

# Health Options Program

## Comprehensive Prescription Drug Formulary for the Enhanced and Basic Medicare Rx Options *(List of Covered Drugs)*

# 2024

**PLEASE READ:** THIS DOCUMENT CONTAINS  
INFORMATION ABOUT THE DRUGS WE COVER  
IN THESE PLANS.

This Prescription Drug Formulary for the Enhanced and Basic Medicare Rx Options (PDP) is effective as of January 1, 2024. For more recent information or other questions, please call the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday–Friday, or visit [HOPbenefits.com](http://HOPbenefits.com).

**Important message about what you pay for insulin:** You won't pay more than \$35 for a one-month supply of each insulin product covered by the Enhanced or Basic Medicare Rx Option, no matter which cost-sharing tier it's on, even if you haven't paid your deductible. Call OptumRx for more information.

**Important message about what you pay for vaccines:** The Enhanced Medicare Rx Option covers most Part D vaccines at no cost to you. The Basic Medicare Rx Option also covers most Part D vaccines at no cost to you, even if you haven't paid your annual deductible. Call OptumRx for more information.

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

When this drug list (formulary) refers to "we," "us," or "our," it means the Health Options Program, which is sponsored by the Pennsylvania Public School Employees' Retirement System. When it refers to "plan" or "our plan," it means the Enhanced or Basic Medicare Rx Option.

This document includes a list of the drugs (formulary) for our plans which is effective as of January 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

### ***What is the Enhanced and Basic Medicare Rx Options Comprehensive Formulary?***

A formulary is a list of covered drugs selected for the Enhanced and Basic Medicare Rx Options in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The Enhanced and Basic Medicare Rx Options will generally cover the drugs listed in our formulary as long as the drug is medically

necessary, the prescription is filled at an OptumRx network pharmacy, and other Plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

*Please note that this formulary covers the Enhanced and Basic Medicare Rx Options only. If you are enrolled in the Value Medicare Rx Option, please contact us for a copy of that formulary. Our contact information appears on the front and back cover pages. If you have coverage through a Medicare Advantage plan through the Health Options Program, you will have to contact the Medicare Advantage plan directly for a copy of the formulary for your prescription drug plan.*

### **Can the formulary (drug list) change?**

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except when a new, less expensive drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs. We must follow Medicare rules in making these changes. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep

the brand-name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section on page iv titled "How do I request an exception to the Enhanced and Basic Medicare Rx Options Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide

you will also include information on how to request an exception, and you can also find information in the section entitled “How do I request an exception to the Enhanced and Basic Medicare Rx Options Formulary?”

The enclosed formulary is current as of January 1, 2024. To get updated information about the drugs covered by the Enhanced and Basic Medicare Rx Options, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear formulary changes, a revised Comprehensive Formulary will be posted to HOPbenefits.com.

### *How do I use the formulary?*

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

- **Medical condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

- **Alphabetical listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 78. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index, and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index, and find the name of your drug in the first column of the list.

### *What are generic drugs?*

The Enhanced and Basic Medicare Rx Options cover both brand-name drugs and generic drugs. A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

### *Are there any restrictions on my coverage?*

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

- **Prior Authorization (PA):** The Enhanced and Basic Medicare Rx Options require you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from the Enhanced or Basic Medicare Rx Options before you fill your prescriptions. If you don't get approval, the Enhanced or Basic Medicare Rx Options may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Enhanced and Basic Medicare Rx Options limit the amount of the drug that the Enhanced and Basic Medicare Rx Options will cover. For example, the Enhanced and Basic Medicare Rx Options cover 30 pills per 30 days for Crestor. If your prescription is for more, OptumRx will contact your doctor to determine whether more than one per day will be covered. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the Enhanced and Basic Medicare Rx Options require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Enhanced and Basic Medicare Rx Options may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask the Enhanced or Basic Medicare Rx Option to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section “How do I request an exception to the Enhanced and Basic Medicare Rx Options Formulary?” on page iv, for information about how to request an exception.

### ***What if my drug is not on the formulary?***

If your drug is not included in this formulary (list of covered drugs), you should first contact OptumRx and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that the Enhanced and Basic Medicare Rx Options do not cover your drug, you have two options:

- You can ask OptumRx for a list of similar drugs that are covered by the Enhanced and Basic Medicare Rx Options. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by the plan.
- You can ask the plan to make an exception and cover your drug. See page iv for information about how to request an exception.

### ***How do I request an exception to the Enhanced and Basic Medicare Rx Options Formulary?***

You can ask the Enhanced or Basic Medicare Rx Option to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level (if this drug is not on the Specialty tier). If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the Enhanced and Basic Medicare Rx Options limit the amount of drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, the Enhanced or Basic Medicare Rx Option will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

### ***What do I do before I can talk to my doctor about changing my drugs or requesting an exception?***

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary, but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for



you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

### **Emergency transitions and level-of-care changes**

You may have a change in your treatment setting due to the level of care you require. Such transitions may include if you are:

- Admitted to a long-term care facility following an inpatient hospital stay.
- Discharged from a hospital or skilled nursing facility to a home setting.
- Admitted to a hospital or skilled nursing facility from a home setting.
- Transferred from one skilled nursing facility to another and the new facility is serviced by a different pharmacy.
- Discharged from a skilled nursing facility Medicare Part A stay, where payments include all pharmacy charges, and you now need to use your Part D plan benefit.
- Reverted back to standard Medicare Parts A and B coverage after giving up hospice status.

This transition policy applies to drugs that are covered under the Enhanced or Basic Medicare Rx Option and filled at a network pharmacy.

### **For more information**

For more detailed information about the Enhanced and Basic Medicare Rx Options prescription drug coverage, please review your *Evidence of Coverage* and other plan materials. If you have questions about the Enhanced and Basic Medicare Rx Options, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit [medicare.gov](http://medicare.gov).

### **Medicare-excluded Drugs Covered under the Enhanced Medicare Rx Option Only (Bonus Drug List)**

Certain Medicare-excluded drugs are covered under the Enhanced Medicare Rx Option, but not the Basic Medicare Rx Option. A list of these drugs can be found beginning on page 106. This is also called the bonus drug list.

### **How to Read the Enhanced and Basic Medicare Rx Options Prescription Drug Formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered by the Enhanced and Basic Medicare Rx Options. If you have trouble finding your drug in the list, turn to the Index that begins on page 78.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIDODERM), and generic drugs are listed in lower-case italics (e.g., *meloxicam*).

The information in the Requirements/Limits column tells you if the Enhanced and Basic Medicare Rx Options have any special requirements for coverage of your drug.

## WHAT THE ABBREVIATIONS MEAN

**B/D:** This prescription drug has a **Part B versus Part D administrative prior authorization requirement**. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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**NDS: Non-Extended Day Supply.** This prescription drug is **not** available for an extended day supply under the Enhanced or Basic Medicare Rx Option.

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**PA: Prior Authorization.** You or your physician need to get approval from the Enhanced or Basic Medicare Rx Option before you fill this prescription. If you don't get approval, the Enhanced or Basic Medicare Rx Option may not cover the drug. See page iii for more information.

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**QL: Quantity Limit.** The Enhanced and Basic Medicare Rx Options limit the amount of this drug that will be covered. See page iii for more information.

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**ST: Step Therapy.** The Enhanced and Basic Medicare Rx Options require you to first try another drug to treat your medical condition before we will cover this one for that condition. See page iii for more information.

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# 2024 Comprehensive Prescription Drug Formulary

## The Enhanced Medicare Rx Option

### DEDUCTIBLE

- There is no annual deductible under the Enhanced Medicare Rx Option.

### PREFERRED GENERIC DRUGS (TIER 1)

- In Initial Coverage, you'll pay a maximum of \$4 for up to a 30-day supply (and a maximum of \$12 for a 31- to 90-day supply).
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. You may have cost sharing for drugs that are covered under the bonus drug list (see page 106).

### NON-PREFERRED GENERIC DRUGS (TIER 2)

- In Initial Coverage, you'll pay a maximum of \$11 for up to a 30-day supply (and a maximum of \$33 for a 31- to 90-day supply).
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. You may have cost sharing for drugs that are covered under the bonus drug list (see page 106).

### PREFERRED BRAND-NAME DRUGS (TIER 3)

- In Initial Coverage, you'll pay 25% to a maximum of \$150 for up to a 30-day supply and 25% to a maximum of \$300 (\$280 if you use mail order) for a 31- to 90-day supply.
- In the Coverage Gap, you'll pay 25% of the cost.

- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. You may have cost sharing for drugs that are covered under the bonus drug list (see page 106).

### NON-PREFERRED BRAND-NAME DRUGS (TIER 4)

- In Initial Coverage, you'll pay 35% to a maximum of \$200 for up to a 30-day supply and 35% to a maximum of \$400 (\$380 if you use mail order) for a 31- to 90-day supply.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. You may have cost sharing for drugs that are covered under the bonus drug list (see page 106).

### SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you pay 25% of the cost.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. You may have cost sharing for drugs that are covered under the bonus drug list (see page 106).
- Specialty drugs are limited to a 30-day supply.

# 2024 Comprehensive Prescription Drug Formulary

## The Basic Medicare Rx Option

### DEDUCTIBLE

- You must pay the annual deductible of \$100 before the Basic Medicare Rx Option pays any portion of your brand-name or specialty prescription drug costs.

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### PREFERRED GENERIC DRUGS (TIER 1)

- In Initial Coverage, you'll pay a maximum of \$5 for up to a 30-day supply (and a maximum of \$15 for a 31- to 90-day supply).
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

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### NON-PREFERRED GENERIC DRUGS (TIER 2)

- In Initial Coverage, you'll pay a maximum of \$12 for up to a 30-day supply (and a maximum of \$36 for a 31- to 90-day supply).
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

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### PREFERRED BRAND-NAME DRUGS (TIER 3)

- In Initial Coverage, after you satisfy the annual deductible, you'll pay 30% of the cost to a maximum of \$200 for up to a 30-day supply and 30% to a maximum of \$500 (\$450 if you use mail order) for a 31- to 90-day supply.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

### NON-PREFERRED BRAND-NAME DRUGS (TIER 4)

- In Initial Coverage, you'll pay 40% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

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### SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you'll pay 30% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.
- Specialty drugs are limited to a 30-day supply.



| Drug Name                                   | Drug Tier | Requirements/Limits       |
|---|-----------|---------------------------|
| <b>Analgesics</b>                           |           |                           |
| <b>Nonsteroidal Anti-inflammatory Drugs</b> |           |                           |
| ARTHROTEC 50                                | 4         |                           |
| ARTHROTEC 75 TBEC                           | 4         |                           |
| CELEBREX                                    | 4         | QL (60 EA per 30 days)    |
| <i>celecoxib caps</i>                       | 2         | QL (60 EA per 30 days)    |
| DAYPRO                                      | 4         |                           |
| DICLOFENAC EPOLAMINE                        | 3         | QL (60 EA per 30 days) PA |
| <i>diclofenac potassium pack</i>            | 2         |                           |
| <i>diclofenac potassium caps</i>            | 5         | NDS                       |
| <i>diclofenac potassium tabs 50mg</i>       | 2         |                           |
| <i>diclofenac potassium tabs 25mg</i>       | 5         | NDS                       |
| <i>diclofenac sodium dr</i>                 | 2         |                           |
| <i>diclofenac sodium er</i>                 | 2         |                           |
| <i>diclofenac sodium/misoprostol</i>        | 2         |                           |
| <i>diclofenac sodium gel 1%</i>             | 2         | QL (1000 GM per 30 days)  |
| <i>diclofenac sodium external soln 1.5%</i> | 2         | PA                        |
| <i>diclofenac sodium external soln 2%</i>   | 5         | PA NDS                    |
| <i>diflunisal tabs 500mg</i>                | 2         |                           |
| <i>etodolac er</i>                          | 2         |                           |
| <i>etodolac caps, tabs</i>                  | 2         |                           |
| FELDENE                                     | 4         |                           |
| <i>fenoprofen calcium caps 400mg</i>        | 2         |                           |
| <i>fenoprofen calcium tabs</i>              | 2         |                           |
| <i>flurbiprofen tabs 100mg</i>              | 2         |                           |
| <i>ibuprofen/famotidine</i>                 | 2         | QL (90 EA per 30 days)    |
| <i>ibuprofen susp</i>                       | 2         |                           |
| <i>ibuprofen tabs 400mg, 600mg</i>          | 1         |                           |
| <i>ibuprofen tabs 800mg</i>                 | 2         |                           |
| <i>ibu tabs 600mg</i>                       | 1         |                           |
| <i>ibu tabs 800mg</i>                       | 2         |                           |
| INDOCIN SUSP                                | 5         | NDS                       |
| <i>indomethacin er</i>                      | 2         |                           |
| <i>indomethacin caps 25mg, 50mg</i>         | 1         |                           |
| KETOPROFEN ER CP24 200MG                    | 2         |                           |
| KETOPROFEN CAPS 50MG                        | 2         |                           |
| <i>ketoprofen caps 25mg</i>                 | 5         | NDS                       |
| <i>ketorolac tromethamine tabs 10mg</i>     | 2         | QL (20 EA per 30 days)    |
| LODINE TABS 400MG                           | 5         | NDS                       |
| MECLOFENAMATE SODIUM CAPS                   | 2         |                           |
| <i>meloxicam tabs</i>                       | 1         |                           |
| <i>meloxicam caps</i>                       | 2         |                           |
| <i>nabumetone tabs</i>                      | 2         |                           |
| <i>naproxen sodium er</i>                   | 2         |                           |
| <i>naproxen sodium tabs 275mg, 550mg</i>    | 2         |                           |
| <i>naproxen sodium tb24 750mg</i>           | 2         |                           |
| <i>naproxen tbec</i>                        | 2         |                           |
| <i>naproxen susp</i>                        | 5         | NDS                       |

| Drug Name  | Drug Tier | Requirements/Limits        |
|--|-----------|----------------------------|
| <i>naproxen tabs 250mg, 375mg, 500mg</i>   | 1         |                            |
| <i>oxaprozin</i>   | 2         |                            |
| PENNSAID SOLN  | 5         | PA NDS                     |
| <i>piroxicam caps</i>  | 2         |                            |
| <i>sulindac tabs</i>   | 2         |                            |
| <b>Opioid Analgesics, Long-acting</b>  |           |                            |
| BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 75MCG   | 3         | QL (60 EA per 30 days)     |
| BELBUCA FILM 750MCG, 900MCG  | 5         | QL (60 EA per 30 days) NDS |
| <i>buprenorphine</i>   | 2         | QL (4 EA per 28 days)      |
| BUTRANS PTWK 10MCG/HR, 15MCG/HR, 5MCG/HR, 7.5MCG/HR  | 4         | QL (4 EA per 28 days)      |
| BUTRANS PTWK 20MCG/HR  | 5         | QL (4 EA per 28 days) NDS  |
| <i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i> | 2         |                            |
| <i>fentanyl pt72 87.5mcg/hr</i>  | 5         | NDS                        |
| HYDROCODONE BITARTRATE ER CP12   | 2         |                            |
| <i>hydrocodone bitartrate er t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>                             | 2         |                            |
| <i>hydrocodone bitartrate er t24a 100mg, 120mg</i>   | 5         | NDS                        |
| <i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>   | 2         |                            |
| <i>hydromorphone hydrochloride er tb24 32mg</i>  | 2         |                            |
| HYSINGLA ER T24A 20MG, 30MG, 40MG  | 4         | ST                         |
| HYSINGLA ER T24A 100MG, 120MG, 60MG, 80MG  | 5         | ST NDS                     |
| METHADONE HCL SOLN   | 2         |                            |
| <i>methadone hcl tabs</i>  | 2         |                            |
| MORPHINE SULFATE ER CP24 100MG, 10MG, 120MG, 20MG, 30MG, 45MG, 50MG, 60MG, 75MG, 80MG, 90MG    | 2         |                            |
| <i>morphine sulfate er tbc</i>   | 2         |                            |
| MS CONTIN TBCR 15MG, 30MG  | 4         |                            |
| MS CONTIN TBCR 100MG, 200MG, 60MG  | 5         | NDS                        |
| NUCYNTA ER TB12 100MG, 150MG, 50MG   | 3         |                            |
| NUCYNTA ER TB12 200MG, 250MG   | 5         | NDS                        |
| OXYCODONE HYDROCHLORIDE ER T12A 10MG, 20MG   | 3         | ST                         |
| OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG  | 3         | ST                         |
| OXYCONTIN T12A 40MG, 60MG, 80MG  | 5         | ST NDS                     |
| OXYMORPHONE HYDROCHLORIDE ER TB12 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG                           | 2         |                            |
| OXYMORPHONE HYDROCHLORIDEER  | 2         |                            |
| TRAMADOL HCL ER TB24   | 2         |                            |
| <i>tramadol hydrochloride er</i>   | 2         |                            |
| XTAMPZA ER   | 3         |                            |
| <b>Opioid Analgesics, Short-acting</b>   |           |                            |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAPS   | 2         | QL (300 EA per 30 days)    |
| <i>acetaminophen/codeine soln</i>  | 1         |                            |
| <i>acetaminophen/codeine tabs</i>  | 2         |                            |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>ascomp/codeine</i>   | 2         |                     |
| <i>butalbital/acetaminophen/caffeine/codeine</i>  | 2         |                     |
| <i>butalbital/aspirin/caffeine/codeine</i>  | 2         |                     |
| <i>butorphanol tartrate soln</i>  | 2         |                     |
| CODEINE SULFATE TABS 15MG, 60MG   | 2         |                     |
| <i>codeine sulfate tabs 30mg</i>  | 2         |                     |
| DEMEROL INJ 25MG/ML, 50MG/ML  | 4         | PA                  |
| DILAUDID LIQD   | 4         |                     |
| DILAUDID TABS 2MG, 4MG  | 4         |                     |
| DILAUDID TABS 8MG   | 5         | NDS                 |
| <i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>   | 2         |                     |
| <i>fentanyl citrate oral transmucosal lpop 200mcg</i>   | 2         | PA                  |
| <i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>                         | 5         | PA NDS              |
| FENTANYL CITRATE TABS   | 5         | PA NDS              |
| FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG   | 5         | PA NDS              |
| FIORICET/CODEINE CAPS 300MG; 50MG; 40MG; 30MG   | 4         |                     |
| <i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>   | 2         |                     |
| <i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i> | 2         |                     |
| <i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>  | 2         |                     |
| HYDROCODONE/IBUPROFEN TABS 10MG; 200MG, 5MG; 200MG  | 2         |                     |
| <i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>  | 2         |                     |
| <i>hydromorphone hcl liqd, tabs</i>   | 2         |                     |
| <i>hydromorphone hcl inj 10mg/ml</i>  | 2         |                     |
| <i>hydromorphone hydrochloride inj 50mg/5ml</i>   | 2         |                     |
| MEPERIDINE HCL ORAL SOLN  | 2         |                     |
| <i>meperidine hcl inj 100mg/ml, 25mg/ml, 50mg/ml</i>  | 2         | PA                  |
| MEPERIDINE HCL TABS 50MG  | 2         |                     |
| MORPHINE SULFATE TABS   | 2         |                     |
| <i>morphine sulfate soln</i>  | 2         |                     |
| NUCYNTA TABS 50MG, 75MG   | 4         |                     |
| NUCYNTA TABS 100MG  | 5         | NDS                 |
| <i>oxycodone hydrochloride</i>  | 2         |                     |
| OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLN 325MG/5ML; 5MG/5ML   | 3         |                     |
| OXYCODONE/ACETAMINOPHEN TABS 300MG; 10MG, 300MG; 5MG  | 5         | NDS                 |
| <i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>                         | 2         |                     |
| <i>oxymorphone hydrochloride</i>  | 2         |                     |
| <i>pentazocine/naloxone hcl</i>   | 2         |                     |
| <i>tramadol hcl tabs</i>  | 1         |                     |
| <i>tramadol hydrochloride/acetaminophen</i>   | 2         |                     |
| TRAMADOL HYDROCHLORIDE SOLN   | 5         | ST NDS              |

| Drug Name   | Drug Tier | Requirements/Limits         |
|---|-----------|-----------------------------|
| <i>tramadol hydrochloride tabs 100mg</i>  | 2         |                             |
| TREZIX CAPS 320.5MG; 30MG; 16MG   | 4         | QL (300 EA per 30 days)     |
| <b>Anesthetics</b>  |           |                             |
| <b>Local Anesthetics</b>  |           |                             |
| <i>lidocaine hcl soln</i>   | 2         | QL (250 ML per 30 days) PA  |
| <i>lidocaine ptch 5%</i>  | 2         | PA                          |
| LIDODERM  | 4         | PA                          |
| ZTLIDO  | 3         | QL (90 EA per 30 days) PA   |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>                              |           |                             |
| <b>Alcohol Deterrents/Anti-craving</b>  |           |                             |
| <i>acamprosate calcium dr</i>   | 2         |                             |
| <i>disulfiram tabs</i>  | 2         |                             |
| <i>naltrexone hcl tabs</i>  | 2         |                             |
| VIVITROL  | 5         | NDS                         |
| <b>Opioid Dependence</b>  |           |                             |
| <i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>                               | 2         | QL (360 EA per 30 days)     |
| <i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>                                 | 2         | QL (90 EA per 30 days)      |
| <i>buprenorphine hcl subl</i>   | 2         |                             |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>  | 2         | QL (60 EA per 30 days)      |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i> | 2         | QL (90 EA per 30 days)      |
| LUCEMYRA  | 5         | QL (224 EA per 14 days) NDS |
| SUBOXONE FILM 12MG; 3MG, 4MG; 1MG   | 4         | QL (60 EA per 30 days)      |
| SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG  | 4         | QL (90 EA per 30 days)      |
| ZUBSOLV SUBL 2.9MG; 0.71MG  | 3         | QL (180 EA per 30 days) ST  |
| ZUBSOLV SUBL 1.4MG; 0.36MG  | 3         | QL (360 EA per 30 days) ST  |
| ZUBSOLV SUBL 8.6MG; 2.1MG   | 3         | QL (60 EA per 30 days) ST   |
| ZUBSOLV SUBL 0.7MG; 0.18MG, 5.7MG; 1.4MG  | 3         | QL (90 EA per 30 days) ST   |
| ZUBSOLV SUBL 11.4MG; 2.9MG  | 4         | QL (30 EA per 30 days) ST   |
| <b>Opioid Reversal Agents</b>   |           |                             |
| KLOXXADO  | 3         | ST                          |
| <i>naloxone hcl inj 2mg/2ml</i>   | 2         |                             |
| <i>naloxone hydrochloride liqd</i>  | 2         |                             |
| NALOXONE HYDROCHLORIDE INJ 0.4MG/ML   | 2         |                             |
| <i>naloxone hydrochloride inj 0.4mg/ml</i>  | 2         |                             |
| NARCAN LIQD   | 4         |                             |
| ZIMHI   | 4         | ST                          |
| <b>Smoking Cessation Agents</b>   |           |                             |
| <i>bupropion hydrochloride er (sr) tb12 150mg</i>                                   | 2         | QL (60 EA per 30 days)      |
| NICOTROL INHALER  | 3         | QL (2688 EA per 365 days)   |
| NICOTROL NS   | 3         | QL (360 ML per 365 days)    |
| <i>varenicline starting month box</i>   | 2         | QL (504 EA per 365 days)    |
| VARENICLINE TARTRATE  | 2         | QL (504 EA per 365 days)    |
| <b>Antibacterials</b>   |           |                             |
| <b>Aminoglycosides</b>  |           |                             |
| <i>amikacin sulfate inj 500mg/2ml</i>   | 2         |                             |
| ARIKAYCE  | 5         | PA NDS                      |

| Drug Name   | Drug Tier | Requirements/Limits          |
|---|-----------|------------------------------|
| GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ                       | 2         |                              |
| 1.6MG/ML; 0.9%, 1MG/ML; 0.9%                                      |           |                              |
| <i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i> | 2         |                              |
| <i>gentamicin sulfate crea 0.1%</i>                               | 2         |                              |
| <i>gentamicin sulfate inj 40mg/ml</i>                             | 2         |                              |
| <i>gentamicin sulfate oint 0.1%</i>                               | 2         |                              |
| HUMATIN   | 5         | NDS                          |
| ISOTONIC GENTAMICIN INJ 0.8MG/ML; 0.9%                            | 2         |                              |
| <i>neomycin sulfate</i>   | 2         |                              |
| <i>paromomycin sulfate</i>  | 2         |                              |
| STREPTOMYCIN SULFATE INJ 1GM                                      | 5         | NDS                          |
| TOBRAMYCIN SULFATE INJ 10MG/ML                                    | 2         |                              |
| <i>tobramycin sulfate inj 80mg/2ml</i>                            | 2         |                              |
| ZEMDRI  | 5         | NDS                          |
| <b>Antibacterials, Other</b>                                      |           |                              |
| AEMCOLO   | 3         | PA                           |
| ALTABAX   | 3         |                              |
| AMZEEQ  | 3         |                              |
| AZACTAM   | 4         |                              |
| <i>aztreonam inj 1gm</i>  | 2         |                              |
| <i>aztreonam inj 2gm</i>  | 5         | NDS                          |
| CLEOCIN PEDIATRIC GRANULES  | 4         |                              |
| CLEOCIN PHOSPHATE INJ 900MG/6ML                                   | 4         |                              |
| CLEOCIN SUPP  | 3         |                              |
| CLEOCIN CAPS, CREA  | 4         |                              |
| <i>clindacin etz pledgets</i>                                     | 2         |                              |
| <i>clindamycin hcl caps 300mg</i>                                 | 2         |                              |
| <i>clindamycin hydrochloride caps 150mg, 75mg</i>                 | 2         |                              |
| <i>clindamycin palmitate hcl</i>                                  | 2         |                              |
| <i>clindamycin phosphate/dextrose</i>                             | 2         |                              |
| <i>clindamycin phosphate crea 2%</i>                              | 2         |                              |
| <i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml</i>  | 2         |                              |
| <i>clindamycin phosphate swab 1%</i>                              | 2         |                              |
| <i>colistimethate sodium</i>                                      | 5         | NDS                          |
| DALVANCE  | 5         | NDS                          |
| DAPTOMYCIN INJ 350MG  | 5         | NDS                          |
| <i>daptomycin inj 500mg</i>                                       | 5         | NDS                          |
| FIRVANQ   | 3         |                              |
| FLAGYL CAPS   | 4         |                              |
| <i>fosfomycin tromethamine</i>                                    | 2         |                              |
| HIPREX  | 4         |                              |
| IMPAVIDO  | 5         | NDS                          |
| <i>linezolid tabs</i>   | 1         | QL (56 EA per 28 days)       |
| <i>linezolid susr</i>   | 5         | QL (1800 ML per 28 days) NDS |
| <i>linezolid inj 600mg/300ml</i>                                  | 2         |                              |
| MACROBID  | 4         |                              |
| MACRODANTIN   | 4         |                              |
| <i>methenamine hippurate</i>                                      | 2         |                              |



| Drug Name  | Drug Tier | Requirements/Limits          |
|--|-----------|------------------------------|
| <i>metronidazole vaginal</i>                               | 2         |                              |
| <i>metronidazole caps 375mg</i>                            | 2         |                              |
| <i>metronidazole inj 500mg/100ml</i>                       | 2         |                              |
| <i>metronidazole tabs 250mg</i>                            | 1         |                              |
| <i>metronidazole tabs 500mg</i>                            | 2         |                              |
| MONUROL  | 4         |                              |
| <i>nitrofurantoin macrocrystals</i>                        | 2         |                              |
| <i>nitrofurantoin monohydrate/macrocrystals</i>            | 2         |                              |
| <i>nitrofurantoin susp 25mg/5ml</i>                        | 5         | NDS                          |
| <i>polymyxin b sulfate inj</i>                             | 2         |                              |
| SIVEXTRO INJ   | 5         | QL (6 EA per 30 days) NDS    |
| SOLOSEC  | 3         |                              |
| <i>tigecycline</i>   | 2         |                              |
| <i>tinidazole</i>  | 2         |                              |
| <i>trimethoprim tabs</i>                                   | 1         |                              |
| TYGACIL  | 5         | NDS                          |
| VANCOCIN CAPS 125MG  | 4         | QL (120 EA per 30 days)      |
| VANCOCIN CAPS 250MG  | 5         | QL (240 EA per 30 days) NDS  |
| <i>vancomycin hcl inj 10gm</i>                             | 2         |                              |
| <i>vancomycin hydrochloride caps 125mg</i>                 | 2         | QL (120 EA per 30 days)      |
| <i>vancomycin hydrochloride caps 250mg</i>                 | 2         | QL (240 EA per 30 days)      |
| <i>vancomycin hydrochloride inj 1gm, 500mg, 750mg</i>      | 2         |                              |
| <i>vancomycin hydrochloride oral solr 250mg/5ml</i>        | 2         |                              |
| <i>vancomycin hydrochloride oral solr 25mg/ml</i>          | 3         |                              |
| VANDAZOLE  | 3         |                              |
| XENLETA TABS   | 5         | NDS                          |
| ZYVOX SUSR   | 5         | QL (1800 ML per 28 days) NDS |
| ZYVOX INJ 600MG/300ML                                      | 4         |                              |
| <b>Beta-lactam, Cephalosporins</b>                         |           |                              |
| AVYCAZ   | 5         | NDS                          |
| CEFACLOR ER TB12 500MG                                     | 2         |                              |
| CEFACLOR CAPS  | 2         |                              |
| CEFACLOR SUSR 125MG/5ML, 250MG/5ML, 375MG/5ML              | 2         |                              |
| CEFADROXIL TABS  | 2         |                              |
| <i>cefadroxil caps, susr</i>                               | 2         |                              |
| <i>cefazolin sodium inj 10gm, 1gm, 500mg</i>               | 2         |                              |
| <i>cefdinir</i>  | 2         |                              |
| <i>cefepime inj 1gm, 2gm</i>                               | 2         |                              |
| <i>cefixime</i>  | 2         |                              |
| CEFOTETAN INJ 1GM, 2GM                                     | 2         |                              |
| <i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>                 | 2         |                              |
| <i>cefpodoxime proxetil</i>                                | 2         |                              |
| <i>cefprozil</i>   | 2         |                              |
| <i>ceftazidime inj 1gm, 2gm, 6gm</i>                       | 2         |                              |
| <i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i> | 2         |                              |
| <i>cefuroxime axetil tabs</i>                              | 2         |                              |
| <i>cefuroxime sodium inj 750mg</i>                         | 1         |                              |
| <i>cefuroxime sodium inj 1.5gm</i>                         | 2         |                              |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| CEPHALEXIN TABS   | 2         |                     |
| CEPHALEXIN CAPS 750MG   | 2         |                     |
| <i>cephalexin caps 250mg, 500mg</i>   | 1         |                     |
| <i>cephalexin susr</i>  | 2         |                     |
| SUPRAX CHEW   | 3         |                     |
| SUPRAX CAPS   | 4         |                     |
| SUPRAX SUSR 500MG/5ML   | 3         |                     |
| SUPRAX SUSR 200MG/5ML   | 4         |                     |
| TAZICEF INJ 6GM   | 2         |                     |
| <i>tazicef inj 1gm, 2gm</i>   | 2         |                     |
| TEFLARO   | 5         | NDS                 |
| ZERBAXA   | 5         | NDS                 |
| <b>Beta-lactam, Penicillins</b>   |           |                     |
| AMOXICILLIN/CLAVULANATE POTASSIUM ER  | 2         |                     |
| AMOXICILLIN/CLAVULANATE POTASSIUM CHEW  | 2         |                     |
| <i>amoxicillin/clavulanate potassium susr</i>   | 2         |                     |
| <i>amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg</i>                            | 1         |                     |
| <i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>  | 2         |                     |
| AMOXICILLIN CHEW 125MG, 250MG   | 1         |                     |
| <i>amoxicillin caps, susr, tabs</i>   | 1         |                     |
| AMPICILLIN SODIUM INJ 125MG   | 2         |                     |
| <i>ampicillin sodium inj 10gm, 1gm</i>  | 2         |                     |
| <i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>   | 2         |                     |
| <i>ampicillin/sulbactam inj 2gm; 1gm</i>  | 2         |                     |
| AMPICILLIN CAPS 500MG   | 1         |                     |
| AUGMENTIN ES-600  | 4         |                     |
| AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML   | 3         |                     |
| BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML                       | 3         |                     |
| BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML                                    | 3         |                     |
| <i>dicloxacillin sodium</i>   | 2         |                     |
| <i>naficillin sodium inj 10gm, 1gm, 2gm</i>   | 2         |                     |
| OXACILLIN SODIUM INJ 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML                                     | 3         |                     |
| <i>oxacillin sodium inj 10gm, 1gm, 2gm</i>  | 2         |                     |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC   | 3         |                     |
| DEXTROSE INJ 0; 40000UNIT/ML, 0; 60000UNIT/ML   |           |                     |
| <i>penicillin g potassium inj 20000000unit</i>  | 2         |                     |
| PENICILLIN G SODIUM   | 5         | NDS                 |
| <i>penicillin v potassium tabs</i>  | 1         |                     |
| PENICILLIN V POTASSIUM SOLR 250MG/5ML   | 1         |                     |
| PENICILLIN V POTASSIUM SOLR 125MG/5ML   | 2         |                     |
| <i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i> | 2         |                     |
| UNASYN BULK PACK  | 4         |                     |
| UNASYN INJ 2GM; 1GM   | 4         |                     |
| ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML   | 3         |                     |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>Carbapenems</b>  |           |                     |
| <i>ertapenem</i>  | 2         |                     |
| IMIPENEM/CILASTATIN INJ 250MG; 250MG                            | 2         |                     |
| <i>imipenem/cilastatin inj 500mg; 500mg</i>                     | 2         |                     |
| INVANZ  | 4         |                     |
| <i>meropenem</i>  | 2         |                     |
| PRIMAXIN IV INJ 500MG; 500MG                                    | 4         |                     |
| VABOMERE  | 5         | NDS                 |
| <b>Macrolides</b>   |           |                     |
| AZITHROMYCIN PACK   | 2         |                     |
| <i>azithromycin susr</i>  | 2         |                     |
| <i>azithromycin inj 500mg</i>                                   | 2         |                     |
| <i>azithromycin tabs 250mg, 500mg</i>                           | 1         |                     |
| <i>azithromycin tabs 600mg</i>                                  | 2         |                     |
| <i>clarithromycin er</i>  | 2         |                     |
| CLARITHROMYCIN SUSR   | 2         |                     |
| <i>clarithromycin tabs</i>                                      | 2         |                     |
| DIFICID   | 5         | NDS                 |
| E.E.S. 400 TABS   | 4         |                     |
| E.E.S. GRANULES   | 4         |                     |
| <i>ery-tab</i>  | 4         |                     |
| ERYPED 200  | 4         |                     |
| ERYPED 400  | 5         | NDS                 |
| ERYTHROCIN LACTOBIONATE INJ 500MG                               | 3         |                     |
| ERYTHROCIN STEARATE TABS 250MG                                  | 3         |                     |
| <i>erythromycin base tabs</i>                                   | 2         |                     |
| <i>erythromycin dr</i>  | 2         |                     |
| ERYTHROMYCIN ETHYLSUCCINATE TABS                                | 2         |                     |
| <i>erythromycin ethylsuccinate susr 200mg/5ml</i>               | 2         |                     |
| <i>erythromycin ethylsuccinate susr 400mg/5ml</i>               | 5         | NDS                 |
| ERYTHROMYCIN CPEP 250MG   | 2         |                     |
| ZITHROMAX TRI-PAK   | 4         |                     |
| ZITHROMAX Z-PAK   | 4         |                     |
| ZITHROMAX INJ, PACK, SUSR                                       | 4         |                     |
| ZITHROMAX TABS 250MG, 500MG                                     | 4         |                     |
| <b>Quinolones</b>   |           |                     |
| BAXDELA   | 5         | NDS                 |
| CIPRO SUSR  | 3         |                     |
| CIPROFLOXACIN HCL TABS 100MG                                    | 1         |                     |
| <i>ciprofloxacin hcl tabs 750mg</i>                             | 2         |                     |
| <i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>            | 1         |                     |
| <i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>            | 2         |                     |
| CIPRO TABS 250MG, 500MG   | 4         |                     |
| <i>levofloxacin in d5w inj 5%; 500mg/100ml, 5%; 750mg/150ml</i> | 2         |                     |
| LEVOFLOXACIN ORAL SOLN 25MG/ML                                  | 2         |                     |
| <i>levofloxacin tabs 250mg, 500mg, 750mg</i>                    | 2         |                     |
| MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE                 | 2         |                     |
| <i>moxifloxacin hydrochloride tabs 400mg</i>                    | 2         |                     |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| OFLOXACIN TABS 300MG   | 2         |                     |
| <i>ofloxacin tabs 400mg</i>  | 2         |                     |
| <b>Sulfonamides</b>  |           |                     |
| BACTRIM DS   | 4         |                     |
| BACTRIM TABS   | 4         |                     |
| KLARON   | 4         |                     |
| <i>sulfacetamide sodium lotn 10%</i>   | 2         |                     |
| SULFADIAZINE TABS  | 2         |                     |
| <i>sulfamethoxazole/trimethoprim ds</i>  | 1         |                     |
| <i>sulfamethoxazole/trimethoprim tabs</i>  | 1         |                     |
| <i>sulfamethoxazole/trimethoprim susp</i>  | 2         |                     |
| <b>Tetracyclines</b>   |           |                     |
| <i>demeclocycline hcl tabs</i>   | 2         |                     |
| <i>doxy 100</i>  | 2         |                     |
| DOXYCYCLINE HYCLATE DR TBEC 80MG   | 5         | NDS                 |
| <i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>                   | 2         |                     |
| <i>doxycycline hyclate caps 100mg, 50mg</i>  | 2         |                     |
| <i>doxycycline hyclate tabs 100mg, 150mg, 50mg, 75mg</i>                             | 2         |                     |
| <i>doxycycline monohydrate caps, tabs</i>  | 2         |                     |
| DOXYCYCLINE CPDR   | 2         |                     |
| <i>doxycycline susr</i>  | 2         |                     |
| <i>minocycline hcl caps 75mg</i>   | 2         |                     |
| <i>minocycline hcl tabs</i>  | 2         |                     |
| MINOCYCLINE HYDROCHLORIDE ER TB24 55MG   | 2         |                     |
| <i>minocycline hydrochloride er tb24 105mg, 115mg, 135mg, 45mg, 65mg, 80mg, 90mg</i> | 2         |                     |
| <i>minocycline hydrochloride caps 100mg, 50mg</i>                                    | 2         |                     |
| NUZYRA   | 5         | NDS                 |
| ORACEA   | 4         |                     |
| SEYSARA  | 5         | NDS                 |
| <i>tetracycline hydrochloride caps</i>   | 2         |                     |
| VIBRAMYCIN SYRP  | 3         |                     |
| VIBRAMYCIN SUSR  | 4         |                     |
| VIBRAMYCIN CAPS 100MG  | 4         |                     |
| XIMINO   | 3         |                     |
| <b>Anticonvulsants</b>   |           |                     |
| <b>Anticonvulsants, Other</b>  |           |                     |
| BRIVIACT SOLN, TABS  | 5         | PA NDS              |
| EPIDIOLEX  | 5         | PA NDS              |
| EPRONTIA   | 3         |                     |
| <i>felbamate tabs</i>  | 2         |                     |
| <i>felbamate susp</i>  | 5         | NDS                 |
| FINTEPLA   | 5         | PA NDS              |
| FYCOMPA SUSP   | 5         | NDS                 |
| FYCOMPA TABS 2MG   | 3         |                     |
| FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG   | 5         | NDS                 |
| KEPPRA XR  | 5         | NDS                 |
| KEPPRA SOLN  | 5         | NDS                 |

| Drug Name  | Drug Tier | Requirements/Limits        |
|--|-----------|----------------------------|
| KEPPRA TABS 250MG  | 4         |                            |
| KEPPRA TABS 1000MG, 500MG, 750MG                           | 5         | NDS                        |
| LAMICTAL CHEWABLE DISPERSIBLE                              | 5         | NDS                        |
| LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE                  | 4         |                            |
| LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE | 5         | NDS                        |
| LAMICTAL STARTER/TAKING VALPROATE                          | 4         |                            |
| LAMICTAL XR KIT  | 3         |                            |
| LAMICTAL XR TB24 25MG                                      | 4         |                            |
| LAMICTAL XR TB24 100MG, 200MG, 250MG, 300MG, 50MG          | 5         | NDS                        |
| LAMICTAL TABS  | 5         | NDS                        |
| <i>lamotrigine er</i>                                      | 2         |                            |
| <i>lamotrigine odt</i>                                     | 2         |                            |
| <i>lamotrigine starter kit/blue</i>                        | 2         |                            |
| <i>lamotrigine starter kit/green</i>                       | 5         | NDS                        |
| <i>lamotrigine starter kit/orange</i>                      | 2         |                            |
| <i>lamotrigine titration</i>                               | 2         |                            |
| <i>lamotrigine chew, tabs</i>                              | 2         |                            |
| <i>levetiracetam er</i>                                    | 2         |                            |
| <i>levetiracetam soln</i>                                  | 2         |                            |
| <i>levetiracetam tabs 500mg</i>                            | 1         |                            |
| <i>levetiracetam tabs 1000mg, 250mg, 750mg</i>             | 2         |                            |
| NAYZILAM   | 5         | QL (10 EA per 30 days) NDS |
| QUDEXY XR CS24 100MG, 25MG, 50MG                           | 4         | ST                         |
| QUDEXY XR CS24 150MG, 200MG                                | 5         | ST NDS                     |
| <i>rowepra tabs 500mg</i>                                  | 1         |                            |
| SPRITAM  | 3         |                            |
| <i>subvenite</i>   | 2         |                            |
| <i>subvenite starter kit/blue</i>                          | 2         |                            |
| <i>subvenite starter kit/green</i>                         | 2         | NDS                        |
| <i>subvenite starter kit/orange</i>                        | 2         |                            |
| TOPAMAX SPRINKLE CPSP 15MG                                 | 4         |                            |
| TOPAMAX SPRINKLE CPSP 25MG                                 | 5         | NDS                        |
| TOPAMAX TABS 25MG, 50MG                                    | 4         |                            |
| TOPAMAX TABS 100MG, 200MG                                  | 5         | NDS                        |
| <i>topiramate er cp24 100mg, 25mg, 50mg</i>                | 2         |                            |
| <i>topiramate er cp24 200mg</i>                            | 5         | NDS                        |
| <i>topiramate er cs24</i>                                  | 2         |                            |
| <i>topiramate csp</i>                                      | 2         |                            |
| <i>topiramate tabs 25mg, 50mg</i>                          | 1         |                            |
| <i>topiramate tabs 100mg, 200mg</i>                        | 2         |                            |
| TROKENDI XR CP24 25MG, 50MG                                | 3         |                            |
| TROKENDI XR CP24 100MG, 200MG                              | 5         | NDS                        |
| <i>valproic acid</i>                                       | 2         |                            |
| XCOPRI TABS  | 5         | PA NDS                     |
| XCOPRI TBPK 0  | 3         | PA                         |
| XCOPRI TBPK 0  | 5         | PA NDS                     |

**Calcium Channel Modifying Agents**



| Drug Name   | Drug Tier | Requirements/Limits         |
|---|-----------|-----------------------------|
| CELONTIN CAPS 300MG   | 3         |                             |
| <i>ethosuximide</i>   | 2         |                             |
| <i>methsuximide</i>   | 2         |                             |
| ZARONTIN  | 4         |                             |
| <b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>                     |           |                             |
| <i>clobazam</i>   | 2         |                             |
| <i>clonazepam odt tbdp 2mg</i>  | 2         | QL (300 EA per 30 days)     |
| <i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>                      | 2         | QL (90 EA per 30 days)      |
| <i>clonazepam tabs 0.5mg, 1mg</i>   | 1         | QL (90 EA per 30 days)      |
| <i>clonazepam tabs 2mg</i>  | 2         | QL (300 EA per 30 days)     |
| DEPAKOTE  | 4         |                             |
| DEPAKOTE ER   | 4         |                             |
| DIACOMIT  | 5         | PA NDS                      |
| DIASTAT ACUDIAL   | 4         |                             |
| DIASTAT PEDIATRIC GEL 2.5MG   | 4         |                             |
| DIAZEPAM RECTAL GEL GEL 2.5MG   | 2         |                             |
| <i>diazepam rectal gel gel 10mg, 20mg</i>                                   | 2         |                             |
| <i>divalproex sodium dr</i>   | 2         |                             |
| <i>divalproex sodium er</i>   | 2         |                             |
| <i>divalproex sodium csdr</i>   | 2         |                             |
| <i>gabapentin caps 400mg</i>  | 1         | QL (270 EA per 30 days)     |
| <i>gabapentin caps 300mg</i>  | 1         | QL (360 EA per 30 days)     |
| <i>gabapentin caps 100mg</i>  | 2         | QL (360 EA per 30 days)     |
| <i>gabapentin soln</i>  | 2         | QL (2160 ML per 30 days)    |
| <i>gabapentin tabs 800mg</i>  | 2         | QL (150 EA per 30 days)     |
| <i>gabapentin tabs 600mg</i>  | 2         | QL (180 EA per 30 days)     |
| KLONOPIN TABS 2MG   | 4         | QL (300 EA per 30 days)     |
| KLONOPIN TABS 0.5MG, 1MG  | 4         | QL (90 EA per 30 days)      |
| LYRICA SOLN   | 4         | QL (900 ML per 30 days)     |
| LYRICA CAPS 300MG   | 4         | QL (60 EA per 30 days)      |
| LYRICA CAPS 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG                    | 4         | QL (90 EA per 30 days)      |
| MYSOLINE TABS   | 5         | NDS                         |
| NEURONTIN SOLN  | 4         | QL (2160 ML per 30 days)    |
| NEURONTIN CAPS 400MG  | 4         | QL (270 EA per 30 days)     |
| NEURONTIN CAPS 100MG, 300MG   | 4         | QL (360 EA per 30 days)     |
| NEURONTIN TABS 800MG  | 5         | QL (150 EA per 30 days) NDS |
| NEURONTIN TABS 600MG  | 5         | QL (180 EA per 30 days) NDS |
| <i>phenobarbital elix 20mg/5ml</i>  | 2         |                             |
| <i>phenobarbital tabs 15mg</i>  | 1         |                             |
| <i>phenobarbital tabs 100mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i> | 2         |                             |
| <i>pregabalin caps 300mg</i>  | 2         | QL (60 EA per 30 days)      |
| <i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>         | 2         | QL (90 EA per 30 days)      |
| <i>pregabalin soln</i>  | 2         | QL (900 ML per 30 days)     |
| PRIMIDONE TABS 125MG  | 2         |                             |
| <i>primidone tabs 250mg, 50mg</i>   | 2         |                             |
| SYMPAZAN  | 5         | NDS                         |

| Drug Name                               | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| <i>tiagabine hydrochloride</i>          | 2         |                            |
| VALTOCO 10 MG DOSE                      | 5         | QL (10 EA per 30 days) NDS |
| VALTOCO 15 MG DOSE                      | 5         | QL (10 EA per 30 days) NDS |
| VALTOCO 20 MG DOSE                      | 5         | QL (10 EA per 30 days) NDS |
| VALTOCO 5 MG DOSE                       | 5         | QL (10 EA per 30 days) NDS |
| <i>vigabatrin</i>                       | 5         | PA NDS                     |
| <i>vigadrone</i>                        | 5         | PA NDS                     |
| <b>Sodium Channel Agents</b>            |           |                            |
| APTIOM                                  | 5         | NDS                        |
| BANZEL                                  | 5         | NDS                        |
| <i>carbamazepine er</i>                 | 2         |                            |
| <i>carbamazepine chew</i>               | 1         |                            |
| <i>carbamazepine susp, tabs</i>         | 2         |                            |
| CARBATROL                               | 4         |                            |
| DILANTIN INFATABS                       | 4         |                            |
| DILANTIN CAPS 30MG                      | 3         |                            |
| DILANTIN CAPS 100MG                     | 4         |                            |
| <i>epitol</i>                           | 2         |                            |
| <i>lacosamide soln, tabs</i>            | 2         |                            |
| <i>oxcarbazepine</i>                    | 2         |                            |
| OXTELLAR XR TB24 150MG, 300MG           | 3         |                            |
| OXTELLAR XR TB24 600MG                  | 5         | NDS                        |
| <i>phenytek</i>                         | 4         |                            |
| <i>phenytoin sodium extended</i>        | 2         |                            |
| <i>phenytoin chew, susp</i>             | 2         |                            |
| <i>rufinamide susp</i>                  | 5         | NDS                        |
| <i>rufinamide tabs 200mg</i>            | 2         |                            |
| <i>rufinamide tabs 400mg</i>            | 5         | NDS                        |
| TEGRETOL-XR                             | 4         |                            |
| TEGRETOL TABS                           | 4         |                            |
| VIMPAT SOLN                             | 5         | NDS                        |
| VIMPAT TABS 50MG                        | 3         |                            |
| VIMPAT TABS 100MG, 150MG, 200MG         | 5         | NDS                        |
| ZONISADE                                | 3         | ST                         |
| <i>zonisamide</i>                       | 2         |                            |
| <b>Antidementia Agents</b>              |           |                            |
| <b>Antidementia Agents, Other</b>       |           |                            |
| ERGOLOID MESYLATES TABS                 | 2         |                            |
| NAMZARIC CP24                           | 3         | QL (30 EA per 30 days) ST  |
| NAMZARIC C4PK                           | 3         | QL (56 EA per 365 days) ST |
| <b>Cholinesterase Inhibitors</b>        |           |                            |
| ARICEPT                                 | 4         | ST                         |
| <i>donepezil hcl tbdp</i>               | 2         |                            |
| <i>donepezil hcl tabs 10mg</i>          | 1         |                            |
| <i>donepezil hcl tabs 23mg</i>          | 2         |                            |
| <i>donepezil hydrochloride tabs 5mg</i> | 1         |                            |
| EXELON PT24                             | 4         | ST                         |
| <i>galantamine hydrobromide er</i>      | 2         |                            |
| GALANTAMINE HYDROBROMIDE SOLN           | 2         |                            |

| Drug Name  | Drug Tier | Requirements/Limits           |
|--|-----------|-------------------------------|
| <i>galantamine hydrobromide tabs</i>   | 2         |                               |
| <i>rivastigmine tartrate</i>   | 2         |                               |
| <i>rivastigmine transdermal system</i>   | 2         |                               |
| <b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>  |           |                               |
| <i>memantine hcl titration pak</i>   | 2         |                               |
| <i>memantine hydrochloride er</i>  | 2         | QL (30 EA per 30 days)        |
| <i>memantine hydrochloride soln, tabs</i>  | 2         |                               |
| NAMENDA TITRATION PAK  | 4         |                               |
| NAMENDA XR   | 4         | QL (30 EA per 30 days)        |
| NAMENDA TABS   | 4         |                               |
| <b>Antidepressants</b>   |           |                               |
| <b><i>Antidepressants, Other</i></b>   |           |                               |
| AUVELITY   | 5         | QL (60 EA per 30 days) ST NDS |
| <i>bupropion hcl tabs 100mg</i>  | 2         |                               |
| <i>bupropion hydrochloride er (sr) tb12 200mg</i>  | 1         | QL (60 EA per 30 days)        |
| <i>bupropion hydrochloride er (sr) tb12 150mg</i>  | 2         | QL (60 EA per 30 days)        |
| <i>bupropion hydrochloride er (sr) tb12 100mg</i>  | 2         | QL (90 EA per 30 days)        |
| BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG   | 3         | QL (30 EA per 30 days) ST     |
| <i>bupropion hydrochloride er (xl) tb24 300mg</i>  | 2         | QL (30 EA per 30 days)        |
| <i>bupropion hydrochloride er (xl) tb24 150mg</i>  | 2         | QL (90 EA per 30 days)        |
| <i>bupropion hydrochloride tabs 75mg</i>   | 2         |                               |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE   | 2         |                               |
| <i>mirtazapine odt</i>   | 2         |                               |
| <i>mirtazapine tabs</i>  | 2         |                               |
| <i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>  | 2         | QL (30 EA per 30 days)        |
| <i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>   | 2         | QL (90 EA per 30 days)        |
| PERPHENAZINE/AMITRIPTYLINE   | 2         |                               |
| REMERON SOLTAB   | 4         | ST                            |
| REMERON TABS 15MG, 30MG  | 4         | ST                            |
| SYMBYAX CAPS 25MG; 3MG, 25MG; 6MG  | 4         | QL (90 EA per 30 days) ST     |
| WELLBUTRIN SR TB12 150MG, 200MG  | 4         | QL (60 EA per 30 days) ST     |
| WELLBUTRIN SR TB12 100MG   | 4         | QL (90 EA per 30 days) ST     |
| <b><i>Monoamine Oxidase Inhibitors</i></b>   |           |                               |
| EMSAM  | 5         | QL (30 EA per 30 days) ST NDS |
| MARPLAN  | 3         | ST                            |
| NARDIL   | 4         | ST                            |
| PARNATE  | 5         | ST NDS                        |
| <i>phenelzine sulfate</i>  | 2         |                               |
| <i>tranylcypromine sulfate</i>   | 2         |                               |
| <b><i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i></b> |           |                               |
| CELEXA TABS  | 4         | ST                            |
| CITALOPRAM HYDROBROMIDE CAPS   | 3         | ST                            |
| <i>citalopram hydrobromide tabs</i>  | 1         |                               |
| <i>citalopram hydrobromide soln</i>  | 2         |                               |
| CYMBALTA CPEP 20MG, 60MG   | 4         | QL (60 EA per 30 days) ST     |
| CYMBALTA CPEP 30MG   | 4         | QL (90 EA per 30 days) ST     |
| DESVENLAFAXINE ER TB24 100MG   | 3         | QL (120 EA per 30 days) ST    |

| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| DESVENLAFAXINE ER TB24 50MG                           | 3         | QL (30 EA per 30 days) ST  |
| <i>desvenlafaxine er tb24 100mg</i>                   | 2         | QL (120 EA per 30 days)    |
| <i>desvenlafaxine er tb24 25mg, 50mg</i>              | 2         | QL (30 EA per 30 days)     |
| DULOXETINE HCL CPEP 40MG                              | 2         | QL (90 EA per 30 days)     |
| <i>duloxetine hydrochloride cpep 20mg, 60mg</i>       | 2         | QL (60 EA per 30 days)     |
| <i>duloxetine hydrochloride cpep 30mg</i>             | 2         | QL (90 EA per 30 days)     |
| EFFEXOR XR  | 4         | ST                         |
| <i>escitalopram oxalate soln</i>                      | 2         |                            |
| <i>escitalopram oxalate tabs 10mg, 20mg</i>           | 1         |                            |
| <i>escitalopram oxalate tabs 5mg</i>                  | 2         |                            |
| FETZIMA   | 3         | QL (30 EA per 30 days) ST  |
| FETZIMA TITRATION PACK                                | 3         | QL (56 EA per 365 days) ST |
| FLUOXETINE DR   | 2         | QL (4 EA per 28 days)      |
| <i>fluoxetine hcl caps 20mg</i>                       | 2         |                            |
| <i>fluoxetine hydrochloride caps 10mg</i>             | 1         |                            |
| <i>fluoxetine hydrochloride caps 40mg</i>             | 2         |                            |
| <i>fluoxetine hydrochloride soln</i>                  | 2         |                            |
| FLUOXETINE HYDROCHLORIDE TABS 10MG, 20MG              | 2         |                            |
| <i>fluoxetine hydrochloride tabs 10mg, 20mg, 60mg</i> | 2         |                            |
| <i>fluvoxamine maleate</i>                            | 2         |                            |
| <i>fluvoxamine maleate er</i>                         | 2         | QL (60 EA per 30 days)     |
| LEXAPRO TABS  | 4         | ST                         |
| NEFAZODONE HYDROCHLORIDE                              | 2         |                            |
| <i>paroxetine</i>                                     | 2         | QL (30 EA per 30 days)     |
| <i>paroxetine hcl er</i>                              | 2         |                            |
| <i>paroxetine hcl tabs 30mg</i>                       | 1         |                            |
| <i>paroxetine hcl tabs 40mg</i>                       | 2         |                            |
| <i>paroxetine hydrochloride susp</i>                  | 2         |                            |
| <i>paroxetine hydrochloride tabs 10mg</i>             | 1         |                            |
| <i>paroxetine hydrochloride tabs 20mg</i>             | 2         |                            |
| PAXIL   | 4         | ST                         |
| PAXIL CR  | 4         | ST                         |
| PRISTIQ TB24 100MG                                    | 4         | QL (120 EA per 30 days) ST |
| PRISTIQ TB24 25MG, 50MG                               | 4         | QL (30 EA per 30 days) ST  |
| <i>sertraline hcl conc</i>                            | 2         |                            |
| <i>sertraline hcl tabs 25mg, 50mg</i>                 | 1         |                            |
| SERTRALINE HYDROCHLORIDE CAPS                         | 3         | ST                         |
| <i>sertraline hydrochloride tabs 100mg</i>            | 1         |                            |
| <i>trazodone hydrochloride</i>                        | 2         |                            |
| TRINTELLIX  | 3         | QL (30 EA per 30 days) ST  |
| VENLAFAXINE BESYLATE ER                               | 3         | ST                         |
| <i>venlafaxine hcl er cp24 150mg, 37.5mg</i>          | 2         |                            |
| <i>venlafaxine hydrochloride</i>                      | 2         |                            |
| <i>venlafaxine hydrochloride er cp24 75mg</i>         | 2         |                            |
| <i>venlafaxine hydrochloride er tb24</i>              | 2         |                            |
| VIIBRYD STARTER PACK                                  | 3         | QL (60 EA per 365 days) ST |
| VIIBRYD TABS  | 3         | QL (30 EA per 30 days) ST  |
| VILAZODONE HYDROCHLORIDE                              | 2         | QL (30 EA per 30 days) ST  |
| ZOLOFT  | 4         | ST                         |

| Drug Name  | Drug Tier | Requirements/Limits       |
|--|-----------|---------------------------|
| <b>Tricyclics</b>  |           |                           |
| <i>amitriptyline hcl tabs 25mg</i>                               | 1         |                           |
| <i>amitriptyline hcl tabs 100mg, 150mg, 75mg</i>                 | 2         |                           |
| <i>amitriptyline hydrochloride tabs 10mg</i>                     | 1         |                           |
| <i>amitriptyline hydrochloride tabs 50mg</i>                     | 2         |                           |
| <i>amoxapine</i>   | 2         |                           |
| <i>clomipramine hydrochloride</i>                                | 2         |                           |
| <i>desipramine hydrochloride</i>                                 | 2         |                           |
| <i>doxepin hcl caps 75mg</i>                                     | 2         |                           |
| <i>doxepin hcl conc</i>  | 1         |                           |
| <i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i> | 2         |                           |
| <i>imipramine hcl tabs 25mg, 50mg</i>                            | 2         |                           |
| <i>imipramine hydrochloride tabs 10mg</i>                        | 1         |                           |
| <i>imipramine pamoate</i>  | 2         |                           |
| NORPRAMIN TABS 10MG, 25MG  | 4         | ST                        |
| <i>nortriptyline hcl caps 25mg, 75mg</i>                         | 2         |                           |
| <i>nortriptyline hcl soln</i>                                    | 2         |                           |
| <i>nortriptyline hydrochloride caps 10mg</i>                     | 1         |                           |
| <i>nortriptyline hydrochloride caps 50mg</i>                     | 2         |                           |
| <i>protriptyline hcl</i>   | 2         |                           |
| <i>trimipramine maleate caps</i>                                 | 2         |                           |
| <b>Antiemetics</b>   |           |                           |
| <b>Antiemetics, Other</b>  |           |                           |
| ANTIVERT CHEW  | 4         |                           |
| ANTIVERT TABS 50MG   | 3         |                           |
| BONJESTA   | 3         | QL (60 EA per 30 days)    |
| <i>compro</i>  | 2         |                           |
| DICLEGIS   | 4         | QL (120 EA per 30 days)   |
| <i>doxylamine succinate/pyridoxine hydrochloride</i>             | 2         | QL (120 EA per 30 days)   |
| <i>meclizine hcl tabs 12.5mg</i>                                 | 1         |                           |
| <i>meclizine hcl tabs 25mg</i>                                   | 2         |                           |
| <i>prochlorperazine maleate tabs</i>                             | 1         |                           |
| <i>prochlorperazine supp 25mg</i>                                | 2         |                           |
| <i>promethazine hcl plain</i>                                    | 1         |                           |
| <i>promethazine hcl supp 12.5mg, 25mg</i>                        | 2         |                           |
| <i>promethazine hcl tabs 12.5mg</i>                              | 2         |                           |
| <i>promethazine hydrochloride tabs 25mg, 50mg</i>                | 2         |                           |
| PROMETHEGAN SUPP 50MG  | 2         |                           |
| <i>promethegan supp 25mg</i>                                     | 2         |                           |
| <i>scopolamine</i>   | 2         |                           |
| TRANSDERM-SCOP   | 4         | ST                        |
| <i>trimethobenzamide hydrochloride</i>                           | 2         | B/D                       |
| <b>Emetogenic Therapy Adjuncts</b>                               |           |                           |
| ANZEMET TABS 50MG  | 3         | QL (5 EA per 30 days) ST  |
| <i>aprepitant caps 40mg</i>                                      | 2         | QL (1 EA per 30 days) B/D |
| <i>aprepitant caps 125mg</i>                                     | 2         | QL (2 EA per 30 days) B/D |
| <i>aprepitant caps 0</i>   | 2         | QL (6 EA per 30 days) B/D |
| <i>aprepitant caps 80mg</i>                                      | 2         | QL (8 EA per 30 days) B/D |



| Drug Name                             | Drug Tier | Requirements/Limits            |
|---------------------------------------|-----------|--------------------------------|
| <i>dronabinol caps 2.5mg, 5mg</i>     | 1         | QL (60 EA per 30 days) PA      |
| <i>dronabinol caps 10mg</i>           | 2         | QL (60 EA per 30 days) PA      |
| EMEND TRIPACK                         | 4         | QL (6 EA per 30 days) B/D      |
| EMEND SUSR                            | 3         | QL (6 EA per 30 days) B/D      |
| EMEND CAPS 80MG                       | 4         | QL (8 EA per 30 days) B/D      |
| <i>granisetron hydrochloride tabs</i> | 2         | QL (30 EA per 30 days) B/D     |
| MARINOL CAPS 2.5MG                    | 4         | QL (60 EA per 30 days) PA      |
| MARINOL CAPS 10MG, 5MG                | 5         | QL (60 EA per 30 days) PA NDS  |
| <i>ondansetron hcl soln</i>           | 2         | QL (450 ML per 30 days) B/D    |
| <i>ondansetron hydrochloride tabs</i> | 1         | B/D                            |
| <i>ondansetron odt</i>                | 1         | B/D                            |
| SYNDROS                               | 5         | QL (120 ML per 30 days) PA NDS |
| VARUBI TBPK                           | 3         | QL (4 EA per 30 days) B/D      |

## Antifungals

### Antifungals

|  |   |                        |
|--|---|------------------------|
| ABELCET  | 3 | B/D                    |
| AMBISOME   | 5 | B/D NDS                |
| <i>amphotericin b liposome</i>                       | 5 | B/D NDS                |
| AMPHOTERICIN B INJ                                   | 2 | B/D                    |
| ANCOBON  | 5 | NDS                    |
| CANCIDAS   | 5 | NDS                    |
| <i>caspofungin acetate inj 70mg</i>                  | 2 |                        |
| <i>caspofungin acetate inj 50mg</i>                  | 5 | NDS                    |
| <i>clotrimazole crea</i>                             | 1 |                        |
| <i>clotrimazole soln, troc</i>                       | 2 |                        |
| CRESEMBA CAPS 186MG                                  | 5 | PA NDS                 |
| DIFLUCAN SUSR  | 4 |                        |
| DIFLUCAN TABS 100MG, 150MG                           | 4 |                        |
| DIFLUCAN TABS 200MG                                  | 5 | NDS                    |
| <i>econazole nitrate crea</i>                        | 2 |                        |
| ERAXIS   | 5 | NDS                    |
| EXELDERM   | 3 |                        |
| <i>fluconazole in sodium chloride</i>                | 2 |                        |
| <i>fluconazole susr, tabs</i>                        | 2 |                        |
| <i>flucytosine caps</i>                              | 5 | NDS                    |
| <i>griseofulvin microsize</i>                        | 2 |                        |
| <i>griseofulvin ultramicrosize tabs 125mg, 250mg</i> | 2 |                        |
| GYNAZOLE-1   | 3 |                        |
| <i>itraconazole caps</i>                             | 2 | PA                     |
| <i>itraconazole soln</i>                             | 5 | PA NDS                 |
| JUBLIA   | 5 | NDS                    |
| KERYDIN  | 4 | PA                     |
| <i>ketoconazole foam, sham, tabs</i>                 | 2 |                        |
| <i>ketoconazole crea</i>                             | 2 | QL (90 GM per 30 days) |
| LULICONAZOLE   | 3 |                        |
| <i>micafungin inj 100mg</i>                          | 2 |                        |
| <i>micafungin inj 50mg</i>                           | 5 | NDS                    |
| MICONAZOLE 3 SUPP                                    | 2 |                        |
| MYCAMINE INJ 50MG                                    | 5 | NDS                    |

| Drug Name                             | Drug Tier | Requirements/Limits     |
|---------------------------------------|-----------|-------------------------|
| <i>naftifine hcl</i>                  | 2         |                         |
| <i>naftifine hydrochloride gel 2%</i> | 2         |                         |
| <i>naftifine hydrochloride crea</i>   | 2         |                         |
| NAFTIN GEL 2%                         | 3         |                         |
| NAFTIN GEL 1%                         | 4         |                         |
| NOXAFIL PACK, SUSP, TBEC              | 5         | PA NDS                  |
| <i>nyamyc</i>                         | 2         | QL (120 GM per 30 days) |
| <i>nystatin crea, susp</i>            | 1         |                         |
| <i>nystatin oint, tabs</i>            | 2         |                         |
| <i>nystatin powd</i>                  | 2         | QL (120 GM per 30 days) |
| <i>nystop</i>                         | 2         | QL (120 GM per 30 days) |
| <i>oxiconazole nitrate</i>            | 2         | QL (90 GM per 30 days)  |
| <i>posaconazole dr</i>                | 5         | PA NDS                  |
| <i>posaconazole susp</i>              | 5         | PA NDS                  |
| SPORANOX SOLN                         | 4         | PA                      |
| SPORANOX CAPS                         | 5         | PA NDS                  |
| <i>tavaborole</i>                     | 2         | PA                      |
| <i>terbinafine hcl tabs</i>           | 2         | QL (84 EA per 180 days) |
| <i>terconazole</i>                    | 2         |                         |
| VFEND IV                              | 4         | PA                      |
| VFEND TABS                            | 4         |                         |
| VFEND SUSR                            | 5         | NDS                     |
| <i>voriconazole tabs</i>              | 2         |                         |
| <i>voriconazole susr</i>              | 5         | NDS                     |
| <i>voriconazole inj</i>               | 5         | PA NDS                  |

### Antigout Agents

#### Antigout Agents

|                                      |   |  |
|--------------------------------------|---|--|
| ALLOPURINOL TABS 200MG               | 3 |  |
| <i>allopurinol tabs 100mg, 300mg</i> | 1 |  |
| <i>colchicine caps</i>               | 3 |  |
| <i>colchicine tabs 0.6mg</i>         | 2 |  |
| COLCRYS                              | 4 |  |
| <i>febuxostat</i>                    | 2 |  |
| MITIGARE                             | 3 |  |
| <i>probenecid/colchicine</i>         | 2 |  |
| <i>probenecid tabs</i>               | 2 |  |
| ULORIC                               | 4 |  |
| ZYLOPRIM                             | 4 |  |

### Antimigraine Agents

#### Ergot Alkaloids

|  |   |                               |
|--|---|-------------------------------|
| <i>dihydroergotamine mesylate soln</i> | 2 | QL (8 ML per 30 days) PA NDS  |
| <i>ergotamine tartrate/caffeine</i>    | 2 | QL (24 EA per 28 days)        |
| MIGERGOT                               | 5 | QL (20 EA per 28 days) NDS    |
| MIGRANAL                               | 5 | QL (8 ML per 30 days) PA NDS  |
| TRUDHESA                               | 5 | QL (12 ML per 28 days) PA NDS |

#### Prophylactic

|                      |   |                            |
|----------------------|---|----------------------------|
| AIMOVIG INJ 140MG/ML | 3 | QL (1 ML per 28 days) PA   |
| AIMOVIG INJ 70MG/ML  | 3 | QL (2 ML per 28 days) PA   |
| AJOVY                | 3 | QL (4.5 ML per 84 days) PA |

| Drug Name                                    | Drug Tier | Requirements/Limits           |
|--|-----------|-------------------------------|
| EMGALITY INJ 120MG/ML                        | 3         | QL (2 ML per 28 days) PA      |
| EMGALITY INJ 100MG/ML                        | 5         | QL (3 ML per 28 days) PA NDS  |
| NURTEC                                       | 5         | QL (18 EA per 30 days) PA NDS |
| QULIPTA                                      | 5         | QL (30 EA per 30 days) PA NDS |
| <i>timolol maleate tabs 10mg, 20mg, 5mg</i>  | 2         |                               |
| UBRELVY                                      | 5         | QL (16 EA per 30 days) PA NDS |
| <b>Serotonin (5-HT) Receptor Agonist</b>     |           |                               |
| <i>almotriptan</i>                           | 2         | QL (12 EA per 30 days)        |
| <i>eletriptan hydrobromide</i>               | 2         | QL (12 EA per 30 days)        |
| <i>frovatriptan succinate</i>                | 2         | QL (12 EA per 30 days)        |
| IMITREX STATDOSE REFILL INJ 6MG/0.5ML        | 5         | QL (5 ML per 30 days) NDS     |
| IMITREX STATDOSE SYSTEM INJ 4MG/0.5ML        | 5         | QL (5 ML per 30 days) NDS     |
| IMITREX SOLN                                 | 4         | QL (12 EA per 30 days)        |
| IMITREX TABS                                 | 4         | QL (9 EA per 30 days)         |
| MAXALT-MLT TBDP 10MG                         | 4         | QL (18 EA per 30 days)        |
| MAXALT TABS 10MG                             | 4         | QL (18 EA per 30 days)        |
| <i>naratriptan hcl</i>                       | 2         | QL (9 EA per 30 days)         |
| ONZETRA XSAIL                                | 5         | QL (16 EA per 30 days) NDS    |
| RELPAX                                       | 4         | QL (12 EA per 30 days)        |
| REYVOW TABS 50MG                             | 3         | QL (4 EA per 30 days) PA      |
| REYVOW TABS 100MG                            | 3         | QL (8 EA per 30 days) PA      |
| <i>rizatriptan benzoate</i>                  | 2         | QL (18 EA per 30 days)        |
| <i>rizatriptan benzoate odt</i>              | 2         | QL (18 EA per 30 days)        |
| <i>sumatriptan succinate inj</i>             | 2         | QL (5 ML per 30 days)         |
| <i>sumatriptan succinate tabs 25mg, 50mg</i> | 1         | QL (9 EA per 30 days)         |
| <i>sumatriptan succinate tabs 100mg</i>      | 2         | QL (9 EA per 30 days)         |
| <i>sumatriptan/naproxen sodium</i>           | 2         | QL (9 EA per 30 days)         |
| <i>sumatriptan soln</i>                      | 2         | QL (12 EA per 30 days)        |
| TREXIMET TABS 500MG; 85MG                    | 5         | QL (9 EA per 30 days) NDS     |
| <i>zolmitriptan odt tbdp 2.5mg</i>           | 2         | QL (12 EA per 30 days)        |
| <i>zolmitriptan odt tbdp 5mg</i>             | 2         | QL (9 EA per 30 days)         |
| <i>zolmitriptan tabs</i>                     | 2         | QL (12 EA per 30 days)        |
| <i>zolmitriptan soln 5mg</i>                 | 2         | QL (12 EA per 30 days)        |
| ZOMIG TABS                                   | 5         | QL (12 EA per 30 days) NDS    |
| ZOMIG SOLN 2.5MG                             | 3         | QL (18 EA per 30 days)        |
| ZOMIG SOLN 5MG                               | 4         | QL (12 EA per 30 days)        |
| <b>Antimyasthenic Agents</b>                 |           |                               |
| <b>Parasympathomimetics</b>                  |           |                               |
| <i>pyridostigmine bromide er</i>             | 2         |                               |
| <i>pyridostigmine bromide soln</i>           | 2         | NDS                           |
| PYRIDOSTIGMINE BROMIDE TABS 30MG             | 2         |                               |
| <i>pyridostigmine bromide tabs 60mg</i>      | 2         |                               |
| <b>Antimycobacterials</b>                    |           |                               |
| <b>Antimycobacterials, Other</b>             |           |                               |
| <i>dapsone tabs 100mg, 25mg</i>              | 2         |                               |
| MYCOBUTIN                                    | 5         | NDS                           |
| PRETOMANID                                   | 3         |                               |
| <i>rifabutin</i>                             | 2         |                               |
| ZILXI  | 3         |                               |

| Drug Name                             | Drug Tier | Requirements/Limits            |
|---------------------------------------|-----------|--------------------------------|
| <b>Antituberculars</b>                |           |                                |
| <i>ethambutol hydrochloride</i>       | 2         |                                |
| <i>isoniazid syrp</i>                 | 2         |                                |
| ISONIAZID TABS 100MG                  | 1         |                                |
| <i>isoniazid tabs 300mg</i>           | 1         |                                |
| MYAMBUTOL TABS 400MG                  | 4         |                                |
| PRIFTIN                               | 3         |                                |
| <i>pyrazinamide tabs</i>              | 2         |                                |
| <i>rifampin caps, inj</i>             | 2         |                                |
| SIRTURO                               | 5         | NDS                            |
| TRECTOR                               | 3         |                                |
| <b>Antineoplastics</b>                |           |                                |
| <b>Alkylating Agents</b>              |           |                                |
| CYCLOPHOSPHAMIDE TABS                 | 3         | B/D                            |
| <i>cyclophosphamide caps</i>          | 2         | B/D                            |
| GLEOSTINE CAPS 100MG, 10MG, 40MG      | 3         |                                |
| LEUKERAN                              | 5         | NDS                            |
| MATULANE                              | 5         | NDS                            |
| VALCHLOR                              | 5         | PA NDS                         |
| <b>Antiandrogens</b>                  |           |                                |
| <i>abiraterone acetate tabs 250mg</i> | 2         | PA NDS                         |
| <i>abiraterone acetate tabs 500mg</i> | 5         | PA NDS                         |
| <i>bicalutamide</i>                   | 2         |                                |
| CASODEX                               | 5         | NDS                            |
| ERLEADA                               | 5         | PA NDS                         |
| NILANDRON TABS 150MG                  | 5         | NDS                            |
| <i>nilutamide</i>                     | 5         | NDS                            |
| NUBEQA                                | 5         | PA NDS                         |
| XTANDI                                | 5         | PA NDS                         |
| YONSA                                 | 5         | PA NDS                         |
| <b>Antiangiogenic Agents</b>          |           |                                |
| FOTIVDA                               | 5         | PA NDS                         |
| <i>lenalidomide</i>                   | 5         | PA NDS                         |
| POMALYST                              | 5         | PA NDS                         |
| QINLOCK                               | 5         | PA NDS                         |
| REVLIMID                              | 5         | PA NDS                         |
| TABRECTA                              | 5         | QL (120 EA per 30 days) PA NDS |
| THALOMID                              | 5         | PA NDS                         |
| <b>Antiestrogens/Modifiers</b>        |           |                                |
| EMCYT                                 | 5         | NDS                            |
| FARESTON                              | 5         | NDS                            |
| SOLTAMOX                              | 5         | NDS                            |
| <i>tamoxifen citrate tabs</i>         | 2         |                                |
| <i>toremifene citrate</i>             | 5         | NDS                            |
| <b>Antimetabolites</b>                |           |                                |
| DROXIA                                | 3         |                                |
| HYDREA                                | 4         |                                |
| <i>hydroxyurea caps</i>               | 2         |                                |
| <i>mercaptopurine tabs</i>            | 2         |                                |

| Drug Name  | Drug Tier | Requirements/Limits            |
|--|-----------|--------------------------------|
| PURIXAN  | 5         | NDS                            |
| TABLOID  | 3         |                                |
| <b><i>Antineoplastics, Other</i></b>               |           |                                |
| BESREMI  | 5         | PA NDS                         |
| GAVRETO  | 5         | PA NDS                         |
| IBRANCE TABS 100MG, 125MG, 75MG                    | 5         | PA NDS                         |
| IDHIFA   | 5         | QL (30 EA per 30 days) PA NDS  |
| INREBIC  | 5         | PA NDS                         |
| KISQALI FEMARA 200 DOSE                            | 5         | PA NDS                         |
| KISQALI FEMARA 400 DOSE                            | 5         | PA NDS                         |
| KISQALI FEMARA 600 DOSE                            | 5         | PA NDS                         |
| KRAZATI  | 5         | PA NDS                         |
| <i>leucovorin calcium tabs</i>                     | 2         |                                |
| LONSURF  | 5         | PA NDS                         |
| LUMAKRAS   | 5         | PA NDS                         |
| LYTGOBI  | 5         | PA NDS                         |
| NINLARO  | 5         | PA NDS                         |
| ONUREG   | 5         | PA NDS                         |
| ORSERDU  | 5         | PA NDS                         |
| PEMAZYRE   | 5         | QL (30 EA per 30 days) PA NDS  |
| RETEVMO  | 5         | PA NDS                         |
| SCEMBLIX TABS 40MG                                 | 5         | PA NDS                         |
| SCEMBLIX TABS 20MG                                 | 5         | QL (60 EA per 30 days) PA NDS  |
| SYNRIBO  | 5         | PA NDS                         |
| TAZVERIK   | 5         | PA NDS                         |
| TUKYSA   | 5         | PA NDS                         |
| VONJO  | 5         | PA NDS                         |
| XPOVIO   | 5         | PA NDS                         |
| XPOVIO 60 MG TWICE WEEKLY                          | 5         | PA NDS                         |
| XPOVIO 80 MG TWICE WEEKLY                          | 5         | PA NDS                         |
| ZOLINZA  | 5         | PA NDS                         |
| <b><i>Aromatase Inhibitors, 3rd Generation</i></b> |           |                                |
| <i>anastrozole tabs</i>                            | 2         |                                |
| AROMASIN   | 5         | NDS                            |
| <i>exemestane</i>                                  | 2         |                                |
| <i>letrozole</i>                                   | 2         |                                |
| <b><i>Molecular Target Inhibitors</i></b>          |           |                                |
| AFINITOR DISPERZ                                   | 5         | PA NDS                         |
| AFINITOR TABS 10MG                                 | 5         | QL (30 EA per 30 days) PA NDS  |
| ALECENSA   | 5         | PA NDS                         |
| ALUNBRIG TBPK                                      | 5         | QL (60 EA per 365 days) PA NDS |
| ALUNBRIG TABS 30MG                                 | 5         | QL (120 EA per 30 days) PA NDS |
| ALUNBRIG TABS 180MG, 90MG                          | 5         | QL (30 EA per 30 days) PA NDS  |
| AYVAKIT  | 5         | QL (30 EA per 30 days) PA NDS  |
| BALVERSA   | 5         | PA NDS                         |
| BOSULIF  | 5         | PA NDS                         |
| BRAFTOVI CAPS 75MG                                 | 5         | PA NDS                         |
| BRUKINSA   | 5         | PA NDS                         |
| CABOMETYX  | 5         | PA NDS                         |

| Drug Name                                       | Drug Tier | Requirements/Limits            |
|---|-----------|--------------------------------|
| CALQUENCE                                       | 5         | PA NDS                         |
| CAPRELSA TABS 300MG                             | 5         | PA NDS                         |
| CAPRELSA TABS 100MG                             | 5         | QL (60 EA per 30 days) PA NDS  |
| COMETRIQ  | 5         | PA NDS                         |
| COPIKTRA  | 5         | PA NDS                         |
| COTELLIC  | 5         | PA NDS                         |
| DAURISMO  | 5         | PA NDS                         |
| ERIVEDGE  | 5         | PA NDS                         |
| <i>erlotinib hydrochloride tabs 100mg, 25mg</i> | 2         | PA NDS                         |
| <i>erlotinib hydrochloride tabs 150mg</i>       | 5         | PA NDS                         |
| <i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>  | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>everolimus tbso 2mg, 3mg, 5mg</i>            | 5         | PA NDS                         |
| EXKIVITY  | 5         | PA NDS                         |
| <i>gefitinib</i>                                | 5         | PA NDS                         |
| GILOTRIF  | 5         | QL (30 EA per 30 days) PA NDS  |
| IBRANCE CAPS 100MG, 125MG, 75MG                 | 5         | PA NDS                         |
| ICLUSIG TABS 30MG, 45MG                         | 5         | PA NDS                         |
| ICLUSIG TABS 10MG, 15MG                         | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>imatinib mesylate</i>                        | 2         | PA NDS                         |
| IMBRUVICA CAPS, SUSP                            | 5         | PA NDS                         |
| IMBRUVICA TABS 140MG, 280MG, 420MG              | 5         | PA NDS                         |
| INLYTA  | 5         | PA NDS                         |
| INQOVI  | 5         | PA NDS                         |
| IRESSA  | 5         | PA NDS                         |
| JAKAFI TABS 15MG, 20MG, 25MG, 5MG               | 5         | PA NDS                         |
| JAKAFI TABS 10MG                                | 5         | QL (60 EA per 30 days) PA NDS  |
| JAYPIRCA TABS 100MG                             | 5         | PA NDS                         |
| JAYPIRCA TABS 50MG                              | 5         | QL (30 EA per 30 days) PA NDS  |
| KISQALI   | 5         | PA NDS                         |
| KOSELUGO  | 5         | PA NDS                         |
| <i>lapatinib ditosylate</i>                     | 5         | PA NDS                         |
| LENVIMA 10 MG DAILY DOSE                        | 5         | PA NDS                         |
| LENVIMA 12MG DAILY DOSE                         | 5         | PA NDS                         |
| LENVIMA 14 MG DAILY DOSE                        | 5         | PA NDS                         |
| LENVIMA 18 MG DAILY DOSE                        | 5         | PA NDS                         |
| LENVIMA 20 MG DAILY DOSE                        | 5         | PA NDS                         |
| LENVIMA 24 MG DAILY DOSE                        | 5         | PA NDS                         |
| LENVIMA 4 MG DAILY DOSE                         | 5         | PA NDS                         |
| LENVIMA 8 MG DAILY DOSE                         | 5         | PA NDS                         |
| LORBRENA  | 5         | PA NDS                         |
| LYNPARZA TABS                                   | 5         | PA NDS                         |
| MEKINIST  | 5         | PA NDS                         |
| MEKTOVI   | 5         | PA NDS                         |
| NERLYNX   | 5         | QL (180 EA per 30 days) PA NDS |
| NEXAVAR   | 5         | PA NDS                         |
| ODOMZO  | 5         | PA NDS                         |
| PIQRAY 200MG DAILY DOSE                         | 5         | PA NDS                         |
| PIQRAY 250MG DAILY DOSE                         | 5         | PA NDS                         |
| PIQRAY 300MG DAILY DOSE                         | 5         | PA NDS                         |



| Drug Name                  | Drug Tier | Requirements/Limits           |
|----------------------------|-----------|-------------------------------|
| REZLIDHIA                  | 5         | PA NDS                        |
| ROZLYTREK CAPS             | 5         | PA NDS                        |
| RUBRACA                    | 5         | PA NDS                        |
| RYDAPT                     | 5         | PA NDS                        |
| <i>sorafenib tosylate</i>  | 5         | PA NDS                        |
| SPRYCEL                    | 5         | PA NDS                        |
| STIVARGA                   | 5         | PA NDS                        |
| <i>sunitinib malate</i>    | 5         | PA NDS                        |
| SUTENT                     | 5         | PA NDS                        |
| TAFINLAR                   | 5         | PA NDS                        |
| TAGRISSE TABS 80MG         | 5         | PA NDS                        |
| TAGRISSE TABS 40MG         | 5         | QL (30 EA per 30 days) PA NDS |
| TALZENNA                   | 5         | PA NDS                        |
| TASIGNA                    | 5         | PA NDS                        |
| TEPMETKO                   | 5         | PA NDS                        |
| TIBSOVO                    | 5         | PA NDS                        |
| TURALIO CAPS 125MG         | 5         | PA NDS                        |
| VENCLEXTA STARTING PACK    | 5         | PA NDS                        |
| VENCLEXTA TABS 10MG        | 3         | PA                            |
| VENCLEXTA TABS 100MG, 50MG | 5         | PA NDS                        |
| VERZENIO                   | 5         | PA NDS                        |
| VITRAKVI                   | 5         | PA NDS                        |
| VIZIMPRO                   | 5         | PA NDS                        |
| VOTRIENT                   | 5         | PA NDS                        |
| WELIREG                    | 5         | PA NDS                        |
| XALKORI                    | 5         | PA NDS                        |
| XOSPATA                    | 5         | PA NDS                        |
| ZEJULA CAPS                | 5         | PA NDS                        |
| ZEJULA TABS 200MG, 300MG   | 5         | PA NDS                        |
| ZEJULA TABS 100MG          | 5         | QL (30 EA per 30 days) PA NDS |
| ZELBORAF                   | 5         | PA NDS                        |
| ZYDELIG                    | 5         | PA NDS                        |
| ZYKADIA TABS               | 5         | PA NDS                        |
| <b>Retinoids</b>           |           |                               |
| <i>bexarotene</i>          | 5         | PA NDS                        |
| PANRETIN                   | 5         | NDS                           |
| <i>tretinoin caps 10mg</i> | 5         | NDS                           |
| <b>Treatment Adjuncts</b>  |           |                               |
| MESNEX TABS                | 5         | NDS                           |
| <b>Antiparasitics</b>      |           |                               |
| <b>Anthelmintics</b>       |           |                               |
| <i>albendazole tabs</i>    | 5         | NDS                           |
| BILTRICIDE                 | 4         |                               |
| EMVERM                     | 5         | NDS                           |
| <i>ivermectin tabs 3mg</i> | 2         | PA                            |
| <i>praziquantel tabs</i>   | 2         |                               |
| STROMECTOL TABS 3MG        | 4         | PA                            |
| <b>Antiprotozoals</b>      |           |                               |
| <i>atovaquone</i>          | 5         | NDS                           |

| Drug Name                                      | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>atovaquone/proguanil hcl</i>                | 2         |                     |
| BENZNIDAZOLE                                   | 3         |                     |
| <i>chloroquine phosphate tabs</i>              | 2         |                     |
| COARTEM  | 3         |                     |
| DARAPRIM                                       | 5         | PA NDS              |
| <i>hydroxychloroquine sulfate tabs</i>         | 2         |                     |
| KRINTAFEL                                      | 3         |                     |
| LAMPIT   | 3         |                     |
| MALARONE                                       | 4         |                     |
| <i>mefloquine hcl</i>                          | 2         |                     |
| MEPRON SUSP                                    | 5         | NDS                 |
| NEBUPENT                                       | 4         | B/D                 |
| <i>nitazoxanide</i>                            | 5         | NDS                 |
| PENTAM 300                                     | 4         |                     |
| <i>pentamidine isethionate inj</i>             | 2         |                     |
| <i>pentamidine isethionate inhalation solr</i> | 2         | B/D                 |
| PLAQUENIL                                      | 4         |                     |
| <i>primaquine phosphate tabs</i>               | 2         |                     |
| <i>pyrimethamine tabs</i>                      | 5         | PA NDS              |
| QUALAQUIN                                      | 4         | PA                  |
| <i>quinine sulfate caps 324mg</i>              | 2         | PA                  |

## Antiparkinson Agents

### Anticholinergics

|   |   |  |
|---|---|--|
| <i>benztropine mesylate tabs 1mg</i>          | 1 |  |
| <i>benztropine mesylate tabs 0.5mg, 2mg</i>   | 2 |  |
| TRIHXYPHENIDYL HCL SOLN                       | 2 |  |
| <i>trihexyphenidyl hydrochloride tabs 2mg</i> | 1 |  |
| <i>trihexyphenidyl hydrochloride tabs 5mg</i> | 2 |  |

### Antiparkinson Agents, Other

|                                      |   |                             |
|--------------------------------------|---|-----------------------------|
| <i>carbidopa/levodopa/entacapone</i> | 2 |                             |
| COMTAN                               | 4 |                             |
| <i>entacapone</i>                    | 2 |                             |
| GOCOVRI                              | 5 | PA NDS                      |
| NOURIANZ                             | 5 | PA NDS                      |
| ONGENTYS CAPS 50MG                   | 3 | ST                          |
| ONGENTYS CAPS 25MG                   | 4 | ST                          |
| OSMOLEX ER TB24 129MG, 193MG         | 3 | PA                          |
| STALEVO 100                          | 5 | NDS                         |
| STALEVO 125                          | 5 | NDS                         |
| STALEVO 150                          | 4 |                             |
| STALEVO 200                          | 5 | NDS                         |
| STALEVO 50                           | 4 |                             |
| STALEVO 75                           | 4 |                             |
| TASMAR TABS 100MG                    | 5 | QL (180 EA per 30 days) NDS |
| <i>tolcapone</i>                     | 5 | QL (180 EA per 30 days) NDS |

### Dopamine Agonists

|  |   |                               |
|--|---|-------------------------------|
| APOKYN INJ 30MG/3ML                      | 5 | QL (90 ML per 30 days) PA NDS |
| <i>apomorphine hydrochloride inj</i>     | 5 | QL (90 ML per 30 days) PA NDS |
| <i>bromocriptine mesylate caps, tabs</i> | 2 |                               |

| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| MIRAPEX ER  | 4         |                            |
| NEUPRO  | 3         |                            |
| PARLODEL  | 4         |                            |
| <i>pramipexole dihydrochloride</i>                                      | 2         |                            |
| <i>pramipexole dihydrochloride er</i>                                   | 2         |                            |
| <i>ropinirole er</i>  | 2         |                            |
| <i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>                    | 2         |                            |
| <i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>                        | 2         |                            |
| <b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b> |           |                            |
| <i>carbidopa/levodopa</i>   | 2         |                            |
| <i>carbidopa/levodopa er</i>  | 2         |                            |
| CARBIDOPA/LEVODOPA ODT  | 2         |                            |
| <i>carbidopa tabs</i>   | 2         |                            |
| DUOPA   | 5         | PA NDS                     |
| INBRIJA   | 5         | PA NDS                     |
| LODOSYN   | 5         | NDS                        |
| RYTARY  | 3         |                            |
| SINEMET TABS 25MG; 100MG  | 3         |                            |
| SINEMET TABS 10MG; 100MG  | 4         |                            |
| <b>Monoamine Oxidase B (MAO-B) Inhibitors</b>                           |           |                            |
| AZILECT   | 5         | NDS                        |
| <i>rasagiline mesylate tabs</i>   | 2         |                            |
| <i>selegiline hcl caps, tabs</i>  | 2         |                            |
| <b>Antipsychotics</b>   |           |                            |
| <b>1st Generation/Typical</b>   |           |                            |
| CHLORPROMAZINE HYDROCHLORIDE CONC                                       | 2         |                            |
| <i>chlorpromazine hydrochloride tabs</i>                                | 2         |                            |
| <i>fluphenazine decanoate inj</i>                                       | 2         |                            |
| FLUPHENAZINE HCL CONC, INJ  | 2         |                            |
| <i>fluphenazine hcl tabs</i>  | 2         |                            |
| FLUPHENAZINE HYDROCHLORIDE ELIX   | 2         |                            |
| HALDOL DECANOATE 100  | 4         |                            |
| HALDOL DECANOATE 50   | 4         |                            |
| <i>haloperidol decanoate inj</i>  | 2         |                            |
| <i>haloperidol lactate</i>  | 2         |                            |
| <i>haloperidol conc, tabs</i>   | 2         |                            |
| <i>loxapine</i>   | 2         |                            |
| <i>molindone hydrochloride</i>  | 2         |                            |
| <i>perphenazine tabs</i>  | 2         |                            |
| PIMOZIDE  | 2         |                            |
| <i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>                    | 2         |                            |
| <i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>                             | 2         |                            |
| <i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>                          | 2         |                            |
| <i>trifluoperazine hydrochloride tabs 1mg</i>                           | 2         |                            |
| <b>2nd Generation/Atypical</b>  |           |                            |
| ABILIFY ASIMTUFII   | 5         | NDS                        |
| ABILIFY MAINTENA  | 5         | NDS                        |
| <i>aripiprazole odt</i>   | 5         | QL (60 EA per 30 days) NDS |

| Drug Name   | Drug Tier | Requirements/Limits           |
|---|-----------|-------------------------------|
| <i>aripiprazole tabs</i>  | 2         | QL (30 EA per 30 days)        |
| <i>aripiprazole soln</i>  | 2         | QL (750 ML per 30 days)       |
| ARISTADA  | 5         | NDS                           |
| ARISTADA INITIO   | 5         | NDS                           |
| <i>asenapine maleate sl</i>   | 2         | QL (60 EA per 30 days)        |
| CAPLYTA   | 5         | QL (30 EA per 30 days) PA NDS |
| FANAPT  | 5         | QL (60 EA per 30 days) ST NDS |
| FANAPT TITRATION PACK   | 3         | QL (8 EA per 180 days) ST     |
| GEODON INJ  | 4         | QL (60 EA per 30 days)        |
| INVEGA HAFYERA  | 5         | ST NDS                        |
| INVEGA SUSTENNA INJ 39MG/0.25ML                                     | 3         |                               |
| INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML | 5         | NDS                           |
| INVEGA TRINZA   | 5         | ST NDS                        |
| INVEGA TB24 3MG, 9MG  | 4         | QL (30 EA per 30 days) ST     |
| INVEGA TB24 6MG   | 4         | QL (60 EA per 30 days) ST     |
| LATUDA TABS 120MG, 20MG, 40MG, 60MG                                 | 5         | QL (30 EA per 30 days) NDS    |
| LATUDA TABS 80MG  | 5         | QL (60 EA per 30 days) NDS    |
| <i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>        | 2         | QL (30 EA per 30 days)        |
| <i>lurasidone hydrochloride tabs 80mg</i>                           | 2         | QL (60 EA per 30 days)        |
| LYBALVI   | 5         | QL (30 EA per 30 days) ST NDS |
| NUPLAZID CAPS   | 5         | PA NDS                        |
| NUPLAZID TABS 10MG  | 5         | PA NDS                        |
| <i>olanzapine odt</i>   | 2         | QL (30 EA per 30 days)        |
| <i>olanzapine inj</i>   | 2         |                               |
| <i>olanzapine tabs 7.5mg</i>  | 1         | QL (30 EA per 30 days)        |
| <i>olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg</i>                 | 2         | QL (30 EA per 30 days)        |
| <i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>                         | 2         | QL (30 EA per 30 days)        |
| <i>paliperidone er tb24 6mg</i>                                     | 2         | QL (60 EA per 30 days)        |
| PERSERIS  | 5         | NDS                           |
| <i>quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg</i>        | 2         | QL (60 EA per 30 days)        |
| <i>quetiapine fumarate er tb24 200mg</i>                            | 2         | QL (90 EA per 30 days)        |
| QUETIAPINE FUMARATE TABS 150MG                                      | 2         | QL (90 EA per 30 days)        |
| <i>quetiapine fumarate tabs 300mg, 400mg</i>                        | 2         | QL (60 EA per 30 days)        |
| <i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>            | 2         | QL (90 EA per 30 days)        |
| REXULTI   | 5         | QL (30 EA per 30 days) NDS    |
| RISPERDAL CONSTA INJ 12.5MG   | 3         |                               |
| RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG                             | 5         | NDS                           |
| RISPERDAL SOLN  | 4         | QL (240 ML per 30 days)       |
| RISPERDAL TABS 0.5MG, 1MG, 2MG, 3MG, 4MG                            | 4         | QL (60 EA per 30 days)        |
| RISPERIDONE ODT TBDP 0.25MG   | 2         | QL (60 EA per 30 days)        |
| <i>risperidone odt tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg</i>               | 2         | QL (60 EA per 30 days)        |
| <i>risperidone soln</i>   | 2         | QL (240 ML per 30 days)       |
| <i>risperidone tabs 1mg</i>   | 1         | QL (60 EA per 30 days)        |
| <i>risperidone tabs 0.25mg, 0.5mg, 2mg, 3mg, 4mg</i>                | 2         | QL (60 EA per 30 days)        |
| SAPHRIS   | 4         | QL (60 EA per 30 days)        |
| SECUADO   | 5         | QL (30 EA per 30 days) ST NDS |
| SEROQUEL TABS 300MG   | 4         | QL (60 EA per 30 days)        |
| SEROQUEL TABS 100MG, 200MG, 25MG, 50MG                              | 4         | QL (90 EA per 30 days)        |

| Drug Name                                     | Drug Tier | Requirements/Limits             |
|---|-----------|---------------------------------|
| SEROQUEL TABS 400MG                           | 5         | QL (60 EA per 30 days) NDS      |
| UZEDY   | 5         | ST NDS                          |
| VRAYLAR CPPK                                  | 3         | QL (14 EA per 365 days) ST      |
| VRAYLAR CAPS                                  | 5         | QL (30 EA per 30 days) ST NDS   |
| <i>ziprasidone hcl</i>                        | 2         | QL (60 EA per 30 days)          |
| <i>ziprasidone mesylate</i>                   | 2         | QL (60 EA per 30 days)          |
| ZYPREXA RELPREVV INJ 210MG                    | 3         |                                 |
| ZYPREXA ZYDIS TBDP 10MG, 5MG                  | 4         | QL (30 EA per 30 days)          |
| ZYPREXA ZYDIS TBDP 15MG, 20MG                 | 5         | QL (30 EA per 30 days) NDS      |
| ZYPREXA INJ                                   | 4         |                                 |
| <b>Treatment-Resistant</b>                    |           |                                 |
| CLOZAPINE ODT TBDP 12.5MG                     | 2         | QL (90 EA per 30 days)          |
| <i>clozapine odt tbdp 150mg</i>               | 2         | QL (180 EA per 30 days)         |
| <i>clozapine odt tbdp 100mg, 25mg</i>         | 2         | QL (270 EA per 30 days)         |
| <i>clozapine odt tbdp 200mg</i>               | 5         | QL (120 EA per 30 days) NDS     |
| <i>clozapine tabs 200mg</i>                   | 2         | QL (120 EA per 30 days)         |
| <i>clozapine tabs 50mg</i>                    | 2         | QL (180 EA per 30 days)         |
| <i>clozapine tabs 100mg, 25mg</i>             | 2         | QL (270 EA per 30 days)         |
| CLOZARIL TABS 200MG                           | 4         | QL (120 EA per 30 days)         |
| CLOZARIL TABS 50MG                            | 4         | QL (180 EA per 30 days)         |
| CLOZARIL TABS 25MG                            | 4         | QL (270 EA per 30 days)         |
| CLOZARIL TABS 100MG                           | 5         | QL (270 EA per 30 days) NDS     |
| VERSACLOZ                                     | 5         | QL (540 ML per 30 days) NDS     |
| <b>Antispasticity Agents</b>                  |           |                                 |
| <b>Antispasticity Agents</b>                  |           |                                 |
| <i>baclofen tabs</i>                          | 2         |                                 |
| <i>baclofen susp</i>                          | 5         | NDS                             |
| DANTRIUM CAPS 25MG                            | 4         | ST                              |
| <i>dantrolene sodium caps</i>                 | 2         |                                 |
| <i>tizanidine hcl caps 4mg</i>                | 2         |                                 |
| <i>tizanidine hcl tabs 2mg</i>                | 2         |                                 |
| <i>tizanidine hydrochloride caps 2mg, 6mg</i> | 2         |                                 |
| <i>tizanidine hydrochloride tabs 4mg</i>      | 2         |                                 |
| ZANAFLEX TABS 4MG                             | 4         | ST                              |
| <b>Antivirals</b>                             |           |                                 |
| <b>Anti-cytomegalovirus (CMV) Agents</b>      |           |                                 |
| LIVTENCITY                                    | 5         | NDS                             |
| PREVYMIS TABS                                 | 5         | NDS                             |
| <i>valganciclovir</i>                         | 2         |                                 |
| <i>valganciclovir hydrochloride</i>           | 5         | NDS                             |
| <b>Anti-hepatitis B (HBV) Agents</b>          |           |                                 |
| <i>adefovir dipivoxil</i>                     | 2         |                                 |
| BARACLUDGE SOLN                               | 5         | QL (600 ML per 30 days) NDS     |
| <i>entecavir</i>                              | 2         | QL (30 EA per 30 days)          |
| <i>lamivudine tabs 100mg</i>                  | 2         |                                 |
| VEMLIDY                                       | 5         | NDS                             |
| <b>Anti-hepatitis C (HCV) Agents</b>          |           |                                 |
| EPCLUSA PACK 200MG; 50MG                      | 5         | QL (168 EA per 365 days) PA NDS |
| EPCLUSA PACK 150MG; 37.5MG                    | 5         | QL (84 EA per 365 days) PA NDS  |

| Drug Name  | Drug Tier | Requirements/Limits             |
|--|-----------|---------------------------------|
| EPCLUSA TABS 200MG; 50MG   | 5         | QL (168 EA per 365 days) PA NDS |
| EPCLUSA TABS 400MG; 100MG  | 5         | QL (84 EA per 365 days) PA NDS  |
| HARVONI PACK 33.75MG; 150MG  | 5         | QL (168 EA per 365 days) PA NDS |
| HARVONI PACK 45MG; 200MG   | 5         | QL (336 EA per 365 days) PA NDS |
| HARVONI TABS 90MG; 400MG   | 5         | QL (168 EA per 365 days) PA NDS |
| LEDIPASVIR/SOFOSBUVIR  | 5         | QL (168 EA per 365 days) PA NDS |
| MAVYRET TABS   | 5         | QL (336 EA per 365 days) PA NDS |
| MAVYRET PACK   | 5         | QL (560 EA per 365 days) PA NDS |
| RIBAVIRIN CAPS   | 2         |                                 |
| RIBAVIRIN TABS 200MG   | 2         |                                 |
| SOFOSBUVIR/VELPATASVIR   | 5         | QL (84 EA per 365 days) PA NDS  |
| SOVALDI TABS   | 5         | QL (336 EA per 365 days) PA NDS |
| SOVALDI PACK 150MG   | 5         | QL (168 EA per 365 days) PA NDS |
| SOVALDI PACK 200MG   | 5         | QL (336 EA per 365 days) PA NDS |
| VOSEVI   | 5         | QL (84 EA per 365 days) PA NDS  |
| ZEPATIER   | 5         | QL (112 EA per 365 days) PA NDS |
| <b><i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i></b>                                      |           |                                 |
| BIKTARVY   | 5         | QL (30 EA per 30 days) NDS      |
| DOVATO   | 5         | QL (30 EA per 30 days) NDS      |
| GENVOYA  | 5         | QL (30 EA per 30 days) NDS      |
| ISENTRESS HD   | 5         | NDS                             |
| ISENTRESS PACK, TABS   | 5         | NDS                             |
| ISENTRESS CHEW 25MG  | 3         |                                 |
| ISENTRESS CHEW 100MG   | 5         | NDS                             |
| JULUCA   | 5         | QL (30 EA per 30 days) NDS      |
| STRIBILD   | 5         | QL (30 EA per 30 days) NDS      |
| TIVICAY PD   | 5         | NDS                             |
| TIVICAY TABS 10MG  | 3         |                                 |
| TIVICAY TABS 25MG, 50MG  | 5         | NDS                             |
| <b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>           |           |                                 |
| COMPLERA   | 5         | QL (30 EA per 30 days) NDS      |
| DELSTRIGO  | 5         | QL (30 EA per 30 days) NDS      |
| EDURANT  | 5         | NDS                             |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>                                     | 2         | QL (30 EA per 30 days) NDS      |
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>  | 5         | QL (30 EA per 30 days) NDS      |
| EFAVIRENZ CAPS   | 2         |                                 |
| <i>efavirenz tabs</i>  | 2         |                                 |
| <i>etravirine</i>  | 5         | NDS                             |
| INTELENCE TABS 25MG  | 3         |                                 |
| INTELENCE TABS 100MG, 200MG  | 5         | NDS                             |
| <i>nevirapine er</i>   | 2         |                                 |
| NEVIRAPINE SUSP  | 2         |                                 |
| <i>nevirapine tabs</i>   | 2         |                                 |
| PIFELTRO   | 5         | NDS                             |
| SYMFI  | 5         | QL (30 EA per 30 days) NDS      |
| SYMFI LO   | 5         | QL (30 EA per 30 days) NDS      |
| <b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b> |           |                                 |



| Drug Name  | Drug Tier | Requirements/Limits         |
|--|-----------|-----------------------------|
| <i>abacavir</i>  | 2         |                             |
| <i>abacavir sulfate/lamivudine</i>   | 2         | QL (30 EA per 30 days)      |
| CIMDUO   | 5         | QL (30 EA per 30 days) NDS  |
| COMBIVIR   | 5         | QL (60 EA per 30 days) NDS  |
| DESCOVY  | 5         | QL (30 EA per 30 days) NDS  |
| <i>emtricitabine</i>   | 2         |                             |
| <i>emtricitabine/tenofovir disoproxil</i>  | 5         | QL (30 EA per 30 days) NDS  |
| <i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 200mg; 300mg</i> | 2         | QL (30 EA per 30 days) NDS  |
| <i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>               | 5         | QL (30 EA per 30 days) NDS  |
| EMTRIVA SOLN   | 3         |                             |
| EMTRIVA CAPS   | 4         |                             |
| EPIVIR   | 4         |                             |
| EPZICOM  | 5         | QL (30 EA per 30 days) NDS  |
| <i>lamivudine/zidovudine</i>   | 2         | QL (60 EA per 30 days)      |
| <i>lamivudine soln 10mg/ml</i>   | 2         |                             |
| <i>lamivudine tabs 150mg, 300mg</i>  | 2         |                             |
| ODEFSEY  | 5         | QL (30 EA per 30 days) NDS  |
| RETROVIR CAPS, SYRP  | 4         |                             |
| <i>tenofovir disoproxil fumarate</i>   | 2         |                             |
| TRIUMEQ  | 5         | QL (30 EA per 30 days) NDS  |
| TRIUMEQ PD   | 5         | QL (180 EA per 30 days) NDS |
| TRIZIVIR   | 5         | QL (60 EA per 30 days) NDS  |
| TRUVADA TABS 100MG; 150MG, 133MG; 200MG, 167MG; 250MG                              | 5         | QL (30 EA per 30 days) NDS  |
| VIREAD   | 5         | NDS                         |
| ZIAGEN   | 4         |                             |
| <i>zidovudine</i>  | 2         |                             |
| <b>Anti-HIV Agents, Other</b>  |           |                             |
| FUZEON   | 5         | NDS                         |
| <i>maraviroc</i>   | 5         | NDS                         |
| RUKOBIA  | 5         | NDS                         |
| SELZENTRY SOLN   | 5         | NDS                         |
| SELZENTRY TABS 25MG  | 3         |                             |
| SELZENTRY TABS 150MG, 300MG, 75MG  | 5         | NDS                         |
| SUNLENCA TBPK  | 5         | NDS                         |
| TYBOST   | 3         |                             |
| <b>Anti-HIV Agents, Protease Inhibitors (PI)</b>                                   |           |                             |
| APTIVUS CAPS   | 5         | NDS                         |
| <i>atazanavir</i>  | 2         |                             |
| <i>atazanavir sulfate caps 300mg</i>   | 2         |                             |
| <i>darunavir</i>   | 5         | NDS                         |
| EVOTAZ   | 5         | QL (30 EA per 30 days) NDS  |
| <i>fosamprenavir calcium</i>   | 5         | NDS                         |
| KALETRA SOLN   | 4         |                             |
| KALETRA TABS 200MG; 50MG   | 2         |                             |
| KALETRA TABS 100MG; 25MG   | 4         |                             |
| LEXIVA SUSP  | 3         |                             |

| Drug Name                                     | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| LEXIVA TABS                                   | 5         | NDS                        |
| <i>lopinavir/ritonavir</i>                    | 2         |                            |
| NORVIR PACK                                   | 3         |                            |
| NORVIR TABS                                   | 4         |                            |
| PREZCOBIX                                     | 5         | QL (30 EA per 30 days) NDS |
| PREZISTA SUSP                                 | 5         | NDS                        |
| PREZISTA TABS 75MG                            | 3         |                            |
| PREZISTA TABS 150MG, 600MG, 800MG             | 5         | NDS                        |
| REYATAZ PACK                                  | 5         | NDS                        |
| REYATAZ CAPS 200MG, 300MG                     | 5         | NDS                        |
| <i>ritonavir</i>                              | 2         |                            |
| SYMTUZA                                       | 5         | QL (30 EA per 30 days) NDS |
| VIRACEPT                                      | 5         | NDS                        |
| <b>Anti-influenza Agents</b>                  |           |                            |
| <i>amantadine hcl caps, soln, tabs</i>        | 2         |                            |
| <i>oseltamivir phosphate caps 75mg</i>        | 2         | QL (110 EA per 365 days)   |
| <i>oseltamivir phosphate caps 30mg</i>        | 2         | QL (168 EA per 365 days)   |
| <i>oseltamivir phosphate caps 45mg</i>        | 2         | QL (84 EA per 365 days)    |
| <i>oseltamivir phosphate susr</i>             | 2         | QL (1080 ML per 365 days)  |
| RELENZA DISKHALER                             | 3         | QL (240 EA per 365 days)   |
| RIMANTADINE HYDROCHLORIDE                     | 2         |                            |
| TAMIFLU CAPS 75MG                             | 4         | QL (110 EA per 365 days)   |
| TAMIFLU CAPS 30MG                             | 4         | QL (168 EA per 365 days)   |
| TAMIFLU CAPS 45MG                             | 4         | QL (84 EA per 365 days)    |
| TAMIFLU SUSR 6MG/ML                           | 4         | QL (1080 ML per 365 days)  |
| XOFLUZA TBPB 80MG                             | 3         | QL (2 EA per 365 days)     |
| XOFLUZA TBPB 40MG                             | 3         | QL (4 EA per 365 days)     |
| <b>Antitherpetic Agents</b>                   |           |                            |
| <i>acyclovir sodium inj 50mg/ml</i>           | 2         | B/D                        |
| <i>acyclovir caps 200mg</i>                   | 1         |                            |
| <i>acyclovir susp 200mg/5ml</i>               | 2         |                            |
| <i>acyclovir tabs 800mg</i>                   | 1         |                            |
| <i>acyclovir tabs 400mg</i>                   | 2         |                            |
| <i>famciclovir tabs</i>                       | 2         |                            |
| <i>valacyclovir hcl tabs 1gm</i>              | 2         | QL (120 EA per 30 days)    |
| <i>valacyclovir hydrochloride tabs 500mg</i>  | 2         | QL (120 EA per 30 days)    |
| <b>Anxiolytics</b>                            |           |                            |
| <b>Anxiolytics, Other</b>                     |           |                            |
| <i>bupirone hcl tabs 30mg</i>                 | 1         |                            |
| <i>bupirone hcl tabs 15mg</i>                 | 2         |                            |
| <i>bupirone hydrochloride tabs 10mg</i>       | 1         |                            |
| <i>bupirone hydrochloride tabs 5mg, 7.5mg</i> | 2         |                            |
| <i>meprobamate</i>                            | 2         |                            |
| <b>Benzodiazepines</b>                        |           |                            |
| <i>alprazolam er tb24 2mg</i>                 | 2         | QL (150 EA per 30 days)    |
| <i>alprazolam er tb24 0.5mg, 1mg</i>          | 2         | QL (30 EA per 30 days)     |
| <i>alprazolam er tb24 3mg</i>                 | 2         | QL (90 EA per 30 days)     |
| ALPRAZOLAM INTENSOL                           | 2         |                            |
| <i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i> | 2         | QL (120 EA per 30 days)    |

| Drug Name                                       | Drug Tier | Requirements/Limits         |
|---|-----------|-----------------------------|
| <i>alprazolam odt tbdp 2mg</i>                  | 2         | QL (150 EA per 30 days)     |
| <i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>       | 1         | QL (120 EA per 30 days)     |
| <i>alprazolam tabs 2mg</i>                      | 1         | QL (150 EA per 30 days)     |
| <i>chlordiazepoxide hcl caps 10mg</i>           | 1         | QL (900 EA per 30 days)     |
| <i>chlordiazepoxide hcl caps 5mg</i>            | 2         | QL (120 EA per 30 days)     |
| <i>chlordiazepoxide hydrochloride caps 25mg</i> | 1         | QL (360 EA per 30 days)     |
| <i>clorazepate dipotassium tabs 15mg</i>        | 2         | QL (180 EA per 30 days)     |
| <i>clorazepate dipotassium tabs 7.5mg</i>       | 2         | QL (360 EA per 30 days)     |
| <i>clorazepate dipotassium tabs 3.75mg</i>      | 2         | QL (720 EA per 30 days)     |
| <i>diazepam intensol</i>                        | 2         |                             |
| <i>diazepam soln</i>                            | 2         |                             |
| <i>diazepam tabs 10mg</i>                       | 1         | QL (120 EA per 30 days)     |
| <i>diazepam tabs 5mg</i>                        | 1         | QL (240 EA per 30 days)     |
| <i>diazepam tabs 2mg</i>                        | 1         | QL (300 EA per 30 days)     |
| <i>lorazepam intensol</i>                       | 2         |                             |
| <i>lorazepam tabs 2mg</i>                       | 1         | QL (150 EA per 30 days)     |
| <i>lorazepam tabs 0.5mg, 1mg</i>                | 1         | QL (90 EA per 30 days)      |
| <i>oxazepam</i>                                 | 2         | QL (120 EA per 30 days)     |
| VALIUM TABS 10MG                                | 4         | QL (120 EA per 30 days)     |
| VALIUM TABS 5MG                                 | 4         | QL (240 EA per 30 days)     |
| VALIUM TABS 2MG                                 | 4         | QL (300 EA per 30 days)     |
| XANAX XR TB24 2MG                               | 4         | QL (150 EA per 30 days)     |
| XANAX XR TB24 0.5MG, 1MG                        | 4         | QL (30 EA per 30 days)      |
| XANAX XR TB24 3MG                               | 5         | QL (90 EA per 30 days) NDS  |
| XANAX TABS 0.25MG, 0.5MG, 1MG                   | 4         | QL (120 EA per 30 days)     |
| XANAX TABS 2MG                                  | 5         | QL (150 EA per 30 days) NDS |

## Bipolar Agents

### Mood Stabilizers

|  |   |  |
|--|---|--|
| EQUETRO                                    | 3 |  |
| <i>lithium carbonate er</i>                | 2 |  |
| LITHIUM CARBONATE CAPS 600MG               | 2 |  |
| <i>lithium carbonate caps 150mg, 300mg</i> | 1 |  |
| <i>lithium carbonate tabs</i>              | 1 |  |

## Blood Glucose Regulators

### Antidiabetic Agents

|   |   |                            |
|---|---|----------------------------|
| <i>acarbose tabs</i>  | 2 |                            |
| ACTOPLUS MET TABS 850MG; 15MG   | 4 |                            |
| ALOGLIPTIN  | 3 | QL (30 EA per 30 days) ST  |
| ALOGLIPTIN/METFORMIN HCL  | 3 | ST                         |
| ALOGLIPTIN/METFORMIN HYDROCHLORIDE  | 3 | ST                         |
| ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG | 3 | ST                         |
| BYDUREON BCISE  | 3 | QL (3.4 ML per 28 days) PA |
| BYETTA INJ 10MCG/0.04ML   | 3 | QL (2.4 ML per 28 days) PA |
| BYETTA INJ 5MCG/0.02ML  | 3 | QL (4.8 ML per 28 days) PA |
| CYCLOSET  | 3 |                            |
| DUETACT   | 4 |                            |
| FARXIGA   | 3 | ST                         |
| <i>glimepiride</i>  | 1 |                            |

| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| <i>glipizide er tb24 2.5mg, 5mg</i>                         | 1         |                            |
| <i>glipizide er tb24 10mg</i>                               | 2         |                            |
| <i>glipizide/metformin hydrochloride</i>                    | 2         |                            |
| <i>glipizide tabs 10mg, 5mg</i>                             | 1         |                            |
| GLUCOTROL XL  | 4         |                            |
| <i>glyburide micronized tabs 1.5mg, 3mg</i>                 | 1         |                            |
| <i>glyburide micronized tabs 6mg</i>                        | 2         |                            |
| <i>glyburide/metformin hydrochloride</i>                    | 2         |                            |
| <i>glyburide tabs 1.25mg, 2.5mg</i>                         | 1         |                            |
| <i>glyburide tabs 5mg</i>                                   | 2         |                            |
| GLYNASE   | 4         |                            |
| GLYXAMBI  | 3         |                            |
| INPEFA  | 3         | ST                         |
| INVOKAMET   | 3         |                            |
| INVOKAMET XR  | 3         |                            |
| INVOKANA  | 3         |                            |
| JANUMET   | 3         |                            |
| JANUMET XR  | 3         |                            |
| JANUVIA   | 3         | QL (30 EA per 30 days)     |
| JARDIANCE   | 3         |                            |
| JENTADUETO XR   | 3         |                            |
| JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG                 | 3         |                            |
| KAZANO  | 4         | ST                         |
| KOMBIGLYZE XR   | 3         | ST                         |
| <i>metformin hydrochloride er tb24 500mg, 750mg</i>         | 1         |                            |
| <i>metformin hydrochloride er tb24 1000mg, 500mg</i>        | 2         |                            |
| <i>metformin hydrochloride er tb24 1000mg, 500mg</i>        | 2         | PA                         |
| <i>metformin hydrochloride soln</i>                         | 2         |                            |
| METFORMIN HYDROCHLORIDE TABS 625MG                          | 5         | PA NDS                     |
| <i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>    | 1         |                            |
| MIGLITOL  | 2         |                            |
| MOUNJARO  | 3         | QL (2 ML per 28 days) PA   |
| <i>nateglinide tabs 60mg</i>                                | 1         |                            |
| <i>nateglinide tabs 120mg</i>                               | 2         |                            |
| NESINA  | 4         | QL (30 EA per 30 days) ST  |
| ONGLYZA   | 3         | QL (30 EA per 30 days) ST  |
| OSENI TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG | 4         | ST                         |
| OZEMPIC INJ 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML    | 3         | QL (3 ML per 28 days) PA   |
| <i>pioglitazone hcl-glimepiride</i>                         | 2         |                            |
| <i>pioglitazone hcl/metformin hcl</i>                       | 2         |                            |
| <i>pioglitazone hcl tabs 45mg</i>                           | 2         |                            |
| <i>pioglitazone hydrochloride tabs 15mg, 30mg</i>           | 2         |                            |
| QTERN   | 3         | ST                         |
| <i>repaglinide tabs 1mg</i>                                 | 1         |                            |
| <i>repaglinide tabs 0.5mg, 2mg</i>                          | 2         |                            |
| RYBELSUS TABS 14MG, 7MG                                     | 3         | QL (30 EA per 30 days) PA  |
| RYBELSUS TABS 3MG   | 3         | QL (60 EA per 365 days) PA |

| Drug Name                      | Drug Tier | Requirements/Limits      |
|--------------------------------|-----------|--------------------------|
| SEGLUROMET                     | 3         | ST                       |
| SOLIQUA 100/33                 | 3         |                          |
| STEGLATRO                      | 3         | ST                       |
| STEGLUJAN                      | 3         | ST                       |
| SYMLINPEN 120                  | 5         | PA NDS                   |
| SYMLINPEN 60                   | 5         | PA NDS                   |
| SYNJARDY                       | 3         |                          |
| SYNJARDY XR                    | 3         |                          |
| TRADJENTA                      | 3         | QL (30 EA per 30 days)   |
| TRIJARDY XR                    | 3         |                          |
| TRULICITY                      | 3         | QL (2 ML per 28 days) PA |
| VICTOZA                        | 3         | QL (9 ML per 30 days) PA |
| XIGDUO XR                      | 3         | ST                       |
| XULTOPHY 100/3.6               | 3         |                          |
| <b>Glycemic Agents</b>         |           |                          |
| BAQSIMI ONE PACK               | 3         |                          |
| <i>diazoxide susp</i>          | 2         |                          |
| GLUCAGEN HYPOKIT               | 3         | ST                       |
| GLUCAGON EMERGENCY KIT         | 4         |                          |
| GVOKE HYPOPEN 2-PACK           | 3         |                          |
| GVOKE KIT                      | 3         |                          |
| GVOKE PFS                      | 3         |                          |
| PROGLYCEM                      | 4         |                          |
| ZEGALOGUE                      | 3         | ST                       |
| <b>Insulins</b>                |           |                          |
| ADMELOG                        | 4         | ST                       |
| ADMELOG SOLOSTAR               | 4         | ST                       |
| AFREZZA POWD 4UNIT, 8UNIT      | 3         | PA                       |
| AFREZZA POWD 0, 12UNIT         | 5         | PA NDS                   |
| APIDRA                         | 3         |                          |
| APIDRA SOLOSTAR                | 3         |                          |
| BASAGLAR KWIKPEN               | 3         | ST                       |
| BASAGLAR TEMPO PEN             | 3         | ST                       |
| FIASP                          | 3         | ST                       |
| FIASP FLEXTOUCH                | 3         | ST                       |
| FIASP PENFILL                  | 3         | ST                       |
| HUMALOG                        | 3         |                          |
| HUMALOG JUNIOR KWIKPEN         | 3         |                          |
| HUMALOG KWIKPEN                | 3         |                          |
| HUMALOG MIX 50/50              | 3         |                          |
| HUMALOG MIX 50/50 KWIKPEN      | 3         |                          |
| HUMALOG MIX 75/25              | 3         |                          |
| HUMALOG MIX 75/25 KWIKPEN      | 3         |                          |
| HUMULIN 70/30                  | 3         |                          |
| HUMULIN 70/30 KWIKPEN          | 3         |                          |
| HUMULIN N                      | 3         |                          |
| HUMULIN N KWIKPEN              | 3         |                          |
| HUMULIN R                      | 3         |                          |
| HUMULIN R U-500 (CONCENTRATED) | 3         |                          |

| Drug Name                                       | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| HUMULIN R U-500 KWIKPEN                         | 3         |                     |
| INSULIN ASPART                                  | 3         |                     |
| INSULIN ASPART FLEXPEN                          | 3         |                     |
| INSULIN ASPART PENFILL                          | 3         |                     |
| INSULIN ASPART PROTAMINE/INSULIN ASPART         | 3         |                     |
| INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN | 3         |                     |
| INSULIN GLARGINE                                | 3         | PA                  |
| INSULIN GLARGINE SOLOSTAR                       | 3         | PA                  |
| INSULIN GLARGINE-YFGN                           | 3         | ST                  |
| INSULIN LISPRO                                  | 3         |                     |
| INSULIN LISPRO JUNIOR KWIKPEN                   | 3         |                     |
| INSULIN LISPRO KWIKPEN                          | 3         |                     |
| INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN | 3         |                     |
| LANTUS  | 3         |                     |
| LANTUS SOLOSTAR                                 | 3         |                     |
| LEVEMIR   | 3         |                     |
| LEVEMIR FLEXPEN                                 | 3         |                     |
| LYUMJEV   | 3         |                     |
| LYUMJEV KWIKPEN                                 | 3         |                     |
| NOVOLIN 70/30                                   | 3         |                     |
| NOVOLIN 70/30 FLEXPEN                           | 3         |                     |
| NOVOLIN N                                       | 3         |                     |
| NOVOLIN N FLEXPEN                               | 3         |                     |
| NOVOLIN R                                       | 3         |                     |
| NOVOLIN R FLEXPEN                               | 3         |                     |
| NOVOLOG   | 3         |                     |
| NOVOLOG FLEXPEN                                 | 3         |                     |
| NOVOLOG MIX 70/30                               | 3         |                     |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN             | 3         |                     |
| NOVOLOG PENFILL                                 | 3         |                     |
| REZVOGLAR KWIKPEN                               | 3         | ST                  |
| SEMGLEE   | 3         | ST                  |
| TOUJEO MAX SOLOSTAR                             | 3         |                     |
| TOUJEO SOLOSTAR                                 | 3         |                     |
| TRESIBA   | 3         |                     |
| TRESIBA FLEXTOUCH                               | 3         |                     |

### Blood Products and Modifiers

#### Anticoagulants

|  |   |                          |
|--|---|--------------------------|
| ARIXTRA INJ 2.5MG/0.5ML  | 4 |                          |
| ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML   | 5 | NDS                      |
| <i>dabigatran etexilate</i>  | 2 | QL (60 EA per 30 days)   |
| ELIQUIS STARTER PACK   | 3 | QL (148 EA per 365 days) |
| ELIQUIS TABS 2.5MG   | 3 | QL (60 EA per 30 days)   |
| ELIQUIS TABS 5MG   | 3 | QL (90 EA per 30 days)   |
| <i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i> | 2 |                          |
| <i>fondaparinux sodium inj 2.5mg/0.5ml</i>   | 2 |                          |



| Drug Name  | Drug Tier | Requirements/Limits            |
|--|-----------|--------------------------------|
| <i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>  | 5         | NDS                            |
| FRAGMIN INJ 2500UNIT/0.2ML   | 3         |                                |
| FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML,<br>15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML,<br>7500UNIT/0.3ML, 95000UNIT/3.8ML              | 5         | NDS                            |
| <i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml,<br/>5000unit/ml</i>   | 2         |                                |
| <i>jantoven tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>  | 1         |                                |
| <i>jantoven tabs 1mg, 7.5mg</i>  | 2         |                                |
| LOVENOX INJ 120MG/0.8ML, 150MG/ML, 30MG/0.3ML,<br>40MG/0.4ML   | 4         |                                |
| LOVENOX INJ 100MG/ML, 60MG/0.6ML, 80MG/0.8ML   | 5         | NDS                            |
| PRADAXA CAPS   | 4         | QL (60 EA per 30 days)         |
| SAVAYSA  | 4         | QL (30 EA per 30 days)         |
| <i>warfarin sodium tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>   | 1         |                                |
| <i>warfarin sodium tabs 1mg, 7.5mg</i>   | 2         |                                |
| XARELTO STARTER PACK   | 3         | QL (102 EA per 365 days)       |
| XARELTO SUSR   | 3         | QL (600 ML per 30 days)        |
| XARELTO TABS 10MG, 20MG  | 3         | QL (30 EA per 30 days)         |
| XARELTO TABS 15MG, 2.5MG   | 3         | QL (60 EA per 30 days)         |
| ZONTIVITY  | 3         |                                |
| <b>Blood Products and Modifiers, Other</b>   |           |                                |
| AGRYLIN CAPS 0.5MG   | 4         |                                |
| <i>anagrelide hydrochloride</i>  | 2         |                                |
| ARANESP ALBUMIN FREE INJ 10MCG/0.4ML,<br>25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML   | 3         | PA                             |
| ARANESP ALBUMIN FREE INJ 100MCG/0.5ML,<br>100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML,<br>200MCG/ML, 300MCG/0.6ML, 500MCG/ML,<br>60MCG/0.3ML, 60MCG/ML | 5         | PA NDS                         |
| EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML,<br>3000UNIT/ML, 4000UNIT/ML  | 3         | PA                             |
| EPOGEN INJ 20000UNIT/ML  | 5         | PA NDS                         |
| FULPHILA   | 5         | PA NDS                         |
| FYLNETRA   | 5         | PA NDS                         |
| GRANIX   | 5         | ST NDS                         |
| LEUKINE INJ 250MCG   | 5         | PA NDS                         |
| MULPLETA   | 5         | PA NDS                         |
| NEULASTA   | 5         | PA NDS                         |
| NEUPOGEN   | 5         | ST NDS                         |
| NIVESTYM   | 5         | NDS                            |
| NYVEPRIA   | 5         | PA NDS                         |
| OXBRYTA TBSO   | 5         | QL (240 EA per 30 days) PA NDS |
| OXBRYTA TABS 500MG   | 5         | QL (150 EA per 30 days) PA NDS |
| OXBRYTA TABS 300MG   | 5         | QL (240 EA per 30 days) PA NDS |
| PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML,<br>3000UNIT/ML, 4000UNIT/ML   | 3         | PA                             |
| PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML   | 5         | PA NDS                         |
| PROMACTA   | 5         | PA NDS                         |

| Drug Name   | Drug Tier | Requirements/Limits            |
|---|-----------|--------------------------------|
| PYRUKYND TAPER PACK   | 5         | QL (30 EA per 30 days) PA NDS  |
| PYRUKYND TABS 50MG  | 5         | QL (120 EA per 30 days) PA NDS |
| PYRUKYND TABS 20MG, 5MG   | 5         | QL (60 EA per 30 days) PA NDS  |
| RELEUKO INJ 300MCG/0.5ML, 480MCG/0.8ML  | 5         | ST NDS                         |
| RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML,<br>20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML,<br>4000UNIT/ML | 3         | PA                             |
| RETACRIT INJ 40000UNIT/ML   | 5         | PA NDS                         |
| UDENYCA   | 5         | PA NDS                         |
| ZARXIO  | 5         | NDS                            |
| ZIEXTENZO   | 5         | PA NDS                         |
| <b>Hemostasis Agents</b>  |           |                                |
| <i>tranexamic acid tabs</i>   | 2         |                                |
| <b>Platelet Modifying Agents</b>  |           |                                |
| <i>aspirin/dipyridamole er</i>  | 2         |                                |
| BRILINTA  | 3         |                                |
| CABLIVI   | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>cilostazol</i>   | 1         |                                |
| <i>clopidogrel tabs 75mg</i>  | 2         |                                |
| <i>dipyridamole tabs</i>  | 2         |                                |
| DOPTELET  | 5         | PA NDS                         |
| EFFIENT   | 4         |                                |
| PLAVIX TABS 75MG  | 4         |                                |
| <i>prasugrel</i>  | 2         |                                |
| TAVALISSE   | 5         | PA NDS                         |
| <b>Cardiovascular Agents</b>  |           |                                |
| <b>Alpha-adrenergic Agonists</b>  |           |                                |
| CATAPRES-TTS-1  | 4         |                                |
| CATAPRES-TTS-2  | 4         |                                |
| CATAPRES-TTS-3  | 4         |                                |
| <i>clonidine hcl ptwk</i>   | 2         |                                |
| <i>clonidine hydrochloride tabs</i>   | 1         |                                |
| <i>droxidopa</i>  | 5         | PA NDS                         |
| <i>guanfacine hydrochloride tabs 1mg</i>  | 1         |                                |
| <i>guanfacine hydrochloride tabs 2mg</i>  | 2         |                                |
| <i>midodrine hcl</i>  | 2         |                                |
| <b>Alpha-adrenergic Blocking Agents</b>   |           |                                |
| DIBENZYLINE   | 5         | PA NDS                         |
| MINIPRESS   | 4         |                                |
| <i>phenoxybenzamine hydrochloride</i>   | 5         | PA NDS                         |
| <i>prazosin hydrochloride caps</i>  | 2         |                                |
| <b>Angiotensin II Receptor Antagonists</b>  |           |                                |
| ATACAND   | 4         |                                |
| AVAPRO  | 4         |                                |
| BENICAR   | 4         |                                |
| <i>candesartan cilexetil</i>  | 2         |                                |
| COZAAR  | 4         |                                |
| DIOVAN TABS   | 4         |                                |
| EDARBI  | 3         |                                |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>irbesartan</i>                                     | 2         |                     |
| <i>losartan potassium tabs</i>                        | 1         |                     |
| MICARDIS  | 4         |                     |
| <i>olmesartan medoxomil tabs</i>                      | 2         |                     |
| <i>telmisartan</i>                                    | 2         |                     |
| <i>valsartan tabs</i>                                 | 1         |                     |
| <b>Angiotensin-converting Enzyme (ACE) Inhibitors</b> |           |                     |
| ALTACE CAPS   | 4         |                     |
| <i>benazepril hcl tabs 10mg, 40mg, 5mg</i>            | 1         |                     |
| <i>benazepril hydrochloride tabs 20mg</i>             | 1         |                     |
| <i>captopril tabs 25mg, 50mg</i>                      | 1         |                     |
| <i>captopril tabs 100mg, 12.5mg</i>                   | 2         |                     |
| <i>enalapril maleate soln</i>                         | 2         |                     |
| <i>enalapril maleate tabs 10mg, 5mg</i>               | 1         |                     |
| <i>enalapril maleate tabs 2.5mg, 20mg</i>             | 2         |                     |
| <i>fosinopril sodium tabs 20mg</i>                    | 1         |                     |
| <i>fosinopril sodium tabs 10mg, 40mg</i>              | 2         |                     |
| <i>lisinopril tabs</i>                                | 1         |                     |
| LOTENSIN TABS 10MG, 20MG, 40MG                        | 4         |                     |
| <i>moexipril hcl</i>                                  | 2         |                     |
| PERINDOPRIL ERBUMINE TABS 8MG                         | 2         |                     |
| <i>perindopril erbumine tabs 2mg, 4mg</i>             | 2         |                     |
| <i>quinapril hydrochloride tabs 10mg</i>              | 1         |                     |
| <i>quinapril hydrochloride tabs 20mg, 40mg, 5mg</i>   | 2         |                     |
| <i>ramipril caps 10mg, 2.5mg, 5mg</i>                 | 1         |                     |
| <i>ramipril caps 1.25mg</i>                           | 2         |                     |
| <i>trandolapril tabs 2mg</i>                          | 1         |                     |
| <i>trandolapril tabs 1mg, 4mg</i>                     | 2         |                     |
| ZESTRIL   | 4         |                     |
| <b>Antiarrhythmics</b>                                |           |                     |
| <i>amiodarone hydrochloride tabs</i>                  | 2         |                     |
| BETAPACE AF TABS 80MG                                 | 4         |                     |
| BETAPACE AF TABS 120MG, 160MG                         | 5         | NDS                 |
| DIGOXIN SOLN  | 2         |                     |
| <i>digoxin tabs 125mcg, 250mcg, 62.5mcg</i>           | 2         |                     |
| <i>disopyramide phosphate caps</i>                    | 2         |                     |
| <i>dofetilide</i>                                     | 2         |                     |
| <i>flecainide acetate</i>                             | 2         |                     |
| LANOXIN TABS 125MCG, 250MCG, 62.5MCG                  | 4         |                     |
| <i>mexiletine hcl</i>                                 | 2         |                     |
| MULTAQ  | 3         |                     |
| NORPACE   | 4         |                     |
| NORPACE CR  | 3         |                     |
| <i>pacerone tabs 100mg, 200mg, 400mg</i>              | 4         |                     |
| <i>propafenone hcl</i>                                | 2         |                     |
| <i>propafenone hydrochloride er</i>                   | 2         |                     |
| <i>quinidine gluconate cr</i>                         | 2         |                     |
| QUINIDINE SULFATE TABS                                | 2         |                     |
| <i>sorine</i>   | 2         |                     |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>sotalol hcl</i>  | 2         |                     |
| <i>sotalol hydrochloride (af)</i>                           | 2         |                     |
| SOTYLIZE  | 3         |                     |
| TIKOSYN   | 4         |                     |
| <b>Beta-adrenergic Blocking Agents</b>                      |           |                     |
| <i>acebutolol hydrochloride caps 200mg</i>                  | 1         |                     |
| <i>acebutolol hydrochloride caps 400mg</i>                  | 2         |                     |
| <i>atenolol tabs</i>  | 1         |                     |
| <i>betaxolol hcl tabs 10mg, 20mg</i>                        | 2         |                     |
| <i>bisoprolol fumarate</i>                                  | 2         |                     |
| BYSTOLIC  | 4         |                     |
| <i>carvedilol</i>   | 1         |                     |
| <i>carvedilol phosphate er</i>                              | 2         |                     |
| COREG TABS 25MG   | 4         | ST                  |
| <i>labetalol hydrochloride tabs</i>                         | 2         |                     |
| LOPRESSOR TABS  | 4         |                     |
| <i>metoprolol succinate er</i>                              | 2         |                     |
| <i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>           | 1         |                     |
| <i>metoprolol tartrate tabs 37.5mg, 75mg</i>                | 2         |                     |
| <i>nadolol tabs 20mg, 40mg, 80mg</i>                        | 2         |                     |
| <i>nebivolol hydrochloride</i>                              | 2         |                     |
| <i>pindolol tabs</i>  | 2         |                     |
| <i>propranolol hcl er cp24 120mg, 160mg</i>                 | 2         |                     |
| PROPRANOLOL HCL SOLN 40MG/5ML                               | 2         |                     |
| <i>propranolol hcl soln 20mg/5ml</i>                        | 2         |                     |
| <i>propranolol hcl tabs 40mg</i>                            | 2         |                     |
| <i>propranolol hydrochloride er cp24 60mg, 80mg</i>         | 2         |                     |
| <i>propranolol hydrochloride tabs 10mg</i>                  | 1         |                     |
| <i>propranolol hydrochloride tabs 20mg, 60mg, 80mg</i>      | 2         |                     |
| TENORMIN TABS   | 4         |                     |
| TOPROL XL   | 4         |                     |
| <b>Calcium Channel Blocking Agents, Dihydropyridines</b>    |           |                     |
| <i>amlodipine besylate tabs</i>                             | 1         |                     |
| <i>felodipine er</i>  | 2         |                     |
| <i>isradipine</i>   | 2         |                     |
| <i>nicardipine hcl caps</i>                                 | 2         |                     |
| <i>nifedipine er</i>  | 2         |                     |
| <i>nifedipine caps</i>                                      | 2         |                     |
| <i>nimodipine caps</i>                                      | 2         |                     |
| NISOLDIPINE ER TB24 20MG, 25.5MG, 30MG, 40MG                | 2         |                     |
| <i>nisoldipine er tb24 17mg, 34mg, 8.5mg</i>                | 2         |                     |
| NORVASC   | 4         |                     |
| NYMALIZE SOLN 6MG/ML  | 5         | NDS                 |
| SULAR TB24 17MG, 34MG, 8.5MG                                | 4         |                     |
| <b>Calcium Channel Blocking Agents, Nondihydropyridines</b> |           |                     |
| CARDIZEM LA TB24 120MG                                      | 3         |                     |
| CARDIZEM LA TB24 180MG, 240MG, 300MG, 360MG, 420MG          | 4         |                     |
| CARDIZEM TABS 30MG  | 4         |                     |

| Drug Name   | Drug Tier | Requirements/Limits           |
|---|-----------|-------------------------------|
| CARDIZEM TABS 120MG, 60MG   | 5         | NDS                           |
| <i>cartia xt</i>  | 2         |                               |
| <i>dilt-xr</i>  | 2         |                               |
| <i>diltiazem hcl er cp24 420mg</i>  | 2         |                               |
| <i>diltiazem hcl er cp12</i>  | 2         |                               |
| <i>diltiazem hcl er tb24 420mg</i>  | 2         |                               |
| <i>diltiazem hcl tabs 90mg</i>  | 1         |                               |
| <i>diltiazem hcl tabs 30mg, 60mg</i>  | 2         |                               |
| <i>diltiazem hydrochloride er cp24</i>  | 2         |                               |
| <i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>                    | 2         |                               |
| <i>diltiazem hydrochloride tabs 120mg</i>   | 2         |                               |
| <i>matzim la</i>  | 2         |                               |
| <i>taztia xt</i>  | 2         |                               |
| <i>tiadylt er</i>   | 2         |                               |
| TIAZAC  | 4         |                               |
| <i>verapamil hcl er cp24 100mg, 300mg</i>   | 2         |                               |
| <i>verapamil hcl er tbcr 120mg, 240mg</i>   | 2         |                               |
| VERAPAMIL HCL SR CP24 360MG   | 2         |                               |
| <i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>  | 2         |                               |
| <i>verapamil hcl tabs 80mg</i>  | 1         |                               |
| <i>verapamil hcl tabs 40mg</i>  | 2         |                               |
| <i>verapamil hydrochloride er cp24 200mg</i>  | 2         |                               |
| <i>verapamil hydrochloride er tbcr 180mg</i>  | 2         |                               |
| <i>verapamil hydrochloride tabs 120mg</i>   | 1         |                               |
| VERELAN   | 4         |                               |
| VERELAN PM  | 4         |                               |
| <b>Cardiovascular Agents, Other</b>   |           |                               |
| <i>acetazolamide tabs 250mg</i>   | 2         |                               |
| <i>aliskiren</i>  | 2         |                               |
| AMILORIDE/HYDROCHLOROTHIAZIDE   | 2         |                               |
| <i>amlodipine besylate/atorvastatin calcium</i>   | 2         |                               |
| <i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 5mg; 10mg, 5mg; 20mg</i>   | 1         |                               |
| <i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg, 2.5mg; 10mg, 5mg; 40mg</i> | 2         |                               |
| <i>amlodipine besylate/valsartan</i>  | 2         |                               |
| <i>amlodipine/olmesartan medoxomil</i>  | 2         |                               |
| <i>amlodipine/valsartan/hydrochlorothiazide</i>   | 2         |                               |
| ATACAND HCT   | 4         |                               |
| <i>atenolol/chlorthalidone tabs 50mg; 25mg</i>  | 1         |                               |
| <i>atenolol/chlorthalidone tabs 100mg; 25mg</i>   | 2         |                               |
| AVALIDE   | 4         |                               |
| <i>benazepril hcl/hydrochlorothiazide</i>   | 2         |                               |
| BENICAR HCT   | 4         |                               |
| BIDIL   | 3         |                               |
| <i>bisoprolol fumarate/hydrochlorothiazide</i>  | 2         |                               |
| CAMZYOS   | 5         | QL (30 EA per 30 days) PA NDS |
| <i>candesartan cilexetil/hydrochlorothiazide</i>  | 2         |                               |

| Drug Name   | Drug Tier | Requirements/Limits           |
|---|-----------|-------------------------------|
| CORLANOR SOLN   | 3         | QL (450 ML per 30 days) PA    |
| CORLANOR TABS   | 3         | QL (60 EA per 30 days) PA     |
| DEMSER  | 5         | PA NDS                        |
| DIOVAN HCT  | 4         |                               |
| EDARBYCLOR  | 3         |                               |
| <i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>                          | 1         |                               |
| <i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>                         | 2         |                               |
| ENTRESTO  | 3         | QL (60 EA per 30 days)        |
| EXFORGE   | 4         |                               |
| EXFORGE HCT   | 4         |                               |
| <i>fosinopril sodium/hydrochlorothiazide</i>  | 2         |                               |
| HYZAAR  | 4         |                               |
| <i>irbesartan/hydrochlorothiazide</i>   | 2         |                               |
| <i>isosorbide dinitrate/hydralazine hydrochloride</i>                                 | 2         |                               |
| KERENDIA  | 3         | QL (30 EA per 30 days) PA     |
| <i>lisinopril/hydrochlorothiazide</i>   | 1         |                               |
| <i>losartan potassium/hydrochlorothiazide</i>   | 1         |                               |
| LOTREL CAPS 10MG; 20MG, 10MG; 40MG, 5MG; 10MG, 4<br>5MG; 20MG                         | 4         |                               |
| MAXZIDE   | 4         |                               |
| MAXZIDE-25  | 4         |                               |
| <i>metoprolol/hydrochlorothiazide</i>   | 2         |                               |
| <i>metyrosine</i>   | 5         | PA NDS                        |
| MICARDIS HCT  | 4         |                               |
| <i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>                            | 2         |                               |
| <i>olmesartan medoxomil/hydrochlorothiazide</i>                                       | 2         |                               |
| <i>pentoxifylline er</i>  | 2         |                               |
| <i>ranolazine er</i>  | 2         |                               |
| <i>spironolactone/hydrochlorothiazide</i>   | 2         |                               |
| TEKTURNA  | 4         |                               |
| TELMISARTAN/AMLODIPINE  | 2         |                               |
| <i>telmisartan/hydrochlorothiazide</i>  | 2         |                               |
| TENORETIC 100   | 4         |                               |
| TENORETIC 50  | 4         |                               |
| TRANDOLAPRIL/VERAPAMIL HCL ER   | 2         |                               |
| <i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>                              | 1         |                               |
| <i>triamterene/hydrochlorothiazide tabs</i>   | 1         |                               |
| TRIBENZOR   | 4         |                               |
| <i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg, 25mg;<br/>160mg, 25mg; 320mg</i> | 1         |                               |
| <i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg, 12.5mg;<br/>80mg</i>             | 2         |                               |
| VASERETIC TABS 10MG; 25MG   | 4         |                               |
| VECAMYL   | 5         | NDS                           |
| VYNDAMAX  | 5         | QL (30 EA per 30 days) PA NDS |
| ZESTORETIC  | 4         |                               |
| ZIAC  | 4         |                               |
| <b>Diuretics, Loop</b>  |           |                               |
| <i>bumetanide inj</i>   | 2         |                               |



| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>bumetanide tabs 1mg</i>                              | 1         |                     |
| <i>bumetanide tabs 0.5mg, 2mg</i>                       | 2         |                     |
| EDECIN TABS 25MG  | 5         | NDS                 |
| <i>ethacrynic acid tabs</i>                             | 2         |                     |
| FUROSCIX  | 3         | PA                  |
| <i>furosemide tabs</i>                                  | 1         |                     |
| <i>furosemide inj</i>                                   | 2         |                     |
| FUROSEMIDE ORAL SOLN 40MG/5ML                           | 2         |                     |
| <i>furosemide oral soln 10mg/ml</i>                     | 2         |                     |
| LASIX TABS  | 4         |                     |
| SOAANZ  | 3         | ST                  |
| <i>toremide tabs</i>                                    | 1         |                     |
| <b>Diuretics, Potassium-sparing</b>                     |           |                     |
| ALDACTONE   | 4         |                     |
| <i>amiloride hcl tabs</i>                               | 2         |                     |
| CAROSPIR  | 3         |                     |
| DYRENIUM  | 4         |                     |
| <i>epplerenone</i>                                      | 2         |                     |
| INSPRA  | 4         |                     |
| <i>spironolactone tabs 100mg, 25mg</i>                  | 1         |                     |
| <i>spironolactone tabs 50mg</i>                         | 2         |                     |
| <i>triamterene caps</i>                                 | 2         |                     |
| <b>Diuretics, Thiazide</b>                              |           |                     |
| <i>chlorthalidone tabs 25mg, 50mg</i>                   | 2         |                     |
| DIURIL SUSP   | 3         |                     |
| <i>hydrochlorothiazide caps, tabs</i>                   | 1         |                     |
| <i>indapamide tabs 1.25mg</i>                           | 1         |                     |
| <i>indapamide tabs 2.5mg</i>                            | 2         |                     |
| <i>metolazone</i>                                       | 2         |                     |
| THALITONE TABS 15MG                                     | 3         |                     |
| <b>Dyslipidemics, Fibrin Acid Derivatives</b>           |           |                     |
| FENOFIBRATE MICRONIZED CAPS 90MG                        | 3         | ST                  |
| <i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>   | 2         |                     |
| FENOFIBRATE CAPS 150MG, 50MG                            | 2         |                     |
| <i>fenofibrate caps 130mg, 43mg</i>                     | 2         |                     |
| <i>fenofibrate tabs 54mg</i>                            | 1         |                     |
| <i>fenofibrate tabs 120mg, 145mg, 160mg, 40mg, 48mg</i> | 2         |                     |
| <i>fenofibrin acid dr</i>                               | 2         |                     |
| <i>gemfibrozil tabs</i>                                 | 2         |                     |
| LIPOFEN   | 3         | ST                  |
| LOPID TABS  | 4         | ST                  |
| TRICOR TABS 145MG, 48MG                                 | 4         | ST                  |
| TRILIPIX  | 4         | ST                  |
| <b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>      |           |                     |
| ATORVALIQ   | 3         | ST                  |
| <i>atorvastatin calcium</i>                             | 1         |                     |
| CRESTOR   | 4         |                     |
| EZALLOR SPRINKLE  | 3         | ST                  |
| <i>fluvastatin</i>                                      | 2         |                     |

| Drug Name  | Drug Tier | Requirements/Limits           |
|--|-----------|-------------------------------|
| <i>fluvastatin sodium er</i>                           | 2         |                               |
| LESCOL XL  | 4         | ST                            |
| LIPITOR  | 4         | ST                            |
| LIVALO   | 3         |                               |
| <i>lovastatin tabs</i>                                 | 1         |                               |
| <i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>        | 1         |                               |
| <i>pravastatin sodium tabs 80mg</i>                    | 2         |                               |
| <i>rosuvastatin calcium tabs 10mg, 20mg, 40mg</i>      | 1         |                               |
| <i>rosuvastatin calcium tabs 5mg</i>                   | 2         |                               |
| <i>simvastatin tabs</i>                                | 1         |                               |
| ZOCOR TABS 10MG, 20MG, 40MG                            | 4         |                               |
| ZYPITAMAG TABS 2MG, 4MG                                | 3         | ST                            |
| <b>Dyslipidemics, Other</b>                            |           |                               |
| <i>cholestyramine light pack</i>                       | 2         |                               |
| <i>cholestyramine pack</i>                             | 2         |                               |
| <i>colesevelam hydrochloride</i>                       | 2         |                               |
| COLESTID TABS  | 4         |                               |
| <i>colestipol hcl pack, tabs</i>                       | 2         |                               |
| <i>ezetimibe</i>                                       | 2         |                               |
| <i>ezetimibe/simvastatin</i>                           | 2         |                               |
| <i>icosapent ethyl</i>                                 | 2         |                               |
| JUXTAPID CAPS 10MG, 5MG                                | 5         | QL (30 EA per 30 days) PA NDS |
| JUXTAPID CAPS 20MG, 30MG                               | 5         | QL (60 EA per 30 days) PA NDS |
| LOVAZA   | 4         |                               |
| NEXLETOL   | 3         | QL (30 EA per 30 days) PA     |
| NEXLIZET   | 3         | QL (30 EA per 30 days) PA     |
| <i>niacin er</i>                                       | 2         |                               |
| NIACIN TABS 500MG                                      | 2         |                               |
| <i>omega-3-acid ethyl esters</i>                       | 2         |                               |
| PRALUENT   | 3         | QL (2 ML per 28 days) PA      |
| <i>prevalite pack</i>                                  | 2         |                               |
| QUESTRAN LIGHT POWD                                    | 4         |                               |
| QUESTRAN POWD  | 4         |                               |
| REPATHA  | 3         | QL (3 ML per 28 days) PA      |
| REPATHA PUSHTRONEX SYSTEM                              | 3         | QL (7 ML per 28 days) PA      |
| REPATHA SURECLICK                                      | 3         | QL (3 ML per 28 days) PA      |
| VASCEPA CAPS 0.5GM                                     | 3         |                               |
| VASCEPA CAPS 1GM                                       | 4         |                               |
| VYTORIN  | 4         | ST                            |
| WELCHOL  | 4         |                               |
| ZETIA  | 4         |                               |
| <b>Vasodilators, Direct-acting Arterial/Venous</b>     |           |                               |
| ISORDIL TITRADOSE TABS 5MG                             | 4         |                               |
| ISORDIL TITRADOSE TABS 40MG                            | 5         | NDS                           |
| <i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i> | 2         |                               |
| <i>isosorbide dinitrate tabs 40mg</i>                  | 2         | NDS                           |
| ISOSORBIDE MONONITRATE                                 | 2         |                               |
| <i>isosorbide mononitrate er</i>                       | 1         |                               |
| NITRO-BID  | 3         |                               |

| Drug Name  | Drug Tier | Requirements/Limits            |
|--|-----------|--------------------------------|
| <i>nitroglycerin lingual soln</i>  | 2         |                                |
| <i>nitroglycerin transdermal</i>   | 2         |                                |
| <i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>  | 2         |                                |
| NITROLINGUAL PUMPSPRAY   | 4         |                                |
| NITROSTAT SUBL   | 4         |                                |
| VERQUVO  | 3         | QL (30 EA per 30 days) PA      |
| <b>Vasodilators, Direct-acting Arterial</b>  |           |                                |
| <i>hydralazine hcl tabs 10mg</i>   | 1         |                                |
| <i>hydralazine hydrochloride tabs 25mg, 50mg</i>   | 1         |                                |
| <i>hydralazine hydrochloride tabs 100mg</i>  | 2         |                                |
| <i>minoxidil tabs</i>  | 2         |                                |
| <b>Central Nervous System Agents</b>   |           |                                |
| <b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>                                 |           |                                |
| ADDERALL XR  | 4         | QL (60 EA per 30 days) ST      |
| ADDERALL TABS 1.25MG; 1.25MG; 1.25MG; 1.25MG, 1.875MG; 1.875MG; 1.875MG; 1.875MG, 5MG; 5MG; 5MG; 5MG | 4         | QL (90 EA per 30 days) ST      |
| ADZENYS XR-ODT   | 3         | QL (30 EA per 30 days) ST      |
| <i>amphetamine sulfate</i>   | 2         | QL (180 EA per 30 days)        |
| <i>amphetamine/dextroamphetamine cp24</i>  | 2         | QL (60 EA per 30 days)         |
| <i>amphetamine/dextroamphetamine tabs</i>  | 2         | QL (90 EA per 30 days)         |
| AZSTARYS   | 3         | QL (30 EA per 30 days) ST      |
| DEXEDRINE CP24 15MG  | 5         | QL (120 EA per 30 days) ST NDS |
| DEXEDRINE CP24 10MG  | 5         | QL (180 EA per 30 days) ST NDS |
| <i>dextroamphetamine sulfate er cp24 15mg</i>  | 2         | QL (120 EA per 30 days)        |
| <i>dextroamphetamine sulfate er cp24 10mg</i>  | 2         | QL (180 EA per 30 days)        |
| <i>dextroamphetamine sulfate er cp24 5mg</i>   | 2         | QL (60 EA per 30 days)         |
| <i>dextroamphetamine sulfate soln</i>  | 2         | QL (1800 ML per 30 days)       |
| <i>dextroamphetamine sulfate tabs 10mg</i>   | 2         | QL (180 EA per 30 days)        |
| <i>dextroamphetamine sulfate tabs 30mg</i>   | 2         | QL (60 EA per 30 days)         |
| <i>dextroamphetamine sulfate tabs 15mg, 20mg, 5mg</i>  | 2         | QL (90 EA per 30 days)         |
| DYANAVEL XR SUER   | 3         | QL (240 ML per 30 days)        |
| DYANAVEL XR CHER   | 3         | QL (30 EA per 30 days) ST      |
| EVEKEO   | 4         | QL (180 EA per 30 days) ST     |
| EVEKEO ODT TBDP 15MG   | 3         | QL (120 EA per 30 days) ST     |
| EVEKEO ODT TBDP 10MG, 5MG  | 3         | QL (180 EA per 30 days) ST     |
| EVEKEO ODT TBDP 20MG   | 3         | QL (90 EA per 30 days) ST      |
| <i>methamphetamine hcl</i>   | 2         | QL (150 EA per 30 days) PA     |
| MYDAYIS  | 3         | QL (30 EA per 30 days) ST      |
| <i>procentra</i>   | 4         | QL (1800 ML per 30 days) ST    |
| VYVANSE  | 3         | QL (30 EA per 30 days) PA      |
| XELSTRYM   | 3         | QL (30 EA per 30 days) ST      |
| ZENZEDI TABS 2.5MG, 7.5MG  | 3         | QL (240 EA per 30 days) ST     |
| <i>zenzedi tabs 10mg</i>   | 4         | QL (180 EA per 30 days) ST     |
| <i>zenzedi tabs 30mg</i>   | 4         | QL (60 EA per 30 days) ST      |
| <i>zenzedi tabs 15mg, 20mg, 5mg</i>  | 4         | QL (90 EA per 30 days) ST      |
| <b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>                             |           |                                |
| APTENSIO XR  | 4         | QL (30 EA per 30 days) ST      |

| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| <i>atomoxetine hydrochloride caps 25mg</i>  | 2         | QL (30 EA per 30 days)     |
| <i>atomoxetine hydrochloride caps 10mg</i>  | 2         | QL (60 EA per 30 days)     |
| <i>atomoxetine caps 100mg, 18mg, 40mg, 60mg, 80mg</i>                                 | 2         | QL (30 EA per 30 days)     |
| <i>clonidine hydrochloride er</i>   | 2         |                            |
| CONCERTA TBCR 18MG, 27MG, 54MG  | 4         | QL (30 EA per 30 days) ST  |
| CONCERTA TBCR 36MG  | 4         | QL (60 EA per 30 days) ST  |
| COTEMPLA XR-ODT TBED 8.6MG  | 3         | QL (180 EA per 30 days) ST |
| COTEMPLA XR-ODT TBED 25.9MG   | 3         | QL (60 EA per 30 days) ST  |
| COTEMPLA XR-ODT TBED 17.3MG   | 3         | QL (90 EA per 30 days) ST  |
| DAYTRANA  | 3         | QL (30 EA per 30 days) ST  |
| <i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>                                      | 2         | QL (30 EA per 30 days)     |
| <i>dexmethylphenidate hcl tabs 10mg, 5mg</i>  | 2         | QL (60 EA per 30 days)     |
| <i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>           | 2         | QL (30 EA per 30 days)     |
| <i>dexmethylphenidate hydrochloride cp24</i>  | 2         | QL (30 EA per 30 days)     |
| <i>dexmethylphenidate hydrochloride tabs 2.5mg</i>                                    | 2         | QL (60 EA per 30 days)     |
| FOCALIN   | 4         | QL (60 EA per 30 days) ST  |
| FOCALIN XR  | 4         | QL (30 EA per 30 days) ST  |
| <i>guanfacine er tb24 2mg</i>   | 2         |                            |
| <i>guanfacine hydrochloride tb24 1mg, 3mg, 4mg</i>                                    | 2         |                            |
| JORNAY PM   | 3         | QL (30 EA per 30 days) ST  |
| KAPVAY  | 4         | ST                         |
| METHYLIN SOLN   | 4         | ST                         |
| <i>methylphenidate</i>  | 2         | QL (30 EA per 30 days)     |
| <i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>             | 2         | QL (30 EA per 30 days)     |
| <i>methylphenidate hydrochloride er (la)</i>  | 2         | QL (30 EA per 30 days)     |
| <i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>                   | 2         | QL (30 EA per 30 days)     |
| <i>methylphenidate hydrochloride er cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i> | 2         | QL (30 EA per 30 days) ST  |
| <i>methylphenidate hydrochloride er cpcr 40mg</i>                                     | 2         | QL (30 EA per 30 days)     |
| METHYLPHENIDATE HYDROCHLORIDE ER TB24 18MG  | 2         | QL (30 EA per 30 days)     |
| <i>methylphenidate hydrochloride er tb24 27mg, 54mg</i>                               | 2         | QL (30 EA per 30 days)     |
| <i>methylphenidate hydrochloride er tb24 36mg</i>                                     | 2         | QL (60 EA per 30 days)     |
| METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG  | 2         | QL (30 EA per 30 days)     |
| METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45MG, 63MG                                      | 3         | QL (30 EA per 30 days) ST  |
| <i>methylphenidate hydrochloride er tbcr 10mg</i>                                     | 2         | QL (180 EA per 30 days)    |
| <i>methylphenidate hydrochloride er tbcr 18mg, 27mg, 54mg</i>                         | 2         | QL (30 EA per 30 days)     |
| <i>methylphenidate hydrochloride er tbcr 36mg</i>                                     | 2         | QL (60 EA per 30 days)     |
| <i>methylphenidate hydrochloride er tbcr 20mg</i>                                     | 2         | QL (90 EA per 30 days)     |
| <i>methylphenidate hydrochloride chew 10mg</i>  | 2         | QL (180 EA per 30 days)    |
| <i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>                                  | 2         | QL (90 EA per 30 days)     |
| <i>methylphenidate hydrochloride soln</i>   | 2         |                            |
| <i>methylphenidate hydrochloride tabs</i>   | 2         | QL (90 EA per 30 days)     |
| QELBREE CP24 100MG, 150MG   | 3         | QL (30 EA per 30 days) ST  |

| Drug Name   | Drug Tier | Requirements/Limits             |
|---|-----------|---------------------------------|
| QELBREE CP24 200MG  | 3         | QL (60 EA per 30 days) ST       |
| QUILLICHEW ER CHER 20MG, 40MG                                   | 3         | QL (30 EA per 30 days) ST       |
| QUILLICHEW ER CHER 30MG   | 3         | QL (60 EA per 30 days) ST       |
| QUILLIVANT XR   | 3         | QL (360 ML per 30 days) ST      |
| RELEXXII TBCR 45MG, 63MG  | 3         | QL (30 EA per 30 days) ST       |
| RELEXXII TBCR 72MG  | 4         | QL (30 EA per 30 days)          |
| RITALIN   | 4         | QL (90 EA per 30 days) ST       |
| RITALIN LA CP24 10MG, 20MG, 30MG, 40MG                          | 4         | QL (30 EA per 30 days) ST       |
| <b>Central Nervous System, Other</b>                            |           |                                 |
| AUSTEDO   | 5         | QL (120 EA per 30 days) PA NDS  |
| <i>butalbital/acetaminophen/caffeine caps</i>                   | 2         |                                 |
| <i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i> | 2         |                                 |
| <i>butalbital/acetaminophen caps</i>                            | 2         |                                 |
| <i>butalbital/acetaminophen tabs 300mg; 50mg, 325mg; 50mg</i>   | 2         |                                 |
| <i>butalbital/aspirin/caffeine caps</i>                         | 2         |                                 |
| DAYBUE  | 5         | QL (3600 ML per 30 days) PA NDS |
| ESGIC TABS  | 4         |                                 |
| FIORICET CAPS   | 4         |                                 |
| FIRDAPSE  | 5         | QL (240 EA per 30 days) PA NDS  |
| GRALISE TABS 300MG  | 3         | QL (180 EA per 30 days) ST      |
| GRALISE TABS 750MG, 900MG                                       | 3         | QL (60 EA per 30 days) ST       |
| GRALISE TABS 450MG, 600MG                                       | 3         | QL (90 EA per 30 days) ST       |
| HORIZANT  | 3         | QL (60 EA per 30 days) PA       |
| INGREZZA CPPK   | 5         | QL (56 EA per 365 days) PA NDS  |
| INGREZZA CAPS 60MG, 80MG  | 5         | QL (30 EA per 30 days) PA NDS   |
| INGREZZA CAPS 40MG  | 5         | QL (60 EA per 30 days) PA NDS   |
| NUEDEXTA  | 5         | PA NDS                          |
| QUVIVIQ   | 3         | QL (30 EA per 30 days) PA       |
| RADICAVA ORS STARTER KIT  | 5         | PA NDS                          |
| RELYVRIO  | 5         | QL (60 EA per 30 days) PA NDS   |
| RILUTEK   | 5         | PA NDS                          |
| <i>riluzole</i>   | 2         | PA                              |
| TENCON TABS 325MG; 50MG   | 3         |                                 |
| <i>tetrabenazine</i>  | 2         | PA NDS                          |
| TIGLUTIK  | 5         | PA NDS                          |
| VEOZAH  | 3         | QL (30 EA per 30 days) PA       |
| ZTALMY  | 5         | PA NDS                          |
| <b>Fibromyalgia Agents</b>                                      |           |                                 |
| LYRICA CR TB24 330MG  | 4         | QL (60 EA per 30 days)          |
| LYRICA CR TB24 165MG, 82.5MG                                    | 4         | QL (90 EA per 30 days)          |
| <i>pregabalin er tb24 330mg</i>                                 | 2         | QL (60 EA per 30 days)          |
| <i>pregabalin er tb24 165mg, 82.5mg</i>                         | 2         | QL (90 EA per 30 days)          |
| SAVELLA   | 3         | QL (60 EA per 30 days)          |
| SAVELLA TITRATION PACK  | 3         | QL (110 EA per 365 days)        |
| <b>Multiple Sclerosis Agents</b>                                |           |                                 |
| AMPYRA  | 5         | QL (60 EA per 30 days) PA NDS   |
| AUBAGIO   | 5         | QL (30 EA per 30 days) PA NDS   |
| AVONEX PEN  | 5         | QL (4 EA per 28 days) PA NDS    |
| AVONEX INJ 30MCG/0.5ML  | 5         | QL (4 EA per 28 days) PA NDS    |

| Drug Name                             | Drug Tier | Requirements/Limits             |
|---------------------------------------|-----------|---------------------------------|
| BAFIERTAM                             | 5         | QL (120 EA per 30 days) PA NDS  |
| BETASERON                             | 5         | QL (15 EA per 30 days) PA NDS   |
| COPAXONE INJ 40MG/ML                  | 5         | QL (12 ML per 28 days) PA NDS   |
| COPAXONE INJ 20MG/ML                  | 5         | QL (30 ML per 30 days) PA NDS   |
| <i>dalfampridine er</i>               | 2         | QL (60 EA per 30 days) PA       |
| <i>dimethyl fumarate</i>              | 2         | QL (60 EA per 30 days) PA NDS   |
| <i>dimethyl fumarate starterpack</i>  | 5         | QL (120 EA per 365 days) PA NDS |
| EXTAVIA                               | 5         | QL (15 EA per 30 days) PA NDS   |
| <i> fingolimod</i>                    | 5         | QL (30 EA per 30 days) PA NDS   |
| GILENYA                               | 5         | QL (30 EA per 30 days) PA NDS   |
| <i>glatiramer acetate inj 40mg/ml</i> | 5         | QL (12 ML per 28 days) PA NDS   |
| <i>glatiramer acetate inj 20mg/ml</i> | 5         | QL (30 ML per 30 days) PA NDS   |
| <i>glatopa inj 40mg/ml</i>            | 5         | QL (12 ML per 28 days) PA NDS   |
| <i>glatopa inj 20mg/ml</i>            | 5         | QL (30 ML per 30 days) PA NDS   |
| KESIMPTA                              | 5         | QL (0.4 ML per 28 days) PA NDS  |
| MAVENCLAD                             | 5         | PA NDS                          |
| MAYZENT STARTER PACK TBPk 0.25MG      | 3         | QL (14 EA per 365 days) PA NDS  |
| MAYZENT STARTER PACK TBPk 0.25MG      | 5         | QL (24 EA per 365 days) PA NDS  |
| MAYZENT TABS 0.25MG                   | 5         | QL (120 EA per 30 days) PA NDS  |
| MAYZENT TABS 1MG, 2MG                 | 5         | QL (30 EA per 30 days) PA NDS   |
| PLEGRIDY                              | 5         | QL (1 ML per 28 days) PA NDS    |
| PONVORY                               | 5         | QL (30 EA per 30 days) PA NDS   |
| PONVORY 14-DAY STARTER PACK           | 5         | QL (28 EA per 365 days) PA NDS  |
| REBIF                                 | 5         | QL (6 ML per 28 days) PA NDS    |
| REBIF REBIDOSE                        | 5         | QL (6 ML per 28 days) PA NDS    |
| REBIF REBIDOSE TITRATION PACK         | 5         | QL (8.4 ML per 365 days) PA NDS |
| REBIF TITRATION PACK                  | 5         | QL (8.4 ML per 365 days) PA NDS |
| TASCENSO ODT                          | 5         | QL (30 EA per 30 days) PA NDS   |
| <i>teriflunomide</i>                  | 5         | QL (30 EA per 30 days) PA NDS   |
| VUMERITY                              | 5         | QL (120 EA per 30 days) PA NDS  |
| ZEPOSIA                               | 5         | QL (30 EA per 30 days) PA NDS   |
| ZEPOSIA 7-DAY STARTER PACK            | 5         | QL (14 EA per 365 days) PA NDS  |
| ZEPOSIA STARTER KIT                   | 5         | QL (56 EA per 365 days) PA NDS  |

## Dental and Oral Agents

### Dental and Oral Agents

|   |   |  |
|---|---|--|
| <i>cevimeline hydrochloride</i>             | 2 |  |
| <i>chlorhexidine gluconate soln</i>         | 1 |  |
| <i>doxycycline hyclate tabs 20mg</i>        | 2 |  |
| EVOXAC                                      | 4 |  |
| <i>lidocaine hydrochloride viscous</i>      | 1 |  |
| <i>periogard</i>                            | 1 |  |
| <i>pilocarpine hydrochloride</i>            | 2 |  |
| SALAGEN                                     | 4 |  |
| <i>triamcinolone acetonide dental paste</i> | 2 |  |

## Dermatological Agents

### Acne and Rosacea Agents

|                 |   |     |
|-----------------|---|-----|
| ABSORICA LD     | 5 | NDS |
| ACANYA          | 4 |     |
| <i>accutane</i> | 2 |     |



| Drug Name  | Drug Tier | Requirements/Limits    |
|--|-----------|------------------------|
| <i>acitretin</i>   | 2         |                        |
| <i>adapalene/benzoyl peroxide gel</i>                      | 2         |                        |
| <i>adapalene gel 0.3%</i>                                  | 2         |                        |
| <i>adapalene crea</i>                                      | 2         |                        |
| AKLIEF   | 3         | PA                     |
| ALTRENO  | 3         | PA                     |
| <i>amnesteem</i>   | 2         |                        |
| ATRALIN  | 4         | PA                     |
| <i>azelaic acid</i>  | 2         |                        |
| AZELEX   | 3         |                        |
| BENZAMYCIN   | 4         |                        |
| <i>brimonidine tartrate gel 0.33%</i>                      | 2         | PA                     |
| <i>claravis</i>  | 2         |                        |
| CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE GEL 2.5%; 1.2%      | 2         |                        |
| <i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i> | 2         |                        |
| <i>clindamycin phosphate/tretinoin</i>                     | 2         |                        |
| <i>clindamycin/benzoyl peroxide</i>                        | 2         |                        |
| DIFFERIN LOTN  | 3         |                        |
| DIFFERIN CREA  | 4         |                        |
| DIFFERIN GEL 0.3%  | 4         |                        |
| EPIDUO   | 4         |                        |
| EPIDUO FORTE   | 4         |                        |
| <i>erythromycin/benzoyl peroxide</i>                       | 2         |                        |
| FINACEA FOAM   | 3         | QL (50 GM per 30 days) |
| FINACEA GEL  | 4         |                        |
| <i>isotretinoin caps</i>                                   | 2         |                        |
| METROCREAM   | 4         |                        |
| METROGEL GEL 1%  | 4         |                        |
| METROLOTION  | 4         |                        |
| <i>metronidazole crea 0.75%</i>                            | 2         |                        |
| <i>metronidazole gel 0.75%, 1%</i>                         | 2         |                        |
| <i>metronidazole lotn 0.75%</i>                            | 2         |                        |
| MIRVASO  | 3         | PA                     |
| <i>neuac</i>   | 2         |                        |
| ONEXTON  | 3         |                        |
| RETIN-A  | 4         | PA                     |
| RETIN-A MICRO PUMP GEL 0.08%                               | 5         | PA NDS                 |
| RETIN-A MICRO GEL 0.04%, 0.1%                              | 4         | PA                     |
| RETIN-A MICRO GEL 0.06%                                    | 5         | PA NDS                 |
| RHOFADE  | 3         | PA                     |
| TAZAROTENE FOAM  | 3         |                        |
| <i>tazarotene crea, gel</i>                                | 2         |                        |
| TAZORAC GEL  | 3         |                        |
| TAZORAC CREA 0.05%   | 3         |                        |
| TAZORAC CREA 0.1%  | 4         |                        |
| <i>tretinoin microsphere gel 0.04%, 0.1%</i>               | 2         | PA                     |
| <i>tretinoin crea 0.025%, 0.05%, 0.1%</i>                  | 2         | PA                     |
| <i>tretinoin gel 0.01%, 0.025%, 0.05%</i>                  | 2         | PA                     |



| Drug Name   | Drug Tier | Requirements/Limits           |
|---|-----------|-------------------------------|
| TWYNEO  | 3         |                               |
| zenatane  | 2         |                               |
| <b>Dermatitis and Pruitus Agents</b>                  |           |                               |
| ala-cort  | 1         |                               |
| ALA-SCALP   | 3         |                               |
| alclometasone dipropionate                            | 2         |                               |
| AMCINONIDE LOTN                                       | 2         |                               |
| amcinonide oint                                       | 2         |                               |
| ammonium lactate crea, lotn                           | 2         |                               |
| BETAMETHASONE DIPROPIONATE AUGMENTED GEL              | 2         |                               |
| betamethasone dipropionate augmented crea, lotn, oint | 2         |                               |
| betamethasone dipropionate crea, lotn, oint           | 2         |                               |
| betamethasone valerate crea, lotn, oint               | 2         |                               |
| betamethasone valerate foam                           | 2         | QL (100 GM per 30 days)       |
| CIBINQO   | 5         | QL (30 EA per 30 days) PA NDS |
| clobetasol propionate                                 | 2         |                               |
| clobetasol propionate e                               | 2         |                               |
| clobetasol propionate emollient foam                  | 2         |                               |
| CLOBEX LIQD   | 4         |                               |
| CLOBEX LOTN, SHAM                                     | 5         | NDS                           |
| clocortolone pivalate                                 | 2         |                               |
| clodan  | 2         |                               |
| CLODERM   | 4         |                               |
| CORDRAN TAPE  | 3         |                               |
| CORDRAN LOTN  | 4         |                               |
| CORDRAN CREA 0.05%                                    | 5         | NDS                           |
| DERMA-SMOOTH/FS SCALP                                 | 4         |                               |
| desonide crea, gel, lotn                              | 2         |                               |
| desonide oint   | 2         | QL (120 GM per 30 days)       |
| DESOWEN CREA  | 4         |                               |
| desoximetasone gel, liqd, oint                        | 2         |                               |
| desoximetasone crea                                   | 2         | QL (100 GM per 30 days)       |
| DIFLORASONE DIACETATE CREA                            | 2         |                               |
| diflorasone diacetate oint                            | 2         | QL (60 GM per 30 days)        |
| DIPROLENE OINT  | 4         |                               |
| doxepin hydrochloride crea 5%                         | 2         | QL (90 GM per 30 days) PA     |
| EUCRISA   | 3         | PA                            |
| fluocinolone acetonide scalp                          | 2         |                               |
| fluocinolone acetonide crea 0.01%, 0.025%             | 2         |                               |
| fluocinolone acetonide oint 0.025%                    | 2         |                               |
| fluocinolone acetonide soln 0.01%                     | 2         |                               |
| fluocinonide emulsified base                          | 2         |                               |
| fluocinonide crea 0.05%                               | 2         |                               |
| fluocinonide crea 0.1%                                | 2         | QL (120 GM per 30 days)       |
| fluocinonide gel, oint, soln                          | 2         |                               |
| flurandrenolide crea, lotn                            | 2         |                               |
| fluticasone propionate crea 0.05%                     | 2         |                               |
| fluticasone propionate lotn 0.05%                     | 2         |                               |
| fluticasone propionate oint 0.005%                    | 2         |                               |

| Drug Name  | Drug Tier | Requirements/Limits            |
|--|-----------|--------------------------------|
| <i>halcinonide</i>                                   | 2         |                                |
| HALOBETASOL PROPIONATE FOAM                          | 3         |                                |
| <i>halobetasol propionate crea, oint</i>             | 2         |                                |
| HYDROCORTISONE BUTYRATE CREA, SOLN                   | 2         |                                |
| <i>hydrocortisone butyrate lotn, oint</i>            | 2         |                                |
| <i>hydrocortisone valerate oint</i>                  | 2         |                                |
| <i>hydrocortisone valerate crea</i>                  | 2         | QL (60 GM per 30 days)         |
| <i>hydrocortisone crea 1%, 2.5%</i>                  | 1         |                                |
| <i>hydrocortisone lotn 2.5%</i>                      | 2         |                                |
| <i>hydrocortisone oint 2.5%</i>                      | 1         |                                |
| <i>hydrocortisone oint 1%</i>                        | 1         | QL (100 GM per 30 days)        |
| HYFTOR   | 5         | PA NDS                         |
| KENALOG AERS   | 4         |                                |
| <i>mometasone furoate crea 0.1%</i>                  | 2         |                                |
| <i>mometasone furoate oint 0.1%</i>                  | 2         |                                |
| <i>mometasone furoate soln 0.1%</i>                  | 2         |                                |
| OLUX-E   | 5         | NDS                            |
| OPZELURA   | 5         | QL (240 GM per 30 days) PA NDS |
| <i>pimecrolimus</i>                                  | 2         |                                |
| <i>selenium sulfide</i>                              | 1         |                                |
| SYNALAR CREA, SOLN                                   | 4         |                                |
| <i>tacrolimus oint 0.03%, 0.1%</i>                   | 2         |                                |
| TEXACORT SOLN 2.5%                                   | 3         |                                |
| TOPICORT GEL, LIQD                                   | 4         |                                |
| TOPICORT CREA 0.25%                                  | 4         | QL (100 GM per 30 days)        |
| TOPICORT OINT 0.05%                                  | 4         |                                |
| <i>tovet</i>   | 2         |                                |
| <i>triamcinolone acetonide crea 0.025%, 0.1%</i>     | 1         |                                |
| <i>triamcinolone acetonide crea 0.5%</i>             | 2         |                                |
| <i>triamcinolone acetonide aers, lotn</i>            | 2         |                                |
| <i>triamcinolone acetonide oint 0.025%, 0.1%</i>     | 1         |                                |
| <i>triamcinolone acetonide oint 0.05%, 0.5%</i>      | 2         |                                |
| <i>triderm crea 0.1%</i>                             | 1         |                                |
| <i>triderm crea 0.5%</i>                             | 2         |                                |
| ULTRAVATE LOTN                                       | 5         | NDS                            |
| <b><i>Dermatological Agents, Other</i></b>           |           |                                |
| <i>calcipotriene/betamethasone dipropionate oint</i> | 2         | QL (400 GM per 30 days)        |
| <i>calcipotriene/betamethasone dipropionate susp</i> | 2         | QL (400 GM per 30 days) NDS    |
| CALCIPOTRIENE FOAM                                   | 3         |                                |
| <i>calcipotriene crea, oint</i>                      | 2         | QL (120 GM per 30 days)        |
| <i>calcipotriene soln</i>                            | 2         | QL (60 ML per 30 days)         |
| CALCITRIOL OINT 3MCG/GM                              | 2         |                                |
| CARAC  | 5         | NDS                            |
| <i>clotrimazole/betamethasone dipropionate crea</i>  | 1         |                                |
| <i>clotrimazole/betamethasone dipropionate lotn</i>  | 2         |                                |
| CONDYLOX GEL   | 3         |                                |
| <i>diclofenac sodium gel 3%</i>                      | 2         | QL (300 GM per 30 days)        |
| EFUDEX CREA  | 4         | QL (40 GM per 30 days)         |
| ENSTILAR   | 5         | QL (420 GM per 28 days) NDS    |

| Drug Name   | Drug Tier | Requirements/Limits           |
|---|-----------|-------------------------------|
| FLUOROURACIL SOLN                                   | 2         |                               |
| FLUOROURACIL CREA 0.5%                              | 5         | NDS                           |
| <i>fluorouracil crea 5%</i>                         | 2         | QL (40 GM per 30 days)        |
| <i>hydrocortisone acetate/pramoxine crea 1%; 1%</i> | 2         |                               |
| <i>imiquimod pump</i>                               | 5         | NDS                           |
| <i>imiquimod crea 5%</i>                            | 2         |                               |
| KLISYRI   | 5         | ST NDS                        |
| METHOXSALEN CAPS                                    | 5         | NDS                           |
| NEO-SYNALAR   | 3         |                               |
| <i>nystatin/triamcinolone</i>                       | 2         |                               |
| OTEZLA TABS 30MG                                    | 5         | QL (60 EA per 30 days) PA NDS |
| PODOFILOX   | 2         |                               |
| QBREXZA   | 3         | QL (30 EA per 30 days)        |
| REGRANEX  | 5         | PA NDS                        |
| SANTYL  | 3         |                               |
| SILVADENE   | 4         |                               |
| <i>silver sulfadiazine</i>                          | 2         |                               |
| SOTYKTU   | 5         | QL (30 EA per 30 days) PA NDS |
| <i>ssd</i>  | 2         |                               |
| TACLONEX  | 5         | QL (400 GM per 30 days) NDS   |
| VECTICAL  | 3         |                               |
| VTAMA   | 5         | PA NDS                        |
| WINLEVI   | 3         | PA                            |
| ZORYVE  | 3         | PA                            |
| ZYCLARA PUMP  | 5         | NDS                           |
| <b><i>Pediculicides/Scabicides</i></b>              |           |                               |
| CROTAN  | 3         |                               |
| <i>ivermectin crea 1%</i>                           | 2         | QL (45 GM per 30 days)        |
| <i>malathion</i>                                    | 2         |                               |
| NATROBA   | 4         |                               |
| OVIDE   | 4         |                               |
| <i>permethrin crea</i>                              | 2         |                               |
| SOOLANTRA   | 4         | QL (45 GM per 30 days)        |
| SPINOSAD  | 2         |                               |
| <b><i>Topical Anti-infectives</i></b>               |           |                               |
| <i>acyclovir crea 5%</i>                            | 2         | QL (5 GM per 30 days)         |
| <i>acyclovir oint 5%</i>                            | 2         |                               |
| ACZONE GEL 7.5%                                     | 3         |                               |
| ACZONE GEL 5%                                       | 4         |                               |
| <i>ciclopirox nail lacquer</i>                      | 2         | PA                            |
| <i>ciclopirox olamine</i>                           | 2         |                               |
| <i>ciclopirox gel, sham, susp</i>                   | 2         |                               |
| CLEOCIN-T LOTN                                      | 4         | QL (75 ML per 30 days)        |
| <i>clindacin</i>                                    | 2         |                               |
| <i>clindamycin phosphate foam 1%</i>                | 2         |                               |
| <i>clindamycin phosphate gel 1%</i>                 | 2         |                               |
| <i>clindamycin phosphate lotn 1%</i>                | 2         | QL (75 ML per 30 days)        |
| <i>clindamycin phosphate external soln 1%</i>       | 2         | QL (60 ML per 30 days)        |
| CLINDESSE   | 3         |                               |

| Drug Name                                     | Drug Tier | Requirements/Limits     |
|---|-----------|-------------------------|
| <i>dapsone gel 5%, 7.5%</i>                   | 2         |                         |
| DENAVIR                                       | 4         |                         |
| ERY   | 2         |                         |
| ERYGEL  | 4         |                         |
| <i>erythromycin gel 2%</i>                    | 2         |                         |
| <i>erythromycin soln 2%</i>                   | 2         |                         |
| LOPROX SHAMPOO                                | 4         |                         |
| <i>mafenide acetate</i>                       | 2         |                         |
| <i>mupirocin crea</i>                         | 2         |                         |
| <i>mupirocin oint</i>                         | 2         | QL (110 GM per 30 days) |
| <i>penciclovir crea</i>                       | 2         | NDS                     |
| ZOVIRAX OINT                                  | 4         |                         |
| ZOVIRAX CREA                                  | 4         | QL (5 GM per 30 days)   |
| <b>Electrolytes/Minerals/Metals/Vitamins</b>  |           |                         |
| <b><i>Electrolyte/Mineral Replacement</i></b> |           |                         |
| CARBAGLU                                      | 5         | NDS                     |
| <i>carglumic acid</i>                         | 5         | NDS                     |
| CLINIMIX 4.25%/DEXTROSE 10%                   | 3         | B/D                     |
| CLINIMIX 4.25%/DEXTROSE 5%                    | 3         | B/D                     |
| CLINIMIX 5%/DEXTROSE 15%                      | 3         | B/D                     |
| CLINIMIX 5%/DEXTROSE 20%                      | 3         | B/D                     |
| CLINIMIX E 2.75%/DEXTROSE 5%                  | 3         | B/D                     |
| CLINIMIX E 4.25%/DEXTROSE 10%                 | 3         | B/D                     |
| CLINIMIX E 4.25%/DEXTROSE 5%                  | 3         | B/D                     |
| CLINIMIX E 5%/DEXTROSE 15%                    | 3         | B/D                     |
| CLINIMIX E 5%/DEXTROSE 20%                    | 3         | B/D                     |
| <i>clinisol sf 15%</i>                        | 4         | B/D                     |
| DEXTROSE 10%/NACL 0.45%                       | 2         |                         |
| <i>dextrose 10%</i>                           | 2         |                         |
| DEXTROSE 10%/NACL 0.2%                        | 2         |                         |
| DEXTROSE 2.5%/NACL 0.45%                      | 1         |                         |
| <i>dextrose 5%</i>                            | 2         |                         |
| <i>dextrose 5%/nacl 0.2%</i>                  | 2         |                         |
| <i>dextrose 5%/nacl 0.45%</i>                 | 2         |                         |
| <i>dextrose 5%/nacl 0.9%</i>                  | 2         |                         |
| ISOLYTE-P/DEXTROSE 5%                         | 3         |                         |
| ISOLYTE-S PH 7.4                              | 3         |                         |
| <i>kcl 0.15%/d5w/nacl 0.2%</i>                | 2         |                         |
| <i>klor-con</i>                               | 2         |                         |
| <i>klor-con 10</i>                            | 2         |                         |
| <i>klor-con 8</i>                             | 2         |                         |
| <i>klor-con m10</i>                           | 2         |                         |
| <i>klor-con m15</i>                           | 2         |                         |
| <i>klor-con m20</i>                           | 2         |                         |
| <i>magnesium sulfate inj 50%</i>              | 2         |                         |
| <i>multiple electrolytes injection type 1</i> | 2         |                         |
| PLASMA-LYTE A                                 | 3         |                         |
| PLASMA-LYTE-148                               | 3         |                         |
| <i>plenamine</i>                              | 3         | B/D                     |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>potassium chloride er</i>  | 2         |                     |
| POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L   | 2         |                     |
| <i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 2 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>   | 2         |                     |
| <i>potassium chloride/dextrose inj 5%; 20meq/l</i>  | 2         |                     |
| <i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>  | 2         |                     |
| <i>potassium chloride pack, oral soln</i>   | 2         |                     |
| POTASSIUM CHLORIDE INJ 10MEQ/100ML, 20MEQ/100ML, 40MEQ/100ML  | 2         |                     |
| <i>potassium chloride inj 2meq/ml</i>   | 2         |                     |
| <i>potassium citrate er</i>   | 2         |                     |
| PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML  | 3         | B/D                 |
| PROSOL  | 3         | B/D                 |
| <i>sodium chloride 0.45% inj</i>  | 2         |                     |
| <i>sodium chloride inj 0.9%, 3%, 5%</i>   | 2         |                     |
| <i>sodium fluoride chew 1mg</i>   | 2         |                     |
| TPN ELECTROLYTES  | 3         |                     |
| TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML   | 3         | B/D                 |
| TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML | 3         | B/D                 |
| UROCIT-K 10   | 4         |                     |
| UROCIT-K 15   | 4         |                     |
| UROCIT-K 5  | 4         |                     |
| <b>Electrolyte/Mineral/Metal Modifiers</b>  |           |                     |
| CHEMET  | 5         | NDS                 |
| CUVRIOR   | 5         | PA NDS              |
| <i>deferasirox pack</i>   | 5         | PA NDS              |
| <i>deferasirox tabs 90mg</i>  | 2         | PA                  |
| <i>deferasirox tabs 180mg, 360mg</i>  | 2         | PA NDS              |
| <i>deferasirox tbso 125mg</i>   | 2         | PA NDS              |

| Drug Name                                 | Drug Tier | Requirements/Limits            |
|---|-----------|--------------------------------|
| <i>deferasirox tbso 250mg, 500mg</i>      | 5         | PA NDS                         |
| <i>deferiprone</i>                        | 5         | PA NDS                         |
| EXJADE                                    | 5         | PA NDS                         |
| FERRIPROX TWICE-A-DAY                     | 5         | PA NDS                         |
| JADENU SPRINKLE                           | 5         | PA NDS                         |
| JYNARQUE TABS                             | 5         | QL (120 EA per 30 days) PA NDS |
| JYNARQUE TBPK                             | 5         | QL (56 EA per 28 days) NDS     |
| <i>penicillamine caps 250mg</i>           | 5         | PA NDS                         |
| SAMSCA TABS 15MG                          | 5         | QL (30 EA per 30 days) PA NDS  |
| SAMSCA TABS 30MG                          | 5         | QL (60 EA per 30 days) PA NDS  |
| <i>sodium polystyrene sulfonate</i>       | 2         |                                |
| <i>tolvaptan tabs 15mg</i>                | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>tolvaptan tabs 30mg</i>                | 5         | QL (60 EA per 30 days) PA NDS  |
| <i>trientine hydrochloride caps 250mg</i> | 5         | PA NDS                         |
| <b>Phosphate Binders</b>                  |           |                                |
| AURYXIA                                   | 5         | PA NDS                         |
| <i>calcium acetate caps</i>               | 2         |                                |
| <i>calcium acetate tabs 667mg</i>         | 2         |                                |
| FOSRENOL PACK                             | 5         | NDS                            |
| FOSRENOL CHEW 1000MG, 500MG, 750MG        | 5         | NDS                            |
| <i>lanthanum carbonate</i>                | 5         | NDS                            |
| RENAGEL TABS 800MG                        | 5         | NDS                            |
| <i>sevelamer carbonate tabs</i>           | 2         |                                |
| <i>sevelamer carbonate pack</i>           | 2         | NDS                            |
| <i>sevelamer hydrochloride</i>            | 2         |                                |
| VELPHORO                                  | 5         | NDS                            |
| <b>Potassium Binders</b>                  |           |                                |
| LOKELMA                                   | 3         | QL (90 EA per 30 days)         |
| SPS                                       | 2         |                                |
| VELTASSA                                  | 5         | NDS                            |
| <b>Gastrointestinal Agents</b>            |           |                                |
| <b>Anti-Constipation Agents</b>           |           |                                |
| <i>constulose</i>                         | 2         |                                |
| <i>enulose</i>                            | 2         |                                |
| <i>generlac</i>                           | 2         |                                |
| KRISTALOSE                                | 3         | ST                             |
| LACTULOSE PACK                            | 2         |                                |
| <i>lactulose soln</i>                     | 2         |                                |
| LINZESS                                   | 3         | QL (30 EA per 30 days)         |
| <i>lubiprostone</i>                       | 2         | QL (60 EA per 30 days)         |
| MOTEGRITY                                 | 3         | QL (30 EA per 30 days)         |
| MOVANTIK                                  | 3         | QL (30 EA per 30 days)         |
| OSMOPREP                                  | 3         |                                |
| RELISTOR TABS                             | 5         | QL (90 EA per 30 days) NDS     |
| RELISTOR INJ 8MG/0.4ML                    | 5         | QL (12 ML per 30 days) NDS     |
| RELISTOR INJ 12MG/0.6ML                   | 5         | QL (18 ML per 30 days) NDS     |
| SYMPROIC                                  | 3         | QL (30 EA per 30 days) ST      |
| TRULANCE                                  | 3         | QL (30 EA per 30 days)         |
| <b>Anti-Diarrheal Agents</b>              |           |                                |

| Drug Name  | Drug Tier | Requirements/Limits           |
|--|-----------|-------------------------------|
| <i>alosetron hydrochloride tabs 0.5mg</i>                          | 2         | PA NDS                        |
| <i>alosetron hydrochloride tabs 1mg</i>                            | 5         | PA NDS                        |
| <i>diphenoxylate hydrochloride/atropine sulfate</i>                | 2         |                               |
| DIPHENOXYLATE/ATROPINE LIQD  | 2         |                               |
| LOMOTIL TABS   | 4         |                               |
| <i>loperamide hcl caps</i>   | 2         |                               |
| MYTESI   | 5         | QL (60 EA per 30 days) NDS    |
| VIBERZI  | 5         | QL (60 EA per 30 days) PA NDS |
| XERMELO  | 5         | QL (90 EA per 30 days) PA NDS |
| <b>Antispasmodics, Gastrointestinal</b>                            |           |                               |
| <i>chlordiazepoxide hydrochloride/clidinium bromide</i>            | 2         |                               |
| <i>dicyclomine hcl soln</i>  | 2         |                               |
| <i>dicyclomine hydrochloride caps, tabs</i>                        | 1         |                               |
| <i>glycopyrrolate soln</i>   | 2         | PA                            |
| GLYCOPYRROLATE TABS 1.5MG  | 3         | PA                            |
| <i>glycopyrrolate tabs 1mg, 2mg</i>                                | 2         | PA                            |
| <i>methscopolamine bromide tabs</i>                                | 2         |                               |
| <b>Gastrointestinal Agents, Other</b>                              |           |                               |
| <i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i> | 2         |                               |
| BYLVAY   | 5         | PA NDS                        |
| BYLVAY (PELLETS)   | 5         | PA NDS                        |
| CHENODAL   | 5         | PA NDS                        |
| CLENPIQ  | 3         |                               |
| FILSPARI   | 5         | QL (30 EA per 30 days) PA NDS |
| GATTEX   | 5         | PA NDS                        |
| GAVILYTE-C   | 2         |                               |
| <i>gavilyte-g</i>  | 2         |                               |
| GOLYTELY SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM               | 4         |                               |
| HELIDAC THERAPY  | 3         |                               |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN                            | 2         |                               |
| THPK   |           |                               |
| <i>metoclopramide hcl soln</i>                                     | 2         |                               |
| <i>metoclopramide hcl tabs 5mg</i>                                 | 1         |                               |
| <i>metoclopramide hydrochloride tabs 10mg</i>                      | 1         |                               |
| METOCLOPRAMIDE ODT TBDP 5MG  | 2         |                               |
| MOVIPREP   | 4         |                               |
| MYALEPT  | 5         | PA NDS                        |
| OICALIVA   | 5         | QL (30 EA per 30 days) PA NDS |
| <i>peg-3350/electrolytes</i>                                       | 2         |                               |
| <i>peg-3350/electrolytes/ascorbate</i>                             | 2         |                               |
| <i>peg-3350/nacl/na bicarbonate/kcl</i>                            | 2         |                               |
| PLENVU   | 3         |                               |
| PYLERA   | 5         | NDS                           |
| RECTIV   | 3         |                               |
| REGLAN TABS  | 4         |                               |
| <i>sodium sulfate/potassium sulfate/magnesium sulfate</i>          | 2         |                               |
| SUPREP BOWEL PREP KIT  | 3         |                               |
| SUTAB  | 3         |                               |



| Drug Name   | Drug Tier | Requirements/Limits         |
|---|-----------|-----------------------------|
| TALICIA   | 3         |                             |
| URSO 250  | 4         |                             |
| URSO FORTE  | 4         |                             |
| URSODIOL CAPS 200MG, 400MG  | 5         | NDS                         |
| <i>ursodiol caps 300mg</i>  | 2         |                             |
| <i>ursodiol tabs</i>  | 2         |                             |
| VOWST   | 5         | PA NDS                      |
| XIFAXAN TABS 200MG  | 3         | PA                          |
| XIFAXAN TABS 550MG  | 5         | PA NDS                      |
| ZORBTIVE  | 5         | PA NDS                      |
| <b>Histamine2 (H2) Receptor Antagonists</b>                                     |           |                             |
| <i>cimetidine tabs</i>  | 2         |                             |
| <i>famotidine susr</i>  | 2         |                             |
| <i>famotidine tabs 20mg</i>   | 1         |                             |
| <i>famotidine tabs 40mg</i>   | 2         |                             |
| NIZATIDINE CAPS   | 2         |                             |
| <b>Protectants</b>  |           |                             |
| CARAFATE  | 4         |                             |
| CYTOTEC   | 4         |                             |
| <i>misoprostol</i>  | 2         |                             |
| <i>sucralfate susp, tabs</i>  | 2         |                             |
| <b>Proton Pump Inhibitors</b>   |           |                             |
| ACIPHEX   | 4         | QL (60 EA per 30 days)      |
| DEXILANT  | 3         | QL (30 EA per 30 days)      |
| <i>dexlansoprazole</i>  | 2         | QL (30 EA per 30 days)      |
| <i>esomeprazole magnesium</i>   | 2         | QL (60 EA per 30 days)      |
| KONVOMEF  | 3         | QL (600 ML per 30 days) NDS |
| <i>lansoprazole cpdr, tbdd</i>  | 2         | QL (60 EA per 30 days)      |
| NEXIUM CPDR   | 4         | QL (60 EA per 30 days)      |
| NEXIUM PACK 2.5MG, 5MG  | 3         | QL (60 EA per 30 days)      |
| NEXIUM PACK 10MG, 20MG, 40MG  | 4         | QL (60 EA per 30 days)      |
| <i>omeprazole dr cpdr 10mg</i>  | 2         | QL (60 EA per 30 days)      |
| <i>omeprazole/sodium bicarbonate caps</i>                                       | 2         | QL (30 EA per 30 days)      |
| <i>omeprazole cpdr 20mg, 40mg</i>   | 1         | QL (60 EA per 30 days)      |
| <i>pantoprazole sodium tbec</i>   | 1         | QL (60 EA per 30 days)      |
| <i>pantoprazole sodium pack</i>   | 2         | QL (60 EA per 30 days)      |
| PREVACID SOLUTAB TBDD   | 4         | QL (60 EA per 30 days)      |
| PREVACID CPDR 30MG  | 4         | QL (60 EA per 30 days)      |
| PROTONIX PACK, TBEC   | 4         | QL (60 EA per 30 days)      |
| <i>rabeprazole sodium</i>   | 2         | QL (60 EA per 30 days)      |
| <b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b> |           |                             |
| <b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b> |           |                             |
| ARALAST NP INJ 1000MG   | 5         | PA NDS                      |
| <i>betaine anhydrous</i>  | 5         | NDS                         |
| CERDELGA  | 5         | PA NDS                      |
| CHOLBAM   | 5         | PA NDS                      |

| Drug Name  | Drug Tier | Requirements/Limits            |
|--|-----------|--------------------------------|
| CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT   | 3         |                                |
| <i>cromolyn sodium conc 100mg/5ml</i>  | 2         |                                |
| CYSTADANE  | 5         | NDS                            |
| CYSTAGON   | 3         |                                |
| ENDARI   | 5         | PA NDS                         |
| EVRYSDI  | 5         | QL (240 ML per 30 days) PA NDS |
| GALAFOLD   | 5         | QL (14 EA per 28 days) PA NDS  |
| GASTROCROM   | 5         | NDS                            |
| GLASSIA  | 5         | PA NDS                         |
| <i>javygtor</i>  | 5         | PA NDS                         |
| KEVEYIS  | 5         | QL (120 EA per 30 days) PA NDS |
| <i>miglustat</i>   | 5         | PA NDS                         |
| <i>nitisinone</i>  | 5         | NDS                            |
| NITYR  | 5         | NDS                            |
| OLPRUVA  | 5         | PA NDS                         |
| ORFADIN  | 5         | NDS                            |
| PALYNZIQ INJ 10MG/0.5ML  | 5         | QL (28 ML per 28 days) PA NDS  |
| PALYNZIQ INJ 20MG/ML   | 5         | QL (56 ML per 28 days) PA NDS  |
| PALYNZIQ INJ 2.5MG/0.5ML   | 5         | QL (8 ML per 28 days) PA NDS   |
| PANCREAZE CPEP 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT   | 3         | ST                             |
| PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT   | 5         | ST NDS                         |
| PROLASTIN-C INJ 1000MG   | 5         | PA NDS                         |
| RAVICTI  | 5         | PA NDS                         |
| REVCOVI  | 5         | PA NDS                         |
| <i>sapropterin dihydrochloride</i>   | 5         | PA NDS                         |
| <i>sodium phenylbutyrate powd, tabs</i>  | 5         | NDS                            |
| SUCRAID  | 5         | NDS                            |
| TEGSEDI  | 5         | PA NDS                         |
| VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT   | 3         | ST                             |
| VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT   | 5         | ST NDS                         |
| VYNDAQEL   | 5         | QL (120 EA per 30 days) PA NDS |
| XURIDEN  | 5         | QL (120 EA per 30 days) PA NDS |
| ZEMAIRA  | 5         | PA NDS                         |
| ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT | 3         |                                |
| ZOKINVY  | 5         | QL (120 EA per 30 days) PA NDS |

## Genitourinary Agents

### Antispasmodics, Urinary

| Drug Name                                   | Drug Tier | Requirements/Limits       |
|---|-----------|---------------------------|
| <i>darifenacin hydrobromide er</i>          | 2         |                           |
| DETROL                                      | 4         | ST                        |
| DETROL LA                                   | 4         | ST                        |
| <i>fesoterodine fumarate er</i>             | 2         |                           |
| <i>flavoxate hcl</i>                        | 2         |                           |
| GELNIQUE GEL 10%                            | 3         | ST                        |
| GEMTESA                                     | 4         |                           |
| MYRBETRIQ                                   | 3         |                           |
| <i>oxybutynin chloride er</i>               | 2         |                           |
| <i>oxybutynin chloride soln</i>             | 2         |                           |
| <i>oxybutynin chloride tabs 5mg</i>         | 2         |                           |
| OXYTROL                                     | 3         | QL (8 EA per 28 days) ST  |
| <i>solifenacin succinate</i>                | 2         |                           |
| <i>tolterodine tartrate</i>                 | 2         |                           |
| <i>tolterodine tartrate er</i>              | 2         |                           |
| TOVIAZ                                      | 3         | ST                        |
| <i>tropium chloride</i>                     | 2         |                           |
| <i>tropium chloride er</i>                  | 2         |                           |
| VESICARE                                    | 4         | ST                        |
| VESICARE LS                                 | 3         | ST                        |
| <b>Benign Prostatic Hypertrophy Agents</b>  |           |                           |
| <i>alfuzosin hcl er</i>                     | 2         |                           |
| AVODART                                     | 4         | ST                        |
| CARDURA                                     | 4         | ST                        |
| CIALIS TABS 2.5MG, 5MG                      | 4         | QL (30 EA per 30 days) PA |
| <i>doxazosin mesylate</i>                   | 2         |                           |
| <i>dutasteride/tamsulosin hydrochloride</i> | 2         |                           |
| <i>dutasteride caps</i>                     | 2         |                           |
| <i>finasteride tabs</i>                     | 2         |                           |
| FLOMAX                                      | 4         | ST                        |
| JALYN                                       | 4         | ST                        |
| PROSCAR                                     | 4         | ST                        |
| RAPAFLO                                     | 4         |                           |
| <i>silodosin</i>                            | 2         |                           |
| <i>tadalafil tabs 2.5mg, 5mg</i>            | 2         | QL (30 EA per 30 days) PA |
| <i>tamsulosin hydrochloride</i>             | 2         |                           |
| <i>terazosin hcl caps 5mg</i>               | 1         |                           |
| <i>terazosin hcl caps 10mg, 1mg</i>         | 2         |                           |
| <i>terazosin hydrochloride caps 2mg</i>     | 1         |                           |
| <b>Genitourinary Agents, Other</b>          |           |                           |
| <i>bethanechol chloride tabs</i>            | 2         |                           |
| DEPEN TITRATABS                             | 5         | NDS                       |
| ELMIRON                                     | 5         | NDS                       |
| LITHOSTAT                                   | 3         |                           |
| <i>penicillamine tabs 250mg</i>             | 5         | NDS                       |
| PHEXXI                                      | 3         |                           |
| THIOLA                                      | 5         | NDS                       |
| THIOLA EC                                   | 5         | NDS                       |
| <i>tiopronin</i>                            | 5         | NDS                       |

| Drug Name  | Drug Tier | Requirements/Limits           |
|--|-----------|-------------------------------|
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>                    |           |                               |
| <i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>                    |           |                               |
| ACTHAR   | 5         | PA NDS                        |
| CORTEF TABS  | 4         |                               |
| CORTROPHIN   | 5         | PA NDS                        |
| <i>dexamethasone 10-day dose pack</i>  | 2         |                               |
| <i>dexamethasone 13-day dose pack</i>  | 2         |                               |
| <i>dexamethasone 6-day dose pack</i>   | 2         |                               |
| DEXAMETHASONE SOLN   | 2         |                               |
| <i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg</i>                        | 1         |                               |
| <i>dexamethasone tabs 6mg</i>  | 2         |                               |
| <i>fludrocortisone acetate tabs</i>  | 2         |                               |
| HEMADY   | 3         | ST                            |
| <i>hydrocortisone tabs 10mg, 20mg, 5mg</i>   | 2         |                               |
| INTRAROSA  | 3         | QL (28 EA per 28 days) PA     |
| MEDROL DOSEPAK   | 4         |                               |
| MEDROL TABS 2MG  | 3         |                               |
| MEDROL TABS 16MG, 4MG, 8MG   | 4         |                               |
| <i>methylprednisolone dose pack tbpk</i>   | 2         |                               |
| <i>methylprednisolone tabs</i>   | 2         |                               |
| <i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i> | 2         |                               |
| <i>prednisolone soln, tabs</i>   | 2         |                               |
| PREDNISON INTENSOL   | 2         |                               |
| PREDNISON SOLN   | 2         |                               |
| <i>prednisone tbpk</i>   | 2         |                               |
| <i>prednisone tabs 10mg, 2.5mg, 20mg, 50mg, 5mg</i>                                  | 1         |                               |
| <i>prednisone tabs 1mg</i>   | 2         |                               |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>                  |           |                               |
| <i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>                  |           |                               |
| DDAVP TABS 0.1MG   | 4         |                               |
| DDAVP TABS 0.2MG   | 5         | NDS                           |
| <i>desmopressin acetate tabs</i>   | 2         |                               |
| <i>desmopressin acetate soln 0.01%</i>   | 2         |                               |
| EGRIFTA SV   | 5         | QL (30 EA per 30 days) PA NDS |
| GENOTROPIN   | 5         | PA NDS                        |
| GENOTROPIN MINIQUICK   | 5         | PA NDS                        |
| HUMATROPE INJ 12MG, 24MG, 6MG  | 5         | PA NDS                        |
| INCRELEX   | 5         | PA NDS                        |
| LUPRON DEPOT-PED (6-MONTH)   | 5         | QL (1 EA per 168 days) PA NDS |
| NOCDURNA   | 3         |                               |
| NORDITROPIN FLEXPRO  | 5         | PA NDS                        |
| NUTROPIN AQ NUSPIN 10  | 5         | PA NDS                        |
| NUTROPIN AQ NUSPIN 20  | 5         | PA NDS                        |
| NUTROPIN AQ NUSPIN 5   | 5         | PA NDS                        |
| OMNITROPE  | 5         | PA NDS                        |
| SAIZEN   | 5         | PA NDS                        |
| SEROSTIM   | 5         | PA NDS                        |
| SKYTROFA   | 5         | PA NDS                        |

| Drug Name  | Drug Tier | Requirements/Limits            |
|--|-----------|--------------------------------|
| SOGROYA  | 5         | PA NDS                         |
| ZOMACTON   | 3         | PA                             |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>             |           |                                |
| <i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>             |           |                                |
| KORLYM   | 5         | QL (120 EA per 30 days) PA NDS |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>     |           |                                |
| <i>Androgens</i>   |           |                                |
| ANDROGEL PUMP GEL 1.62%  | 4         | PA                             |
| <i>danazol caps</i>  | 2         |                                |
| <i>depo-testosterone inj 100mg/ml, 200mg/ml</i>                                      | 4         | PA                             |
| FORTESTA   | 4         | PA                             |
| JATENZO CAPS 158MG, 198MG  | 3         | PA                             |
| JATENZO CAPS 237MG   | 5         | PA NDS                         |
| METHITEST  | 5         | PA NDS                         |
| TESTIM   | 4         | PA                             |
| <i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>                                 | 2         | PA                             |
| TESTOSTERONE ENANTHATE INJ   | 2         | PA                             |
| <i>testosterone pump</i>   | 2         | PA                             |
| <i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i> | 2         | PA                             |
| <i>testosterone soln</i>   | 2         | PA                             |
| XYOSTED  | 3         | PA                             |
| <i>Estrogens</i>   |           |                                |
| ACTIVELLA TABS 1MG; 0.5MG  | 4         |                                |
| <i>altavera</i>  | 2         |                                |
| <i>alyacen 1/35</i>  | 2         |                                |
| <i>amabelz</i>   | 2         |                                |
| <i>amethia</i>   | 2         | QL (91 EA per 91 days)         |
| ANGELIQ  | 3         |                                |
| ANNOVERA   | 3         | QL (1 EA per 360 days)         |
| <i>apri</i>  | 2         |                                |
| <i>aranelle</i>  | 2         |                                |
| <i>ashlyna</i>   | 2         | QL (91 EA per 91 days)         |
| <i>aubra eq</i>  | 2         |                                |
| <i>aviane</i>  | 2         |                                |
| BALCOLTRA  | 3         |                                |
| <i>balziva</i>   | 2         |                                |
| BEYAZ  | 4         |                                |
| BIJUVA   | 3         |                                |
| <i>blisovi 24 fe</i>   | 2         |                                |
| <i>blisovi fe 1.5/30</i>   | 2         |                                |
| <i>briellyn</i>  | 2         |                                |
| <i>camrese lo</i>  | 2         | QL (91 EA per 91 days)         |
| CLIMARA  | 4         |                                |
| CLIMARA PRO  | 3         |                                |
| COMBIPATCH   | 3         |                                |

| Drug Name  | Drug Tier | Requirements/Limits    |
|--|-----------|------------------------|
| <i>cryselle-28</i>   | 2         |                        |
| <i>cyred eq</i>  | 2         |                        |
| DELESTROGEN INJ 10MG/ML  | 3         |                        |
| DELESTROGEN INJ 20MG/ML, 40MG/ML   | 4         |                        |
| DEPO-ESTRADIOL INJ 5MG/ML  | 3         |                        |
| <i>desogestrel/ethinyl estradiol</i>   | 2         |                        |
| DIVIGEL  | 3         |                        |
| <i>dolishale</i>   | 2         |                        |
| <i>dotti</i>   | 2         |                        |
| <i>drospirenone/ethinyl estradiol</i>  | 2         |                        |
| <i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.02mg; 0.451mg</i> | 2         |                        |
| ELESTRIN   | 3         |                        |
| <i>eluryng</i>   | 2         |                        |
| <i>enpresse-28</i>   | 2         |                        |
| <i>enskyce</i>   | 2         |                        |
| <i>estarylla</i>   | 2         |                        |
| ESTRACE  | 4         |                        |
| <i>estradiol valerate inj</i>  | 2         |                        |
| <i>estradiol/norethindrone acetate</i>   | 2         |                        |
| <i>estradiol crea, gel, pttw, ptwk, vaginal tabs</i>                                 | 2         |                        |
| <i>estradiol oral tabs 0.5mg, 1mg</i>  | 1         |                        |
| <i>estradiol oral tabs 2mg</i>   | 2         |                        |
| ESTRING  | 3         | QL (1 EA per 90 days)  |
| ESTROGEL   | 3         |                        |
| <i>ethynodiol diacetate/ethinyl estradiol</i>  | 2         |                        |
| <i>etonogestrel/ethinyl estradiol</i>  | 2         |                        |
| EVAMIST  | 3         |                        |
| <i>falmina</i>   | 2         |                        |
| FEMRING  | 3         | QL (1 EA per 90 days)  |
| <i>finzala</i>   | 2         |                        |
| <i>fyavolv</i>   | 2         |                        |
| <i>gemmily</i>   | 2         |                        |
| <i>hailey 24 fe</i>  | 2         |                        |
| <i>haloette</i>  | 2         |                        |
| <i>iclevia</i>   | 2         | QL (91 EA per 91 days) |
| IMVEXXY MAINTENANCE PACK   | 3         | PA                     |
| IMVEXXY STARTER PACK   | 3         | PA                     |
| <i>introvale</i>   | 2         | QL (91 EA per 91 days) |
| <i>isibloom</i>  | 2         |                        |
| <i>jasmiel</i>   | 2         |                        |
| <i>jinteli</i>   | 2         |                        |
| <i>juleber</i>   | 2         |                        |
| <i>junel 1.5/30</i>  | 2         |                        |
| <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         |                        |

| Drug Name   | Drug Tier | Requirements/Limits    |
|---|-----------|------------------------|
| <i>kariva</i>   | 2         |                        |
| <i>kelnor 1/35</i>  | 2         |                        |
| <i>kelnor 1/50</i>  | 2         |                        |
| <i>kurvelo</i>  | 2         |                        |
| <i>larin 1.5/30</i>   | 2         |                        |
| <i>larin 1/20</i>   | 2         |                        |
| <i>larin fe 1.5/30</i>  | 2         |                        |
| <i>larin fe 1/20</i>  | 2         |                        |
| <i>layolis fe</i>   | 2         |                        |
| <i>leena</i>  | 2         |                        |
| <i>lessina</i>  | 2         |                        |
| <i>levonest</i>   | 2         |                        |
| <i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>           | 2         |                        |
| <i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>                   | 2         | QL (91 EA per 91 days) |
| <i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>             | 1         |                        |
| <i>levonorgestrel/ethinyl estradiol tabs 0; 0, 20mcg; 0.1mg</i>         | 2         |                        |
| <i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>       | 2         | QL (91 EA per 91 days) |
| <i>levora 0.15/30-28</i>  | 2         |                        |
| LO LOESTRIN FE  | 3         |                        |
| <i>loestrin 1.5/30-21</i>   | 4         |                        |
| <i>loestrin 1/20-21</i>   | 4         |                        |
| <i>loestrin fe 1.5/30</i>   | 4         |                        |
| <i>loestrin fe 1/20</i>   | 4         |                        |
| <i>loryna</i>   | 2         |                        |
| LOSEASONIQUE  | 4         | QL (91 EA per 91 days) |
| <i>low-ogestrel</i>   | 1         |                        |
| <i>lutra</i>  | 2         |                        |
| <i>lyllana</i>  | 2         |                        |
| <i>marlissa</i>   | 1         |                        |
| MENEST  | 3         |                        |
| MENOSTAR  | 3         |                        |
| <i>merzee</i>   | 2         |                        |
| <i>mibelas 24 fe</i>  | 2         |                        |
| <i>microgestin 1.5/30</i>   | 2         |                        |
| <i>microgestin 1/20</i>   | 2         |                        |
| <i>microgestin 24 fe</i>  | 2         |                        |
| <i>microgestin fe 1.5/30</i>  | 2         |                        |
| <i>microgestin fe 1/20</i>  | 2         |                        |
| <i>mili</i>   | 2         |                        |
| <i>mimvey</i>   | 2         |                        |
| NATAZIA   | 3         |                        |
| <i>necon 0.5/35-28</i>  | 2         |                        |
| NEXTSTELLIS   | 3         |                        |
| <i>nikki</i>  | 2         |                        |
| <i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>           | 2         |                        |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps, 2</i> | 2         |                        |
| <i>chew</i>   |           |                        |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>    | 2         |                        |
| <i>0; 75mg; 1mg, 20mcg; 75mg; 1mg</i>                                   |           |                        |



| Drug Name  | Drug Tier | Requirements/Limits    |
|--|-----------|------------------------|
| <i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 20mcg; 1mg, 5mcg; 1mg</i> | 2         |                        |
| <i>norethindrone/ethinyl estradiol/ferrous fumarate</i>                                  | 2         |                        |
| <i>norgestimate/ethinyl estradiol</i>  | 2         |                        |
| <i>nortrel 0.5/35 (28)</i>   | 2         |                        |
| <i>nortrel 1/35</i>  | 2         |                        |
| <i>nortrel 7/7/7</i>   | 2         |                        |
| NUVARING   | 4         |                        |
| <i>nylia 1/35</i>  | 2         |                        |
| <i>nylia 7/7/7</i>   | 2         |                        |
| <i>nymyo</i>   | 2         |                        |
| <i>ocella</i>  | 2         |                        |
| <i>pimtrea</i>   | 2         |                        |
| <i>portia-28</i>   | 2         |                        |
| PREFEST  | 3         |                        |
| PREMARIN CREA  | 3         |                        |
| PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG                                      | 3         |                        |
| PREMPHASE  | 3         |                        |
| PREMPRO  | 3         |                        |
| QUARTETTE  | 4         | QL (91 EA per 91 days) |
| <i>reclipsen</i>   | 2         |                        |
| <i>rivelsa</i>   | 2         | QL (91 EA per 91 days) |
| SAFYRAL  | 4         |                        |
| SEASONIQUE   | 4         | QL (91 EA per 91 days) |
| <i>setlakin</i>  | 2         | QL (91 EA per 91 days) |
| <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-lo-estarylla</i>  | 2         |                        |
| <i>tri-lo-sprintec</i>   | 2         |                        |
| <i>tri-mili</i>  | 2         |                        |
| <i>tri-nymyo</i>   | 2         |                        |
| <i>tri-sprintec</i>  | 2         |                        |
| <i>tri-vylibra</i>   | 2         |                        |
| <i>tri-vylibra lo</i>  | 2         |                        |
| <i>trivora-28</i>  | 2         |                        |
| TYBLUME  | 2         |                        |
| <i>tydemy</i>  | 2         |                        |
| VAGIFEM TABS 10MCG   | 4         |                        |
| VELIVET  | 2         |                        |
| <i>vestura</i>   | 2         |                        |
| <i>vienva</i>  | 2         |                        |
| VIVELLE-DOT  | 4         |                        |

| Drug Name   | Drug Tier | Requirements/Limits       |
|---|-----------|---------------------------|
| <i>vyfemla</i>  | 2         |                           |
| <i>vylibra</i>  | 2         |                           |
| <i>wymzya fe</i>  | 2         |                           |
| <i>xulane</i>   | 2         |                           |
| YASMIN 28   | 4         |                           |
| YAZ   | 4         |                           |
| <i>yuvaferm</i>   | 2         |                           |
| <i>zafemy</i>   | 2         |                           |
| <i>zovia 1/35</i>   | 2         |                           |
| <b>Progestins</b>   |           |                           |
| AYGESTIN  | 4         |                           |
| <i>camila</i>   | 2         |                           |
| CRINONE   | 3         | PA                        |
| <i>deblitane</i>  | 2         |                           |
| DEPO-PROVERA CONTRACEPTIVE  | 4         | QL (1 ML per 90 days)     |
| DEPO-SUBQ PROVERA 104   | 3         | QL (0.65 ML per 90 days)  |
| <i>errin</i>  | 2         |                           |
| <i>incassia</i>   | 2         |                           |
| KYLEENA   | 3         |                           |
| LILETTA   | 3         |                           |
| <i>lyleq</i>  | 2         |                           |
| <i>lyza</i>   | 2         |                           |
| <i>medroxyprogesterone acetate tabs</i>   | 1         |                           |
| <i>medroxyprogesterone acetate inj</i>  | 2         | QL (1 ML per 90 days)     |
| <i>megestrol acetate susp, tabs</i>   | 2         | PA                        |
| MIRENA  | 3         |                           |
| NEXPLANON   | 3         |                           |
| <i>nora-be</i>  | 2         |                           |
| <i>norethindrone acetate tabs</i>   | 2         |                           |
| <i>norethindrone tabs</i>   | 2         |                           |
| <i>progesterone caps</i>  | 2         |                           |
| PROVERA   | 4         |                           |
| <i>sharobel</i>   | 2         |                           |
| SKYLA   | 3         |                           |
| SLYND   | 3         |                           |
| <b>Selective Estrogen Receptor Modifying Agents</b>   |           |                           |
| DUAVEE  | 3         |                           |
| EVISTA  | 4         |                           |
| OSPHENA   | 3         | QL (30 EA per 30 days) PA |
| <i>raloxifene hydrochloride</i>   | 2         |                           |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>                                       |           |                           |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>                                       |           |                           |
| CYTOMEL   | 4         |                           |
| ERMEZA  | 3         |                           |
| <i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i> | 1         |                           |
| LEVOTHYROXINE SODIUM CAPS   | 3         |                           |
| <i>levothyroxine sodium tabs</i>  | 2         |                           |

| Drug Name  | Drug Tier | Requirements/Limits           |
|--|-----------|-------------------------------|
| <i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i> | 2         |                               |
| <i>liothyronine sodium tabs</i>  | 2         |                               |
| SYNTHROID TABS   | 4         |                               |
| THYQUIDITY   | 3         |                               |
| TIROSINT   | 3         |                               |
| TIROSINT-SOL   | 3         |                               |
| <i>unithroid</i>   | 2         |                               |
| <b>Hormonal Agents, Suppressant (Adrenal)</b>  |           |                               |
| <i>Hormonal Agents, Suppressant (Adrenal)</i>  |           |                               |
| ISTURISA   | 5         | PA NDS                        |
| LYSODREN   | 5         | NDS                           |
| <b>Hormonal Agents, Suppressant (Pituitary)</b>  |           |                               |
| <i>Hormonal Agents, Suppressant (Pituitary)</i>  |           |                               |
| <i>cabergoline</i>   | 2         |                               |
| ELIGARD INJ 30MG   | 3         | QL (1 EA per 112 days) PA     |
| ELIGARD INJ 45MG   | 3         | QL (1 EA per 168 days) PA     |
| ELIGARD INJ 7.5MG  | 3         | QL (1 EA per 28 days) PA      |
| ELIGARD INJ 22.5MG   | 3         | QL (1 EA per 84 days) PA      |
| FIRMAGON INJ 80MG  | 3         | QL (1 EA per 28 days) PA      |
| FIRMAGON INJ 120MG/VIAL  | 5         | QL (4 EA per 365 days) PA NDS |
| LEUPROLIDE ACETATE INJ 22.5MG  | 3         | QL (1 EA per 84 days) PA      |
| <i>leuprolide acetate inj 1mg/0.2ml</i>  | 5         | PA NDS                        |
| LUPRON DEPOT (1-MONTH)   | 5         | QL (1 EA per 28 days) PA NDS  |
| LUPRON DEPOT (3-MONTH)   | 5         | QL (1 EA per 84 days) PA NDS  |
| LUPRON DEPOT (4-MONTH)   | 5         | QL (1 EA per 112 days) PA NDS |
| LUPRON DEPOT (6-MONTH)   | 5         | QL (1 EA per 168 days) PA NDS |
| LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG   | 5         | QL (1 EA per 28 days) PA NDS  |
| LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG   | 5         | QL (1 EA per 84 days) PA NDS  |
| MYCAPSSA   | 5         | PA NDS                        |
| MYFEMBREE  | 5         | QL (30 EA per 30 days) PA NDS |
| <i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>                               | 2         | PA                            |
| <i>octreotide acetate inj 500mcg/ml</i>  | 5         | PA NDS                        |
| ORGOVYX  | 5         | PA NDS                        |
| ORIAHNN  | 5         | QL (56 EA per 28 days) PA NDS |
| ORILISSA TABS 150MG  | 5         | QL (30 EA per 30 days) PA NDS |
| ORILISSA TABS 200MG  | 5         | QL (60 EA per 30 days) PA NDS |
| SIGNIFOR   | 5         | QL (60 ML per 30 days) PA NDS |
| SOMAVERT   | 5         | PA NDS                        |
| SYNAREL  | 5         | NDS                           |
| TRELSTAR MIXJECT INJ 22.5MG  | 3         | QL (1 EA per 168 days) PA     |
| TRELSTAR MIXJECT INJ 3.75MG  | 3         | QL (1 EA per 28 days) PA      |
| TRELSTAR MIXJECT INJ 11.25MG   | 3         | QL (1 EA per 84 days) PA      |
| <b>Hormonal Agents, Suppressant (Thyroid)</b>  |           |                               |
| <i>Antithyroid Agents</i>  |           |                               |
| <i>methimazole tabs 10mg, 5mg</i>  | 1         |                               |
| <i>propylthiouracil tabs</i>   | 2         |                               |
| <b>Immunological Agents</b>  |           |                               |

| Drug Name  | Drug Tier | Requirements/Limits             |
|--|-----------|---------------------------------|
| <b>Angioedema Agents</b>                                   |           |                                 |
| BERINERT   | 5         | PA NDS                          |
| CINRYZE  | 5         | PA NDS                          |
| FIRAZYR  | 5         | PA NDS                          |
| HAEGARDA   | 5         | PA NDS                          |
| <i>icatibant acetate</i>                                   | 5         | PA NDS                          |
| RUCONEST   | 5         | PA NDS                          |
| <i>sajazir</i>   | 5         | PA NDS                          |
| TAKHZYRO   | 5         | PA NDS                          |
| <b>Immunoglobulins</b>                                     |           |                                 |
| BIVIGAM INJ 5GM/50ML                                       | 5         | PA NDS                          |
| FLEBOGAMMA DIF INJ 5GM/50ML                                | 5         | PA NDS                          |
| GAMMAGARD LIQUID INJ 2.5GM/25ML                            | 5         | PA NDS                          |
| GAMMAGARD S/D IGA LESS THAN 1MCG/ML                        | 5         | PA NDS                          |
| GAMMAKED INJ 1GM/10ML                                      | 5         | PA NDS                          |
| GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 5GM/50ML | 5         | PA NDS                          |
| GAMUNEX-C INJ 1GM/10ML                                     | 5         | PA NDS                          |
| OCTAGAM INJ 1GM/20ML, 2GM/20ML                             | 5         | PA NDS                          |
| PANZYGA  | 5         | PA NDS                          |
| PRIVIGEN INJ 20GM/200ML                                    | 5         | PA NDS                          |
| <b>Immunological Agents, Other</b>                         |           |                                 |
| ACTEMRA ACTPEN   | 5         | PA NDS                          |
| ACTEMRA INJ 162MG/0.9ML                                    | 5         | QL (3.6 ML per 28 days) PA NDS  |
| ADBRY  | 5         | QL (4 ML per 28 days) PA NDS    |
| ARCALYST   | 5         | PA NDS                          |
| BENLYSTA   | 5         | PA NDS                          |
| COSENTYX SENSOREADY PEN                                    | 5         | QL (10 ML per 28 days) PA NDS   |
| COSENTYX UNOREADY  | 5         | QL (10 ML per 28 days) PA NDS   |
| COSENTYX INJ 150MG/ML, 75MG/0.5ML                          | 5         | QL (10 ML per 28 days) PA NDS   |
| DUPIXENT INJ 100MG/0.67ML                                  | 5         | QL (1.34 ML per 28 days) PA NDS |
| DUPIXENT INJ 200MG/1.14ML                                  | 5         | QL (4.56 ML per 28 days) PA NDS |
| DUPIXENT INJ 300MG/2ML                                     | 5         | QL (8 ML per 28 days) PA NDS    |
| ENSPRYNG   | 5         | PA NDS                          |
| ILUMYA   | 5         | QL (1 ML per 28 days) PA NDS    |
| KEVZARA  | 5         | QL (2.28 ML per 28 days) PA NDS |
| KINERET  | 5         | PA NDS                          |
| LITFULO  | 5         | QL (30 EA per 30 days) PA NDS   |
| OLUMIANT TABS 1MG, 2MG                                     | 5         | QL (30 EA per 30 days) PA NDS   |
| ORENCIA CLICKJECT  | 5         | QL (4 ML per 28 days) PA NDS    |
| ORENCIA INJ 50MG/0.4ML                                     | 5         | QL (1.6 ML per 28 days) PA NDS  |
| ORENCIA INJ 87.5MG/0.7ML                                   | 5         | QL (2.8 ML per 28 days) PA NDS  |
| ORENCIA INJ 125MG/ML                                       | 5         | QL (4 ML per 28 days) PA NDS    |
| OTEZLA TBPK 0  | 5         | QL (110 EA per 365 days) PA NDS |
| RIDAURA  | 5         | NDS                             |
| RINVOQ   | 5         | QL (30 EA per 30 days) PA NDS   |
| SILIQ  | 5         | QL (7.5 ML per 28 days) PA NDS  |
| SKYRIZI PEN  | 5         | QL (1 ML per 28 days) PA NDS    |
| SKYRIZI INJ 150MG/ML                                       | 5         | QL (1 ML per 28 days) PA NDS    |

| Drug Name   | Drug Tier | Requirements/Limits            |
|---|-----------|--------------------------------|
| SKYRIZI INJ 180MG/1.2ML                                     | 5         | QL (1.2 ML per 56 days) PA NDS |
| SKYRIZI INJ 360MG/2.4ML                                     | 5         | QL (2.4 ML per 56 days) PA NDS |
| STELARA INJ 45MG/0.5ML, 90MG/ML                             | 5         | QL (3 ML per 84 days) PA NDS   |
| TALTZ   | 5         | QL (4 ML per 28 days) PA NDS   |
| TREMFYA   | 5         | QL (2 ML per 56 days) PA NDS   |
| XELJANZ XR  | 5         | QL (30 EA per 30 days) PA NDS  |
| XELJANZ SOLN  | 5         | QL (300 ML per 30 days) PA NDS |
| XELJANZ TABS  | 5         | QL (60 EA per 30 days) PA NDS  |
| XOLAIR  | 5         | PA NDS                         |
| <b>Immunostimulants</b>                                     |           |                                |
| ACTIMMUNE   | 5         | PA NDS                         |
| PEGASYS   | 5         | PA NDS                         |
| <b>Immunosuppressants</b>                                   |           |                                |
| ASTAGRAF XL CP24 0.5MG, 1MG                                 | 3         | B/D                            |
| ASTAGRAF XL CP24 5MG  | 5         | B/D NDS                        |
| <i>azasan</i>   | 4         | B/D                            |
| <i>azathioprine tabs</i>                                    | 2         | B/D                            |
| CELLCEPT  | 5         | B/D NDS                        |
| CIMZIA INJ 200MG  | 5         | QL (1 EA per 28 days) PA NDS   |
| CIMZIA INJ 200MG/ML   | 5         | QL (2 EA per 28 days) PA NDS   |
| <i>cyclosporine modified</i>                                | 2         | B/D                            |
| <i>cyclosporine caps 100mg, 25mg</i>                        | 2         | B/D                            |
| CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS            | 5         | QL (6 EA per 28 days) PA       |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS                       | 5         | QL (6 EA per 28 days) PA       |
| CYLTEZO INJ 10MG/0.2ML, 20MG/0.4ML                          | 5         | QL (2 EA per 28 days) PA       |
| CYLTEZO INJ 40MG/0.8ML                                      | 5         | QL (6 EA per 28 days) PA       |
| ENBREL MINI   | 5         | QL (8 ML per 28 days) PA NDS   |
| ENBREL SURECLICK  | 5         | QL (8 ML per 28 days) PA NDS   |
| ENBREL INJ 25MG/0.5ML                                       | 5         | QL (4 ML per 28 days) PA NDS   |
| ENBREL INJ 50MG/ML  | 5         | QL (8 ML per 28 days) PA NDS   |
| ENVARUSUS XR TB24 0.75MG, 1MG                               | 3         | B/D                            |
| ENVARUSUS XR TB24 4MG                                       | 5         | B/D NDS                        |
| <i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>           | 5         | B/D NDS                        |
| <i>gengraf caps 100mg, 25mg</i>                             | 2         | B/D                            |
| <i>gengraf soln</i>   | 2         | B/D                            |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0          | 5         | QL (4 EA per 365 days) PA NDS  |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML | 5         | QL (6 EA per 365 days) PA NDS  |
| HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML                  | 5         | QL (4 EA per 28 days) PA NDS   |
| HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML                  | 5         | QL (6 EA per 28 days) PA NDS   |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK                        | 5         | QL (4 EA per 28 days) PA NDS   |
| HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML                     | 5         | QL (6 EA per 28 days) PA NDS   |
| HUMIRA PEN-PS/UV STARTER INJ 0                              | 5         | QL (6 EA per 365 days) PA NDS  |
| HUMIRA PEN INJ 40MG/0.4ML, 80MG/0.8ML                       | 5         | QL (4 EA per 28 days) PA NDS   |
| HUMIRA PEN INJ 40MG/0.8ML                                   | 5         | QL (6 EA per 28 days) PA NDS   |
| HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML               | 5         | QL (2 EA per 28 days) PA NDS   |
| HUMIRA INJ 40MG/0.4ML                                       | 5         | QL (4 EA per 28 days) PA NDS   |

| Drug Name  | Drug Tier | Requirements/Limits            |
|--|-----------|--------------------------------|
| IMURAN TABS  | 4         | B/D                            |
| <i>leflunomide</i>   | 2         |                                |
| LUPKYNIS   | 5         | QL (180 EA per 30 days) PA NDS |
| <i>methotrexate sodium tabs</i>  | 2         |                                |
| <i>methotrexate sodium inj 50mg/2ml</i>  | 2         |                                |
| <i>methotrexate inj 50mg/2ml</i>   | 2         |                                |
| <i>mycophenolate mofetil caps, tabs</i>  | 2         | B/D                            |
| <i>mycophenolate mofetil susr</i>  | 5         | B/D NDS                        |
| <i>mycophenolic acid dr</i>  | 2         | B/D                            |
| MYFORTIC TBEC 180MG  | 4         | B/D                            |
| MYFORTIC TBEC 360MG  | 5         | B/D NDS                        |
| NEORAL   | 4         | B/D                            |
| OTREXUP INJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML | 3         | QL (1.6 ML per 28 days) PA     |
| PROGRAF PACK   | 3         | B/D                            |
| PROGRAF CAPS 0.5MG, 1MG  | 4         | B/D                            |
| PROGRAF CAPS 5MG   | 5         | B/D NDS                        |
| RAPAMUNE SOLN  | 5         | B/D NDS                        |
| RAPAMUNE TABS 0.5MG  | 4         | B/D                            |
| RAPAMUNE TABS 1MG, 2MG   | 5         | B/D NDS                        |
| RASUVO INJ 7.5MG/0.15ML  | 3         | QL (0.6 ML per 28 days) PA     |
| RASUVO INJ 10MG/0.2ML  | 3         | QL (0.8 ML per 28 days) PA     |
| RASUVO INJ 12.5MG/0.25ML   | 3         | QL (1 ML per 28 days) PA       |
| RASUVO INJ 15MG/0.3ML  | 3         | QL (1.2 ML per 28 days) PA     |
| RASUVO INJ 17.5MG/0.35ML   | 3         | QL (1.4 ML per 28 days) PA     |
| RASUVO INJ 20MG/0.4ML  | 3         | QL (1.6 ML per 28 days) PA     |
| RASUVO INJ 22.5MG/0.45ML   | 3         | QL (1.8 ML per 28 days) PA     |
| RASUVO INJ 25MG/0.5ML  | 3         | QL (2 ML per 28 days) PA       |
| RASUVO INJ 30MG/0.6ML  | 3         | QL (2.4 ML per 28 days) PA     |
| REDITREX INJ 15MG/0.6ML  | 3         | QL (2.4 ML per 28 days) PA     |
| REDITREX INJ 20MG/0.8ML  | 3         | QL (3.2 ML per 28 days) PA     |
| REDITREX INJ 22.5MG/0.9ML  | 3         | QL (3.6 ML per 28 days) PA     |
| REDITREX INJ 25MG/ML   | 3         | QL (4 ML per 28 days) PA       |
| REZUROCK   | 5         | QL (60 EA per 30 days) PA NDS  |
| SANDIMMUNE SOLN  | 3         | B/D                            |
| SANDIMMUNE CAPS 100MG, 25MG  | 4         | B/D                            |
| SIMPONI INJ 50MG/0.5ML   | 5         | QL (0.5 ML per 28 days) PA NDS |
| SIMPONI INJ 100MG/ML   | 5         | QL (3 ML per 28 days) PA NDS   |
| <i>sirolimus soln</i>  | 2         | B/D NDS                        |
| <i>sirolimus tabs 0.5mg, 1mg</i>   | 2         | B/D                            |
| <i>sirolimus tabs 2mg</i>  | 2         | B/D NDS                        |
| <i>tacrolimus caps 0.5mg, 1mg, 5mg</i>   | 2         | B/D                            |
| TREXALL  | 3         |                                |
| XATMEP   | 3         |                                |
| ZORTRESS   | 5         | B/D NDS                        |
| <b>Vaccines</b>  |           |                                |
| ABRYSVO  | 3         |                                |
| ACTHIB INJ 0   | 3         |                                |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ADACEL   | 3         |                     |
| AREXVY   | 3         |                     |
| BCG VACCINE INJ 50MG   | 3         |                     |
| BEXSERO  | 3         |                     |
| BOOSTRIX   | 3         |                     |
| DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML                    | 3         |                     |
| DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC                      | 3         |                     |
| ENGERIX-B  | 3         | B/D                 |
| GARDASIL 9   | 3         |                     |
| HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML                                | 3         |                     |
| HEPLISAV-B   | 3         | B/D                 |
| HIBERIX  | 3         |                     |
| IMOVAX RABIES (H.D.C.V.)   | 3         | B/D                 |
| INFANRIX   | 3         |                     |
| IPOL INACTIVATED IPV   | 3         |                     |
| IXIARO   | 3         |                     |
| JYNNEOS  | 3         |                     |
| KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML                | 3         |                     |
| M-M-R II   | 3         |                     |
| MENACTRA   | 3         |                     |
| MENQUADFI  | 3         |                     |
| MENVEO   | 3         |                     |
| PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML | 3         |                     |
| PEDVAX HIB INJ 7.5MCG/0.5ML  | 3         |                     |
| PENTACEL   | 3         |                     |
| PREHEVBRIO   | 3         | B/D                 |
| PRIORIX  | 3         |                     |
| PROQUAD  | 3         |                     |
| QUADRACEL  | 3         |                     |
| RABAVERT   | 3         | B/D                 |
| RECOMBIVAX HB  | 3         | B/D                 |
| ROTARIX  | 3         |                     |
| ROTATEQ SOLN   | 3         |                     |
| SHINGRIX   | 3         |                     |
| TDVAX  | 3         |                     |
| TENIVAC  | 3         |                     |
| TICOVAC  | 3         |                     |
| TRUMENBA   | 3         |                     |
| TWINRIX  | 3         |                     |
| TYPHIM VI  | 3         |                     |
| VAQTA  | 3         |                     |
| VARIVAX  | 3         |                     |
| YF-VAX   | 3         |                     |

### Inflammatory Bowel Disease Agents

#### *Aminosalicylates*

|        |   |
|--------|---|
| APRISO | 4 |
|--------|---|



| Drug Name                                       | Drug Tier | Requirements/Limits             |
|---|-----------|---------------------------------|
| AZULFIDINE EN-TABS                              | 4         |                                 |
| AZULFIDINE TABS                                 | 4         |                                 |
| <i>balsalazide disodium</i>                     | 2         |                                 |
| DELZICOL  | 4         | ST                              |
| DIPENTUM  | 5         | NDS                             |
| LIALDA  | 4         |                                 |
| <i>mesalamine dr cpdr</i>                       | 2         | ST                              |
| MESALAMINE DR TBEC 800MG                        | 2         |                                 |
| <i>mesalamine dr tbec 1.2gm</i>                 | 2         |                                 |
| <i>mesalamine er</i>                            | 2         |                                 |
| <i>mesalamine enem, supp</i>                    | 2         |                                 |
| PENTASA   | 3         |                                 |
| ROWASA KIT                                      | 5         | NDS                             |
| <i>sulfasalazine tabs, tbec</i>                 | 2         |                                 |
| <b>Glucocorticoids</b>                          |           |                                 |
| ANUSOL-HC CREA                                  | 4         |                                 |
| <i>budesonide er</i>                            | 5         | ST NDS                          |
| <i>budesonide cpep 3mg</i>                      | 2         |                                 |
| <i>budesonide foam 2mg</i>                      | 2         |                                 |
| <i>hydrocortisone enem 100mg/60ml</i>           | 2         |                                 |
| <i>procto-med hc</i>                            | 2         |                                 |
| <i>proctosol hc</i>                             | 2         |                                 |
| <i>proctozone-hc</i>                            | 2         |                                 |
| TARPEYO   | 5         | QL (120 EA per 30 days) PA NDS  |
| UCERIS FOAM                                     | 3         |                                 |
| UCERIS TB24                                     | 5         | ST NDS                          |
| <b>Metabolic Bone Disease Agents</b>            |           |                                 |
| <b>Metabolic Bone Disease Agents</b>            |           |                                 |
| ACTONEL TABS 150MG                              | 4         | QL (1 EA per 28 days) ST        |
| ACTONEL TABS 35MG                               | 4         | QL (4 EA per 28 days) ST        |
| <i>alendronate sodium soln</i>                  | 2         |                                 |
| <i>alendronate sodium tabs 35mg</i>             | 1         |                                 |
| <i>alendronate sodium tabs 70mg</i>             | 1         | QL (4 EA per 28 days)           |
| <i>alendronate sodium tabs 10mg</i>             | 2         |                                 |
| ATELVIA   | 4         | QL (4 EA per 28 days) ST        |
| BINOSTO   | 3         | QL (4 EA per 28 days)           |
| <i>calcitonin-salmon soln</i>                   | 2         | QL (3.7 ML per 30 days)         |
| <i>calcitriol caps 0.25mcg, 0.5mcg</i>          | 2         |                                 |
| <i>calcitriol soln 1mcg/ml</i>                  | 2         |                                 |
| <i>cinacalcet hydrochloride tabs 30mg, 60mg</i> | 2         |                                 |
| <i>cinacalcet hydrochloride tabs 90mg</i>       | 2         | NDS                             |
| <i>doxercalciferol caps</i>                     | 2         |                                 |
| EVENITY   | 5         | QL (2.34 ML per 28 days) PA NDS |
| FORTEO INJ 600MCG/2.4ML                         | 5         | PA NDS                          |
| FOSAMAX PLUS D                                  | 3         | QL (4 EA per 28 days) ST        |
| FOSAMAX TABS 70MG                               | 4         | QL (4 EA per 28 days) ST        |
| <i>ibandronate sodium tabs</i>                  | 2         | QL (1 EA per 28 days)           |
| NATPARA   | 5         | QL (2 EA per 28 days) PA NDS    |
| <i>paricalcitol caps</i>                        | 2         |                                 |

| Drug Name  | Drug Tier | Requirements/Limits            |
|--|-----------|--------------------------------|
| PROLIA   | 3         | QL (2 ML per 365 days)         |
| RAYALDEE   | 5         | NDS                            |
| <i>risedronate sodium dr</i>                           | 2         | QL (4 EA per 28 days)          |
| <i>risedronate sodium tabs 30mg, 5mg</i>               | 2         |                                |
| <i>risedronate sodium tabs 150mg</i>                   | 2         | QL (1 EA per 28 days)          |
| <i>risedronate sodium tabs 35mg</i>                    | 2         | QL (4 EA per 28 days)          |
| ROCALTROL  | 4         |                                |
| SENSIPAR TABS 30MG                                     | 4         |                                |
| SENSIPAR TABS 60MG, 90MG                               | 5         | NDS                            |
| TERIPARATIDE   | 5         | PA NDS                         |
| TYMLOS   | 5         | PA NDS                         |
| XGEVA  | 5         | PA NDS                         |
| ZEMPLAR CAPS 1MCG, 2MCG                                | 4         |                                |
| <b>Miscellaneous Therapeutic Agents</b>                |           |                                |
| <i>Miscellaneous Therapeutic Agents</i>                |           |                                |
| ALCOHOL PREP PADS                                      | 1         |                                |
| B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"     | 1         | QL (200 EA per 30 days)        |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"          | 1         | QL (200 EA per 30 days)        |
| BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM       | 1         | QL (200 EA per 30 days)        |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM            | 1         | QL (200 EA per 30 days)        |
| BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM         | 1         | QL (200 EA per 30 days)        |
| CARNITOR SOLN, TABS                                    | 4         |                                |
| CURITY GAUZE PADS 2"X2" 12 PLY                         | 1         |                                |
| GRASTEK  | 3         | QL (30 EA per 30 days) PA      |
| INTRALIPID INJ 20GM/100ML, 30GM/100ML                  | 3         | B/D                            |
| <i>levocarnitine soln, tabs</i>                        | 2         |                                |
| LIVMARLI   | 5         | QL (90 ML per 30 days) PA NDS  |
| NUTRILIPID   | 3         | B/D                            |
| ODACTRA  | 3         | QL (30 EA per 30 days) PA      |
| ORALAIR  | 3         | QL (30 EA per 30 days) PA      |
| ORLADEYO   | 5         | QL (30 EA per 30 days) PA NDS  |
| PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD 0 | 3         |                                |
| SKYCLARYS  | 5         | QL (90 EA per 30 days) PA NDS  |
| <i>sodium chloride 0.9%</i>                            | 2         |                                |
| TAVNEOS  | 5         | QL (180 EA per 30 days) PA NDS |
| TYRVAYA  | 3         | QL (8.4 ML per 30 days) PA     |
| VIJOICE TBPK 125MG, 50MG                               | 5         | QL (28 EA per 28 days) PA NDS  |
| VIJOICE TBPK 0   | 5         | QL (56 EA per 28 days) PA NDS  |
| VOXZOGO  | 5         | QL (30 EA per 30 days) PA NDS  |
| <b>Ophthalmic Agents</b>                               |           |                                |
| <i>Ophthalmic Agents, Other</i>                        |           |                                |
| <i>atropine sulfate soln 1%</i>                        | 2         |                                |
| <i>bacitracin/polymyxin b</i>                          | 2         |                                |
| BRIMONIDINE TARTRATE/TIMOLOL MALEATE                   | 2         |                                |
| CEQUA  | 3         | PA                             |

| Drug Name   | Drug Tier | Requirements/Limits            |
|---|-----------|--------------------------------|
| COMBIGAN  | 3         |                                |
| COSOPT  | 4         |                                |
| COSOPT PF   | 4         |                                |
| <i>cyclosporine emul 0.05%</i>                      | 2         |                                |
| CYSTADROPS  | 5         | QL (20 ML per 28 days) NDS     |
| CYSTARAN  | 5         | QL (60 ML per 28 days) NDS     |
| <i>dorzolamide hcl/timolol maleate</i>              | 2         |                                |
| <i>dorzolamide hydrochloride/timolol maleate pf</i> | 2         |                                |
| LACRISERT   | 3         |                                |
| MAXITROL  | 4         |                                |
| <i>neo-polycin</i>                                  | 2         |                                |
| <i>neo-polycin hc</i>                               | 2         |                                |
| <i>neomycin/bacitracin/polymyxin</i>                | 2         |                                |
| <i>neomycin/polymyxin/bacitracin/hydrocortisone</i> | 2         |                                |
| <i>neomycin/polymyxin/dexamethasone</i>             | 2         |                                |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN                       | 2         |                                |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE                   | 2         |                                |
| OPHTHALMIC SUSP 1%; 3.5MG/ML; 10000UNIT/ML          |           |                                |
| OXERVATE  | 5         | QL (56 ML per 28 days) PA NDS  |
| <i>polycin</i>                                      | 2         |                                |
| <i>polymyxin b sulfate/trimethoprim sulfate</i>     | 1         |                                |
| RESTASIS  | 4         |                                |
| RESTASIS MULTIDOSE                                  | 4         |                                |
| ROCKLATAN   | 3         | QL (2.5 ML per 25 days)        |
| SIMBRINZA   | 3         |                                |
| SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE  | 2         |                                |
| TOBRADEX ST   | 3         |                                |
| TOBRADEX OINT                                       | 3         |                                |
| TOBRADEX SUSP                                       | 4         |                                |
| <i>tobramycin/dexamethasone</i>                     | 2         |                                |
| VERKAZIA  | 5         | QL (120 EA per 30 days) PA NDS |
| XIIDRA  | 3         | QL (60 EA per 30 days) ST      |
| ZYLET   | 3         |                                |
| <b>Ophthalmic Anti-allergy Agents</b>               |           |                                |
| ALOMIDE   | 3         |                                |
| <i>azelastine hcl</i>                               | 2         |                                |
| <i>bepotastine besilate</i>                         | 2         |                                |
| BEPREVE   | 4         |                                |
| CROMOLYN SODIUM SOLN 4%                             | 1         |                                |
| <i>epinastine hcl</i>                               | 2         |                                |
| <i>olopatadine hcl ophthalmic soln 0.1%</i>         | 2         |                                |
| ZERVIAE   | 3         |                                |
| <b>Ophthalmic Anti-Infectives</b>                   |           |                                |
| AZASITE   | 3         |                                |
| BACITRACIN  | 2         |                                |
| BESIVANCE   | 3         |                                |
| CILOXAN OINT  | 3         |                                |
| <i>ciprofloxacin hydrochloride soln 0.3%</i>        | 2         |                                |

| Drug Name  | Drug Tier | Requirements/Limits     |
|--|-----------|-------------------------|
| <i>erythromycin oint 5mg/gm</i>                  | 1         |                         |
| <i>gatifloxacin</i>                              | 2         |                         |
| <i>gentamicin sulfate ophthalmic soln 0.3%</i>   | 1         |                         |
| LEVOFLOXACIN OPHTHALMIC SOLN 0.5%                | 2         |                         |
| <i>moxifloxacin hydrochloride soln 0.5%</i>      | 2         |                         |
| NATACYN  | 3         |                         |
| OCUFLOX  | 4         |                         |
| <i>ofloxacin ophthalmic soln 0.3%</i>            | 2         |                         |
| SULFACETAMIDE SODIUM OINT 10%                    | 2         |                         |
| <i>sulfacetamide sodium soln 10%</i>             | 2         |                         |
| <i>tobramycin soln 0.3%</i>                      | 1         |                         |
| TOBEX OINT                                       | 3         |                         |
| TRIFLURIDINE                                     | 2         |                         |
| VIGAMOX  | 4         |                         |
| ZIRGAN   | 3         |                         |
| ZYMAXID  | 4         |                         |
| <b><i>Ophthalmic Anti-inflammatories</i></b>     |           |                         |
| ACULAR   | 4         |                         |
| ACULAR LS  | 4         |                         |
| ALREX  | 3         |                         |
| <i>bromfenac</i>                                 | 2         |                         |
| BROMSITE   | 3         | ST                      |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN              | 2         |                         |
| <i>diclofenac sodium ophthalmic soln 0.1%</i>    | 2         |                         |
| <i>difluprednate</i>                             | 2         |                         |
| DUREZOL  | 4         |                         |
| EYSUVIS  | 3         | PA                      |
| FLAREX   | 3         |                         |
| <i>fluorometholone</i>                           | 2         |                         |
| <i>flurbiprofen sodium</i>                       | 2         |                         |
| FML FORTE  | 3         |                         |
| FML LIQUIFILM                                    | 4         |                         |
| ILEVRO   | 3         | QL (4 ML per 30 days)   |
| INVELTYS   | 3         |                         |
| <i>ketorolac tromethamine soln 0.4%, 0.5%</i>    | 2         |                         |
| LOTEMAX SM                                       | 3         | QL (20 GM per 365 days) |
| LOTEMAX OINT                                     | 3         | QL (14 GM per 365 days) |
| LOTEMAX SUSP                                     | 4         |                         |
| LOTEMAX GEL                                      | 4         | QL (20 GM per 365 days) |
| LOTEPREDNOL ETABONATE GEL                        | 2         | QL (20 GM per 365 days) |
| <i>loteprednol etabonate susp</i>                | 2         |                         |
| MAXIDEX SUSP                                     | 3         |                         |
| NEVANAC  | 3         | QL (4 ML per 30 days)   |
| PRED FORTE                                       | 4         |                         |
| PRED MILD  | 3         |                         |
| PREDNISOLONE ACETATE                             | 2         |                         |
| PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1% | 2         |                         |
| PROLENSA   | 3         | QL (12 ML per 365 days) |

| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| <b>Ophthalmic Beta-Adrenergic Blocking Agents</b>             |           |                            |
| BETAXOLOL HCL SOLN 0.5%                                       | 2         |                            |
| BETIMOL   | 3         |                            |
| BETOPTIC-S  | 3         |                            |
| CARTEOLOL HCL   | 2         |                            |
| ISTALOL   | 4         |                            |
| LEVOBUNOLOL HCL SOLN 0.5%                                     | 2         |                            |
| <i>timolol maleate ophthalmic gel forming</i>                 | 2         |                            |
| <i>timolol maleate soln 0.25%, 0.5%</i>                       | 1         |                            |
| <i>timolol maleate soln 0.25%, 0.5%</i>                       | 2         |                            |
| TIMOPTIC OCUDOSE SOLN 0.25%                                   | 3         |                            |
| TIMOPTIC OCUDOSE SOLN 0.5%                                    | 4         |                            |
| <b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b> |           |                            |
| <i>acetazolamide er</i>                                       | 2         |                            |
| <i>acetazolamide tabs 125mg</i>                               | 2         |                            |
| ALPHAGAN P SOLN 0.1%  | 3         |                            |
| ALPHAGAN P SOLN 0.15%   | 4         |                            |
| APRACLONIDINE   | 2         |                            |
| AZOPT   | 4         |                            |
| <i>brimonidine tartrate soln 0.15%, 0.2%</i>                  | 2         |                            |
| <i>brinzolamide</i>   | 2         |                            |
| <i>dorzolamide hydrochloride</i>                              | 2         |                            |
| IOPIDINE SOLN 1%  | 3         |                            |
| <i>methazolamide tabs</i>                                     | 2         |                            |
| <i>pilocarpine hcl soln 1%, 2%, 4%</i>                        | 2         |                            |
| RHOPRESSA   | 3         | QL (2.5 ML per 25 days)    |
| VUITY   | 3         | QL (7.5 ML per 25 days) PA |
| <b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>        |           |                            |
| <i>bimatoprost</i>  | 2         | QL (5 ML per 30 days)      |
| <i>latanoprost soln</i>                                       | 1         |                            |
| LUMIGAN   | 3         | QL (2.5 ML per 25 days)    |
| <i>tafluprost</i>   | 2         | QL (30 EA per 30 days)     |
| TRAVATAN Z  | 4         | QL (2.5 ML per 25 days) ST |
| <i>travoprost</i>   | 2         | QL (2.5 ML per 25 days)    |
| VYZULTA   | 4         | QL (5 ML per 25 days)      |
| XALATAN   | 4         |                            |
| XELPROS   | 4         | QL (2.5 ML per 25 days) ST |
| ZIOPTAN   | 3         | QL (30 EA per 30 days)     |
| <b>Otic Agents</b>  |           |                            |
| <b>Otic Agents</b>  |           |                            |
| <i>acetic acid</i>  | 2         |                            |
| CETRAXAL  | 4         | ST                         |
| CIPRO HC  | 3         |                            |
| CIPRODEX  | 4         |                            |
| <i>ciprofloxacin</i>  | 2         |                            |
| <i>ciprofloxacin/dexamethasone</i>                            | 2         |                            |
| DERMOTIC  | 4         |                            |
| <i>flac</i>   | 2         |                            |
| <i>fluocinolone acetonide oil 0.01%</i>                       | 2         |                            |

| Drug Name   | Drug Tier | Requirements/Limits         |
|---|-----------|-----------------------------|
| HYDROCORTISONE/ACETIC ACID  | 2         |                             |
| <i>neomycin/polymyxin/hc</i>  | 2         |                             |
| <i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i> | 2         |                             |
| <i>ofloxacin otic soln 0.3%</i>   | 2         |                             |
| <b>Respiratory Tract/Pulmonary Agents</b>                                     |           |                             |
| <b><i>Anti-inflammatories, Inhaled Corticosteroids</i></b>                    |           |                             |
| ALVESCO   | 3         | QL (12.2 GM per 30 days) ST |
| ARMONAIR DIGIHALER  | 3         | QL (1 EA per 30 days) ST    |
| ARNUITY ELLIPTA   | 3         | QL (30 EA per 30 days)      |
| ASMANEX HFA   | 3         | QL (13 GM per 30 days) ST   |
| ASMANEX TWISTHALER 120 METERED DOSES  | 3         | QL (1 EA per 30 days) ST    |
| ASMANEX TWISTHALER 30 METERED DOSES   | 3         | QL (1 EA per 30 days) ST    |
| ASMANEX TWISTHALER 60 METERED DOSES   | 3         | QL (1 EA per 30 days) ST    |
| BECONASE AQ SUSP  | 3         | QL (50 GM per 25 days)      |
| BREZTRI AEROSPHERE  | 3         | QL (23.6 GM per 28 days)    |
| <i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>                         | 2         | QL (120 ML per 30 days) B/D |
| <i>flunisolide soln 0.025%</i>  | 2         | QL (50 ML per 30 days)      |
| FLUTICASONE PROPIONATE HFA AERO 44MCG/ACT                                     | 3         | QL (21.2 GM per 30 days) PA |
| FLUTICASONE PROPIONATE HFA AERO 110MCG/ACT, 220MCG/ACT                        | 3         | QL (24 GM per 30 days) PA   |
| <i>fluticasone propionate susp 50mcg/act</i>                                  | 1         |                             |
| <i>mometasone furoate susp 50mcg/act</i>                                      | 2         | QL (34 GM per 30 days)      |
| OMNARIS   | 3         | QL (12.5 GM per 30 days) ST |
| PULMICORT FLEXHALER   | 3         | QL (2 EA per 30 days) ST    |
| QNASL   | 3         | QL (10.6 GM per 30 days)    |
| QVAR REDHALER   | 3         | QL (21.2 GM per 30 days) ST |
| XHANCE  | 3         | QL (32 ML per 30 days)      |
| <b><i>Antihistamines</i></b>  |           |                             |
| <i>azelastine hydrochloride/fluticasone propionate</i>                        | 2         | QL (23 GM per 30 days)      |
| <i>azelastine hydrochloride soln 0.1%</i>                                     | 2         | QL (60 ML per 30 days)      |
| CARBINOXAMINE MALEATE SOLN  | 2         |                             |
| <i>cetirizine hydrochloride soln 1mg/ml</i>                                   | 1         |                             |
| CLARINEX-D 12 HOUR  | 3         |                             |
| <i>clemastine fumarate syrp</i>   | 5         | NDS                         |
| CLEMASTINE FUMARATE TABS 2.68MG   | 2         |                             |
| <i>cyproheptadine hcl syrp</i>  | 2         |                             |
| <i>cyproheptadine hydrochloride tabs</i>                                      | 2         |                             |
| <i>desloratadine</i>  | 2         |                             |
| DESLORATADINE ODT   | 2         |                             |
| DYMISTA   | 4         | QL (23 GM per 30 days)      |
| <i>hydroxyzine hcl tabs 50mg</i>  | 2         |                             |
| <i>hydroxyzine hydrochloride syrp</i>   | 2         |                             |
| <i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>                              | 2         |                             |
| HYDROXYZINE PAMOATE CAPS 100MG  | 2         |                             |
| <i>hydroxyzine pamoate caps 25mg, 50mg</i>                                    | 2         |                             |
| <i>levocetirizine dihydrochloride soln, tabs</i>                              | 2         |                             |
| <i>olopatadine hcl nasal soln 0.6%</i>  | 2         | QL (30.5 GM per 30 days)    |
| VISTARIL CAPS 25MG, 50MG  | 4         |                             |

| Drug Name                                     | Drug Tier | Requirements/Limits             |
|---|-----------|---------------------------------|
| <b>Antileukotrienes</b>                       |           |                                 |
| ACCOLATE                                      | 4         |                                 |
| montelukast sodium chew 5mg                   | 1         |                                 |
| montelukast sodium chew 4mg                   | 2         |                                 |
| montelukast sodium tabs                       | 1         |                                 |
| montelukast sodium pack                       | 2         |                                 |
| SINGULAIR TABS                                | 4         |                                 |
| zafirlukast                                   | 2         |                                 |
| <b>Bronchodilators, Anticholinergic</b>       |           |                                 |
| ATROVENT HFA                                  | 3         | QL (25.8 GM per 30 days)        |
| DUAKLIR PRESSAIR                              | 5         | QL (2 EA per 30 days) ST NDS    |
| INCRUSE ELLIPTA                               | 3         | QL (30 EA per 30 days)          |
| ipratropium bromide inhalation soln           | 1         | QL (312.5 ML per 30 days) B/D   |
| ipratropium bromide nasal soln                | 2         |                                 |
| SPIRIVA HANDIHALER                            | 3         | QL (30 EA per 30 days)          |
| SPIRIVA RESPIMAT AERS 2.5MCG/ACT              | 3         |                                 |
| SPIRIVA RESPIMAT AERS 1.25MCG/ACT             | 3         | QL (8 GM per 30 days)           |
| TIOTROPIUM BROMIDE                            | 3         | QL (30 EA per 30 days)          |
| TUDORZA PRESSAIR                              | 3         | QL (1 EA per 30 days) ST        |
| YUPELRI                                       | 5         | QL (90 ML per 30 days) B/D NDS  |
| <b>Bronchodilators, Sympathomimetic</b>       |           |                                 |
| ALBUTEROL SULFATE HFA AERS 108MCG/ACT         | 4         | QL (48 GM per 30 days)          |
| albuterol sulfate hfa aers 108mcg/act         | 2         | QL (13.4 GM per 30 days)        |
| albuterol sulfate hfa aers 108mcg/act         | 2         | QL (17 GM per 30 days)          |
| albuterol sulfate syrp, tabs                  | 2         |                                 |
| ALBUTEROL SULFATE NEBU 2.5MG/0.5ML            | 2         | QL (100 EA per 30 days) B/D     |
| albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml | 2         | QL (375 ML per 30 days) B/D     |
| albuterol sulfate nebu 0.083%                 | 2         | QL (525 ML per 30 days) B/D     |
| arformoterol tartrate                         | 2         | QL (120 ML per 30 days) PA NDS  |
| AUVI-Q INJ 0.1MG/0.1ML                        | 3         | QL (2 EA per 30 days)           |
| AUVI-Q INJ 0.15MG/0.15ML, 0.3MG/0.3ML         | 3         | ST                              |
| BROVANA                                       | 5         | QL (120 ML per 30 days) PA NDS  |
| EPINEPHRINE INJ 0.15MG/0.15ML, 0.3MG/0.3ML    | 2         |                                 |
| epinephrine inj 0.15mg/0.3ml, 0.3mg/0.3ml     | 2         |                                 |
| EIPEN 2-PAK                                   | 4         | ST                              |
| EIPEN-JR 2-PAK                                | 4         | ST                              |
| formoterol fumarate nebu                      | 2         | QL (120 ML per 30 days) B/D     |
| levalbuterol hcl nebu 1.25mg/3ml              | 2         | QL (270 ML per 30 days) B/D     |
| levalbuterol hcl nebu 0.31mg/3ml              | 2         | QL (540 ML per 30 days) B/D     |
| levalbuterol hydrochloride nebu 0.63mg/3ml    | 2         | QL (540 ML per 30 days) B/D     |
| LEVALBUTEROL TARTRATE HFA                     | 3         | QL (30 GM per 30 days) ST       |
| levalbuterol nebu                             | 2         | QL (90 EA per 30 days) B/D      |
| PERFOROMIST                                   | 5         | QL (120 ML per 30 days) B/D NDS |
| PROAIR DIGIHALER                              | 3         | QL (2 EA per 30 days)           |
| PROAIR RESPICLICK                             | 3         | QL (2 EA per 30 days)           |
| PROVENTIL HFA                                 | 4         | QL (13.4 GM per 30 days) ST     |
| SEREVENT DISKUS                               | 3         | QL (60 EA per 30 days)          |
| STRIVERDI RESPIMAT                            | 3         | QL (4 GM per 30 days) ST        |
| SYMJEPI                                       | 3         | ST                              |



| Drug Name  | Drug Tier | Requirements/Limits             |
|--|-----------|---------------------------------|
| <i>terbutaline sulfate tabs</i>                            | 2         |                                 |
| VENTOLIN HFA   | 4         | QL (48 GM per 30 days)          |
| XOPENEX HFA  | 3         | QL (30 GM per 30 days) ST       |
| <b>Cystic Fibrosis Agents</b>                              |           |                                 |
| BETHKIS  | 5         | B/D NDS                         |
| CAYSTON  | 5         | PA NDS                          |
| KALYDECO TABS  | 5         | PA NDS                          |
| KALYDECO PACK 13.4MG, 25MG, 50MG, 75MG                     | 5         | PA NDS                          |
| KITABIS PAK  | 5         | B/D NDS                         |
| ORKAMBI TABS   | 5         | QL (112 EA per 28 days) PA NDS  |
| ORKAMBI PACK   | 5         | QL (56 EA per 28 days) PA NDS   |
| PULMOZYME  | 5         | PA NDS                          |
| SYMDEKO TBPK 150MG; 100MG                                  | 5         | QL (56 EA per 28 days) PA NDS   |
| SYMDEKO TBPK 75MG; 50MG                                    | 5         | QL (60 EA per 30 days) PA NDS   |
| TOBI PODHALER  | 5         | QL (224 EA per 56 days) NDS     |
| <i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>                | 5         | B/D NDS                         |
| TRIKAFTA THPK  | 5         | QL (56 EA per 28 days) PA NDS   |
| TRIKAFTA TBPK  | 5         | QL (84 EA per 28 days) PA NDS   |
| <b>Mast Cell Stabilizers</b>                               |           |                                 |
| <i>cromolyn sodium nebu 20mg/2ml</i>                       | 5         | B/D NDS                         |
| <b>Phosphodiesterase Inhibitors, Airways Disease</b>       |           |                                 |
| DALIRESP   | 3         | PA                              |
| <i>roflumilast</i>   | 2         | PA                              |
| THEO-24  | 3         |                                 |
| <i>theophylline er tb24</i>                                | 2         |                                 |
| <i>theophylline er tb12 300mg, 450mg</i>                   | 2         |                                 |
| <i>theophylline soln</i>                                   | 2         |                                 |
| <b>Pulmonary Antihypertensives</b>                         |           |                                 |
| ADEMPAS  | 5         | QL (90 EA per 30 days) PA NDS   |
| <i>alyq</i>  | 2         | QL (60 EA per 30 days) PA NDS   |
| <i>ambrisentan</i>   | 5         | QL (30 EA per 30 days) PA NDS   |
| <i>bosentan</i>  | 5         | QL (60 EA per 30 days) PA NDS   |
| LIQREV   | 5         | PA NDS                          |
| OPSUMIT  | 5         | QL (30 EA per 30 days) PA NDS   |
| ORENITRAM TITRATION KIT MONTH 1                            | 5         | QL (336 EA per 365 days) PA NDS |
| ORENITRAM TITRATION KIT MONTH 2                            | 5         | QL (672 EA per 365 days) PA NDS |
| ORENITRAM TITRATION KIT MONTH 3                            | 5         | QL (504 EA per 365 days) PA NDS |
| ORENITRAM TBCR 0.125MG                                     | 3         | PA                              |
| ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG                     | 5         | PA NDS                          |
| <i>sildenafil citrate susr</i>                             | 2         | PA NDS                          |
| <i>sildenafil citrate tabs</i>                             | 2         | QL (90 EA per 30 days) PA       |
| <i>tadalafil tabs 20mg</i>                                 | 2         | QL (60 EA per 30 days) PA NDS   |
| TADLIQ   | 5         | QL (300 ML per 30 days) PA NDS  |
| TYVASO DPI MAINTENANCE KIT POWD 16MCG, 32MCG, 48MCG, 64MCG | 5         | QL (112 EA per 28 days) PA NDS  |
| TYVASO DPI MAINTENANCE KIT POWD 0                          | 5         | QL (224 EA per 28 days) PA NDS  |
| TYVASO DPI TITRATION KIT POWD 0                            | 5         | QL (392 EA per 365 days) PA NDS |
| TYVASO DPI TITRATION KIT POWD 0                            | 5         | QL (504 EA per 365 days) PA NDS |
| UPTRAVI TITRATION PACK                                     | 5         | QL (400 EA per 365 days) PA NDS |

| Drug Name   | Drug Tier | Requirements/Limits            |
|---|-----------|--------------------------------|
| UPTRAVI TABS  | 5         | QL (60 EA per 30 days) PA NDS  |
| VENTAVIS  | 5         | QL (270 ML per 30 days) PA NDS |
| <b>Pulmonary Fibrosis Agents</b>  |           |                                |
| ESBRIET   | 5         | PA NDS                         |
| OFEV  | 5         | PA NDS                         |
| <i>pirfenidone caps</i>   | 5         | PA NDS                         |
| PIRFENIDONE TABS 534MG  | 5         | PA NDS                         |
| <i>pirfenidone tabs 267mg, 801mg</i>  | 5         | PA NDS                         |
| <b>Respiratory Tract Agents, Other</b>  |           |                                |
| <i>acetylcysteine soln</i>  | 2         | B/D                            |
| ADVAIR DISKUS   | 4         | QL (60 EA per 30 days) ST      |
| ADVAIR HFA  | 4         | QL (24 GM per 30 days) ST      |
| AIRDUO DIGIHALER 113/14   | 4         | QL (1 EA per 30 days) ST       |
| AIRDUO DIGIHALER 232/14   | 4         | QL (1 EA per 30 days) ST       |
| AIRDUO DIGIHALER 55/14  | 4         | QL (1 EA per 30 days) ST       |
| AIRDUO RESPICLICK 113/14  | 4         | QL (1 EA per 30 days) ST       |
| AIRDUO RESPICLICK 232/14  | 4         | QL (1 EA per 30 days) ST       |
| AIRDUO RESPICLICK 55/14   | 4         | QL (1 EA per 30 days) ST       |
| ANORO ELLIPTA   | 3         | QL (60 EA per 30 days)         |
| BEVESPI AEROSPHERE  | 3         | QL (10.7 GM per 30 days) ST    |
| BREO ELLIPTA AEPB 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH  | 3         | QL (60 EA per 30 days)         |
| BRONCHITOL  | 5         | QL (560 EA per 28 days) PA NDS |
| <i>budesonide/formoterol fumarate dihydrate</i>   | 3         | QL (10.2 GM per 30 days) ST    |
| COMBIVENT RESPIMAT  | 3         | QL (8 GM per 30 days)          |
| DULERA AERO 5MCG/ACT; 50MCG/ACT   | 3         | QL (13 GM per 30 days) PA      |
| DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT  | 3         | QL (17.6 GM per 30 days) PA    |
| FASENRA   | 5         | PA NDS                         |
| FASENRA PEN   | 5         | PA NDS                         |
| FLUTICASONE FUROATE/VILANTEROL ELLIPTA  | 3         | QL (60 EA per 30 days) PA      |
| <i>fluticasone propionate/salmeterol diskus</i>   | 2         | QL (60 EA per 30 days)         |
| FLUTICASONE PROPIONATE/SALMETEROL HFA   | 4         | QL (24 GM per 30 days) ST      |
| FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT | 3         | QL (1 EA per 30 days)          |
| <i>ipratropium bromide/albuterol sulfate</i>  | 2         | QL (540 ML per 30 days) B/D    |
| NUCALA INJ 40MG/0.4ML   | 5         | QL (0.4 ML per 28 days) PA NDS |
| NUCALA INJ 100MG  | 5         | QL (3 EA per 28 days) PA NDS   |
| NUCALA INJ 100MG/ML   | 5         | QL (3 ML per 28 days) PA NDS   |
| PROMETHAZINE VC   | 2         |                                |
| STIOLTO RESPIMAT  | 3         | QL (24 GM per 30 days)         |
| SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT   | 3         | QL (12 GM per 30 days) ST      |
| SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT  | 3         | QL (13.8 GM per 30 days) ST    |
| TRELEGY ELLIPTA   | 3         | QL (60 EA per 30 days)         |
| <i>wixela inhub</i>   | 2         | QL (60 EA per 30 days)         |
| <b>Skeletal Muscle Relaxants</b>  |           |                                |
| <b>Skeletal Muscle Relaxants</b>  |           |                                |
| <i>carisoprodol tabs</i>  | 2         | PA                             |

| Drug Name                                     | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>chlorzoxazone tabs 375mg, 500mg, 750mg</i> | 2         |                     |
| <i>chlorzoxazone tabs 250mg</i>               | 5         | NDS                 |
| <i>cyclobenzaprine hydrochloride er</i>       | 2         |                     |
| <i>cyclobenzaprine hydrochloride tabs</i>     | 2         |                     |
| <i>metaxalone</i>                             | 2         |                     |
| METHOCARBAMOL TABS 1000MG                     | 5         | NDS                 |
| <i>methocarbamol tabs 500mg, 750mg</i>        | 2         |                     |
| <i>orphenadrine citrate er</i>                | 2         |                     |

## Sleep Disorder Agents

### Sleep Promoting Agents

|  |   |                               |
|--|---|-------------------------------|
| AMBIEN                                     | 4 | QL (30 EA per 30 days)        |
| AMBIEN CR                                  | 4 | QL (30 EA per 30 days)        |
| BELSOMRA                                   | 3 | QL (30 EA per 30 days)        |
| DAYVIGO                                    | 3 | QL (30 EA per 30 days) PA     |
| <i>doxepin hydrochloride tabs 3mg, 6mg</i> | 2 | QL (30 EA per 30 days)        |
| EDLUAR                                     | 3 | QL (30 EA per 30 days)        |
| <i>estazolam</i>                           | 2 | QL (30 EA per 30 days)        |
| <i>eszopiclone</i>                         | 2 | QL (30 EA per 30 days)        |
| HALCION TABS 0.25MG                        | 4 | QL (60 EA per 30 days)        |
| LUNESTA                                    | 4 | QL (30 EA per 30 days)        |
| <i>ramelteon</i>                           | 2 | QL (30 EA per 30 days)        |
| ROZEREM                                    | 4 | QL (30 EA per 30 days)        |
| SILENOR                                    | 4 | QL (30 EA per 30 days)        |
| <i>tasimelteon</i>                         | 5 | QL (30 EA per 30 days) PA NDS |
| <i>temazepam</i>                           | 2 | QL (30 EA per 30 days)        |
| <i>triazolam</i>                           | 2 | QL (60 EA per 30 days)        |
| <i>zaleplon caps 5mg</i>                   | 2 | QL (30 EA per 30 days)        |
| <i>zaleplon caps 10mg</i>                  | 2 | QL (60 EA per 30 days)        |
| <i>zolpidem tartrate er</i>                | 2 | QL (30 EA per 30 days)        |
| ZOLPIDEM TARTRATE SUBL                     | 2 | QL (30 EA per 30 days)        |
| ZOLPIDEM TARTRATE CAPS                     | 3 | QL (30 EA per 30 days)        |
| <i>zolpidem tartrate tabs</i>              | 1 | QL (30 EA per 30 days)        |

### Wakefulness Promoting Agents

|   |   |                                |
|---|---|--------------------------------|
| <i>armodafinil tabs 150mg, 200mg, 250mg</i> | 2 | QL (30 EA per 30 days) PA      |
| <i>armodafinil tabs 50mg</i>                | 2 | QL (60 EA per 30 days) PA      |
| LUMRYZ                                      | 5 | QL (30 EA per 30 days) PA NDS  |
| <i>modafinil</i>                            | 2 | QL (30 EA per 30 days) PA      |
| SODIUM OXYBATE                              | 5 | QL (540 ML per 30 days) PA NDS |
| SUNOSI                                      | 3 | QL (30 EA per 30 days) PA      |
| WAKIX                                       | 5 | QL (60 EA per 30 days) PA NDS  |
| XYREM                                       | 5 | QL (540 ML per 30 days) PA NDS |
| XYWAV                                       | 5 | QL (540 ML per 30 days) PA NDS |

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| ABILIFY MAINTENA                          | 24     |
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| ABRYSVO                                   | 66     |
| ABSORICA LD                               | 45     |
| <i>acamprosate calcium dr</i>             | 4      |
| ACANYA                                    | 45     |
| <i>acarbose</i>                           | 30     |
| ACCOLATE                                  | 74     |
| <i>accutane</i>                           | 45     |
| <i>acebutolol hydrochloride</i>           | 37     |
| ACETAMINOPHEN/CAFFEINE/DIHYDR<br>OCODEINE | 2      |
| <i>acetaminophen/codeine</i>              | 2      |
| <i>acetazolamide</i>                      | 38     |
| <i>acetazolamide</i>                      | 72     |
| <i>acetazolamide er</i>                   | 72     |
| <i>acetic acid</i>                        | 72     |
| <i>acetylcysteine</i>                     | 76     |
| ACIPHEX                                   | 54     |
| <i>acitretin</i>                          | 46     |
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| BASAGLAR TEMPO PEN                                 | 32     |
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| BETIMOL   | 72     | <i>buprenorphine hcl/naloxone hcl</i>                     | 4      |
| BETOPTIC-S  | 72     | <i>buprenorphine hydrochloride/naloxone hydrochloride</i> | 4      |
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| BIDIL   | 38     | <i>buspirone hydrochloride</i>                            | 29     |
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| BIKTARVY  | 27     | <i>butalbital/acetaminophen/caffeine</i>                  | 44     |
| BILTRICIDE  | 22     | <i>butalbital/acetaminophen/caffeine/codeine</i>          | 3      |
| <i>bimatoprost</i>                                  | 72     | <i>butalbital/aspirin/caffeine</i>                        | 44     |
| BINOSTO   | 68     | <i>butalbital/aspirin/caffeine/codeine</i>                | 3      |
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| <i>pot/metronidazole/tetracycline hydrochloride</i> |        | BUTRANS   | 2      |
| <i>bisoprolol fumarate</i>                          | 37     | BYDUREON BCISE  | 30     |
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| <i>bosentan</i>                                     | 75     | CABOMETYX   | 20     |
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| BRAFTOVI  | 20     | <i>calcipotriene/betamethasone dipropionate</i>           | 48     |
| BREO ELLIPTA  | 76     | <i>calcitonin-salmon</i>                                  | 68     |
| BREZTRI AEROSPHERE                                  | 73     | CALCITRIOL  | 48     |
| <i>briellyn</i>                                     | 58     | <i>calcitriol</i>   | 68     |
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| <i>brimonidine tartrate</i>                         | 46     | CALQUENCE   | 21     |
| <i>brimonidine tartrate</i>                         | 72     | <i>camila</i>   | 62     |
| BRIMONIDINE TARTRATE/TIMOLOL                        | 69     | <i>camrese lo</i>   | 58     |
| MALEATE   |        | CAMZYOS   | 38     |
| <i>brinzolamide</i>                                 | 72     | CANCIDAS  | 16     |
| BRIVIACT  | 9      | <i>candesartan cilexetil</i>                              | 35     |
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| BRONCHITOL  | 76     | <i>captopril</i>  | 36     |
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| BRUKINSA  | 20     | CARAFATE  | 54     |
| <i>budesonide</i>                                   | 68     | CARBAGLU  | 50     |
| <i>budesonide</i>                                   | 73     | <i>carbamazepine</i>                                      | 12     |
| <i>budesonide er</i>                                | 68     | <i>carbamazepine er</i>                                   | 12     |
| <i>budesonide/formoterol fumarate dihydrate</i>     | 76     | CARBATROL   | 12     |
| <i>bumetanide</i>                                   | 39     | <i>carbidopa</i>  | 24     |
| <i>buprenorphine</i>                                | 2      |   |        |



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| CARBINOXAMINE MALEATE                | 73     |
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| CARDIZEM LA                          | 37     |
| CARDURA                              | 56     |
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| CAROSPIR                             | 40     |
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| CEFACLOR ER                          | 6      |
| CEFADROXIL                           | 6      |
| <i>cefazolin sodium</i>              | 6      |
| <i>cefdinir</i>                      | 6      |
| <i>cefepime</i>                      | 6      |
| <i>cefixime</i>                      | 6      |
| CEFOTETAN                            | 6      |
| <i>cefoxitin sodium</i>              | 6      |
| <i>cefpodoxime proxetil</i>          | 6      |
| <i>cefprozil</i>                     | 6      |
| <i>ceftazidime</i>                   | 6      |
| <i>ceftriaxone sodium</i>            | 6      |
| <i>cefuroxime axetil</i>             | 6      |
| <i>cefuroxime sodium</i>             | 6      |
| CELEBREX                             | 1      |
| <i>celecoxib</i>                     | 1      |
| CELEXA                               | 13     |
| CELLCEPT                             | 65     |
| CELONTIN                             | 11     |
| CEPHALEXIN                           | 7      |
| CEQUA                                | 69     |
| CERDELGA                             | 54     |
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| CHLORDIAZEPOXIDE/AMITRIPTYLIN E                         | 13     |
| <i>chlorhexidine gluconate</i>                          | 45     |
| <i>chloroquine phosphate</i>                            | 23     |
| CHLORPROMAZINE HYDROCHLORIDE                            | 24     |
| <i>chlorthalidone</i>                                   | 40     |
| <i>chlorzoxazone</i>                                    | 77     |
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| <i>cholestyramine light</i>                             | 41     |
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| CIBINQO   | 47     |
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| <i>ciclopirox olamine</i>                               | 49     |
| <i>cilostazol</i>                                       | 35     |
| CILOXAN   | 70     |
| CIMDUO  | 28     |
| <i>cimetidine</i>                                       | 54     |
| CIMZIA  | 65     |
| <i>cinacalcet hydrochloride</i>                         | 68     |
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| CIPRO HC  | 72     |
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| <i>ciprofloxacin</i>                                    | 72     |
| CIPROFLOXACIN HCL                                       | 8      |
| <i>ciprofloxacin hydrochloride</i>                      | 8      |
| <i>ciprofloxacin hydrochloride</i>                      | 70     |
| <i>ciprofloxacin i.v.-in d5w</i>                        | 8      |
| <i>ciprofloxacin/dexamethasone</i>                      | 72     |
| CITALOPRAM HYDROBROMIDE                                 | 13     |
| <i>claravis</i>   | 46     |
| CLARINEX-D 12 HOUR                                      | 73     |
| CLARITHROMYCIN  | 8      |
| <i>clarithromycin er</i>                                | 8      |
| <i>clemastine fumarate</i>                              | 73     |
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| CLEOCIN   | 5      |
| CLEOCIN PEDIATRIC GRANULES                              | 5      |
| CLEOCIN PHOSPHATE                                       | 5      |
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| CLIMARA PRO   | 58     |
| <i>clindacin</i>  | 49     |

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| <i>clindamycin hydrochloride</i>               | 5      |
| <i>clindamycin palmitate hcl</i>               | 5      |
| <i>clindamycin phosphate</i>                   | 5      |
| <i>clindamycin phosphate</i>                   | 49     |
| CLINDAMYCIN                                    | 46     |
| PHOSPHATE/BENZOYL PEROXIDE                     |        |
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| <i>clindamycin phosphate/tretinoin</i>         | 46     |
| <i>clindamycin/benzoyl peroxide</i>            | 46     |
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| CLINIMIX 4.25%/DEXTROSE 5%                     | 50     |
| CLINIMIX 5%/DEXTROSE 15%                       | 50     |
| CLINIMIX 5%/DEXTROSE 20%                       | 50     |
| CLINIMIX E 2.75%/DEXTROSE 5%                   | 50     |
| CLINIMIX E 4.25%/DEXTROSE 10%                  | 50     |
| CLINIMIX E 4.25%/DEXTROSE 5%                   | 50     |
| CLINIMIX E 5%/DEXTROSE 15%                     | 50     |
| CLINIMIX E 5%/DEXTROSE 20%                     | 50     |
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| <i>clobetasol propionate emollient</i>         | 47     |
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| <i>clonazepam odt</i>                          | 11     |
| <i>clonidine hcl</i>                           | 35     |
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| <i>clonidine hydrochloride er</i>              | 43     |
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| GENOTROPIN MINIQUICK                       | 57     |
| <i>gentamicin sulfate</i>                  | 5      |
| <i>gentamicin sulfate</i>                  | 71     |
| GENTAMICIN SULFATE/0.9% SODIUM<br>CHLORIDE | 5      |
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| HUMALOG KWIKPEN  | 32     |
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| HUMALOG MIX 50/50 KWIKPEN  | 32     |
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| <i>hydrocodone/acetaminophen</i>                                       | 3      |
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| <i>hydromorphone hcl er</i>           | 2      |
| <i>hydromorphone hydrochloride</i>    | 3      |
| <i>hydromorphone hydrochloride er</i> | 2      |
| <i>hydroxychloroquine sulfate</i>     | 23     |
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| <i>ibu</i>                            | 1      |
| <i>ibuprofen</i>                      | 1      |
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| <i>icatibant acetate</i>              | 64     |
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| INSULIN LISPRO JUNIOR KWIKPEN                | 33     |
| INSULIN LISPRO KWIKPEN                       | 33     |
| INSULIN LISPRO                               | 33     |
| PROTAMINE/INSULIN LISPRO                     |        |
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| INTRALIPID                                   | 69     |
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| ISENTRESS HD                                 | 27     |
| <i>isibloom</i>                              | 59     |
| ISOLYTE-P/DEXTROSE 5%                        | 50     |
| ISOLYTE-S PH 7.4                             | 50     |

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| <i>isosorbide dinitrate/hydralazine</i> | 39     |
| <i>hydrochloride</i>                    |        |
| ISOSORBIDE MONONITRATE                  | 41     |
| <i>isosorbide mononitrate er</i>        | 41     |
| ISOTONIC GENTAMICIN                     | 5      |
| <i>isotretinoin</i>                     | 46     |
| <i>isradipine</i>                       | 37     |
| ISTALOL                                 | 72     |
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| <i>ivermectin</i>                       | 49     |
| IXIARO                                  | 67     |
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| JAKAFI                                  | 21     |
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| JYNNEOS                                 | 67     |
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| KALYDECO                                | 75     |
| KAPVAY                                  | 43     |
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| <i>kcl 0.15%/d5w/nacl 0.2%</i>          | 50     |

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| <i>kelnor 1/50</i>             | 60     | CARBAMAZEPINE/NOT TAKING              |        |
| KENALOG                        | 48     | VALPROATE                             |        |
| KEPPRA                         | 9      | LAMICTAL STARTER/TAKING               | 10     |
| KEPPRA XR                      | 9      | VALPROATE                             |        |
| KERENDIA                       | 39     | LAMICTAL XR                           | 10     |
| KERYDIN                        | 16     | <i>lamivudine</i>                     | 26     |
| KESIMPTA                       | 45     | <i>lamivudine</i>                     | 28     |
| <i>ketoconazole</i>            | 16     | <i>lamivudine/zidovudine</i>          | 28     |
| KETOPROFEN                     | 1      | <i>lamotrigine</i>                    | 10     |
| KETOPROFEN ER                  | 1      | <i>lamotrigine er</i>                 | 10     |
| <i>ketorolac tromethamine</i>  | 1      | <i>lamotrigine odt</i>                | 10     |
| <i>ketorolac tromethamine</i>  | 71     | <i>lamotrigine starter kit/blue</i>   | 10     |
| KEVEYIS                        | 55     | <i>lamotrigine starter kit/green</i>  | 10     |
| KEVZARA                        | 64     | <i>lamotrigine starter kit/orange</i> | 10     |
| KINERET                        | 64     | <i>lamotrigine titration</i>          | 10     |
| KINRIX                         | 67     | LAMPIT                                | 23     |
| KISQALI                        | 21     | LANOXIN                               | 36     |
| KISQALI FEMARA 200 DOSE        | 20     | <i>lansoprazole</i>                   | 54     |
| KISQALI FEMARA 400 DOSE        | 20     | LANSOPRAZOLE/AMOXICILLIN/CLAR         | 53     |
| KISQALI FEMARA 600 DOSE        | 20     | ITHROMYCIN                            |        |
| KITABIS PAK                    | 75     | <i>lanthanum carbonate</i>            | 52     |
| KLARON                         | 9      | LANTUS                                | 33     |
| KLISYRI                        | 49     | LANTUS SOLOSTAR                       | 33     |
| KLONOPIN                       | 11     | <i>lapatinib ditosylate</i>           | 21     |
| <i>klor-con</i>                | 50     | <i>larin 1.5/30</i>                   | 60     |
| <i>klor-con 10</i>             | 50     | <i>larin 1/20</i>                     | 60     |
| <i>klor-con 8</i>              | 50     | <i>larin fe 1.5/30</i>                | 60     |
| <i>klor-con m10</i>            | 50     | <i>larin fe 1/20</i>                  | 60     |
| <i>klor-con m15</i>            | 50     | LASIX                                 | 40     |
| <i>klor-con m20</i>            | 50     | <i>latanoprost</i>                    | 72     |
| KLOXXADO                       | 4      | LATUDA                                | 25     |
| KOMBIGLYZE XR                  | 31     | <i>layolis fe</i>                     | 60     |
| KONVOMEF                       | 54     | LEDIPASVIR/SOFOSBUVIR                 | 27     |
| KORLYM                         | 58     | <i>leena</i>                          | 60     |
| KOSELUGO                       | 21     | <i>leflunomide</i>                    | 66     |
| KRAZATI                        | 20     | <i>lenalidomide</i>                   | 19     |
| KRINTAFEL                      | 23     | LENVIMA 10 MG DAILY DOSE              | 21     |
| KRISTALOSE                     | 52     | LENVIMA 12MG DAILY DOSE               | 21     |
| <i>kurvelo</i>                 | 60     | LENVIMA 14 MG DAILY DOSE              | 21     |
| KYLEENA                        | 62     | LENVIMA 18 MG DAILY DOSE              | 21     |
| <i>labetalol hydrochloride</i> | 37     | LENVIMA 20 MG DAILY DOSE              | 21     |
| <i>lacosamide</i>              | 12     | LENVIMA 24 MG DAILY DOSE              | 21     |
| LACRISERT                      | 70     | LENVIMA 4 MG DAILY DOSE               | 21     |
| LACTULOSE                      | 52     | LENVIMA 8 MG DAILY DOSE               | 21     |
| LAMICTAL                       | 10     | LESCOL XL                             | 41     |
| LAMICTAL CHEWABLE DISPERSIBLE  | 10     | <i>lessina</i>                        | 60     |
| LAMICTAL STARTER/NOT TAKING    | 10     | <i>letrozole</i>                      | 20     |
| CARBAMAZEPINE                  |        | <i>leucovorin calcium</i>             | 20     |
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| <i>levalbuterol hydrochloride</i>           | 74     |
| LEVALBUTEROL TARTRATE HFA                   | 74     |
| LEVEMIR                                     | 33     |
| LEVEMIR FLEXPEN                             | 33     |
| <i>levetiracetam</i>                        | 10     |
| <i>levetiracetam er</i>                     | 10     |
| LEVOBUNOLOL HCL                             | 72     |
| <i>levocarnitine</i>                        | 69     |
| <i>levocetirizine dihydrochloride</i>       | 73     |
| LEVOFLOXACIN                                | 8      |
| LEVOFLOXACIN                                | 71     |
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| <i>levonest</i>                             | 60     |
| <i>levonorgestrel and ethinyl estradiol</i> | 60     |
| <i>levonorgestrel/ethinyl estradiol</i>     | 60     |
| <i>levora 0.15/30-28</i>                    | 60     |
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| <i>levoxyl</i>                              | 63     |
| LEXAPRO                                     | 14     |
| LEXIVA                                      | 28     |
| LIALDA                                      | 68     |
| <i>lidocaine</i>                            | 4      |
| <i>lidocaine hcl</i>                        | 4      |
| <i>lidocaine hydrochloride viscous</i>      | 45     |
| LIDODERM                                    | 4      |
| LILETTA                                     | 62     |
| <i>linezolid</i>                            | 5      |
| LINZESS                                     | 52     |
| <i>liothyronine sodium</i>                  | 63     |
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| LIPOFEN                                     | 40     |
| LIQREV                                      | 75     |
| <i>lisinopril</i>                           | 36     |
| <i>lisinopril/hydrochlorothiazide</i>       | 39     |
| LITFULO                                     | 64     |
| LITHIUM CARBONATE                           | 30     |
| <i>lithium carbonate er</i>                 | 30     |
| LITHOSTAT                                   | 56     |
| LIVALO                                      | 41     |
| LIVMARLI                                    | 69     |
| LIVTENCITY                                  | 26     |
| LO LOESTRIN FE                              | 60     |
| LODINE                                      | 1      |
| LODOSYN                                     | 24     |
| <i>loestrin 1.5/30-21</i>                   | 60     |
| <i>loestrin 1/20-21</i>                     | 60     |

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| <i>lopinavir/ritonavir</i>                    | 29     |
| LOPRESSOR                                     | 37     |
| LOPROX SHAMPOO                                | 50     |
| <i>lorazepam</i>                              | 30     |
| <i>lorazepam intensol</i>                     | 30     |
| LORBRENA                                      | 21     |
| <i>loryna</i>                                 | 60     |
| <i>losartan potassium</i>                     | 36     |
| <i>losartan potassium/hydrochlorothiazide</i> | 39     |
| LOSEASONIQUE                                  | 60     |
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| LOTEMAX SM                                    | 71     |
| LOTENSIN                                      | 36     |
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| <i>lovastatin</i>                             | 41     |
| LOVAZA  | 41     |
| LOVENOX                                       | 34     |
| <i>low-ogestrel</i>                           | 60     |
| <i>loxapine</i>                               | 24     |
| <i>lubiprostone</i>                           | 52     |
| LUCEMYRA                                      | 4      |
| LULICONAZOLE                                  | 16     |
| LUMAKRAS                                      | 20     |
| LUMIGAN                                       | 72     |
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| LUPRON DEPOT (4-MONTH)                        | 63     |
| LUPRON DEPOT (6-MONTH)                        | 63     |
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| LUPRON DEPOT-PED (3-MONTH)                    | 63     |
| LUPRON DEPOT-PED (6-MONTH)                    | 57     |
| <i>lurasidone hydrochloride</i>               | 25     |
| <i>lutra</i>                                  | 60     |
| LYBALVI                                       | 25     |
| <i>lyleq</i>                                  | 62     |
| <i>lyllana</i>                                | 60     |
| LYNPARZA                                      | 21     |
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| LYUMJEV                            | 33     |
| LYUMJEV KWIKPEN                    | 33     |
| <i>lyza</i>                        | 62     |
| MACROBID                           | 5      |
| MACRODANTIN                        | 5      |
| <i>mafenide acetate</i>            | 50     |
| <i>magnesium sulfate</i>           | 50     |
| MALARONE                           | 23     |
| <i>malathion</i>                   | 49     |
| <i>maraviroc</i>                   | 28     |
| MARINOL                            | 16     |
| <i>marlissa</i>                    | 60     |
| MARPLAN                            | 13     |
| MATULANE                           | 19     |
| <i>matzim la</i>                   | 38     |
| MAVENCLAD                          | 45     |
| MAVYRET                            | 27     |
| MAXALT                             | 18     |
| MAXALT-MLT                         | 18     |
| MAXIDEX                            | 71     |
| MAXITROL                           | 70     |
| MAXZIDE                            | 39     |
| MAXZIDE-25                         | 39     |
| MAYZENT                            | 45     |
| MAYZENT STARTER PACK               | 45     |
| <i>meclizine hcl</i>               | 15     |
| MECLOFENAMATE SODIUM               | 1      |
| MEDROL                             | 57     |
| MEDROL DOSEPAK                     | 57     |
| <i>medroxyprogesterone acetate</i> | 62     |
| <i>mefloquine hcl</i>              | 23     |
| <i>megestrol acetate</i>           | 62     |
| MEKINIST                           | 21     |
| MEKTOVI                            | 21     |
| <i>meloxicam</i>                   | 1      |
| <i>memantine hcl titration pak</i> | 13     |
| <i>memantine hydrochloride</i>     | 13     |
| <i>memantine hydrochloride er</i>  | 13     |
| MENACTRA                           | 67     |
| MENEST                             | 60     |
| MENOSTAR                           | 60     |
| MENQUADFI                          | 67     |
| MENVEO                             | 67     |
| MEPERIDINE HCL                     | 3      |
| <i>meprobamate</i>                 | 29     |
| MEPRON                             | 23     |
| <i>mercaptapurine</i>              | 19     |
| <i>meropenem</i>                   | 8      |

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| <i>merzee</i>                                | 60     |
| <i>mesalamine</i>                            | 68     |
| <i>mesalamine dr</i>                         | 68     |
| <i>mesalamine er</i>                         | 68     |
| MESNEX                                       | 22     |
| <i>metaxalone</i>                            | 77     |
| <i>metformin hydrochloride</i>               | 31     |
| <i>metformin hydrochloride er</i>            | 31     |
| METHADONE HCL                                | 2      |
| <i>methamphetamine hcl</i>                   | 42     |
| <i>methazolamide</i>                         | 72     |
| <i>methenamine hippurate</i>                 | 5      |
| <i>methimazole</i>                           | 63     |
| METHITEST                                    | 58     |
| METHOCARBAMOL                                | 77     |
| <i>methotrexate</i>                          | 66     |
| <i>methotrexate sodium</i>                   | 66     |
| METHOXSALEN                                  | 49     |
| <i>methscopolamine bromide</i>               | 53     |
| <i>methsuximide</i>                          | 11     |
| METHYLIN                                     | 43     |
| <i>methylphenidate</i>                       | 43     |
| <i>methylphenidate hydrochloride</i>         | 43     |
| <i>methylphenidate hydrochloride cd</i>      | 43     |
| <i>methylphenidate hydrochloride er</i>      | 43     |
| <i>methylphenidate hydrochloride er (la)</i> | 43     |
| <i>methylprednisolone</i>                    | 57     |
| <i>methylprednisolone dose pack</i>          | 57     |
| <i>metoclopramide hcl</i>                    | 53     |
| <i>metoclopramide hydrochloride</i>          | 53     |
| METOCLOPRAMIDE ODT                           | 53     |
| <i>metolazone</i>                            | 40     |
| <i>metoprolol succinate er</i>               | 37     |
| <i>metoprolol tartrate</i>                   | 37     |
| <i>metoprolol/hydrochlorothiazide</i>        | 39     |
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| METROGEL                                     | 46     |
| METROLOTION                                  | 46     |
| <i>metronidazole</i>                         | 6      |
| <i>metronidazole</i>                         | 46     |
| <i>metronidazole vaginal</i>                 | 6      |
| <i>metyrosine</i>                            | 39     |
| <i>mexiletine hcl</i>                        | 36     |
| <i>mibelas 24 fe</i>                         | 60     |
| <i>micafungin</i>                            | 16     |
| MICARDIS                                     | 36     |
| MICARDIS HCT                                 | 39     |
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| <i>microgestin 1.5/30</i>                    | 60     |
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| <i>microgestin 24 fe</i>                      | 60     | MYCOBUTIN  | 18     |
| <i>microgestin fe 1.5/30</i>                  | 60     | <i>mycophenolate mofetil</i>                     | 66     |
| <i>microgestin fe 1/20</i>                    | 60     | <i>mycophenolic acid dr</i>                      | 66     |
| <i>midodrine hcl</i>                          | 35     | MYDAYIS  | 42     |
| MIGERGOT                                      | 17     | MYFEMBREE  | 63     |
| MIGLITOL                                      | 31     | MYFORTIC   | 66     |
| <i>miglustat</i>                              | 55     | MYRBETRIQ  | 56     |
| MIGRANAL                                      | 17     | MYSOLINE   | 11     |
| <i>mili</i>                                   | 60     | MYTESI   | 53     |
| <i>mimvey</i>                                 | 60     | <i>nabumetone</i>                                | 1      |
| MINIPRESS                                     | 35     | <i>nadolol</i>                                   | 37     |
| <i>minocycline hcl</i>                        | 9      | <i>nafcillin sodium</i>                          | 7      |
| <i>minocycline hydrochloride</i>              | 9      | <i>naftifine hcl</i>                             | 17     |
| MINOCYCLINE HYDROCHLORIDE ER                  | 9      | <i>naftifine hydrochloride</i>                   | 17     |
| <i>minoxidil</i>                              | 42     | NAFTIN   | 17     |
| MIRAPEX ER                                    | 24     | <i>naloxone hcl</i>                              | 4      |
| MIRENA  | 62     | <i>naloxone hydrochloride</i>                    | 4      |
| <i>mirtazapine</i>                            | 13     | <i>naltrexone hcl</i>                            | 4      |
| <i>mirtazapine odt</i>                        | 13     | NAMENDA  | 13     |
| MIRVASO                                       | 46     | NAMENDA TITRATION PAK                            | 13     |
| <i>misoprostol</i>                            | 54     | NAMENDA XR                                       | 13     |
| MITIGARE                                      | 17     | NAMZARIC   | 12     |
| M-M-R II                                      | 67     | <i>naproxen</i>                                  | 1      |
| <i>modafinil</i>                              | 77     | <i>naproxen sodium</i>                           | 1      |
| <i>moexipril hcl</i>                          | 36     | <i>naproxen sodium er</i>                        | 1      |
| <i>molindone hydrochloride</i>                | 24     | <i>naratriptan hcl</i>                           | 18     |
| <i>момetasone furoate</i>                     | 48     | NARCAN   | 4      |
| <i>момetasone furoate</i>                     | 73     | NARDIL   | 13     |
| <i>montelukast sodium</i>                     | 74     | NATACYN  | 71     |
| MONUROL                                       | 6      | NATAZIA  | 60     |
| MORPHINE SULFATE                              | 3      | <i>nateglinide</i>                               | 31     |
| MORPHINE SULFATE ER                           | 2      | NATPARA  | 68     |
| MOTEGRITY                                     | 52     | NATROBA  | 49     |
| MOUNJARO                                      | 31     | NAYZILAM   | 10     |
| MOVANTIK                                      | 52     | <i>neбиволол hydrochloride</i>                   | 37     |
| MOVIPREP                                      | 53     | NEBUPENT   | 23     |
| MOXIFLOXACIN                                  | 8      | <i>necon 0.5/35-28</i>                           | 60     |
| HYDROCHLORIDE/SODIUM                          |        | NEFAZODONE HYDROCHLORIDE                         | 14     |
| HYDROCHLORIDE                                 |        | <i>neomycin sulfate</i>                          | 5      |
| <i>moxifloxacin hydrochloride</i>             | 8      | <i>neomycin/bacitracin/polymyxin</i>             | 70     |
| <i>moxifloxacin hydrochloride</i>             | 71     | <i>neomycin/polymyxin/bacitracin/hydrocortis</i> | 70     |
| MS CONTIN                                     | 2      | <i>one</i>                                       |        |
| MULPLETA                                      | 34     | <i>neomycin/polymyxin/dexamethasone</i>          | 70     |
| MULTAQ  | 36     | NEOMYCIN/POLYMYXIN/GRAMICIDI                     | 70     |
| <i>multiple electrolytes injection type I</i> | 50     | N  |        |
| <i>mupirocin</i>                              | 50     | <i>neomycin/polymyxin/hc</i>                     | 73     |
| MYALEPT                                       | 53     | NEOMYCIN/POLYMYXIN/HYDROCOR                      | 70     |
| MYAMBUTOL                                     | 19     | TISONE   |        |
| MYCAMINE                                      | 16     | <i>neomycin/polymyxin/hydrocortisone</i>         | 73     |
| MYCAPSSA                                      | 63     | <i>neo-polycin</i>                               | 70     |



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| NEO-SYNALAR                                     | 49     |
| NERLYNX   | 21     |
| NESINA  | 31     |
| <i>neuac</i>                                    | 46     |
| NEULASTA  | 34     |
| NEUPOGEN  | 34     |
| NEUPRO  | 24     |
| NEURONTIN                                       | 11     |
| NEVANAC   | 71     |
| NEVIRAPINE                                      | 27     |
| <i>nevirapine er</i>                            | 27     |
| NEXAVAR   | 21     |
| NEXIUM  | 54     |
| NEXLETOL  | 41     |
| NEXLIZET  | 41     |
| NEXPLANON                                       | 62     |
| NEXTSTELLIS                                     | 60     |
| NIACIN  | 41     |
| <i>niacin er</i>                                | 41     |
| <i>nicardipine hcl</i>                          | 37     |
| NICOTROL INHALER                                | 4      |
| NICOTROL NS                                     | 4      |
| <i>nifedipine</i>                               | 37     |
| <i>nifedipine er</i>                            | 37     |
| <i>nikki</i>                                    | 60     |
| NILANDRON                                       | 19     |
| <i>nilutamide</i>                               | 19     |
| <i>nimodipine</i>                               | 37     |
| NINLARO   | 20     |
| NISOLDIPINE ER                                  | 37     |
| <i>nitazoxanide</i>                             | 23     |
| <i>nitisinone</i>                               | 55     |
| NITRO-BID                                       | 41     |
| <i>nitrofurantoin</i>                           | 6      |
| <i>nitrofurantoin macrocrystals</i>             | 6      |
| <i>nitrofurantoin monohydrate/macrocrystals</i> | 6      |
| <i>nitroglycerin</i>                            | 42     |
| <i>nitroglycerin lingual</i>                    | 42     |
| <i>nitroglycerin transdermal</i>                | 42     |
| NITROLINGUAL PUMPSPRAY                          | 42     |
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| NITYR   | 55     |
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| NIZATIDINE                                      | 54     |
| NOCDURNA  | 57     |
| <i>nora-be</i>                                  | 62     |
| NORDITROPIN FLEXP                               | 57     |
| <i>norethindrone</i>                            | 62     |

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| <i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>   | 60     |
| <i>norethindrone acetate</i>                                    | 62     |
| <i>norethindrone acetate/ethinyl estradiol</i>                  | 61     |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i> | 60     |
| <i>norethindrone/ethinyl estradiol/ferrous fumarate</i>         | 61     |
| <i>norgestimate/ethinyl estradiol</i>                           | 61     |
| NORPACE   | 36     |
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| <i>nortrel 0.5/35 (28)</i>                                      | 61     |
| <i>nortrel 1/35</i>   | 61     |
| <i>nortrel 7/7/7</i>  | 61     |
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| <i>nortriptyline hydrochloride</i>                              | 15     |
| NORVASC   | 37     |
| NORVIR  | 29     |
| NOURIANZ  | 23     |
| NOVOLIN 70/30   | 33     |
| NOVOLIN 70/30 FLEXPEN   | 33     |
| NOVOLIN N   | 33     |
| NOVOLIN N FLEXPEN   | 33     |
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| NOVOLIN R FLEXPEN   | 33     |
| NOVOLOG   | 33     |
| NOVOLOG FLEXPEN   | 33     |
| NOVOLOG MIX 70/30   | 33     |
| NOVOLOG MIX 70/30 PREFILLED                                     | 33     |
| FLEXPEN   |        |
| NOVOLOG PENFILL   | 33     |
| NOXAFIL   | 17     |
| NUBEQA  | 19     |
| NUCALA  | 76     |
| NUCYNTA   | 3      |
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| NUDEXTA   | 44     |
| NUPLAZID  | 25     |
| NURTEC  | 18     |
| NUTRILIPID  | 69     |
| NUTROPIN AQ NUSPIN 10   | 57     |
| NUTROPIN AQ NUSPIN 20   | 57     |
| NUTROPIN AQ NUSPIN 5  | 57     |
| NUVARING  | 61     |
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| <i>nyamyc</i>   | 17     |
| <i>nylia 1/35</i>   | 61     |
| <i>nylia 7/7/7</i>  | 61     |
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| <i>nymyo</i>                                    | 61     | ORENITRAM TITRATION KIT MONTH    | 75     |
| <i>nystatin</i>                                 | 17     | 1                                |        |
| <i>nystatin/triamcinolone</i>                   | 49     | ORENITRAM TITRATION KIT MONTH    | 75     |
| <i>nystop</i>                                   | 17     | 2                                |        |
| NYVEPRIA  | 34     | ORENITRAM TITRATION KIT MONTH    | 75     |
| OCALIVA   | 53     | 3                                |        |
| <i>ocella</i>                                   | 61     | ORFADIN                          | 55     |
| OCTAGAM   | 64     | ORGOVYX                          | 63     |
| <i>octreotide acetate</i>                       | 63     | ORIAHNN                          | 63     |
| OCUFLOX   | 71     | ORLISSA                          | 63     |
| ODACTRA   | 69     | ORKAMBI                          | 75     |
| ODEFSEY   | 28     | ORLADEYO                         | 69     |
| ODOMZO  | 21     | <i>orphenadrine citrate er</i>   | 77     |
| OFEV  | 76     | ORSERDU                          | 20     |
| OFLOXACIN                                       | 9      | <i>oseltamivir phosphate</i>     | 29     |
| <i>ofloxacin</i>                                | 71     | OSENI                            | 31     |
| <i>ofloxacin</i>                                | 73     | OSMOLEX ER                       | 23     |
| <i>olanzapine</i>                               | 25     | OSMOPREP                         | 52     |
| <i>olanzapine odt</i>                           | 25     | OSPHENA                          | 62     |
| <i>olanzapine/fluoxetine</i>                    | 13     | OTEZLA                           | 49     |
| <i>olmesartan medoxomil</i>                     | 36     | OTEZLA                           | 64     |
| <i>olmesartan</i>                               | 39     | OTREXUP                          | 66     |
| <i>medoxomil/amlodipine/hydrochlorothiazide</i> |        | OVIDE                            | 49     |
| <i>olmesartan medoxomil/hydrochlorothiazide</i> | 39     | OXACILLIN SODIUM                 | 7      |
| <i>olopatadine hcl</i>                          | 70     | <i>oxaprozin</i>                 | 2      |
| <i>olopatadine hcl</i>                          | 73     | <i>oxazepam</i>                  | 30     |
| OLPRUVA   | 55     | OXBRYTA                          | 34     |
| OLUMIANT  | 64     | <i>oxcarbazepine</i>             | 12     |
| OLUX-E  | 48     | OXERVATE                         | 70     |
| <i>omega-3-acid ethyl esters</i>                | 41     | <i>oxiconazole nitrate</i>       | 17     |
| <i>omeprazole</i>                               | 54     | OXTELLAR XR                      | 12     |
| <i>omeprazole dr</i>                            | 54     | <i>oxybutynin chloride</i>       | 56     |
| <i>omeprazole/sodium bicarbonate</i>            | 54     | <i>oxybutynin chloride er</i>    | 56     |
| OMNARIS   | 73     | <i>oxycodone hydrochloride</i>   | 3      |
| OMNITROPE                                       | 57     | OXYCODONE HYDROCHLORIDE ER       | 2      |
| <i>ondansetron hcl</i>                          | 16     | OXYCODONE                        | 3      |
| <i>ondansetron hydrochloride</i>                | 16     | HYDROCHLORIDE/ACETAMINOPHEN      |        |
| <i>ondansetron odt</i>                          | 16     | OXYCODONE/ACETAMINOPHEN          | 3      |
| ONEXTON   | 46     | OXYCONTIN                        | 2      |
| ONGENTYS  | 23     | <i>oxymorphone hydrochloride</i> | 3      |
| ONGLYZA   | 31     | OXYMORPHONE HYDROCHLORIDE        | 2      |
| ONUREG  | 20     | ER                               |        |
| ONZETRA XSAIL                                   | 18     | OXYMORPHONE                      | 2      |
| OPSUMIT   | 75     | HYDROCHLORIDEER                  |        |
| OPZELURA  | 48     | OXYTROL                          | 56     |
| ORACEA  | 9      | OZEMPIC                          | 31     |
| ORALAIR   | 69     | <i>pacerone</i>                  | 36     |
| ORENCIA   | 64     | <i>paliperidone er</i>           | 25     |
| ORENCIA CLICKJECT                               | 64     | PALYNZIQ                         | 55     |
| ORENITRAM                                       | 75     | PANCREAZE                        | 55     |

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| PANRETIN                                       | 22     | PHEXXI   | 56     |
| <i>pantoprazole sodium</i>                     | 54     | PIFELTRO   | 27     |
| PANZYGA  | 64     | <i>pilocarpine hcl</i>                             | 72     |
| PARAGARD INTRAUTERINE COPPER                   | 69     | <i>pilocarpine hydrochloride</i>                   | 45     |
| CONTRACEPTIVE T380A                            |        | <i>pimecrolimus</i>                                | 48     |
| <i>paricalcitol</i>                            | 68     | PIMOZIDE   | 24     |
| PARLODEL                                       | 24     | <i>pimtrea</i>                                     | 61     |
| PARNATE  | 13     | <i>pindolol</i>                                    | 37     |
| <i>paromomycin sulfate</i>                     | 5      | <i>pioglitazone hcl</i>                            | 31     |
| <i>paroxetine</i>                              | 14     | <i>pioglitazone hcl/metformin hcl</i>              | 31     |
| <i>paroxetine hcl</i>                          | 14     | <i>pioglitazone hcl-glimepiride</i>                | 31     |
| <i>paroxetine hcl er</i>                       | 14     | <i>pioglitazone hydrochloride</i>                  | 31     |
| <i>paroxetine hydrochloride</i>                | 14     | <i>piperacillin sodium/tazobactam sodium</i>       | 7      |
| PAXIL  | 14     | PIQRAY 200MG DAILY DOSE                            | 21     |
| PAXIL CR                                       | 14     | PIQRAY 250MG DAILY DOSE                            | 21     |
| PEDIARIX                                       | 67     | PIQRAY 300MG DAILY DOSE                            | 21     |
| PEDVAX HIB                                     | 67     | <i>pirfenidone</i>                                 | 76     |
| <i>peg-3350/electrolytes</i>                   | 53     | <i>piroxicam</i>                                   | 2      |
| <i>peg-3350/electrolytes/ascorbate</i>         | 53     | PLAQUENIL  | 23     |
| <i>peg-3350/nacl/na bicarbonate/kcl</i>        | 53     | PLASMA-LYTE A                                      | 50     |
| PEGASYS  | 65     | PLASMA-LYTE-148                                    | 50     |
| PEMAZYRE                                       | 20     | PLAVIX   | 35     |
| <i>penciclovir</i>                             | 50     | PLEGRIDY   | 45     |
| <i>penicillamine</i>                           | 52     | <i>plenamine</i>                                   | 50     |
| <i>penicillamine</i>                           | 56     | PLENVU   | 53     |
| <i>penicillin g potassium</i>                  | 7      | PODOFILOX  | 49     |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE | 7      | <i>polycin</i>                                     | 70     |
| PENICILLIN G SODIUM                            | 7      | <i>polymyxin b sulfate</i>                         | 6      |
| <i>penicillin v potassium</i>                  | 7      | <i>polymyxin b sulfate/trimethoprim sulfate</i>    | 70     |
| PENNSAID                                       | 2      | POMALYST   | 19     |
| PENTACEL                                       | 67     | PONVORY  | 45     |
| PENTAM 300                                     | 23     | PONVORY 14-DAY STARTER PACK                        | 45     |
| <i>pentamidine isethionate</i>                 | 23     | <i>portia-28</i>                                   | 61     |
| PENTASA  | 68     | <i>posaconazole</i>                                | 17     |
| <i>pentazocine/naloxone hcl</i>                | 3      | <i>posaconazole dr</i>                             | 17     |
| <i>pentoxifylline er</i>                       | 39     | <i>potassium chloride</i>                          | 51     |
| PERFOROMIST                                    | 74     | <i>potassium chloride er</i>                       | 51     |
| PERINDOPRIL ERBUMINE                           | 36     | <i>potassium chloride/dextrose</i>                 | 51     |
| <i>periogard</i>                               | 45     | POTASSIUM  | 51     |
| <i>permethrin</i>                              | 49     | CHLORIDE/DEXTROSE/LACTATED                         |        |
| <i>perphenazine</i>                            | 24     | RINGERS  |        |
| PERPHENAZINE/AMITRIPTYLINE                     | 13     | <i>potassium chloride/dextrose/sodium chloride</i> | 51     |
| PERSERIS                                       | 25     | <i>potassium chloride/sodium chloride</i>          | 51     |
| <i>phenelzine sulfate</i>                      | 13     | <i>potassium citrate er</i>                        | 51     |
| <i>phenobarbital</i>                           | 11     | PRADAXA  | 34     |
| <i>phenoxybenzamine hydrochloride</i>          | 35     | PRALUENT   | 41     |
| <i>phenytek</i>                                | 12     | <i>pramipexole dihydrochloride</i>                 | 24     |
| <i>phenytoin</i>                               | 12     | <i>pramipexole dihydrochloride er</i>              | 24     |
| <i>phenytoin sodium extended</i>               | 12     | <i>prasugrel</i>                                   | 35     |

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| <i>praziquantel</i>                  | 22     |
| <i>prazosin hydrochloride</i>        | 35     |
| PRED FORTE                           | 71     |
| PRED MILD                            | 71     |
| <i>prednisolone</i>                  | 57     |
| PREDNISOLONE ACETATE                 | 71     |
| <i>prednisolone sodium phosphate</i> | 57     |
| PREDNISOLONE SODIUM PHOSPHATE        | 71     |
| PREDNISON                            | 57     |
| PREDNISON INTENSOL                   | 57     |
| PREFEST                              | 61     |
| <i>pregabalin</i>                    | 11     |
| <i>pregabalin er</i>                 | 44     |
| PREHEVBRIO                           | 67     |
| PREMARIN                             | 61     |
| PREMASOL                             | 51     |
| PREMPHASE                            | 61     |
| PREMPRO                              | 61     |
| PRETOMANID                           | 18     |
| PREVACID                             | 54     |
| PREVACID SOLUTAB                     | 54     |
| <i>prevalite</i>                     | 41     |
| PREVYMIS                             | 26     |
| PREZCOBIX                            | 29     |
| PREZISTA                             | 29     |
| PRIFTIN                              | 19     |
| <i>primaquine phosphate</i>          | 23     |
| PRIMAXIN IV                          | 8      |
| PRIMIDONE                            | 11     |
| PRIORIX                              | 67     |
| PRISTIQ                              | 14     |
| PRIVIGEN                             | 64     |
| PROAIR DIGIHALER                     | 74     |
| PROAIR RESPICLICK                    | 74     |
| <i>probenecid</i>                    | 17     |
| <i>probenecid/colchicine</i>         | 17     |
| <i>procentra</i>                     | 42     |
| <i>prochlorperazine</i>              | 15     |
| <i>prochlorperazine maleate</i>      | 15     |
| PROCRIT                              | 34     |
| <i>procto-med hc</i>                 | 68     |
| <i>proctosol hc</i>                  | 68     |
| <i>proctozone-hc</i>                 | 68     |
| <i>progesterone</i>                  | 62     |
| PROGLYCEM                            | 32     |
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| UBRELVY                               | 18     |
| UCERIS                                | 68     |
| UDENYCA                               | 35     |
| ULORIC                                | 17     |
| ULTRAVATE                             | 48     |
| UNASYN                                | 7      |
| UNASYN BULK PACK                      | 7      |
| <i>unithroid</i>                      | 63     |
| UPTRAVI                               | 76     |
| UPTRAVI TITRATION PACK                | 75     |
| UROCIT-K 10                           | 51     |
| UROCIT-K 15                           | 51     |
| UROCIT-K 5                            | 51     |
| URSO 250                              | 54     |
| URSO FORTE                            | 54     |
| URSODIOL                              | 54     |
| UZEDY                                 | 26     |
| VABOMERE                              | 8      |
| VAGIFEM                               | 61     |
| <i>valacyclovir hcl</i>               | 29     |
| <i>valacyclovir hydrochloride</i>     | 29     |
| VALCHLOR                              | 19     |
| <i>valganciclovir</i>                 | 26     |
| <i>valganciclovir hydrochloride</i>   | 26     |
| VALIUM                                | 30     |
| <i>valproic acid</i>                  | 10     |
| <i>valsartan</i>                      | 36     |
| <i>valsartan/hydrochlorothiazide</i>  | 39     |
| VALTOCO 10 MG DOSE                    | 12     |
| VALTOCO 15 MG DOSE                    | 12     |
| VALTOCO 20 MG DOSE                    | 12     |
| VALTOCO 5 MG DOSE                     | 12     |
| VANOCIN                               | 6      |
| <i>vancomycin hcl</i>                 | 6      |
| <i>vancomycin hydrochloride</i>       | 6      |
| VANDAZOLE                             | 6      |
| VAQTA                                 | 67     |
| <i>varenicline starting month box</i> | 4      |
| VARENICLINE TARTRATE                  | 4      |
| VARIVAX                               | 67     |
| VARUBI                                | 16     |
| VASCEPA                               | 41     |
| VASERETIC                             | 39     |

| Drug Name                           | Page # |
|-------------------------------------|--------|
| VECAMEYL                            | 39     |
| VECTICAL                            | 49     |
| VELIVET                             | 61     |
| VELPHORO                            | 52     |
| VELTASSA                            | 52     |
| VEMLIDY                             | 26     |
| VENCLEXTA                           | 22     |
| VENCLEXTA STARTING PACK             | 22     |
| VENLAFAXINE BESYLATE ER             | 14     |
| <i>venlafaxine hcl er</i>           | 14     |
| <i>venlafaxine hydrochloride</i>    | 14     |
| <i>venlafaxine hydrochloride er</i> | 14     |
| VENTAVIS                            | 76     |
| VENTOLIN HFA                        | 75     |
| VEOZAH                              | 44     |
| <i>verapamil hcl</i>                | 38     |
| <i>verapamil hcl er</i>             | 38     |
| VERAPAMIL HCL SR                    | 38     |
| <i>verapamil hydrochloride</i>      | 38     |
| <i>verapamil hydrochloride er</i>   | 38     |
| VERELAN                             | 38     |
| VERELAN PM                          | 38     |
| VERKAZIA                            | 70     |
| VERQUVO                             | 42     |
| VERSACLOZ                           | 26     |
| VERZENIO                            | 22     |
| VESICARE                            | 56     |
| VESICARE LS                         | 56     |
| <i>vestura</i>                      | 61     |
| VFEND                               | 17     |
| VFEND IV                            | 17     |
| VIBERZI                             | 53     |
| VIBRAMYCIN                          | 9      |
| VICTOZA                             | 32     |
| <i>vienva</i>                       | 61     |
| <i>vigabatrín</i>                   | 12     |
| <i>vigadrone</i>                    | 12     |
| VIGAMOX                             | 71     |
| VIIBRYD                             | 14     |
| VIIBRYD STARTER PACK                | 14     |
| VIJOICE                             | 69     |
| VILAZODONE HYDROCHLORIDE            | 14     |
| VIMPAT                              | 12     |
| VIOKACE                             | 55     |
| VIRACEPT                            | 29     |
| VIREAD                              | 28     |
| VISTARIL                            | 73     |
| VITRAKVI                            | 22     |
| VIVELLE-DOT                         | 61     |
| VIVITROL                            | 4      |

| Drug Name              | Page # |
|------------------------|--------|
| VIZIMPRO               | 22     |
| VONJO                  | 20     |
| <i>voriconazole</i>    | 17     |
| VOSEVI                 | 27     |
| VOTRIENT               | 22     |
| VOWST                  | 54     |
| VOXZOGO                | 69     |
| VRAYLAR                | 26     |
| VTAMA                  | 49     |
| VUITY                  | 72     |
| VUMERITY               | 45     |
| <i>vyfemla</i>         | 62     |
| <i>vylibra</i>         | 62     |
| VYNDAMAX               | 39     |
| VYNDAQEL               | 55     |
| VYTORIN                | 41     |
| VYVANSE                | 42     |
| VYZULTA                | 72     |
| WAKIX                  | 77     |
| <i>warfarin sodium</i> | 34     |
| WELCHOL                | 41     |
| WELIREG                | 22     |
| WELLBUTRIN SR          | 13     |
| WINLEVI                | 49     |
| <i>wixela inhub</i>    | 76     |
| <i>wymzya fe</i>       | 62     |
| XALATAN                | 72     |
| XALKORI                | 22     |
| XANAX                  | 30     |
| XANAX XR               | 30     |
| XARELTO                | 34     |
| XARELTO STARTER PACK   | 34     |
| XATMEP                 | 66     |
| XCOPRI                 | 10     |
| XELJANZ                | 65     |
| XELJANZ XR             | 65     |
| XELPROS                | 72     |
| XELSTRYM               | 42     |
| XENLETA                | 6      |
| XERMELO                | 53     |
| XGEVA                  | 69     |
| XHANCE                 | 73     |
| XIFAXAN                | 54     |
| XIGDUO XR              | 32     |
| XIIDRA                 | 70     |
| XIMINO                 | 9      |
| XOFLUZA                | 29     |
| XOLAIR                 | 65     |
| XOPENEX HFA            | 75     |
| XOSPATA                | 22     |

| Drug Name                   | Page # |
|-----------------------------|--------|
| XPOVIO                      | 20     |
| XPOVIO 60 MG TWICE WEEKLY   | 20     |
| XPOVIO 80 MG TWICE WEEKLY   | 20     |
| XTAMPZA ER                  | 2      |
| XTANDI                      | 19     |
| <i>xulane</i>               | 62     |
| XULTOPHY 100/3.6            | 32     |
| XURIDEN                     | 55     |
| XYOSTED                     | 58     |
| XYREM                       | 77     |
| XYWAV                       | 77     |
| YASMIN 28                   | 62     |
| YAZ                         | 62     |
| YF-VAX                      | 67     |
| YONSA                       | 19     |
| YUPELRI                     | 74     |
| <i>yuvafem</i>              | 62     |
| <i>zafemy</i>               | 62     |
| <i>zafirlukast</i>          | 74     |
| <i>zaleplon</i>             | 77     |
| ZANAFLEX                    | 26     |
| ZARONTIN                    | 11     |
| ZARXIO                      | 35     |
| ZEGALOGUE                   | 32     |
| ZEJULA                      | 22     |
| ZELBORAF                    | 22     |
| ZEMAIRA                     | 55     |
| ZEMDRI                      | 5      |
| ZEMPLAR                     | 69     |
| <i>zenatane</i>             | 47     |
| ZENPEP                      | 55     |
| ZENZEDI                     | 42     |
| ZEPATIER                    | 27     |
| ZEPOSIA                     | 45     |
| ZEPOSIA 7-DAY STARTER PACK  | 45     |
| ZEPOSIA STARTER KIT         | 45     |
| ZERBAXA                     | 7      |
| ZERVIATE                    | 70     |
| ZESTORETIC                  | 39     |
| ZESTRIL                     | 36     |
| ZETIA                       | 41     |
| ZIAC                        | 39     |
| ZIAGEN                      | 28     |
| <i>zidovudine</i>           | 28     |
| ZIEXTENZO                   | 35     |
| ZILXI                       | 18     |
| ZIMHI                       | 4      |
| ZIOPTAN                     | 72     |
| <i>ziprasidone hcl</i>      | 26     |
| <i>ziprasidone mesylate</i> | 26     |

| Drug Name                   | Page # |
|-----------------------------|--------|
| ZIRGAN                      | 71     |
| ZITHROMAX                   | 8      |
| ZITHROMAX TRI-PAK           | 8      |
| ZITHROMAX Z-PAK             | 8      |
| ZOCOR                       | 41     |
| ZOKINVY                     | 55     |
| ZOLINZA                     | 20     |
| <i>zolmitriptan</i>         | 18     |
| <i>zolmitriptan odt</i>     | 18     |
| ZOLOFT                      | 14     |
| ZOLPIDEM TARTRATE           | 77     |
| <i>zolpidem tartrate er</i> | 77     |
| ZOMACTON                    | 58     |
| ZOMIG                       | 18     |
| ZONISADE                    | 12     |
| <i>zonisamide</i>           | 12     |
| ZONTIVITY                   | 34     |
| ZORBTIVE                    | 54     |
| ZORTRESS                    | 66     |
| ZORYVE                      | 49     |
| ZOSYN                       | 7      |
| <i>zovia 1/35</i>           | 62     |
| ZOVIRAX                     | 50     |
| ZTALMY                      | 44     |
| ZTLIDO                      | 4      |
| ZUBSOLV                     | 4      |
| ZYCLARA PUMP                | 49     |
| ZYDELIG                     | 22     |
| ZYKADIA                     | 22     |
| ZYLET                       | 70     |
| ZYLOPRIM                    | 17     |
| ZYMAXID                     | 71     |
| ZYPITAMAG                   | 41     |
| ZYPREXA                     | 26     |
| ZYPREXA RELPREVV            | 26     |
| ZYPREXA ZYDIS               | 26     |
| ZYVOX                       | 6      |

# Medicare-excluded Drugs Covered under the Enhanced Medicare Rx Option Only (Bonus Drug List)

| DRUG NAME                         | DRUG TIER |
|-----------------------------------|-----------|
| <b>COUGH AND COLD</b>             |           |
| <i>benzonatate cap 100mg</i>      | 1         |
| <i>benzonatate cap 150mg</i>      | 1         |
| <i>benzonatate cap 200mg</i>      | 1         |
| <i>brom/pse/dm syp</i>            | 1         |
| <i>hyd pol/cpm sus 10-8/5ml</i>   | 1         |
| <i>prometh/cod sol 6.25-10</i>    | 1         |
| <i>prometh vc/cod syp 6.25-10</i> | 1         |
| <i>promethazine sol dm</i>        | 1         |
| TESSALON PER CAP 100MG            | 4         |
| TUSSIONEX SUS 10-8/5ML            | 3         |

| <b>ERECTILE AND SEXUAL DYSFUNCTION</b>                |   |
|---|---|
| ADDYI TAB 100MG                                       | 3 |
| CIALIS TAB 10MG<br>(Limit: 6 per 30 days)             | 4 |
| CIALIS TAB 20MG<br>(Limit: 6 per 30 days)             | 4 |
| LEVITRA TAB 10MG<br>(Limit: 6 per 30 days)            | 4 |
| LEVITRA TAB 2.5MG<br>(Limit: 6 per 30 days)           | 4 |
| LEVITRA TAB 20MG<br>(Limit: 6 per 30 days)            | 4 |
| LEVITRA TAB 5MG<br>(Limit: 6 per 30 days)             | 4 |
| <i>sildenafil tab 100mg</i><br>(Limit: 6 per 30 days) | 1 |
| <i>sildenafil tab 25mg</i><br>(Limit: 6 per 30 days)  | 1 |
| <i>sildenafil tab 50mg</i><br>(Limit: 6 per 30 days)  | 1 |
| <i>tadalafil tab 10mg</i><br>(Limit: 6 per 30 days)   | 1 |

| DRUG NAME  | DRUG TIER |
|--|-----------|
| <i>tadalafil tab 20mg</i><br>(Limit: 6 per 30 days)    | 1         |
| <i>varafenafil tab 10mg</i><br>(Limit: 6 per 30 days)  | 1         |
| <i>varafenafil tab 2.5mg</i><br>(Limit: 6 per 30 days) | 1         |
| <i>varafenafil tab 20mg</i><br>(Limit: 6 per 30 days)  | 1         |
| <i>varafenafil tab 5mg</i><br>(Limit: 6 per 30 days)   | 1         |
| VIAGRA TAB 100MG<br>(Limit: 6 per 30 days)             | 4         |
| VIAGRA TAB 25MG<br>(Limit: 6 per 30 days)              | 4         |
| VIAGRA TAB 50MG<br>(Limit: 6 per 30 days)              | 4         |

| <b>VITAMINS</b>                   |   |
|-----------------------------------|---|
| ABANEU-SL SUB                     | 3 |
| <i>active fe tab 75-1.25</i>      | 1 |
| ACTIVITE TAB                      | 3 |
| <i>airavite tab</i>               | 1 |
| AQUASOL A INJ 50000/ML            | 3 |
| <i>ascorbic acid inj 500mg/ml</i> | 1 |
| ASCORBIC ACD INJ 500MG/ML         | 3 |
| ASCORBIC ACI SOL 500MG/ML         | 3 |
| AVAILNEX CHW 750MG                | 3 |
| B-12 COMP KIT 1000MCG             | 3 |
| B-COMPLEX INJ                     | 3 |
| <i>b-complex inj 100</i>          | 1 |
| BIOPAR DELTA CAP FORTE            | 3 |
| CALCIFOL WAF                      | 3 |
| CENFOL TAB                        | 3 |
| CEREFOLIN TAB                     | 4 |
| <i>cerefolin tab nac</i>          | 1 |

| DRUG NAME                       | DRUG TIER |
|---------------------------------|-----------|
| CHOLECAL DF TAB                 | 3         |
| <i>chromagen cap</i>            | 1         |
| CIFEREX CAP                     | 3         |
| CORVITE 150 TAB                 | 3         |
| <i>corvite fe tab</i>           | 1         |
| <i>cyanocobalam inj 1000mcg</i> | 1         |
| DAVITE TAB                      | 3         |
| DEPLIN 15 CAP                   | 3         |
| DEPLIN 7.5 CAP                  | 3         |
| <i>dexifol tab</i>              | 1         |
| <i>dialyvite tab</i>            | 1         |
| DIALYVITE TAB 3000              | 3         |
| DIALYVITE TAB 5000              | 3         |
| DIALYVITE/ TAB ZINC             | 3         |
| DRISDOL CAP 50000UNT            | 4         |
| ELFOLATE TAB 15MG               | 3         |
| ELFOLATE TAB 7.5MG              | 3         |
| ELFOLATE PLU TAB 3-35-2MG       | 3         |
| <i>fabb tab 2.2-25-1</i>        | 1         |
| FERAHEME INJ 510/17ML           | 3         |
| FERIVA TAB 21/7                 | 3         |
| FERIVAF A CAP 110-1MG           | 3         |
| FERRALET 90 TAB                 | 3         |
| <i>ferraplus 90 tab</i>         | 1         |
| <i>ferric gluco inj 12.5/ml</i> | 1         |
| FERRLECIT INJ 12.5MG/M          | 4         |
| <i>ferrocite tab plus</i>       | 1         |
| FOLAGENT CAP DHA                | 3         |
| <i>folbee plus tab cz</i>       | 1         |
| FOLGARD RX TAB                  | 3         |
| <i>folic acid inj 5mg/ml</i>    | 1         |
| FOLI-D TAB                      | 3         |
| FOLIVANE-PLS CAP                | 3         |
| FOLIXAPURE TAB 1-5000           | 3         |
| <i>folplex 2.2 tab</i>          | 1         |
| <i>foltrin cap</i>              | 1         |

| DRUG NAME                       | DRUG TIER |
|---------------------------------|-----------|
| FOLT X TAB                      | 3         |
| FOSTEUM PLUS CAP                | 3         |
| FUSION PLUS CAP                 | 3         |
| <i>hematogen cap forte</i>      | 1         |
| HEMATOGEN FA CAP                | 3         |
| HEMATRON-AF TAB                 | 3         |
| HEMOCYTE PLS CAP                | 3         |
| <i>hemocyte-f tab</i>           | 1         |
| HYDROXOCOBAL INJ 1000MCG        | 3         |
| HYLAVITE TAB                    | 3         |
| <i>iferex 150 cap forte</i>     | 1         |
| INFUVITE INJ ADULT              | 3         |
| INFUVITE INJ PEDIATRI           | 3         |
| INJECTAFER INJ 750/15ML         | 3         |
| INTEGRA F CAP                   | 3         |
| IROSPAN 24/6 MIS                | 3         |
| K-PHOS TAB NEUTRAL              | 3         |
| <i>k-tan plus cap</i>           | 1         |
| <i>levomefolate cap algal</i>   | 1         |
| <i>l-methylfola cap algal</i>   | 1         |
| <i>l-methylfola tab 15mg</i>    | 1         |
| <i>l-methylfola tab 7.5mg</i>   | 1         |
| <i>l-methyl-mc tab</i>          | 1         |
| <i>l-methylfola-b6-b12 tab</i>  | 1         |
| MEPHYTON TAB 5MG                | 4         |
| <i>metafolbic tab plus</i>      | 1         |
| METANX CAP                      | 3         |
| <i>methylfol/ca tab me-cbl</i>  | 1         |
| <i>methylfol/me cap cbl/p5p</i> | 1         |
| MULTIGEN TAB                    | 3         |
| MULTIGEN TAB FOLIC              | 3         |
| MULTIGEN PLS TAB                | 3         |
| <i>mynephrocaps cap</i>         | 1         |
| NASCOBAL SPR 500MCG             | 3         |
| NEPHROCAPS CAP                  | 3         |
| NEPHRON FA TAB                  | 3         |

| DRUG NAME                        | DRUG TIER |
|----------------------------------|-----------|
| NICOMIDE TAB                     | 3         |
| <i>nicotinamide tab</i>          | 1         |
| NUTRIVIT LIQ 800-15-1            | 3         |
| <i>phospha 250 tab neutral</i>   | 1         |
| <i>phytonadione tab 5mg</i>      | 1         |
| PRO-CRITIC POW                   | 3         |
| PURFE CAP PLUS                   | 3         |
| <i>pyridoxine inj 100mg/ml</i>   | 1         |
| PYRIDOXINE INJ 100MG/ML          | 3         |
| RENATABS MIS IRON                | 3         |
| SUPERVITE LIQ                    | 3         |
| TALIVA CAP                       | 3         |
| TANDEM PLUS CAP                  | 3         |
| TARON FORTE CAP                  | 3         |
| <i>thiamine hcl inj 100mg/ml</i> | 1         |
| TL G-FOL OS TAB                  | 3         |
| <i>tl-hem 150 tab</i>            | 1         |
| TRIFERIC POW 272MG               | 3         |
| VITAL-D RX TAB                   | 3         |
| <i>vitamin d cap 50000</i>       | 1         |
| <i>vitamin k1 inj 10mg/ml</i>    | 1         |
| <i>vitamin k1 inj 1mg/0.5</i>    | 1         |
| <i>zinc sulfata inj 3mg/ml</i>   | 1         |
| <i>zinc sulfata inj 5mg/ml</i>   | 1         |

This formulary is effective as of January 1, 2024.  
For more recent information or other questions, please  
contact the HOP Administration Unit at 1-800-773-7725, or  
for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET,  
Monday–Friday, or visit [HOPbenefits.com](http://HOPbenefits.com).

**THE ENHANCED OR BASIC MEDICARE Rx OPTION (PDP) IS A STAND-ALONE  
PRESCRIPTION DRUG PLAN WITH A MEDICARE CONTRACT. ENROLLMENT IN  
THE ENHANCED OR BASIC MEDICARE Rx OPTION (PDP) DEPENDS ON  
CONTRACT RENEWAL. CMS CONTRACT NUMBER: E3014; FORMULARY ID: 24073**

