | 3                |                                      |
| <i>riluzole</i> TABS 50mg                                     | 4                |                                      |
| <i>tetrabenazine</i> TABS 12.5mg                              | 4                | QL (90 tabs / 30 days), NM, PA       |
| <i>tetrabenazine</i> TABS 25mg                                | 5                | NDS, QL (120 tabs / 30 days), NM, PA |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                              |                  |                                      |
| BAFIERTAM CPDR 95mg   | 5                | NDS, QL (120 caps / 30 days), NM, PA |
| BETASERON KIT .3mg  | 5                | NDS, QL (14 kits / 28 days), NM, PA  |

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| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|--|
| COPAXONE SOSY 20mg/ml                            | 5                | NDS, QL (30 syringes / 30 days), NM, PA  |
| COPAXONE SOSY 40mg/ml                            | 5                | NDS, QL (12 syringes / 28 days), NM, PA  |
| <i>dalfampridine</i> TB12 10mg                   | 3                | QL (60 tabs / 30 days), NM, PA   |
| <i> fingolimod hcl</i> CAPS .5mg                 | 5                | NDS, QL (30 caps / 30 days), NM, PA  |
| <i> glatiramer acetate</i> SOSY 20mg/ml          | 5                | NDS, QL (30 syringes / 30 days), NM, PA  |
| <i> glatiramer acetate</i> SOSY 40mg/ml          | 5                | NDS, QL (12 syringes / 28 days), NM, PA  |
| <i> glatopa</i> SOSY 20mg/ml                     | 5                | NDS, QL (30 syringes / 30 days), NM, PA  |
| <i> glatopa</i> SOSY 40mg/ml                     | 5                | NDS, QL (12 syringes / 28 days), NM, PA  |
| KESIMPTA SOAJ 20mg/0.4ml                         | 5                | NDS, QL (16 pens / 365 days), NM, PA   |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>            |                  |  |
| <i> baclofen</i> TABS 5mg                        | 2                | QL (90 tabs / 30 days)   |
| <i> baclofen</i> TABS 10mg, 20mg                 | 2                |  |
| <i> carisoprodol</i> TABS 350mg                  | 3                | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i> cyclobenzaprine hcl</i> TABS 5mg, 10mg       | 3                | QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year  |
| <i> dantrolene sodium</i> CAPS 25mg, 50mg, 100mg | 4                |  |
| <i> methocarbamol</i> TABS 500mg                 | 3                | QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i> methocarbamol</i> TABS 750mg                 | 3                | QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i> tizanidine hcl</i> TABS 2mg, 4mg             | 2                |  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---|------------------|------------------------------------|
| <b>NARCOLEPSY/CATAPLEXY</b>   |                  |                                    |
| <i>armodafinil</i> TABS 50mg  | 4                | QL (60 tabs / 30 days), PA         |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg                                     | 4                | QL (30 tabs / 30 days), PA         |
| <i>modafinil</i> TABS 100mg   | 3                | QL (30 tabs / 30 days), PA         |
| <i>modafinil</i> TABS 200mg   | 3                | QL (60 tabs / 30 days), PA         |
| <i>sodium oxybate</i> SOLN 500mg/ml   | 5                | NDS, QL (540 mL / 30 days), NM, PA |
| <b>PSYCHOTHERAPEUTIC-MISC</b>   |                  |                                    |
| <i>acamprosate calcium</i> TBEC 333mg   | 4                |                                    |
| <i>buprenorphine hcl</i> SUBL 2mg   | 3                | QL (180 tabs / 30 days)            |
| <i>buprenorphine hcl</i> SUBL 8mg   | 3                | QL (120 tabs / 30 days)            |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>             | 4                | QL (180 films / 30 days)           |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>               | 4                | QL (90 films / 30 days)            |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>               | 4                | QL (120 films / 30 days)           |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>              | 4                | QL (90 films / 30 days)            |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>              | 2                | QL (180 tabs / 30 days)            |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>                | 2                | QL (120 tabs / 30 days)            |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg                             | 2                | QL (60 tabs / 30 days)             |
| <i>disulfiram</i> TABS 250mg, 500mg   | 3                |                                    |
| KLOXXADO LIQD 8mg/0.1ml   | 3                |                                    |
| <i>naloxone hcl</i> LIQD 4mg/0.1ml  | 3                |                                    |
| <i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | 2                |                                    |
| <i>naltrexone hcl</i> TABS 50mg   | 3                |                                    |
| NICOTROL NS SOLN 10mg/ml  | 4                |                                    |
| <i>varenicline tartrate</i> TABS .5mg, 1mg                                      | 4                | QL (56 tabs / 28 days)             |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>          | 4                | QL (2 packs / year)                |
| VIVITROL SUSR 380mg   | 5                | NDS, NM                            |
| <b>ENDOCRINE AND METABOLIC</b>  |                  |                                    |
| <b>ANDROGENS</b>  |                  |                                    |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg  | 4                |                                    |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml                    | 3                | PA                         |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm                    | 4                | QL (300 gm / 30 days), PA  |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml               | 3                | PA                         |
| <i>testosterone enanthate</i> SOLN 200mg/ml                         | 3                | PA                         |
| <i>testosterone pump</i> GEL 1.62%                                  | 4                | QL (150 gm / 30 days), PA  |
| <b>ANTIDIABETICS</b>  |                  |                            |
| <i>acarbose</i> TABS 25mg, 50mg, 100mg                              | 6                |                            |
| <i>dapagliflozin</i> TABS 5mg, 10mg                                 | 6                | QL (30 tabs / 30 days)     |
| <i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>   | 6                | QL (60 tabs / 30 days)     |
| <i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>  | 6                | QL (60 tabs / 30 days)     |
| <i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>  | 6                | QL (30 tabs / 30 days)     |
| <i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i> | 6                | QL (30 tabs / 30 days)     |
| FARXIGA TABS 5mg, 10mg  | 3                | QL (30 tabs / 30 days)     |
| <i>glimepiride</i> TABS 1mg, 2mg                                    | 6                | QL (90 tabs / 30 days)     |
| <i>glimepiride</i> TABS 4mg   | 6                | QL (60 tabs / 30 days)     |
| <i>glipizide</i> TABS 5mg   | 6                | QL (240 tabs / 30 days)    |
| <i>glipizide</i> TABS 10mg  | 6                | QL (120 tabs / 30 days)    |
| <i>glipizide</i> TB24 2.5mg, 5mg                                    | 6                | QL (90 tabs / 30 days)     |
| <i>glipizide</i> TB24 10mg  | 6                | QL (60 tabs / 30 days)     |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i>                       | 6                | QL (240 tabs / 30 days)    |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i>                       | 6                | QL (120 tabs / 30 days)    |
| <i>glipizide-metformin hcl tab 5-500 mg</i>                         | 6                | QL (120 tabs / 30 days)    |
| GLYXAMBI TAB 10-5 MG  | 3                | QL (30 tabs / 30 days)     |
| GLYXAMBI TAB 25-5 MG  | 3                | QL (30 tabs / 30 days)     |
| JANUMET TAB 50-500MG  | 3                | QL (60 tabs / 30 days)     |
| JANUMET TAB 50-1000   | 3                | QL (60 tabs / 30 days)     |
| JANUMET XR TAB 50-500MG   | 3                | QL (60 tabs / 30 days)     |
| JANUMET XR TAB 50-1000  | 3                | QL (60 tabs / 30 days)     |
| JANUMET XR TAB 100-1000   | 3                | QL (30 tabs / 30 days)     |
| JANUVIA TABS 25mg, 50mg, 100mg                                      | 3                | QL (30 tabs / 30 days)     |
| JARDIANCE TABS 10mg, 25mg   | 3                | QL (30 tabs / 30 days)     |
| JENTADUETO TAB 2.5-500  | 3                | QL (60 tabs / 30 days)     |
| JENTADUETO TAB 2.5-850  | 3                | QL (60 tabs / 30 days)     |
| JENTADUETO TAB 2.5-1000   | 3                | QL (60 tabs / 30 days)     |
| JENTADUETO TAB XR 2.5-1000MG  | 3                | QL (60 tabs / 30 days)     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                |
|---|------------------|---|
| JENTADUETO TAB XR 5-1000MG  | 3                | QL (30 tabs / 30 days)                                    |
| <i>metformin hcl</i> TABS 500mg   | 6                | QL (150 tabs / 30 days)                                   |
| <i>metformin hcl</i> TABS 850mg   | 6                | QL (90 tabs / 30 days)                                    |
| <i>metformin hcl</i> TABS 1000mg  | 6                | QL (75 tabs / 30 days)                                    |
| <i>metformin hcl</i> TB24 500mg   | 6                | QL (120 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR) |
| <i>metformin hcl</i> TB24 750mg   | 6                | QL (60 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR)  |
| MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml,<br>7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml,<br>15mg/0.5ml | 3                | QL (4 pens / 28 days),<br>PA                              |
| <i>nateglinide</i> TABS 60mg, 120mg   | 6                | QL (90 tabs / 30 days)                                    |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN<br>2mg/3ml  | 3                | QL (1 pen / 28 days), PA                                  |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml   | 3                | QL (1 pen / 28 days), PA                                  |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml   | 3                | QL (1 pen / 28 days), PA                                  |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg   | 6                | QL (30 tabs / 30 days)                                    |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>   | 6                | QL (90 tabs / 30 days)                                    |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>   | 6                | QL (90 tabs / 30 days)                                    |
| <i>repaglinide</i> TABS 2mg   | 6                | QL (240 tabs / 30 days)                                   |
| <i>repaglinide</i> TABS .5mg, 1mg   | 6                | QL (120 tabs / 30 days)                                   |
| RYBELSUS TABS 3mg, 7mg, 14mg  | 3                | QL (30 tabs / 30 days),<br>PA                             |
| TRADJENTA TABS 5mg  | 3                | QL (30 tabs / 30 days)                                    |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG  | 3                | QL (60 tabs / 30 days)                                    |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG   | 3                | QL (30 tabs / 30 days)                                    |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG   | 3                | QL (60 tabs / 30 days)                                    |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG   | 3                | QL (30 tabs / 30 days)                                    |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml,<br>3mg/0.5ml, 4.5mg/0.5ml                            | 3                | QL (4 pens / 28 days),<br>PA                              |
| XIGDUO XR TAB 2.5-1000  | 3                | QL (60 tabs / 30 days)                                    |
| XIGDUO XR TAB 5-500MG   | 3                | QL (60 tabs / 30 days)                                    |
| XIGDUO XR TAB 5-1000MG  | 3                | QL (60 tabs / 30 days)                                    |
| XIGDUO XR TAB 10-500MG  | 3                | QL (30 tabs / 30 days)                                    |
| XIGDUO XR TAB 10-1000   | 3                | QL (30 tabs / 30 days)                                    |
| <b>ANTIDIABETICS, INSULINS</b>  |                  |   |
| ADMELOG SOLN 100unit/ml   | 3                | B/D   |
| ADMELOG SOLOSTAR SOPN 100unit/ml  | 3                |   |
| ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY   | 3                | PA  |
| CEQR SIMPL KIT PATCH 2U (3-DAY)   | 4                | QL (10 patches / 30<br>days), PA                          |

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| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| CEQR SIMPL KIT PATCH 2U (4-DAY)           | 4                | QL (8 patches / 24 days), PA    |
| CEQR SIMPL MIS INSERTER                   | 4                | QL (2 inserters / year), PA     |
| FIASP SOLN 100unit/ml                     | 3                | B/D                             |
| FIASP FLEXTOUCH SOPN 100unit/ml           | 3                |                                 |
| FIASP PENFILL SOCT 100unit/ml             | 3                |                                 |
| FIASP PUMPCART SOCT 100unit/ml            | 3                | B/D                             |
| GAUZE PADS 2" X 2"                        | 3                | PA                              |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | 5                | NDS, B/D                        |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml   | 5                | NDS                             |
| INSULIN PEN NEEDLES: EMBECTA-BD           | 3                | PA                              |
| INSULIN SAFETY NEEDLES: EMBECTA-BD        | 3                | PA                              |
| INSULIN SYRINGES: EMBECTA-BD              | 3                | PA                              |
| LANTUS SOLN 100unit/ml                    | 3                |                                 |
| LANTUS SOLOSTAR SOPN 100unit/ml           | 3                |                                 |
| NOVOLIN INJ 70/30                         | 3                | (brand RELION not covered)      |
| NOVOLIN INJ 70/30 FP                      | 3                | (brand RELION not covered)      |
| NOVOLIN N SUSP 100unit/ml                 | 3                | (brand RELION not covered)      |
| NOVOLIN N FLEXPEN SUPN 100unit/ml         | 3                | (brand RELION not covered)      |
| NOVOLIN R SOLN 100unit/ml                 | 3                | B/D; (brand RELION not covered) |
| NOVOLIN R FLEXPEN SOPN 100unit/ml         | 3                | (brand RELION not covered)      |
| NOVOLOG SOLN 100unit/ml                   | 3                | B/D                             |
| NOVOLOG FLEXPEN SOPN 100unit/ml           | 3                |                                 |
| NOVOLOG FLEXPEN RELION SOPN 100unit/ml    | 3                |                                 |
| NOVOLOG MIX INJ 70/30                     | 3                | (brand RELION not covered)      |
| NOVOLOG MIX INJ FLEXPEN                   | 3                | (brand RELION not covered)      |
| NOVOLOG PENFILL SOCT 100unit/ml           | 3                |                                 |
| NOVOLOG RELION SOLN 100unit/ml            | 3                | B/D                             |
| OMNIPOD 5 DX KIT INT G7G6                 | 4                | QL (1 kit / year), PA           |
| OMNIPOD 5 DX MIS POD G7G6                 | 4                | QL (15 pods / 30 days), PA      |
| OMNIPOD 5 L2 KIT INTRO G6                 | 4                | QL (1 kit / year), PA           |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|---|------------------|---|
| OMNIPOD 5 L2 MIS PODS G6                                      | 4                | QL (15 pods / 30 days), PA                              |
| OMNIPOD DASH KIT INTRO  | 4                | QL (1 kit / year), PA                                   |
| OMNIPOD DASH MIS PODS   | 4                | QL (15 pods / 30 days), PA                              |
| SOLIQUA INJ 100/33  | 3                | QL (5 pens / 25 days)                                   |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml                           | 3                |   |
| TOUJEO SOLOSTAR SOPN 300unit/ml                               | 3                |   |
| XULTOPHY INJ 100/3.6  | 3                | QL (5 pens / 30 days)                                   |
| <b>CALCIUM REGULATORS</b>                                     |                  |   |
| <i>alendronate sodium</i> SOLN 70mg/75ml                      | 4                | ST  |
| <i>alendronate sodium</i> TABS 10mg, 35mg, 70mg               | 6                |   |
| BILDYOS SOSY 60mg/ml  | 4                | QL (1 syringe / 180 days), NM                           |
| BONSITY SOPN 560mcg/2.24ml                                    | 5                | NDS, QL (1 pen / 28 days), NM, PA                       |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act             | 3                | B/D   |
| <i>ibandronate sodium</i> SOLN 3mg/3ml                        | 4                | B/D, QL (1 injection / 90 days)                         |
| <i>ibandronate sodium</i> TABS 150mg                          | 2                | B/D   |
| OSPOMYV SOSY 60mg/ml  | 4                | QL (1 syringe / 180 days), NM                           |
| PAMIDRONATE DISODIUM SOLN 6mg/ml                              | 3                | B/D   |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml         | 3                | B/D   |
| PROLIA SOSY 60mg/ml   | 4                | QL (1 syringe / 180 days), NM                           |
| <i>risedronate sodium</i> TABS 5mg, 35mg, 150mg               | 3                |   |
| <i>risedronate sodium</i> TABS 30mg                           | 4                |   |
| <i>risedronate sodium</i> TBEC 35mg                           | 4                | ST  |
| <i>teriparatide</i> SOPN 560mcg/2.24ml                        | 5                | NDS, QL (1 pen / 28 days), NM, PA                       |
| TERIPARATIDE SOPN 560mcg/2.24ml                               | 5                | NDS, QL (1 pen / 28 days), NM, PA;<br>(ALVOGEN product) |
| WYOST SOLN 120mg/1.7ml  | 5                | NDS, NM, PA   |
| XTRENBO SOLN 120mg/1.7ml                                      | 4                | NM, PA  |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml           | 4                | B/D, NM   |
| <b>CHELATING AGENTS</b>                                       |                  |   |
| CHEMET CAPS 100mg   | 5                | NDS   |
| <i>deferasirox</i> PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg | 5                | NDS, NM, PA   |

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| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>deferasirox</i> TABS 90mg                       | 3                | NM, PA                     |
| <i>deferasirox</i> TABS 180mg, 360mg; TBSO 125mg   | 4                | NM, PA                     |
| <i>kionex</i> SUSP 15gm/60ml                       | 4                |                            |
| LOKELMA PACK 5gm, 10gm                             | 3                |                            |
| <i>penicillamine</i> TABS 250mg                    | 5                | NDS, NM                    |
| <i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml | 4                |                            |
| <i>sodium polystyrene sulfonate powder</i>         | 3                |                            |
| <i>sps</i> SUSP 15gm/60ml                          | 4                |                            |
| <i>sps rectal</i> SUSP 15gm/60ml                   | 4                |                            |
| <i>trientine hcl</i> CAPS 250mg                    | 5                | NDS, NM, PA                |
| <b>CONTRACEPTIVES</b>                              |                  |                            |
| <i>afirmelle</i>                                   | 2                |                            |
| <i>altavera</i>                                    | 2                |                            |
| <i>alyacen 1/35</i>                                | 2                |                            |
| <i>alyacen 7/7/7</i>                               | 2                |                            |
| <i>amethyst</i>                                    | 2                |                            |
| <i>apri</i>  | 2                |                            |
| <i>aranelle</i>                                    | 2                |                            |
| <i>ashlyna</i>                                     | 2                |                            |
| <i>aubra eq</i>                                    | 2                |                            |
| <i>aurovela 1/20</i>                               | 2                |                            |
| <i>aurovela 24 fe</i>                              | 2                |                            |
| <i>aurovela fe 1.5/30</i>                          | 2                |                            |
| <i>aurovela fe 1/20</i>                            | 2                |                            |
| <i>aviane</i>                                      | 2                |                            |
| <i>ayuna</i>                                       | 2                |                            |
| <i>azurette</i>                                    | 2                |                            |
| <i>balziva</i>                                     | 2                |                            |
| <i>blisovi 24 fe</i>                               | 2                |                            |
| <i>blisovi fe 1.5/30</i>                           | 2                |                            |
| <i>blisovi fe 1/20</i>                             | 2                |                            |
| <i>briellyn</i>                                    | 2                |                            |
| <i>camila</i> TABS .35mg                           | 2                |                            |
| <i>camrese</i>                                     | 2                |                            |
| <i>camrese lo</i>                                  | 2                |                            |
| <i>chateal eq</i>                                  | 2                |                            |
| <i>cryselle</i>                                    | 2                |                            |
| <i>cyred eq</i>                                    | 2                |                            |
| <i>dasetta 1/35</i>                                | 2                |                            |
| <i>dasetta 7/7/7</i>                               | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>daysee</i>   | 2                |                            |
| <i>deblitane</i> TABS .35mg   | 2                |                            |
| DEPO-SUBQ PROVERA 104 SUSY<br>104mg/0.65ml                              | 3                |                            |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 2                |                            |
| <i>dolishale</i>  | 2                |                            |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>     | 2                |                            |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>     | 2                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                     | 2                |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                     | 2                |                            |
| <i>elinest</i>  | 2                |                            |
| <i>eluryng</i>  | 3                |                            |
| <i>emzahh</i> TABS .35mg  | 2                |                            |
| <i>enilloring</i>   | 3                |                            |
| <i>enskyce</i>  | 2                |                            |
| <i>errin</i> TABS .35mg   | 2                |                            |
| <i>estarylla</i>  | 2                |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>     | 2                |                            |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>        | 3                |                            |
| <i>falmina</i>  | 2                |                            |
| <i>feirza 1.5/30</i>  | 2                |                            |
| <i>feirza 1/20</i>  | 2                |                            |
| <i>finzala</i>  | 2                |                            |
| <i>galbriela</i>  | 2                |                            |
| <i>hailey 1.5/30</i>  | 2                |                            |
| <i>hailey 24 fe</i>   | 2                |                            |
| <i>hailey fe 1/20</i>   | 2                |                            |
| <i>heather</i> TABS .35mg   | 2                |                            |
| <i>iclevia</i>  | 2                |                            |
| <i>incassia</i> TABS .35mg  | 2                |                            |
| <i>introvale</i>  | 2                |                            |
| <i>isibloom</i>   | 2                |                            |
| <i>jaimiess</i>   | 2                |                            |
| <i>jasmiel</i>  | 2                |                            |
| <i>jencycla</i> TABS .35mg  | 2                |                            |
| <i>jolessa</i>  | 2                |                            |
| <i>juleber</i>  | 2                |                            |
| <i>junel 1.5/30</i>   | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>junel 1/20</i>  | 2                |                            |
| <i>junel fe 1.5/30</i>   | 2                |                            |
| <i>junel fe 1/20</i>   | 2                |                            |
| <i>junel fe 24</i>   | 2                |                            |
| <i>kaitlib fe</i>  | 2                |                            |
| <i>kariva</i>  | 2                |                            |
| <i>kelnor 1/35</i>   | 2                |                            |
| <i>kurvelo</i>   | 2                |                            |
| <i>larin 1.5/30</i>  | 2                |                            |
| <i>larin 1/20</i>  | 2                |                            |
| <i>larin 24 fe</i>   | 2                |                            |
| <i>larin fe 1.5/30</i>   | 2                |                            |
| <i>larin fe 1/20</i>   | 2                |                            |
| <i>lessina</i>   | 2                |                            |
| <i>levonest</i>  | 2                |                            |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> | 2                |                            |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>   | 2                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>  | 2                |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>          | 2                |                            |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>      | 2                |                            |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>       | 2                |                            |
| <i>levora 0.15/30-28</i>   | 2                |                            |
| LILETTA IUD 20.1mcg/day  | 3                | NM                         |
| <i>loestrin 1.5/30-21</i>  | 2                |                            |
| <i>loestrin 1/20-21</i>  | 2                |                            |
| <i>loestrin fe 1.5/30</i>  | 2                |                            |
| <i>loestrin fe 1/20</i>  | 2                |                            |
| <i>lojaimiess</i>  | 2                |                            |
| <i>loryna</i>  | 2                |                            |
| <i>low-ogestrel</i>  | 2                |                            |
| <i>luizza 1.5/30</i>   | 2                |                            |
| <i>luizza 1/20</i>   | 2                |                            |
| <i>lutra</i>   | 2                |                            |
| <i>lyleq TABS .35mg</i>  | 2                |                            |
| <i>lyza TABS .35mg</i>   | 2                |                            |
| <i>marlissa</i>  | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i> | 3                |                            |
| <i>meleya TABS .35mg</i>  | 2                |                            |
| <i>mibelas 24 fe</i>  | 2                |                            |
| <i>microgestin 1.5/30</i>   | 2                |                            |
| <i>microgestin 1/20</i>   | 2                |                            |
| <i>microgestin fe 1.5/30</i>  | 2                |                            |
| <i>microgestin fe 1/20</i>  | 2                |                            |
| <i>mili</i>   | 2                |                            |
| <i>mono-lynyah</i>  | 2                |                            |
| <i>necon 0.5/35-28</i>  | 2                |                            |
| <i>NEXPLANON IMPL 68mg</i>  | 3                | NM                         |
| <i>nikki</i>  | 2                |                            |
| <i>nora-be TABS .35mg</i>   | 2                |                            |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>                 | 3                |                            |
| <i>norethindrone (contraceptive) TABS .35mg</i>                                 | 2                |                            |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>             | 2                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>                | 2                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>              | 2                |                            |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>             | 2                |                            |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>             | 2                |                            |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>                  | 2                |                            |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>              | 2                |                            |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>              | 2                |                            |
| <i>norlyroc TABS .35mg</i>  | 2                |                            |
| <i>nortrel 0.5/35 (28)</i>  | 2                |                            |
| <i>nortrel 1/35 (21)</i>  | 2                |                            |
| <i>nortrel 1/35 (28)</i>  | 2                |                            |
| <i>nortrel 7/7/7</i>  | 2                |                            |
| <i>nylia 1/35</i>   | 2                |                            |
| <i>nylia 7/7/7</i>  | 2                |                            |
| <i>orquidea TABS .35mg</i>  | 2                |                            |
| <i>philith</i>  | 2                |                            |
| <i>pimtrea</i>  | 2                |                            |

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| <b>Drug Name</b>           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------|------------------|----------------------------|
| <i>portia-28</i>           | 2                |                            |
| <i>reclipsen</i>           | 2                |                            |
| <i>rivelsa</i>             | 2                |                            |
| <i>rosyrah</i>             | 2                |                            |
| <i>setlakin</i>            | 2                |                            |
| <i>sharobel</i> TABS .35mg | 2                |                            |
| <i>simliya</i>             | 2                |                            |
| <i>simpesse</i>            | 2                |                            |
| <i>sprintec 28</i>         | 2                |                            |
| <i>sronyx</i>              | 2                |                            |
| <i>syeda</i>               | 2                |                            |
| <i>tarina 24 fe</i>        | 2                |                            |
| <i>tarina fe 1/20 eq</i>   | 2                |                            |
| <i>tilia fe</i>            | 2                |                            |
| <i>tri-estarylla</i>       | 2                |                            |
| <i>tri-legest fe</i>       | 2                |                            |
| <i>tri-linyah</i>          | 2                |                            |
| <i>tri-lo-estarylla</i>    | 2                |                            |
| <i>tri-lo-marzia</i>       | 2                |                            |
| <i>tri-lo-mili</i>         | 2                |                            |
| <i>tri-lo-sprintec</i>     | 2                |                            |
| <i>tri-mili</i>            | 2                |                            |
| <i>tri-sprintec</i>        | 2                |                            |
| <i>tri-vylibra</i>         | 2                |                            |
| <i>tri-vylibra lo</i>      | 2                |                            |
| <i>turqoz</i>              | 2                |                            |
| <i>tydemy</i>              | 2                |                            |
| <i>valtya 1/35</i>         | 2                |                            |
| <i>valtya 1/50</i>         | 2                |                            |
| <i>velivet</i>             | 2                |                            |
| <i>vestura</i>             | 2                |                            |
| <i>vienva</i>              | 2                |                            |
| <i>viorele</i>             | 2                |                            |
| <i>vyfemla</i>             | 2                |                            |
| <i>vylibra</i>             | 2                |                            |
| <i>wera</i>                | 2                |                            |
| <i>wymzya fe</i>           | 2                |                            |
| <i>xarah fe</i>            | 2                |                            |
| <i>xelria fe</i>           | 2                |                            |
| <i>xulane</i>              | 3                |                            |
| <i>zafemy</i>              | 3                |                            |
| <i>zovia 1/35</i>          | 2                |                            |

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|--|------------------|----------------------------|
| <i>zumandimine</i>   | 2                |                            |
| <b>ESTROGENS</b>   |                  |                            |
| <i>abigale</i>   | 3                |                            |
| <i>abigale lo</i>  | 3                |                            |
| <i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr   | 3                |                            |
| <i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 3                |                            |
| <i>estradiol</i> TABS .5mg, 1mg, 2mg   | 2                |                            |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>  | 3                |                            |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>  | 3                |                            |
| <i>estradiol vaginal</i> CREA .1mg/gm  | 3                |                            |
| <i>estradiol vaginal</i> TABS 10mcg  | 4                |                            |
| <i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml  | 4                |                            |
| <i>fyavolv tab 0.5mg-2.5mcg</i>  | 3                |                            |
| <i>fyavolv tab 1mg-5mcg</i>  | 3                |                            |
| <i>jinteli</i>   | 3                |                            |
| <i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr   | 3                |                            |
| <i>mimvey</i>  | 3                |                            |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>  | 3                |                            |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>  | 3                |                            |
| <i>yuvafem</i> TABS 10mcg  | 4                |                            |
| <b>GLUCOCORTICOIDS</b>   |                  |                            |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg   | 3                |                            |
| DEXAMETHASONE INTENSOL CONC 1mg/ml   | 4                |                            |
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml   | 3                |                            |
| <i>fludrocortisone acetate</i> TABS .1mg   | 2                |                            |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg   | 3                |                            |
| <i>hydrocortisone sod succinate</i> SOLR 100mg   | 4                |                            |
| <i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg  | 3                | B/D                        |
| <i>methylprednisolone</i> TBPK 4mg   | 2                |                            |

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|--|------------------|----------------------------------|
| <i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml            | 3                | B/D                              |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg | 3                | B/D                              |
| <i>prednisolone</i> SOLN 15mg/5ml                                  | 2                | B/D                              |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml        | 4                | B/D                              |
| <i>prednisolone sodium phosphate</i> SOLN 15mg/5ml                 | 2                | B/D                              |
| <i>prednisone</i> SOLN 5mg/5ml                                     | 4                | B/D                              |
| <i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg           | 1                | B/D                              |
| <i>prednisone</i> TBPk 5mg, 10mg                                   | 2                |                                  |
| PREDNISON INTENSOL CONC 5mg/ml                                     | 4                | B/D                              |
| SOLU-CORTEF SOLR 250mg, 500mg, 1000mg                              | 4                |                                  |
| <b>GLUCOSE ELEVATING AGENTS</b>                                    |                  |                                  |
| <i>diazoxide</i> SUSP 50mg/ml                                      | 5                | NDS                              |
| GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml                    | 3                |                                  |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml                    | 3                |                                  |
| GVOKE KIT SOLN 1mg/0.2ml   | 3                |                                  |
| GVOKE PFS SOSY 1mg/0.2ml   | 3                |                                  |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml                         | 3                |                                  |
| <b>MISCELLANEOUS</b>   |                  |                                  |
| ALDURAZYME SOLN 2.9mg/5ml  | 5                | NDS, NM, PA                      |
| <i>betaine powder for oral solution</i>                            | 5                | NDS, NM                          |
| <i>cabergoline</i> TABS .5mg                                       | 3                |                                  |
| <i>carglumic acid</i> TBSO 200mg                                   | 5                | NDS, NM, PA                      |
| CERDELGA CAPS 84mg   | 5                | NDS, NM, PA                      |
| CEREZYME SOLR 400unit  | 5                | NDS, NM, PA                      |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg                              | 4                | B/D, QL (60 tabs / 30 days), NM  |
| <i>cinacalcet hcl</i> TABS 90mg                                    | 4                | B/D, QL (120 tabs / 30 days), NM |
| CYSTAGON CAPS 50mg, 150mg  | 4                | NM, PA                           |
| <i>desmopressin acetate</i> SOLN 4mcg/ml                           | 5                | NDS                              |
| <i>desmopressin acetate</i> TABS .1mg, .2mg                        | 3                |                                  |
| <i>desmopressin acetate spray</i> SOLN .01%                        | 4                |                                  |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01%           | 4                |                                  |
| FABRAZYME SOLR 5mg, 35mg   | 5                | NDS, NM, PA                      |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|---|------------------|-------------------------------------|
| GENOTROPIN CART 5mg, 12mg   | 5                | NDS, NM, PA                         |
| GENOTROPIN MINIQUICK PRSY .2mg  | 3                | NM, PA                              |
| GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg        | 5                | NDS, NM, PA                         |
| INCRELEX SOLN 40mg/4ml  | 5                | NDS, NM, PA                         |
| <i>javygtor</i> PACK 100mg, 500mg; TABS 100mg   | 5                | NDS, NM, PA                         |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml  | 5                | NDS, NM, PA                         |
| <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg                    | 4                | B/D                                 |
| LUMIZYME SOLR 50mg  | 5                | NDS, NM, PA                         |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg                                      | 5                | NDS, NM, PA                         |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg   | 5                | NDS, NM, PA                         |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg  | 5                | NDS, NM, PA                         |
| <i>mifepristone (hyperglycemia)</i> TABS 300mg  | 5                | NDS, NM, PA                         |
| NAGLAZYME SOLN 1mg/ml   | 5                | NDS, NM, PA                         |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg   | 5                | NDS, NM, PA                         |
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | 4                | NM, PA                              |
| <i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml                    | 5                | NDS, NM, PA                         |
| <i>raloxifene hcl</i> TABS 60mg   | 3                |                                     |
| REVCOVI SOLN 2.4mg/1.5ml  | 5                | NDS, NM, PA                         |
| REZDIFFRA TABS 60mg, 80mg, 100mg  | 5                | NDS, QL (30 tabs / 30 days), NM, PA |
| <i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg                        | 5                | NDS, NM, PA                         |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml   | 5                | NDS, NM, PA                         |
| <i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg                                   | 5                | NDS, NM, PA                         |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml  | 5                | NDS, NM, PA                         |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg  | 5                | NDS, NM, PA                         |
| SYNAREL SOLN 2mg/ml   | 5                | NDS, PA                             |
| <i>tolvaptan</i> TABS 15mg, 30mg  | 5                | NDS, NM, PA; (generic of JYNARQUE)  |
| <i>tolvaptan</i> TBPK 15mg  | 5                | NDS, NM, PA                         |
| <i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>  | 5                | NDS, NM, PA                         |
| <i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>  | 5                | NDS, NM, PA                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>  | 5                | NDS, NM, PA                |
| <i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>  | 5                | NDS, NM, PA                |
| <i>zelvysia PACK 100mg, 500mg</i>   | 5                | NDS, NM, PA                |
| <b>PROGESTINS</b>   |                  |                            |
| <i>gallifrey TABS 5mg</i>   | 3                |                            |
| <i>medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg</i>  | 1                |                            |
| <i>megestrol acetate SUSP 40mg/ml</i>   | 3                |                            |
| <i>megestrol acetate (appetite) SUSP 625mg/5ml</i>  | 4                | PA                         |
| <i>norethindrone acetate TABS 5mg</i>   | 3                |                            |
| <i>progesterone CAPS 100mg, 200mg</i>   | 3                |                            |
| <b>THYROID AGENTS</b>   |                  |                            |
| <i>levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>               | 1                |                            |
| <i>levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i> | 1                |                            |
| <i>levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>                      | 1                |                            |
| <i>liomny TABS 5mcg, 25mcg, 50mcg</i>   | 3                |                            |
| <i>liothyronine sodium TABS 5mcg, 25mcg, 50mcg</i>  | 3                |                            |
| <i>methimazole TABS 5mg, 10mg</i>   | 1                |                            |
| <i>propylthiouracil TABS 50mg</i>   | 3                |                            |
| <i>SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>            | 4                |                            |
| <i>unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>            | 1                |                            |
| <b>VITAMIN D ANALOGS</b>  |                  |                            |
| <i>calcitriol CAPS .25mcg, .5mcg</i>  | 2                | B/D                        |
| <i>calcitriol (oral) SOLN 1mcg/ml</i>   | 4                | B/D                        |
| <i>doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg</i>   | 4                | B/D                        |
| <i>paricalcitol CAPS 1mcg, 2mcg, 4mcg</i>   | 4                | B/D                        |
| <b>GASTROINTESTINAL</b>   |                  |                            |
| <b>ANTIEMETICS</b>  |                  |                            |
| <i>aprepitant CAPS 40mg, 80mg, 125mg</i>  | 4                | B/D                        |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>  | 4                | B/D                        |
| <i>compro SUPP 25mg</i>   | 4                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|---|
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg  | 4                | B/D, QL (60 caps / 30 days)   |
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml  | 4                |   |
| <i>granisetron hcl</i> TABS 1mg  | 4                | B/D   |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg   | 2                | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml                                     | 3                |   |
| <i>metoclopramide hcl</i> TABS 5mg, 10mg   | 1                |   |
| <i>ondansetron</i> TBDP 4mg, 8mg   | 3                | B/D   |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml                       | 3                |   |
| <i>ondansetron hcl</i> SOLN 4mg/5ml  | 4                | B/D   |
| <i>ondansetron hcl</i> TABS 4mg, 8mg   | 3                | B/D   |
| <i>prochlorperazine</i> SUPP 25mg  | 4                |   |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml                                    | 4                |   |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg                                     | 2                |   |
| <i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg | 3                | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>scopolamine</i> PT72 1mg/3days  | 4                | QL (10 patches / 30 days)   |
| <b>ANTISPASMODICS</b>  |                  |   |
| <i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg  | 3                | PA; PA applies if 65 years and older  |
| <i>dicyclomine hcl</i> SOLN 10mg/5ml   | 4                | PA; PA applies if 65 years and older  |
| <i>glycopyrrolate</i> TABS 1mg   | 3                | QL (90 tabs / 30 days)  |
| <i>glycopyrrolate</i> TABS 2mg   | 3                | QL (120 tabs / 30 days)   |
| <b>H2-RECEPTOR ANTAGONISTS</b>   |                  |   |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml                              | 3                |   |
| <i>famotidine</i> SUSR 40mg/5ml  | 4                |   |
| <i>famotidine</i> TABS 20mg, 40mg  | 1                |   |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>                                  | 3                |   |
| <i>nizatidine</i> CAPS 150mg, 300mg  | 4                |   |
| <b>INFLAMMATORY BOWEL DISEASE</b>  |                  |   |
| <i>balsalazide disodium</i> CAPS 750mg   | 3                |   |
| <i>budesonide</i> CPEP 3mg   | 4                | QL (90 caps / 30 days)  |
| <i>budesonide</i> TB24 9mg   | 5                | NDS, QL (30 tabs / 30 days), PA   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml                 | 4                |                                 |
| <i>mesalamine</i> CP24 .375gm                                       | 4                | QL (120 caps / 30 days)         |
| <i>mesalamine</i> CPDR 400mg  | 4                | QL (180 caps / 30 days)         |
| <i>mesalamine</i> ENEM 4gm  | 4                | QL (1680 mL / 28 days)          |
| <i>mesalamine</i> SUPP 1000mg                                       | 4                | QL (30 suppositories / 30 days) |
| <i>mesalamine</i> TBEC 1.2gm  | 4                | QL (120 tabs / 30 days)         |
| <i>mesalamine w/ cleanser</i> KIT 4gm                               | 4                | QL (28 bottles / 28 days)       |
| <i>sulfasalazine</i> TABS 500mg                                     | 2                |                                 |
| <i>sulfasalazine</i> TBEC 500mg                                     | 3                |                                 |
| <b>LAXATIVES</b>  |                  |                                 |
| <i>constulose</i> SOLN 10gm/15ml                                    | 2                |                                 |
| <i>enulose</i> SOLN 10gm/15ml                                       | 2                |                                 |
| <i>gavilyte-c</i>   | 2                |                                 |
| <i>gavilyte-g</i>   | 2                |                                 |
| <i>gavilyte-n/flavor pack</i>                                       | 2                |                                 |
| <i>generlac</i> SOLN 10gm/15ml                                      | 2                |                                 |
| <i>lactulose</i> SOLN 10gm/15ml                                     | 2                |                                 |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml                    | 2                |                                 |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>       | 2                |                                 |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                 | 2                |                                 |
| PLENVU SOL  | 4                |                                 |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 3                |                                 |
| <b>MISCELLANEOUS</b>  |                  |                                 |
| <i>alose tron hcl</i> TABS 1mg                                      | 5                | NDS, QL (60 tabs / 30 days), PA |
| <i>alose tron hcl</i> TABS .5mg                                     | 4                | QL (60 tabs / 30 days), PA      |
| CREON CAP 3000UNIT  | 3                |                                 |
| CREON CAP 6000UNIT  | 3                |                                 |
| CREON CAP 12000UNT  | 3                |                                 |
| CREON CAP 24000UNT  | 3                |                                 |
| CREON CAP 36000UNT  | 3                |                                 |
| <i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml                | 4                |                                 |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>                   | 4                |                                 |
| GATTEX KIT 5mg  | 5                | NDS, NM, PA                     |
| LINZESS CAPS 72mcg, 145mcg, 290mcg                                  | 3                | QL (30 caps / 30 days)          |
| <i>loperamide hcl</i> CAPS 2mg                                      | 2                |                                 |

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| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|--|------------------|-------------------------------------|
| <i>lubiprostone</i> CAPS 8mcg, 24mcg             | 3                | QL (60 caps / 30 days)              |
| <i>misoprostol</i> TABS 100mcg, 200mcg           | 3                |                                     |
| MOVANTIK TABS 12.5mg, 25mg                       | 3                | QL (30 tabs / 30 days)              |
| RELISTOR SOLN 12mg/0.6ml                         | 5                | NDS, QL (28 vials / 28 days), PA    |
| RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml              | 5                | NDS, QL (28 syringes / 28 days), PA |
| <i>sucralfate</i> TABS 1gm                       | 3                |                                     |
| <i>ursodiol</i> CAPS 300mg                       | 4                |                                     |
| <i>ursodiol</i> TABS 250mg, 500mg                | 3                |                                     |
| VOQUEZNA PAK DUAL PAK                            | 3                | QL (2 kits / year), PA              |
| VOQUEZNA PAK TRIP PK                             | 3                | QL (2 kits / year), PA              |
| VOWST CAP  | 5                | NDS, QL (12 caps / 30 days), NM, PA |
| XERMELO TABS 250mg                               | 5                | NDS, QL (84 tabs / 28 days), NM, PA |
| XIFAXAN TABS 550mg                               | 5                | NDS, PA                             |
| ZENPEP CAP 3000UNIT                              | 4                |                                     |
| ZENPEP CAP 5000UNIT                              | 4                |                                     |
| ZENPEP CAP 10000UNT                              | 4                |                                     |
| ZENPEP CAP 15000UNT                              | 4                |                                     |
| ZENPEP CAP 20000UNT                              | 4                |                                     |
| ZENPEP CAP 25000UNT                              | 4                |                                     |
| ZENPEP CAP 40000UNT                              | 4                |                                     |
| ZENPEP CAP 60000UNT                              | 4                |                                     |
| <b>PROTON PUMP INHIBITORS</b>                    |                  |                                     |
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg    | 3                | QL (30 caps / 30 days), ST          |
| <i>lansoprazole</i> CPDR 15mg, 30mg              | 3                | QL (60 caps / 30 days)              |
| <i>lansoprazole</i> TBDD 15mg, 30mg              | 4                | QL (60 tabs / 30 days), ST          |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg          | 1                |                                     |
| <i>pantoprazole sodium</i> SOLR 40mg             | 4                |                                     |
| <i>pantoprazole sodium</i> TBEC 20mg, 40mg       | 1                |                                     |
| <i>rabeprazole sodium</i> TBEC 20mg              | 3                | QL (30 tabs / 30 days)              |
| <b>GENITOURINARY</b>                             |                  |                                     |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>              |                  |                                     |
| <i>alfuzosin hcl</i> TB24 10mg                   | 2                | QL (30 tabs / 30 days)              |
| <i>dutasteride</i> CAPS .5mg                     | 3                | QL (30 caps / 30 days)              |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg | 3                | QL (30 caps / 30 days)              |
| <i>finasteride</i> TABS 5mg                      | 1                | QL (30 tabs / 30 days)              |
| <i>silodosin</i> CAPS 4mg, 8mg                   | 3                | QL (30 caps / 30 days)              |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| <i>tadalafil</i> TABS 5mg   | 3                | QL (30 tabs / 30 days),<br>PA |
| <i>tamsulosin hcl</i> CAPS .4mg                                     | 1                | QL (60 caps / 30 days)        |
| <b>MISCELLANEOUS</b>  |                  |                               |
| <i>acetic acid</i> SOLN .25%  | 2                |                               |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg,<br>50mg           | 3                |                               |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq,<br>540mg, 1080mg | 3                |                               |
| <b>URINARY ANTISPASMODICS</b>                                       |                  |                               |
| <i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg                    | 4                | QL (30 tabs / 30 days),<br>ST |
| <i>fesoterodine fumarate</i> TB24 4mg, 8mg                          | 4                | QL (30 tabs / 30 days)        |
| GEMTESA TABS 75mg   | 3                | QL (30 tabs / 30 days)        |
| MYRBETRIQ SRER 8mg/ml   | 3                | QL (300 mL / 28 days)         |
| MYRBETRIQ TB24 25mg, 50mg   | 3                | QL (30 tabs / 30 days)        |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml                             | 3                | QL (600 mL / 30 days)         |
| <i>oxybutynin chloride</i> TABS 5mg                                 | 3                | QL (120 tabs / 30 days)       |
| <i>oxybutynin chloride</i> TB24 5mg                                 | 3                | QL (30 tabs / 30 days)        |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg                          | 3                | QL (60 tabs / 30 days)        |
| <i>solifenacin succinate</i> TABS 5mg, 10mg                         | 4                | QL (30 tabs / 30 days)        |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg                           | 4                | QL (30 caps / 30 days)        |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg                           | 4                | QL (60 tabs / 30 days)        |
| <i>tropium chloride</i> CP24 60mg                                   | 4                | QL (30 caps / 30 days)        |
| <i>tropium chloride</i> TABS 20mg                                   | 3                | QL (60 tabs / 30 days)        |
| <b>VAGINAL ANTI-INFECTIVES</b>                                      |                  |                               |
| <i>clindamycin phosphate vaginal</i> CREA 2%                        | 3                |                               |
| <i>metronidazole vaginal</i> GEL .75%                               | 3                |                               |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP<br>80mg              | 3                |                               |
| <b>HEMATOLOGIC</b>  |                  |                               |
| <b>ANTICOAGULANTS</b>   |                  |                               |
| <i>dabigatran etexilate mesylate</i> CAPS 75mg,<br>150mg            | 3                | QL (60 caps / 30 days)        |
| <i>dabigatran etexilate mesylate</i> CAPS 110mg                     | 3                | QL (120 caps / 30 days)       |
| ELIQUIS CPSP .15mg  | 3                | QL (56 caps / 21 days)        |
| ELIQUIS TABS 2.5mg  | 3                | QL (60 tabs / 30 days)        |
| ELIQUIS TABS 5mg  | 3                | QL (74 tabs / 30 days)        |
| ELIQUIS TBSO .5mg   | 3                | QL (588 tabs / 29 days)       |
| ELIQUIS (1.5MG PACK) 3 X TBSO .5mg                                  | 3                | QL (591 tabs / 29 days)       |
| ELIQUIS (2MG PACK) 4 X TBSO .5mg                                    | 3                | QL (592 tabs / 30 days)       |
| ELIQUIS STARTER PACK TBPK 5mg                                       | 3                | QL (74 tabs / 30 days)        |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|---|------------------|--|
| <i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 4                |  |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml   | 4                |  |
| <i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml  | 5                | NDS                                    |
| HEP SOD/NAACL INJ 25000UNT  | 3                |  |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml                                     | 3                | B/D                                    |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg   | 1                |  |
| <i>rivaroxaban</i> SUSR 1mg/ml  | 3                | QL (620 mL / 30 days)                  |
| <i>rivaroxaban</i> TABS 2.5mg   | 3                | QL (60 tabs / 30 days)                 |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg  | 1                |  |
| XARELTO TABS 2.5mg  | 3                | QL (60 tabs / 30 days)                 |
| XARELTO TABS 10mg, 15mg, 20mg   | 3                | QL (30 tabs / 30 days)                 |
| XARELTO STAR TAB 15/20MG  | 3                | QL (51 tabs / 30 days)                 |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>   |                  |  |
| FULPHILA SOSY 6mg/0.6ml   | 5                | NDS, QL (2 syringes / 28 days), NM, PA |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml  | 3                | NM, PA                                 |
| PROCRIT SOLN 20000unit/ml, 40000unit/ml   | 5                | NDS, NM, PA                            |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml  | 5                | NDS, NM, PA                            |
| <b>MISCELLANEOUS</b>  |                  |  |
| ALVAIZ TABS 9mg, 54mg   | 5                | NDS, QL (60 tabs / 30 days), NM, PA    |
| ALVAIZ TABS 18mg, 36mg  | 5                | NDS, QL (90 tabs / 30 days), NM, PA    |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg  | 4                |  |
| BERINERT KIT 500unit  | 5                | NDS, QL (24 boxes / 30 days), NM, PA   |
| <i>cilostazol</i> TABS 50mg, 100mg  | 2                |  |
| DOPTELET TABS 20mg  | 5                | NDS, NM, PA                            |
| DOPTELET SPRINKLE CPSP 10mg   | 5                | NDS, NM, PA                            |
| DROXIA CAPS 200mg, 300mg, 400mg   | 4                |  |
| HAEGARDA SOLR 2000unit  | 5                | NDS, QL (30 vials / 30 days), NM, PA   |
| HAEGARDA SOLR 3000unit  | 5                | NDS, QL (20 vials / 30 days), NM, PA   |

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| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|---|------------------|---|
| <i>icatibant acetate</i> SOSY 30mg/3ml            | 5                | NDS, QL (9 syringes / 30 days), NM, PA      |
| <i>l-glutamine (sickle cell)</i> PACK 5gm         | 5                | NDS, NM, PA                                 |
| <i>pentoxifylline</i> TBCR 400mg                  | 2                |   |
| <i>sajazir</i> SOSY 30mg/3ml                      | 5                | NDS, QL (9 syringes / 30 days), NM, PA      |
| SIKLOS TABS 100mg                                 | 4                |   |
| SIKLOS TABS 1000mg                                | 5                | NDS   |
| TAVNEOS CAPS 10mg                                 | 5                | NDS, QL (180 caps / 30 days), NM, PA        |
| <i>tranexamic acid</i> SOLN 1000mg/10ml           | 4                |   |
| <i>tranexamic acid</i> TABS 650mg                 | 3                |   |
| <b>PLATELET AGGREGATION INHIBITORS</b>            |                  |   |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 4                |   |
| <i>clopidogrel bisulfate</i> TABS 75mg            | 1                |   |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg         | 3                | PA; PA applies if 65 years and older        |
| <i>prasugrel hcl</i> TABS 5mg, 10mg               | 3                |   |
| <i>ticagrelor</i> TABS 60mg, 90mg                 | 3                |   |
| <b>IMMUNOLOGIC AGENTS</b>                         |                  |   |
| <b>AUTOIMMUNE AGENTS</b>                          |                  |   |
| ADALIMUMAB-BWWD SOAJ 40mg/0.4ml                   | 5                | NDS, QL (6 autoinjectors / 28 days), NM, PA |
| ADALIMUMAB-BWWD SOSY 40mg/0.4ml                   | 5                | NDS, QL (6 syringes / 28 days), NM, PA      |
| BIMZELX SOAJ 160mg/ml, 320mg/2ml                  | 5                | NDS, QL (2 pens / 28 days), NM, PA          |
| BIMZELX SOSY 160mg/ml, 320mg/2ml                  | 5                | NDS, QL (2 syringes / 28 days), NM, PA      |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml             | 5                | NDS, QL (4 pens / 28 days), NM, PA          |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml             | 5                | NDS, QL (4 syringes / 28 days), NM, PA      |
| ENBREL SOLN 25mg/0.5ml                            | 5                | NDS, QL (16 vials / 28 days), NM, PA        |
| ENBREL SOSY 25mg/0.5ml                            | 5                | NDS, QL (16 syringes / 28 days), NM, PA     |
| ENBREL SOSY 50mg/ml                               | 5                | NDS, QL (8 syringes / 28 days), NM, PA      |
| ENBREL MINI SOCT 50mg/ml                          | 5                | NDS, QL (8 cartridges / 28 days), NM, PA    |

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| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|--|------------------|---|
| ENBREL SURECLICK SOAJ 50mg/ml                  | 5                | NDS, QL (8 pens / 28 days), NM, PA          |
| HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml            | 5                | NDS, QL (6 syringes / 28 days), NM, PA      |
| HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml | 5                | NDS, QL (6 autoinjectors / 28 days), NM, PA |
| HUMIRA PSKT 10mg/0.1ml                         | 5                | NDS, QL (2 syringes / 28 days), NM, PA      |
| HUMIRA PSKT 20mg/0.2ml                         | 5                | NDS, QL (4 syringes / 28 days), NM, PA      |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml             | 5                | NDS, QL (6 syringes / 28 days), NM, PA      |
| HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml         | 5                | NDS, QL (6 pens / 28 days), NM, PA          |
| HUMIRA PEN AJKT 80mg/0.8ml                     | 5                | NDS, QL (4 pens / 28 days), NM, PA          |
| HUMIRA PEN KIT PS/UV                           | 5                | NDS, QL (3 pens / 28 days), NM, PA          |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml      | 5                | NDS, QL (3 pens / 28 days), NM, PA          |
| INFLIXIMAB SOLR 100mg                          | 5                | NDS, NM, PA                                 |
| KINERET SOSY 100mg/0.67ml                      | 5                | NDS, QL (28 syringes / 28 days), NM, PA     |
| PYZCHIVA SOAJ 45mg/0.5ml                       | 3                | QL (1 pen / 28 days), NM, PA                |
| PYZCHIVA SOAJ 90mg/ml                          | 5                | NDS, QL (1 pen / 28 days), NM, PA           |
| PYZCHIVA SOLN 45mg/0.5ml                       | 3                | QL (1 vial / 28 days), NM, PA               |
| PYZCHIVA SOLN 130mg/26ml                       | 5                | NDS, NM, PA                                 |
| PYZCHIVA SOSY 45mg/0.5ml                       | 3                | QL (1 syringe / 28 days), NM, PA            |
| PYZCHIVA SOSY 90mg/ml                          | 5                | NDS, QL (1 syringe / 28 days), NM, PA       |
| REMICADE SOLR 100mg                            | 5                | NDS, NM, PA                                 |
| RENFLEXIS SOLR 100mg                           | 5                | NDS, NM, PA                                 |
| RINVOQ TB24 15mg, 30mg                         | 5                | NDS, QL (30 tabs / 30 days), NM, PA         |
| RINVOQ TB24 45mg                               | 5                | NDS, QL (168 tabs / year), NM, PA           |
| RINVOQ LQ SOLN 1mg/ml                          | 5                | NDS, QL (360 mL / 30 days), NM, PA          |

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| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>              |
|--|------------------|---|
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml        | 5                | NDS, QL (1 cartridge / 56 days), NM, PA |
| SKYRIZI SOLN 600mg/10ml                      | 5                | NDS, NM, PA                             |
| SKYRIZI SOSY 150mg/ml                        | 5                | NDS, QL (6 syringes / 365 days), NM, PA |
| SKYRIZI PEN SOAJ 150mg/ml                    | 5                | NDS, QL (6 pens / 365 days), NM, PA     |
| SOTYKTU TABS 6mg                             | 5                | NDS, QL (30 tabs / 30 days), NM, PA     |
| STELARA SOLN 45mg/0.5ml                      | 5                | NDS, QL (1 vial / 28 days), NM, PA      |
| STELARA SOLN 130mg/26ml                      | 5                | NDS, NM, PA                             |
| STELARA SOSY 45mg/0.5ml, 90mg/ml             | 5                | NDS, QL (1 syringe / 28 days), NM, PA   |
| TREMFYA SOAJ 200mg/2ml                       | 5                | NDS, QL (2 pens / 28 days), NM, PA      |
| TREMFYA SOLN 200mg/20ml                      | 5                | NDS, NM, PA                             |
| TREMFYA SOPN 100mg/ml                        | 5                | NDS, QL (1 pen / 28 days), NM, PA       |
| TREMFYA SOSY 100mg/ml                        | 5                | NDS, QL (1 syringe / 28 days), NM, PA   |
| TREMFYA SOSY 200mg/2ml                       | 5                | NDS, QL (2 syringes / 28 days), NM, PA  |
| TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml     | 5                | NDS, QL (2 pens / 28 days), NM, PA      |
| TREMFYA PEN SOAJ 100mg/ml                    | 5                | NDS, QL (1 pen / 28 days), NM, PA       |
| TYENNE SOAJ 162mg/0.9ml                      | 5                | NDS, QL (4 pens / 28 days), NM, PA      |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 5                | NDS, NM, PA                             |
| TYENNE SOSY 162mg/0.9ml                      | 5                | NDS, QL (4 syringes / 28 days), NM, PA  |
| USTEKINUMAB SOLN 45mg/0.5ml                  | 5                | NDS, QL (1 vial / 28 days), NM, PA      |
| USTEKINUMAB SOLN 130mg/26ml                  | 5                | NDS, NM, PA                             |
| USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml         | 5                | NDS, QL (1 syringe / 28 days), NM, PA   |
| VELSIPITY TABS 2mg                           | 5                | NDS, QL (30 tabs / 30 days), NM, PA     |
| XELJANZ SOLN 1mg/ml                          | 5                | NDS, QL (480 mL / 24 days), NM, PA      |
| XELJANZ TABS 5mg, 10mg                       | 5                | NDS, QL (60 tabs / 30 days), NM, PA     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--|------------------|---------------------------------------|
| XELJANZ XR TB24 11mg, 22mg   | 5                | NDS, QL (30 tabs / 30 days), NM, PA   |
| YESINTEK SOLN 45mg/0.5ml   | 3                | QL (1 vial / 28 days), NM, PA         |
| YESINTEK SOLN 130mg/26ml   | 3                | NM, PA                                |
| YESINTEK SOSY 45mg/0.5ml   | 3                | QL (1 syringe / 28 days), NM, PA      |
| YESINTEK SOSY 90mg/ml  | 5                | NDS, QL (1 syringe / 28 days), NM, PA |
| <b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></b>  |                  |                                       |
| <i>hydroxychloroquine sulfate</i> TABS 200mg   | 3                |                                       |
| JYLAMVO SOLN 2mg/ml  | 4                | B/D                                   |
| <i>leflunomide</i> TABS 10mg, 20mg   | 3                | QL (30 tabs / 30 days)                |
| <i>methotrexate sodium</i> TABS 2.5mg  | 3                |                                       |
| XATMEP SOLN 2.5mg/ml   | 4                | B/D                                   |
| <b><i>IMMUNOGLOBULINS</i></b>  |                  |                                       |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml   | 5                | NDS, NM, PA                           |
| BIVIGAM SOLN 5gm/50ml, 10%   | 5                | NDS, NM, PA                           |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml  | 5                | NDS, NM, PA                           |
| GAMASTAN INJ   | 4                | B/D, NM                               |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml                         | 5                | NDS, NM, PA                           |
| GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml   | 5                | NDS, NM, PA                           |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm   | 5                | NDS, NM, PA                           |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml   | 5                | NDS, NM, PA                           |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml                               | 5                | NDS, NM, PA                           |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml                                | 5                | NDS, NM, PA                           |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 5                | NDS, NM, PA                           |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml                                  | 5                | NDS, NM, PA                           |

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

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|------------------------------|
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml                          | 1                | B/D                          |
| GARDASIL 9 SUSP .5ml; SUSY .5ml  | 1                |                              |
| HAVRIX SUSY 720elu/0.5ml, 1440unit/ml  | 1                |                              |
| HEPLISAV-B SOSY 20mcg/0.5ml  | 1                | B/D                          |
| HIBERIX SOLR 10mcg   | 1                |                              |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml                                     | 1                | B/D                          |
| INFANRIX INJ   | 1                |                              |
| IPOL INJ INACTIVE  | 1                |                              |
| IXIARO INJ   | 1                |                              |
| JYNNEOS SUSP .5ml  | 1                | B/D                          |
| KINRIX INJ   | 1                |                              |
| M-M-R II INJ   | 1                |                              |
| MENQUADFI SOLN .5ml  | 1                |                              |
| MENVEO INJ   | 1                |                              |
| MENVEO SOL   | 1                |                              |
| MRESVIA SUSY 50mcg/0.5ml   | 1                | PA                           |
| PEDIARIX INJ 0.5ML   | 1                |                              |
| PEDVAX HIB SUSP 7.5mcg/0.5ml   | 1                |                              |
| PENBRAYA INJ   | 1                |                              |
| PENMENVY INJ   | 1                |                              |
| PENTACEL INJ   | 1                |                              |
| PRIORIX INJ  | 1                |                              |
| PROQUAD INJ  | 1                |                              |
| QUADRACEL INJ 0.5ML  | 1                |                              |
| RABAVERT INJ   | 1                | B/D                          |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 1                | B/D                          |
| ROTARIX SUS  | 1                |                              |
| ROTATEQ SOL  | 1                |                              |
| SHINGRIX SUSR 50mcg/0.5ml  | 1                | QL (2 vials per lifetime)    |
| SHINGRIX SUSY 50mcg/0.5ml  | 1                | QL (2 syringes per lifetime) |
| TENIVAC INJ 5-2LF  | 1                | B/D                          |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml                                     | 1                |                              |
| TRUMENBA SUSY .5ml   | 1                |                              |
| TWINRIX INJ  | 1                |                              |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml                                 | 1                |                              |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml             | 1                |                              |
| VARIVAX SUSR 1350pfu/0.5ml   | 1                |                              |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| VAXCHORA SUS   | 1                |                            |
| VIMKUNYA SUSY 40mcg/0.8ml  | 1                |                            |
| VIVOTIF CAP EC   | 1                |                            |
| YF-VAX INJ   | 1                |                            |
| <b>NUTRITIONAL/SUPPLEMENTS</b>                                   |                  |                            |
| <b><i>ELECTROLYTES/MINERALS, INJECTABLE</i></b>                  |                  |                            |
| D2.5W/NACL INJ 0.45%   | 4                |                            |
| D5W/NACL INJ 0.2%  | 3                |                            |
| D5W/NACL INJ 0.45%   | 3                |                            |
| D10W/NACL INJ 0.2%   | 3                |                            |
| D10W/NACL INJ 0.45%  | 3                |                            |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i>                    | 3                |                            |
| <i>dextrose 5% in lactated ringers</i>                           | 3                |                            |
| <i>dextrose 5% w/ sodium chloride 0.3%</i>                       | 3                |                            |
| <i>dextrose 5% w/ sodium chloride 0.9%</i>                       | 3                |                            |
| <i>dextrose 5% w/ sodium chloride 0.45%</i>                      | 3                |                            |
| <i>dextrose 5% w/ sodium chloride 0.225%</i>                     | 3                |                            |
| ISOLYTE-P INJ /D5W   | 4                |                            |
| ISOLYTE-S INJ PH 7.4   | 4                |                            |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> | 3                |                            |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>   | 3                |                            |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>  | 3                |                            |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>                     | 3                |                            |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>                    | 3                |                            |
| <i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>                    | 3                |                            |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>                   | 3                |                            |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> | 3                |                            |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>    | 3                |                            |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>   | 3                |                            |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>                      | 3                |                            |
| <i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>                    | 3                |                            |
| KCL/D5W/NACL INJ 0.3/0.9%  | 4                |                            |
| KCL/D5W/NACL INJ 0.15/0.2  | 3                |                            |
| LACTATED RIN INJ   | 4                |                            |
| <i>lactated ringer's solution</i>                                | 3                |                            |

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

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| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| AMINOSYN-PF INJ 10%                    | 4                | B/D                        |
| CLINIMIX INJ 4.25/D5W                  | 4                | B/D                        |
| CLINIMIX INJ 4.25/D10                  | 4                | B/D                        |
| CLINIMIX INJ 5%/D15W                   | 4                | B/D                        |
| CLINIMIX INJ 5%/D20W                   | 4                | B/D                        |
| CLINIMIX INJ 6/5                       | 4                | B/D                        |
| CLINIMIX INJ 8/10                      | 4                | B/D                        |
| CLINIMIX INJ 8/14                      | 4                | B/D                        |
| <i>clinisol sf 15%</i>                 | 4                | B/D                        |
| CLINOLIPID EMU 20%                     | 4                | B/D                        |
| <i>dextrose SOLN 5%, 10%</i>           | 3                |                            |
| <i>dextrose SOLN 50%</i>               | 3                | B/D                        |
| DEXTROSE 10% SOLN 10%                  | 3                |                            |
| DEXTROSE 70% SOLN 70%                  | 3                | B/D                        |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 4                | B/D                        |
| NUTRILIPID EMUL 20gm/100ml             | 4                | B/D                        |
| <i>plenamine</i>                       | 4                | B/D                        |
| PREMASOL SOL 10%                       | 5                | NDS, B/D                   |
| PROSOL INJ 20%                         | 4                | B/D                        |
| TRAVASOL INJ 10%                       | 4                | B/D                        |
| TROPHAMINE INJ 10%                     | 4                | B/D                        |

## **OPHTHALMIC**

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

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

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

|  |   |  |
|--|---|--|
| <i>bacitracin-polymyxin b ophth oint</i> | 2 |  |
| <i>besifloxacin hcl SUSP .6%</i>         | 3 |  |
| BESIVANCE SUSP .6%                       | 3 |  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| CILOXAN OINT .3%   | 3                |                            |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i>                            | 2                |                            |
| <i>erythromycin (ophth) OINT 5mg/gm</i>                              | 2                |                            |
| <i>gatifloxacin (ophth) SOLN .5%</i>                                 | 3                |                            |
| <i>gentamicin sulfate (ophth) SOLN .3%</i>                           | 2                |                            |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i>                             | 3                | QL (12 mL / 30 days)       |
| NATACYN SUSP 5%  | 4                |                            |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>  | 3                |                            |
| <i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 3                |                            |
| <i>ofloxacin (ophth) SOLN .3%</i>                                    | 2                |                            |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>        | 1                |                            |
| <i>sulfacetamide sodium (ophth) SOLN 10%</i>                         | 3                |                            |
| <i>tobramycin (ophth) SOLN .3%</i>                                   | 1                |                            |
| <i>trifluridine SOLN 1%</i>  | 4                |                            |
| XDEMY SOLN .25%  | 5                | NDS, NM, PA                |
| ZIRGAN GEL .15%  | 4                |                            |
| <b>ANTI-INFLAMMATORIES</b>   |                  |                            |
| <i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>               | 3                |                            |
| <i>diclofenac sodium (ophth) SOLN .1%</i>                            | 2                |                            |
| <i>difluprednate EMUL .05%</i>                                       | 4                |                            |
| <i>fluorometholone (ophth) SUSP .1%</i>                              | 3                |                            |
| <i>flurbiprofen sodium SOLN .03%</i>                                 | 3                |                            |
| <i>ketorolac tromethamine (ophth) SOLN .4%</i>                       | 3                |                            |
| <i>ketorolac tromethamine (ophth) SOLN .5%</i>                       | 2                |                            |
| LOTEMAX OINT .5%   | 3                |                            |
| <i>prednisolone acetate (ophth) SUSP 1%</i>                          | 3                |                            |
| PREDNISOLONE SODIUM PHOSP SOLN 1%                                    | 3                |                            |
| <b>ANTIALLERGICS</b>   |                  |                            |
| <i>azelastine hcl (ophth) SOLN .05%</i>                              | 2                |                            |
| <i>cromolyn sodium (ophth) SOLN 4%</i>                               | 2                |                            |
| ZERVIATE SOLN .24%   | 4                |                            |
| <b>ANTIGLAUCOMA</b>  |                  |                            |
| <i>betaxolol hcl (ophth) SOLN .5%</i>                                | 3                |                            |
| <i>brimonidine tartrate SOLN .2%</i>                                 | 1                |                            |
| <i>brinzolamide SUSP 1%</i>  | 4                | ST                         |
| <i>carteolol hcl (ophth) SOLN 1%</i>                                 | 2                |                            |
| COMBIGAN SOL 0.2/0.5%  | 3                |                            |
| <i>dorzolamide hcl SOLN 2%</i>                                       | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>          | 2                |                            |
| <i>latanoprost SOLN .005%</i>                                     | 1                |                            |
| <i>levobunolol hcl SOLN .5%</i>                                   | 2                |                            |
| LUMIGAN SOLN .01%   | 3                |                            |
| <i>pilocarpine hcl SOLN 1%, 2%, 4%</i>                            | 3                |                            |
| RHOPRESSA SOLN .02%   | 4                |                            |
| ROCKLATAN DRO   | 4                |                            |
| SIMBRINZA SUS 1-0.2%  | 4                |                            |
| <i>timolol maleate (ophth) SOLG .25%, .5%</i>                     | 3                |                            |
| <i>timolol maleate (ophth) SOLN .25%, .5%</i>                     | 1                |                            |
| <i>travoprost SOLN .004%</i>                                      | 4                |                            |
| VYZULTA SOLN .024%  | 4                |                            |
| <b>MISCELLANEOUS</b>  |                  |                            |
| ATROPINE SULFATE SOLN 1%  | 3                |                            |
| <i>atropine sulfate (ophthalmic) SOLN 1%</i>                      | 3                |                            |
| CYSTADROPS SOLN .37%  | 5                | NDS, NM, PA                |
| CYSTARAN SOLN .44%  | 5                | NDS, NM, PA                |
| EYSUVIS SUSP .25%   | 4                |                            |
| MIEBO SOLN 1.338gm/ml   | 3                |                            |
| <i>proparacaine hcl SOLN .5%</i>                                  | 3                |                            |
| RESTASIS EMUL .05%  | 3                |                            |
| RESTASIS MULTIDOSE EMUL .05%                                      | 3                |                            |
| XIIDRA SOLN 5%  | 3                |                            |
| <b>OTIC</b>   |                  |                            |
| <b>OTIC AGENTS</b>  |                  |                            |
| <i>acetic acid (otic) SOLN 2%</i>                                 | 3                |                            |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>             | 4                |                            |
| <i>flac OIL .01%</i>  | 3                |                            |
| <i>fluocinolone acetonide (otic) OIL .01%</i>                     | 3                |                            |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i>               | 4                |                            |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                         | 3                |                            |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 3                |                            |
| <i>ofloxacin (otic) SOLN .3%</i>                                  | 4                |                            |
| <b>RESPIRATORY</b>  |                  |                            |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                  |                  |                            |
| ANORO ELLIPT AER 62.5-25  | 3                | QL (60 blisters / 30 days) |
| BEVESPI AER 9-4.8MCG  | 3                | QL (1 inhaler / 30 days)   |
| BREZTRI AERO AER SPHERE   | 3                | QL (1 inhaler / 30 days)   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)                | 3                | QL (4 inhalers / 28 days)   |
| COMBIVENT AER 20-100  | 4                | QL (2 inhalers / 30 days)   |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>    | 3                | B/D   |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG                         | 3                | QL (60 blisters / 30 days)  |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG                         | 3                | QL (60 blisters / 30 days)  |
| <b>ANTICHOLINERGICS</b>                                     |                  |   |
| ATROVENT HFA AERS 17mcg/act                                 | 4                | QL (2 inhalers / 30 days)   |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh                            | 3                | QL (30 blisters / 30 days)  |
| <i>ipratropium bromide SOLN .02%</i>                        | 2                | B/D   |
| <i>ipratropium bromide (nasal) SOLN .03%, .06%</i>          | 3                |   |
| <i>ipratropium bromide hfa AERS 17mcg/act</i>               | 4                | QL (2 inhalers / 30 days)   |
| SPIRIVA RESPIMAT AERS 1.25mcg/act                           | 4                | QL (1 inhaler / 30 days)  |
| <b>ANTI-HISTAMINES</b>                                      |                  |   |
| <i>azelastine hcl SOLN .1%</i>                              | 2                |   |
| <i>cetirizine hcl SOLN 5mg/5ml</i>                          | 2                | QL (300 mL / 30 days)   |
| <i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>            | 3                | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>desloratadine TABS 5mg</i>                               | 3                | QL (30 tabs / 30 days)  |
| <i>diphenhydramine hcl SOLN 50mg/ml</i>                     | 3                |   |
| <i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>                | 4                | PA; PA applies if 65 years and older  |
| <i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i> | 3                | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>hydroxyzine pamoate CAPS 25mg, 50mg</i>                  | 3                | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>        | 4                | QL (300 mL / 30 days)   |
| <i>levocetirizine dihydrochloride TABS 5mg</i>              | 2                | QL (30 tabs / 30 days)  |
| <i>olopatadine hcl (nasal) SOLN .6%</i>                     | 4                |   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                            |
|---|------------------|---|
| <b>BETA AGONISTS</b>  |                  |   |
| <i>albuterol sulfate</i> AERS 108mcg/act                                    | 3                | QL (2 inhalers / 30 days); (generic of Proair HFA)    |
| <i>albuterol sulfate</i> AERS 108mcg/act                                    | 3                | QL (2 inhalers / 30 days); (generic of Proventil HFA) |
| <i>albuterol sulfate</i> AERS 108mcg/act                                    | 3                | QL (2 inhalers / 30 days); (generic of Ventolin HFA)  |
| <i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml            | 3                | B/D   |
| <i>albuterol sulfate</i> NEBU .083%   | 2                | B/D   |
| <i>albuterol sulfate</i> SYRP 2mg/5ml                                       | 3                |   |
| <i>albuterol sulfate</i> TABS 2mg, 4mg                                      | 4                |   |
| <i>arformoterol tartrate</i> NEBU 15mcg/2ml                                 | 4                | B/D   |
| <i>formoterol fumarate</i> NEBU 20mcg/2ml                                   | 4                | B/D   |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 4                | B/D   |
| <i>levalbuterol tartrate</i> AERO 45mcg/act                                 | 3                | QL (2 inhalers / 30 days), ST                         |
| SEREVENT DISKUS AEPB 50mcg/dose   | 3                | QL (60 inhalations / 30 days)                         |
| <i>terbutaline sulfate</i> TABS 2.5mg, 5mg                                  | 4                |   |
| VENTOLIN HFA AERS 108mcg/act  | 3                | QL (2 inhalers / 30 days)                             |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act                           | 3                | QL (6 inhalers / 30 days)                             |
| <b>LEUKOTRIENE MODULATORS</b>   |                  |   |
| <i>montelukast sodium</i> CHEW 4mg, 5mg                                     | 2                |   |
| <i>montelukast sodium</i> PACK 4mg  | 4                |   |
| <i>montelukast sodium</i> TABS 10mg   | 1                |   |
| <i>zafirlukast</i> TABS 10mg, 20mg  | 3                |   |
| <b>MISCELLANEOUS</b>  |                  |   |
| <i>acetylcysteine</i> SOLN 10%, 20%   | 4                | B/D   |
| ALYFTREK TAB 4-20-50  | 5                | NDS, QL (84 tabs / 28 days), NM, PA                   |
| ALYFTREK TAB 10-50-125  | 5                | NDS, QL (56 tabs / 28 days), NM, PA                   |
| ARALAST NP SOLR 500mg, 1000mg   | 5                | NDS, NM, PA   |
| <i>cromolyn sodium</i> NEBU 20mg/2ml  | 3                | B/D   |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml               | 3                | (generic of EpiPen)                                   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|---|------------------|--|
| <i>epinephrine (anaphylaxis)</i> SOAJ<br>.15mg/0.15ml, .3mg/0.3ml                   | 3                | (generic of Adrenaclick)               |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml  | 5                | NDS, QL (1 syringe / 28 days), NM, PA  |
| FASENRA PEN SOAJ 30mg/ml  | 5                | NDS, QL (1 pen / 28 days), NM, PA      |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg                                       | 5                | NDS, QL (56 packets / 28 days), NM, PA |
| KALYDECO TABS 150mg   | 5                | NDS, QL (60 tabs / 30 days), NM, PA    |
| <i>nintedanib esylate</i> CAPS 100mg, 150mg   | 5                | NDS, QL (60 caps / 30 days), NM, PA    |
| OFEV CAPS 100mg, 150mg  | 5                | NDS, QL (60 caps / 30 days), NM, PA    |
| ORKAMBI GRA 75-94MG   | 5                | NDS, QL (56 packets / 28 days), NM, PA |
| ORKAMBI GRA 100-125   | 5                | NDS, QL (56 packets / 28 days), NM, PA |
| ORKAMBI GRA 150-188   | 5                | NDS, QL (56 packets / 28 days), NM, PA |
| ORKAMBI TAB 100-125   | 5                | NDS, QL (112 tabs / 28 days), NM, PA   |
| ORKAMBI TAB 200-125   | 5                | NDS, QL (112 tabs / 28 days), NM, PA   |
| <i>pirfenidone</i> CAPS 267mg   | 5                | NDS, QL (270 caps / 30 days), NM, PA   |
| <i>pirfenidone</i> TABS 267mg   | 5                | NDS, QL (270 tabs / 30 days), NM, PA   |
| <i>pirfenidone</i> TABS 534mg, 801mg  | 5                | NDS, QL (90 tabs / 30 days), NM, PA    |
| PROLASTIN-C SOLN 1000mg/20ml  | 5                | NDS, NM, PA                            |
| PULMOZYME SOLN 2.5mg/2.5ml  | 5                | NDS, NM, PA                            |
| <i>roflumilast</i> TABS 250mcg  | 4                | QL (56 tabs / year)                    |
| <i>roflumilast</i> TABS 500mcg  | 4                | QL (30 tabs / 30 days)                 |
| SYMDEKO TAB 50-75MG   | 5                | NDS, QL (56 tabs / 28 days), NM, PA    |
| SYMDEKO TAB 100-150   | 5                | NDS, QL (56 tabs / 28 days), NM, PA    |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg | 4                |  |
| <i>theophylline</i> TB24 400mg, 600mg   | 3                |  |
| TRIKAFTA PAK 59.5MG   | 5                | NDS, QL (56 packs / 28 days), NM, PA   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|---|------------------|--|
| TRIKAFTA PAK 75MG                                       | 5                | NDS, QL (56 packs / 28 days), NM, PA   |
| TRIKAFTA TAB 50-25-37.5MG & 75MG                        | 5                | NDS, QL (84 tabs / 28 days), NM, PA    |
| TRIKAFTA TAB 100-50-75MG & 150MG                        | 5                | NDS, QL (84 tabs / 28 days), NM, PA    |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml                       | 5                | NDS, QL (4 pens / 28 days), NM, PA     |
| XOLAIR SOAJ 150mg/ml                                    | 5                | NDS, QL (8 pens / 28 days), NM, PA     |
| XOLAIR SOLR 150mg                                       | 5                | NDS, QL (8 vials / 28 days), NM, PA    |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml                       | 5                | NDS, QL (4 syringes / 28 days), NM, PA |
| XOLAIR SOSY 150mg/ml                                    | 5                | NDS, QL (8 syringes / 28 days), NM, PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg                     | 5                | NDS, NM, PA                            |
| <b>NASAL STEROIDS</b>                                   |                  |  |
| <i>flunisolide (nasal)</i> SOLN .025%                   | 3                | QL (3 bottles / 30 days)               |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act    | 2                | QL (1 bottle / 30 days)                |
| <i>mometasone furoate (nasal)</i> SUSP 50mcg/act        | 4                | QL (2 bottles / 30 days)               |
| XHANCE EXHU 93mcg/act                                   | 4                | QL (32 mL / 30 days), PA               |
| <b>STEROID INHALANTS</b>                                |                  |  |
| ALVESCO AERS 80mcg/act                                  | 4                | QL (3 inhalers / 30 days)              |
| ALVESCO AERS 160mcg/act                                 | 4                | QL (2 inhalers / 30 days)              |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act  | 3                | QL (30 inhalations / 30 days)          |
| <i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml | 4                | B/D                                    |
| <b>STEROID/BETA-AGONIST COMBINATIONS</b>                |                  |  |
| ADVAIR HFA AER 45/21                                    | 3                | QL (1 inhaler / 30 days)               |
| ADVAIR HFA AER 115/21                                   | 3                | QL (1 inhaler / 30 days)               |
| ADVAIR HFA AER 230/21                                   | 3                | QL (1 inhaler / 30 days)               |
| AIRSUPRA AER 90-80MCG                                   | 3                | QL (3 inhalers / 30 days)              |
| BREO ELLIPTA INH 50-25MCG                               | 3                | QL (60 blisters / 30 days)             |
| BREO ELLIPTA INH 100-25                                 | 3                | QL (60 blisters / 30 days)             |

如需瞭解本表格中符號和縮寫的詳細含義，請查閱第 7 頁。

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| BREO ELLIPTA INH 200-25   | 3                | QL (60 blisters / 30 days)    |
| <i>brey-na</i>  | 3                | QL (3 inhalers / 30 days)     |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>  | 3                | QL (3 inhalers / 30 days)     |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> | 3                | QL (3 inhalers / 30 days)     |
| DULERA AER 50-5MCG  | 4                | QL (3 inhalers / 30 days)     |
| DULERA AER 100-5MCG   | 4                | QL (3 inhalers / 30 days)     |
| DULERA AER 200-5MCG   | 4                | QL (3 inhalers / 30 days)     |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>          | 3                | QL (60 inhalations / 30 days) |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>          | 3                | QL (60 inhalations / 30 days) |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>          | 3                | QL (60 inhalations / 30 days) |
| <i>wixela inhub</i>   | 3                | QL (60 inhalations / 30 days) |

## **TOPICAL**

### **DERMATOLOGY, ACNE**

|  |   |                            |
|--|---|----------------------------|
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg                        | 4 | PA                         |
| <i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg                        | 4 | PA                         |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>                      | 4 | QL (46.6 gm / 30 days)     |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg                        | 4 | PA                         |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 3 | QL (45 gm / 30 days)       |
| <i>clindamycin phosphate (topical) GEL 1%</i>                      | 3 | QL (75 mL / 30 days), PA   |
| <i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>            | 3 | QL (60 mL / 30 days)       |
| <i>ery</i> PADS 2%   | 3 | QL (60 pledgets / 30 days) |
| <i>erythromycin (acne aid) GEL 2%</i>                              | 3 | QL (60 gm / 30 days)       |
| <i>erythromycin (acne aid) SOLN 2%</i>                             | 3 | QL (60 mL / 30 days)       |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg                    | 4 | PA                         |
| <i>neuac</i>   | 3 | QL (45 gm / 30 days)       |
| <i>sulfacetamide sodium (acne) LOTN 10%</i>                        | 4 | QL (118 mL / 30 days)      |
| <i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%            | 4 | QL (45 gm / 30 days), PA   |

如需瞭解本表格中符號和縮寫的詳細含義，請查閱第 7 頁。

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|--|------------------|--------------------------------|
| <i>twice-daily clindamycin phosphate (topical) GEL 1%</i>        | 3                | QL (60 gm / 30 days)           |
| <i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>                      | 4                | PA                             |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                  |                  |                                |
| <i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>           | 3                | QL (30 gm / 30 days)           |
| <i>mupirocin OINT 2%</i>   | 2                | QL (220 gm / 30 days)          |
| <i>silver sulfadiazine CREA 1%</i>                               | 2                |                                |
| <i>ssd CREA 1%</i>   | 2                |                                |
| <i>SULFAMYLON CREA 85mg/gm</i>                                   | 4                | QL (453.6 gm / 30 days)        |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                  |                  |                                |
| <i>ciclopirox GEL .77%</i>                                       | 3                | QL (100 gm / 30 days)          |
| <i>ciclopirox SHAM 1%</i>  | 3                | QL (120 mL / 30 days)          |
| <i>ciclopirox olamine CREA .77%</i>                              | 3                | QL (90 gm / 30 days)           |
| <i>ciclopirox olamine SUSP .77%</i>                              | 3                | QL (60 mL / 30 days)           |
| <i>clotrimazole (topical) CREA 1%</i>                            | 2                | QL (45 gm / 30 days)           |
| <i>clotrimazole (topical) SOLN 1%</i>                            | 3                | QL (60 mL / 30 days)           |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i>               | 3                | QL (45 gm / 30 days)           |
| <i>econazole nitrate CREA 1%</i>                                 | 3                | QL (85 gm / 30 days)           |
| <i>ketoconazole (topical) CREA 2%</i>                            | 3                | QL (60 gm / 30 days)           |
| <i>ketoconazole (topical) SHAM 2%</i>                            | 2                | QL (120 mL / 30 days)          |
| <i>klayesta POWD 100000unit/gm</i>                               | 3                | QL (60 gm / 30 days)           |
| <i>nyamyc POWD 100000unit/gm</i>                                 | 3                | QL (60 gm / 30 days)           |
| <i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i> | 2                | QL (30 gm / 30 days)           |
| <i>nystatin (topical) POWD 100000unit/gm</i>                     | 3                | QL (60 gm / 30 days)           |
| <i>nystop POWD 100000unit/gm</i>                                 | 3                | QL (60 gm / 30 days)           |
| <i>selenium sulfide LOTN 2.5%</i>                                | 2                |                                |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                               |                  |                                |
| <i>acitretin CAPS 10mg, 17.5mg, 25mg</i>                         | 4                | PA                             |
| <i>calcipotriene CREA .005%; OINT .005%</i>                      | 4                | QL (120 gm / 30 days), PA      |
| <i>calcipotriene SOLN .005%</i>                                  | 3                | QL (120 mL / 30 days), PA      |
| <i>calcitrene OINT .005%</i>                                     | 4                | QL (120 gm / 30 days), PA      |
| <i>ENSTILAR AER</i>  | 5                | NDS, QL (120 gm / 30 days), PA |
| <i>methoxsalen rapid CAPS 10mg</i>                               | 5                | NDS                            |
| <i>tazarotene CREA .05%, .1%</i>                                 | 3                | QL (60 gm / 30 days), PA       |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                             |                  |                            |
| <i>ala-cort</i> CREA 1%   | 1                |                            |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05%          | 3                | QL (60 gm / 30 days)       |
| <i>betamethasone dipropionate (topical)</i> CREA .05%           | 3                | QL (120 gm / 30 days)      |
| <i>betamethasone dipropionate (topical)</i> LOTN .05%           | 3                | QL (120 mL / 30 days)      |
| <i>betamethasone dipropionate (topical)</i> OINT .05%           | 4                | QL (120 gm / 30 days)      |
| <i>betamethasone dipropionate augmented</i> CREA .05%           | 2                | QL (120 gm / 30 days)      |
| <i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05% | 4                | QL (120 gm / 30 days)      |
| <i>betamethasone dipropionate augmented</i> LOTN .05%           | 4                | QL (120 mL / 30 days)      |
| <i>betamethasone valerate</i> CREA .1%; OINT .1%                | 3                | QL (120 gm / 30 days)      |
| <i>betamethasone valerate</i> LOTN .1%                          | 3                | QL (120 mL / 30 days)      |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%     | 4                | QL (120 gm / 30 days)      |
| <i>clobetasol propionate</i> SHAM .05%                          | 4                | QL (236 mL / 30 days)      |
| <i>clobetasol propionate</i> SOLN .05%                          | 4                | QL (100 mL / 30 days)      |
| <i>clobetasol propionate e</i> CREA .05%                        | 4                | QL (120 gm / 30 days)      |
| <i>clodan</i> SHAM .05%   | 4                | QL (236 mL / 30 days)      |
| <i>fluocinolone acetonide</i> CREA .01%                         | 4                | QL (60 gm / 30 days)       |
| <i>fluocinolone acetonide</i> CREA .025%                        | 4                | QL (120 gm / 30 days)      |
| <i>fluocinolone acetonide</i> OIL .01%                          | 3                | QL (118.28 mL / 30 days)   |
| <i>fluocinolone acetonide</i> OINT .025%                        | 3                | QL (120 gm / 30 days)      |
| <i>fluocinolone acetonide</i> SOLN .01%                         | 4                | QL (60 mL / 30 days)       |
| <i>fluocinonide</i> CREA .05%, .1%                              | 3                | QL (120 gm / 30 days)      |
| <i>fluocinonide</i> GEL .05%; OINT .05%                         | 4                | QL (60 gm / 30 days)       |
| <i>fluocinonide</i> SOLN .05%                                   | 3                | QL (60 mL / 30 days)       |
| <i>fluocinonide emulsified base</i> CREA .05%                   | 4                | QL (120 gm / 30 days)      |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%             | 3                |                            |
| <i>halobetasol propionate</i> CREA .05%; OINT .05%              | 4                | QL (50 gm / 30 days)       |
| <i>hydrocortisone (topical)</i> CREA 1%                         | 1                |                            |
| <i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5% | 2                |                            |
| <i>hydrocortisone (topical)</i> OINT 1%                         | 2                | QL (30 gm / 30 days)       |
| <i>hydrocortisone valerate</i> CREA .2%                         | 3                | QL (60 gm / 30 days)       |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%        | 3                |                                   |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% | 2                | QL (454 gm / 30 days)             |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%      | 3                |                                   |
| <i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5% | 2                |                                   |
| <i>triderm</i> CREA .5%                                       | 2                | QL (454 gm / 30 days)             |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                         |                  |                                   |
| <i>glydo</i> PRSY 2%  | 3                | QL (60 mL / 30 days), PA          |
| <i>lidocaine</i> OINT 5%                                      | 4                | QL (50 gm / 30 days), PA          |
| <i>lidocaine</i> PTCH 5%                                      | 4                | QL (3 patches / 1 day), PA        |
| <i>lidocaine hcl</i> SOLN 4%                                  | 3                | QL (50 mL / 30 days), PA          |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>                    | 2                | B/D, QL (30 gm / 30 days)         |
| <i>lidocan</i> PTCH 5%  | 4                | QL (3 patches / 1 day), PA        |
| <i>tridacaine ii</i> PTCH 5%                                  | 4                | QL (3 patches / 1 day), PA        |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>    |                  |                                   |
| <i>azelaic acid</i> GEL 15%                                   | 4                | QL (50 gm / 30 days)              |
| <i>bexarotene (topical)</i> GEL 1%                            | 5                | NDS, QL (60 gm / 30 days), NM, PA |
| <i>diclofenac sodium (topical)</i> SOLN 1.5%                  | 3                | QL (300 mL / 28 days)             |
| <i>EUCRISA</i> OINT 2%  | 4                | QL (120 gm / 30 days), PA         |
| <i>fluorouracil (topical)</i> CREA 5%                         | 4                | QL (40 gm / 30 days)              |
| <i>fluorouracil (topical)</i> SOLN 2%, 5%                     | 3                | QL (10 mL / 30 days)              |
| <i>hydrocortisone (rectal)</i> CREA 1%, 2.5%                  | 3                |                                   |
| <i>imiquimod</i> CREA 5%                                      | 3                | QL (24 packets / 30 days)         |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%      | 2                |                                   |
| <i>metronidazole (topical)</i> CREA .75%; GEL .75%            | 3                | QL (45 gm / 30 days)              |
| <i>metronidazole (topical)</i> LOTN .75%                      | 4                | QL (59 mL / 30 days)              |
| <i>nitroglycerin (intra-anal)</i> OINT .4%                    | 4                | QL (30 gm / 30 days)              |
| <i>PANRETIN</i> GEL .1%                                       | 5                | NDS, QL (60 gm / 30 days), PA     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <i>pimecrolimus</i> CREA 1%                             | 4                | QL (100 gm / 30 days), PA         |
| <i>podofilox</i> SOLN .5%                               | 3                | QL (7 mL / 28 days)               |
| <i>procto-med hc</i> CREA 2.5%                          | 3                |                                   |
| <i>proctocort</i> CREA 1%                               | 3                |                                   |
| <i>proctosol hc</i> CREA 2.5%                           | 3                |                                   |
| <i>proctozone-hc</i> CREA 2.5%                          | 3                |                                   |
| <i>tacrolimus (topical)</i> OINT .03%, .1%              | 4                | QL (100 gm / 30 days), PA         |
| VALCHLOR GEL .016%                                      | 5                | NDS, QL (60 gm / 30 days), NM, PA |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>          |                  |                                   |
| <i>malathion</i> LOTN .5%                               | 4                | QL (59 mL / 30 days)              |
| <i>permethrin</i> CREA 5%                               | 3                | QL (60 gm / 30 days)              |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                   |                  |                                   |
| SANTYL OINT 250unit/gm                                  | 4                | QL (180 gm / 30 days), PA         |
| <i>sodium chloride (gu irrigant)</i> SOLN .9%           | 3                |                                   |
| <i>water for irrigation, sterile irrigation soln</i>    | 2                |                                   |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                       |                  |                                   |
| <i>cevimeline hcl</i> CAPS 30mg                         | 4                |                                   |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | 1                |                                   |
| <i>clotrimazole</i> TROC 10mg                           | 3                | QL (150 lozenges / 30 days)       |
| <i>kourzeq</i> PSTE .1%                                 | 3                |                                   |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2%             | 2                |                                   |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml       | 2                |                                   |
| <i>periogard</i> SOLN .12%                              | 1                |                                   |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg           | 3                |                                   |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1%         | 3                |                                   |
| <b>PART B</b>   |                  |                                   |
| <b>DIABETIC METERS AND TEST STRIPS</b>                  |                  |                                   |
| DEXCOM G6 MIS RECEIVER                                  | 0                | PA                                |
| DEXCOM G6 MIS SENSOR                                    | 0                | PA                                |
| DEXCOM G6 MIS TRANSMIT                                  | 0                | PA                                |
| DEXCOM G7 MIS RECEIVER                                  | 0                | PA                                |
| DEXCOM G7 MIS SENSOR                                    | 0                | PA                                |
| FREESTYLE LB KIT 2/SENSOR                               | 0                | PA                                |
| FREESTYLE LB KIT 3/SENSOR                               | 0                | PA                                |
| FREESTYLE LB KIT 14D/SEN                                | 0                | PA                                |
| FREESTYLE LB MIS 2/READER                               | 0                | PA                                |

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| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------|------------------|----------------------------|
| FREESTYLE LB MIS 3/READER | 0                | PA                         |
| FREESTYLE MIS READER      | 0                | PA                         |
| TRUE METRIX KIT AIR       | 0                |                            |
| TRUE METRIX KIT METER     | 0                |                            |
| TRUE METRIX STRIPS        | 0                |                            |

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| FREESTYLE LB MIS                  | GEMTESA..... 74                          | <i>griseofulvin</i>                |
| 2/READER..... 95                  | <i>generlac</i> ..... 72                 | <i>ultramicrosize</i> ..... 12     |
| FREESTYLE LB MIS                  | <i>gengraf</i> ..... 80                  | <i>guanfacine hcl</i> ..... 39     |
| 3/READER..... 96                  | GENOTROPIN ..... 69                      | <i>guanfacine hcl (adhd)</i> 53    |
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| FULPHILA ..... 75                 | <i>gentamicin in saline inj</i>          | GVOKE KIT..... 68                  |
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| <i>hailey 1.5/30</i> .....      | 63 | <i>acetaminophen tab 5-</i>     | <i>intravenous for soln</i>    |
| <i>hailey 24 fe</i> .....       | 63 | <i>325 mg</i> .....             | <i>500 mg</i> .....            |
| <i>hailey fe 1/20</i> .....     | 63 | <i>hydrocodone-</i>             | <i>imipramine hcl</i> .....    |
| <i>halobetasol propionate</i>   |    | <i>acetaminophen tab</i>        | <i>imiquimod</i> .....         |
| .....                           | 93 | <i>7.5-325 mg</i> .....         | 94                             |
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| <i>haloperidol decanoate</i>    | 46 | <i>tab 7.5-200 mg</i> .....     | 26                             |
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| HIBERIX.....                    | 81 | <i>hydroxycchloroquine</i>      | <i>indapamide</i> .....        |
| HUMIRA .....                    | 77 | <i>sulfate</i> .....            | 38                             |
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| HUMULIN R U-500                 |    | IBRANCE .....                   | 26                             |
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| <i>hydrochlorothiazide</i> ...  | 38 | <i>ibuprofen</i> .....          | 60                             |
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| <i>hydrocodone-</i>             |    | <i>iclevia</i> .....            | NEEDLES: EMBECTA-              |
| <i>acetaminophen soln</i>       |    | ICLUSIG .....                   | BD .....                       |
| <i>7.5-325 mg/15ml</i> ....     | 9  | IDHIFA.....                     | 60                             |
| <i>hydrocodone-</i>             |    | <i>imatinib mesylate</i> .....  | INSULIN SYRINGES:              |
| <i>acetaminophen tab</i>        |    | IMBRUVICA.....                  | EMBECTA-BD .....               |
| <i>10-325 mg</i> .....          | 9  | <i>imipenem-cilastatin</i>      | 60                             |
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|                                 |    | <i>250 mg</i> .....             | 13                             |
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|                                 |    |                                 | 84                             |
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|                                 |    |                                 | .....                          |
|                                 |    |                                 | 87                             |
|                                 |    |                                 | <i>ipratropium-albuterol</i>   |
|                                 |    |                                 | <i>nebu soln 0.5-2.5(3)</i>    |
|                                 |    |                                 | <i>mg/3ml</i> .....            |
|                                 |    |                                 | 87                             |
|                                 |    |                                 | <i>irbesartan</i> .....        |
|                                 |    |                                 | 35                             |

|                                 |                                  |                                  |
|---------------------------------|----------------------------------|----------------------------------|
| <i>irbesartan-</i>              | JENTADUETO TAB 2.5-              | <i>kcl 30 meq/l (0.224%)</i>     |
| <i>hydrochlorothiazide</i>      | 1000 .....                       | <i>in dextrose 5% &amp; nacl</i> |
| <i>tab 150-12.5 mg ...</i>      | JENTADUETO TAB 2.5-              | <i>0.45% inj.....</i>            |
| <i>irbesartan-</i>              | 500 .....                        | <i>kcl 40 meq/l (0.298%)</i>     |
| <i>hydrochlorothiazide</i>      | JENTADUETO TAB 2.5-              | <i>in nacl 0.9% inj.....</i>     |
| <i>tab 300-12.5 mg ...</i>      | 850 .....                        | <i>kcl 40 meq/l (0.3%) in</i>    |
| <i>irinotecan hcl .....</i>     | JENTADUETO TAB XR                | <i>dextrose 5% &amp; nacl</i>    |
| ISENTRESS.....                  | 2.5-1000MG .....                 | <i>0.45% inj.....</i>            |
| ISENTRESS HD.....               | JENTADUETO TAB XR 5-             | <i>kcl 40 meq/l (0.3%) in</i>    |
| <i>isibloom .....</i>           | 1000MG.....                      | <i>dextrose 5% &amp; nacl</i>    |
| ISOLYTE-P INJ /D5W .            | <i>jinteli .....</i>             | <i>0.9% inj.....</i>             |
| ISOLYTE-S INJ PH 7.4            | <i>jolessa .....</i>             | <i>kcl 40 meq/l (0.3%) in</i>    |
| <i>isoniazid.....</i>           | <i>juleber .....</i>             | <i>nacl 0.9% inj .....</i>       |
| <i>isosorbide dinitrate ...</i> | JULUCA TAB 50-25MG               | KCL/D5W/NACL INJ                 |
| <i>isosorbide mononitrate</i>   | <i>junel 1.5/30.....</i>         | 0.15/0.2 .....                   |
| .....                           | <i>junel 1/20.....</i>           | KCL/D5W/NACL INJ                 |
| <i>isotretinoin .....</i>       | <i>junel fe 1.5/30 .....</i>     | 0.3/0.9% .....                   |
| <i>isradipine .....</i>         | <i>junel fe 1/20 .....</i>       | <i>kelnor 1/35 .....</i>         |
| ITOVEBI.....                    | <i>junel fe 24 .....</i>         | KERENDIA.....                    |
| <i>itraconazole .....</i>       | JYLAMVO .....                    | KESIMPTA .....                   |
| <i>ivabradine hcl .....</i>     | JYNNEOS .....                    | <i>ketoconazole .....</i>        |
| <i>ivermectin .....</i>         | KADCYLA .....                    | <i>ketoconazole (topical)</i>    |
| IWILFIN .....                   | <i>kaitlib fe .....</i>          | <i>ketorolac tromethamine</i>    |
| IXIARO INJ .....                | KALETRA SOL.....                 | ( <i>ophth</i> ) .....           |
| <i>jaimiess .....</i>           | KALYDECO .....                   | KEYTRUDA .....                   |
| JAKAFI .....                    | KANJINTI.....                    | KEYTRUDA INJ QLEX                |
| <i>jantoven.....</i>            | <i>kariva .....</i>              | 395-4800 MG-                     |
| JANUMET TAB 50-1000             | <i>kcl 10 meq/l (0.075%)</i>     | UNIT/2.4ML.....                  |
| .....                           | <i>in dextrose 5% &amp; nacl</i> | KEYTRUDA INJ QLEX                |
| JANUMET TAB 50-                 | <i>0.45% inj.....</i>            | 790-9600 MG-                     |
| 500MG .....                     | <i>kcl 20 meq/l (0.149%)</i>     | UNIT/4.8ML.....                  |
| JANUMET XR TAB 100-             | <i>in nacl 0.45% inj....</i>     | KINERET .....                    |
| 1000.....                       | <i>kcl 20 meq/l (0.149%)</i>     | KINRIX INJ.....                  |
| JANUMET XR TAB 50-              | <i>in nacl 0.9% inj .....</i>    | <i>kionex .....</i>              |
| 1000.....                       | <i>kcl 20 meq/l (0.15%) in</i>   | KISQALI 200 DOSE....             |
| JANUMET XR TAB 50-              | <i>dextrose 5% &amp; nacl</i>    | KISQALI 400 DOSE....             |
| 500MG .....                     | <i>0.45% inj.....</i>            | KISQALI 400 PAK                  |
| JANUVIA.....                    | <i>kcl 20 meq/l (0.15%) in</i>   | FEMARA .....                     |
| JARDIANCE.....                  | <i>dextrose 5% &amp; nacl</i>    | KISQALI 600 DOSE....             |
| <i>jasmiel.....</i>             | <i>0.9% inj .....</i>            | KISQALI 600 PAK                  |
| <i>javygtor .....</i>           | <i>kcl 20 meq/l (0.15%) in</i>   | FEMARA .....                     |
| JAYPIRCA .....                  | <i>nacl 0.45% inj .....</i>      | <i>klayesta.....</i>             |
| <i>jencycla .....</i>           | <i>kcl 20 meq/l (0.15%) in</i>   | <i>klor-con .....</i>            |
|                                 | <i>nacl 0.9% inj.....</i>        | <i>klor-con 10 .....</i>         |

|                                   |    |                                 |                                     |
|-----------------------------------|----|---------------------------------|-------------------------------------|
| KLOR-CON 10 .....                 | 83 | LENVIMA 12MG DAILY              | <i>mg &amp;eth est 0.01 mg</i>      |
| KLOR-CON 8 .....                  | 83 | DOSE .....                      | 64                                  |
| <i>klor-con m10</i> .....         | 83 | LENVIMA 20 MG DAILY             | <i>levonorgestrel &amp; ethinyl</i> |
| <i>klor-con m15</i> .....         | 83 | DOSE .....                      | <i>estradiol (91-day) tab</i>       |
| <i>klor-con m20</i> .....         | 83 | LENVIMA 4 MG DAILY              | <i>0.15-0.03 mg</i> .....           |
| KLOXXADO .....                    | 57 | DOSE .....                      | 64                                  |
| KOMZIFTI.....                     | 27 | LENVIMA 8 MG DAILY              | <i>levonorgestrel &amp; ethinyl</i> |
| KOSELUGO .....                    | 27 | DOSE .....                      | <i>estradiol tab 0.1 mg-</i>        |
| <i>kourzeq</i> .....              | 95 | LENVIMA CAP 14 MG .             | <i>20 mcg</i> .....                 |
| KRAZATI .....                     | 27 | LENVIMA CAP 18 MG .             | 64                                  |
| <i>kurvelo</i> .....              | 64 | LENVIMA CAP 24 MG .             | <i>levonorgestrel-eth estra</i>     |
| <i>labetalol hcl</i> .....        | 37 | <i>lessina</i> .....            | <i>tab 0.05-30/0.075-</i>           |
| <i>lacosamide</i> .....           | 50 | <i>letrozole</i> .....          | <i>40/0.125-30mg-mcg</i>            |
| <i>lacosamide oral</i> .....      | 50 | <i>leucovorin calcium</i> ....  | 64                                  |
| LACTATED RIN INJ....              | 82 | LEUKERAN .....                  | <i>levonorgestrel-ethinyl</i>       |
| <i>lactated ringer's solution</i> | 82 | <i>leuprolide acetate</i> ....  | <i>estradiol (continuous)</i>       |
| <i>lactic acid (ammonium</i>      |    | <i>levabuterol hcl</i> .....    | <i>tab 90-20 mcg</i> .....          |
| <i>lactate)</i> .....             | 94 | <i>levabuterol tartrate</i> ..  | 64                                  |
| <i>lactulose</i> .....            | 72 | <i>levetiracetam</i> .....      | <i>levonorg-eth est tab</i>         |
| <i>lactulose</i>                  |    | <i>levetiracetam in sodium</i>  | <i>0.1-0.02mg(84) &amp; eth</i>     |
| <i>(encephalopathy)</i> ...       | 72 | <i>chloride iv soln 1000</i>    | <i>est tab 0.01mg(7) ..</i>         |
| <i>lamivudine</i> .....           | 13 | <i>mg/100ml</i> .....           | 64                                  |
| <i>lamivudine (hbv)</i> .....     | 15 | <i>levetiracetam in sodium</i>  | <i>levora 0.15/30-28</i> .....      |
| <i>lamivudine-zidovudine</i>      |    | <i>chloride iv soln 1500</i>    | <i>levo-t</i> .....                 |
| <i>tab 150-300 mg</i> ....        | 15 | <i>mg/100ml</i> .....           | 70                                  |
| <i>lamotrigine</i> .....          | 50 | <i>levetiracetam in sodium</i>  | <i>levothyroxine sodium</i> ..70    |
| <i>lanreotide acetate</i> .....   | 69 | <i>chloride iv soln 500</i>     | <i>levoxyl</i> .....                |
| <i>lansoprazole</i> .....         | 73 | <i>mg/100ml</i> .....           | 70                                  |
| LANTUS.....                       | 60 | <i>levobunolol hcl</i> .....    | <i>l-glutamine (sickle cell)</i>    |
| LANTUS SOLOSTAR... 60             |    | <i>levocarnitine (metabolic</i> | .....76                             |
| <i>lapatinib ditosylate</i> ....  | 27 | <i>modifiers)</i> .....         | <i>lidocaine</i> .....              |
| <i>larin 1.5/30</i> .....         | 64 | <i>levocetirizine</i>           | 94                                  |
| <i>larin 1/20</i> .....           | 64 | <i>dihydrochloride</i> .....    | <i>lidocaine hcl</i> .....          |
| <i>larin 24 fe</i> .....          | 64 | <i>levofloxacin</i> .....       | 94                                  |
| <i>larin fe 1.5/30</i> .....      | 64 | <i>levofloxacin in d5w iv</i>   | <i>lidocaine hcl (local</i>         |
| <i>larin fe 1/20</i> .....        | 64 | <i>soln 250 mg/50ml</i> ..      | <i>anesth.)</i> .....               |
| <i>latanoprost</i> .....          | 86 | <i>levofloxacin in d5w iv</i>   | 8                                   |
| LAZCLUZE .....                    | 27 | <i>soln 500 mg/100ml</i>        | <i>lidocaine hcl (mouth-</i>        |
| <i>leflunomide</i> .....          | 79 | <i>levofloxacin in d5w iv</i>   | <i>throat)</i> .....                |
| <i>lenalidomide</i> .....         | 22 | <i>soln 750 mg/150ml</i>        | 95                                  |
| LENVIMA 10 MG DAILY               |    | <i>levonest</i> .....           | <i>lidocaine-prilocaine</i>         |
| DOSE .....                        | 27 | <i>levonor-eth est tab</i>      | <i>cream 2.5-2.5%</i> .....         |
|                                   |    | <i>0.15-0.02/0.025/0.03</i>     | 94                                  |
|                                   |    |                                 | <i>lidocan</i> .....                |
|                                   |    |                                 | LILETTA .....                       |
|                                   |    |                                 | 64                                  |
|                                   |    |                                 | <i>linezolid</i> .....              |
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|                                   |    |                                 | LINEZOLID INJ 2MG/ML                |
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|                                   |    |                                 | 11                                  |
|                                   |    |                                 | LINZESS .....                       |
|                                   |    |                                 | 72                                  |
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|  |    |   |    |  |    |
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| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....           | 32 | <i>low-ogestrel</i> .....   | 64 | <i>maraviroc</i> .....   | 13 |
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| <i>lithium carbonate</i> .....   | 55 | <i>lubiprostone</i> .....   | 73 | MARPLAN .....  | 42 |
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| 34   | 16   | 28   |
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| 34   | 61   | 81   |
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| 87   | 18   | 81   |
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| 73   | 8  | 72   |
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| 60   | 50   | 16   |
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| 60   | 74   | 28   |
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| 60   | 10   | 20   |
| OMNIPOD 5 L2 MIS<br>PODS G6 .....  | <i>oxycodone w/<br/>acetaminophen tab<br/>10-325 mg .....</i>  | PENBRAYA INJ .....   |
| 61   | 10   | 81   |
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| 61   | 10   | 62   |
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| 61   | 10   | 18   |
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| 71   | 10   | 18   |
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| 89   | 47   | 33   |
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| 89   | 61   | 95   |
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Molina Healthcare 是一項包含 Medicare 合同的 C-SNP、D-SNP 和 HMO 計畫。D-SNP 計畫與州 Medicaid 計畫簽約。投保取決於續約情況。

[欲了解可用性，請點擊此處。](#)

|   |               |
|---|---------------|
| ATTENTION: Language assistance services, free of charge, are available to you. Call (833) 671-0440 (TTY:711).   | English       |
| ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (833) 671-0440 (TTY:711).                            | Spanish       |
| 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (833) 671-0440 (TTY:711)。  | Chinese       |
| ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (833) 671-0440 (الهاتف النصي (TTY): 711)                                 | Arabic        |
| 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 (833) 671-0440 (TTY:711) 번으로 전화해 주십시오.  | Korean        |
| ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (833) 671-0440 (телетайп: (TTY:711)).                          | Russian       |
| ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (833) 671-0440 (TTY:711). | Italian       |
| ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (833) 671-0440 (TTY:711).                     | French        |
| ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (833) 671-0440 (TTY:711).   | French Creole |
| אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. חפץ (833) 671-0440 (TTY:711).                                      | Yiddish       |
| UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (833) 671-0440 (TTY:711)                                     | Polish        |
| PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (833) 671-0440 (TTY:711).          | Tagalog       |
| লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-(833) 671-0440 (TTY:711)                               | Bengali       |
| KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (833) 671-0440 (TTY:711).                        | Albanian      |
| ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (833) 671-0440 (TTY:711).         | Greek         |
| خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (833) 671-0440 (TTY:711)۔   | Urdu          |







本處方集之最近更新日期為 06/01/2026。

如需瞭解最新資訊或其他問題，請聯絡 Senior Whole Health of New York NHC，Senior Whole Health Medicare Complete Care 會員服務部，電話：(800) 665-3086（TTY 使用者請撥打 711），時間為 10 月 1 日至 3 月 31 日：當地時間每週 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：當地時間週一至週五上午 8:00 至下午 8:00，或造訪 [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare)。