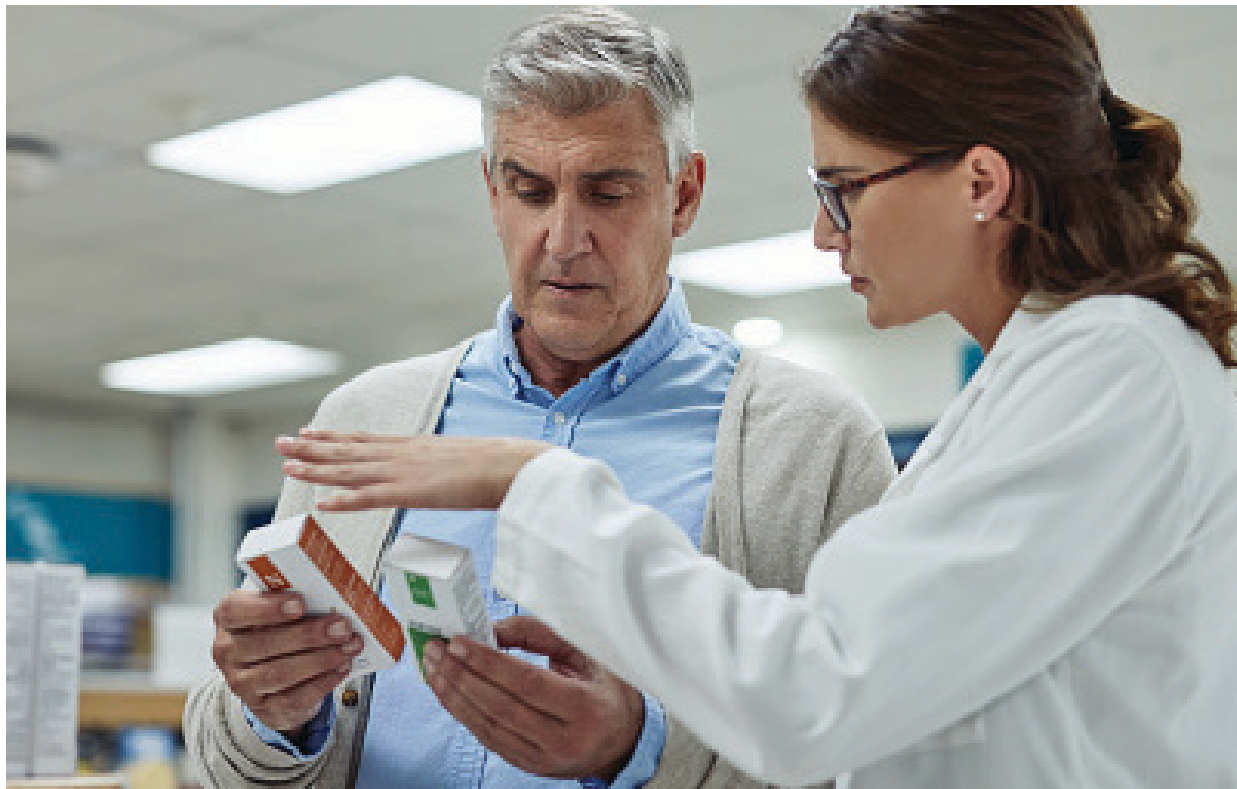


# 2021

## Formulary

(List of covered drugs)

Senior Whole Health (HMO SNP) &  
Senior Whole Health NHC (HMO SNP)



We have made no changes to this Formulary since 12/1/2021. For more recent information or other questions, please contact Senior Whole Health at 1-888-794-7268 (TTY 711) 8 a.m. to 8 p.m., 7 days a week, or visit [www.seniorwholehealthMA.com](http://www.seniorwholehealthMA.com)

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# Senior Whole Health (HMO SNP) and Senior Whole Health NHC (HMO SNP) | 2021 *List of Covered Drugs* (Formulary)

## Introduction

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

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

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

This formulary includes a list of the drugs covered by our plan which is current as of 12/1/2021, formulary version 19. For an updated formulary, please contact us. Our phone number, and the date we last updated the formulary, is on the front and back cover.

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## A. Disclaimers

This is a list of drugs that members can get in *Senior Whole Health*.

- ❖ Senior Whole Health (HMO SNP) and Senior Whole Health NHC (HMO SNP) are Coordinated Care plans with a Medicare Advantage contract and a contract with the Commonwealth of Massachusetts/EOHHS MassHealth program. Enrollment depends on annual contract renewal.
- ❖ You can always check Senior Whole Health's up-to-date *List of Covered Drugs* online at [www.seniorwholehealthMA.com](http://www.seniorwholehealthMA.com) or by calling 1-888-794-7268 (TTY 711).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-888-794-7268 (TTY 711), from 8 a.m. to 8 p.m., 7 days a week. The call is free.
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week.
- ❖ Senior Whole Health will maintain a record of our members preferred language preference and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.

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## B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 11 are the drugs covered by Senior Whole Health. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

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

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



**If you have questions**, please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.seniorwholehealthMA.com](http://www.seniorwholehealthMA.com) 3

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## B2. Does the Drug List ever change?

Yes, and Senior Whole Health must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the Drug List during the year.

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

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

For more information on these drug rules, see question B4.

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

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

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

- You can always check Senior Whole Health's up-to-date Drug List online at [seniorwholehealthMA.com](http://seniorwholehealthMA.com).
- You can also call Member Services at the numbers listed in the footer to check the current Drug List.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug, but your cost for the new drug will remain \$0. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information



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about the specific change we made once it happens.

- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. After you receive notice of the change, you should be working with your prescriber to switch to a different drug that we cover.

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

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

When these changes happen, we will:

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

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

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

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

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



**If you have questions**, please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.seniorwholehealthMA.com](http://www.seniorwholehealthMA.com) 5

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

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 11. You can also get more information by visiting our website at [www.seniorwholehealthMA.com](http://www.seniorwholehealthMA.com). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The *List of Covered Drugs* on page 11 has a column labeled "Necessary actions, restrictions, or limits on use."

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 95. The index alphabetically lists all drugs covered by Senior Whole Health.

To search **by medical condition**, find the section labeled "List of drugs by medical condition" on page 11. The drugs in this section are grouped into categories depending on the type of medical conditions they are



**If you have questions**, please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.seniorwholehealthMA.com](http://www.seniorwholehealthMA.com) 6

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used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular, Hypertension/Lipids. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Member Services at 1-888-794-7268 (TTY 711) 8 a.m. to 8 p.m., 7 days a week and ask about it. If you learn that Senior Whole Health will not cover the drug, you can do one of these things:

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

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### **B9. What if I am a new Senior Whole Health member and can't find my drug on the Drug List or have a problem getting my drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Senior Whole Health. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Senior Whole Health, **or**
- you are taking a drug that is part of a step therapy restriction

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

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



**If you have questions**, please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.seniorwholehealthMA.com](http://www.seniorwholehealthMA.com) 7



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If you are a current member and have a change to your level of care (for example, you're discharged from a hospital to your home, or you are admitted to or discharged from a long-term care facility), you may be able to get an early refill. The pharmacy filling your prescription may request an override by contacting SWH Member Services or the Express Scripts (ESI) Pharmacy Technical Help Desk.

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

Yes. You can ask Senior Whole Health to make an exception to cover a drug that is not on the Drug List.

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

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

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

To ask for an exception, call SWH Member Services. Your SWH Nurse Care Manager will work with you and your provider to help you ask for an exception. You can also read Chapter 8 of the *Evidence of Coverage* to learn more about exceptions.

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

First, we must get a statement from your prescriber supporting your request for an exception.

Send the prescriber statement to:

Senior Whole Health  
Attn: Pharmacy Department  
1075 Main Street  
Suite 400  
Waltham, MA 02451  
Or fax to 1-888-251-7823

After we get the statement, we will give you a decision on your exception request within 72 hours.

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

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

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

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**If you have questions**, please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit [www.seniorwholehealthMA.com](http://www.seniorwholehealthMA.com) 8

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Senior Whole Health covers both brand name drugs and generic drugs.

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

OTC stands for “over-the-counter.” Senior Whole Health covers some OTC drugs when they are written as prescriptions by your provider.

To find a list of OTC drugs we cover, refer to the Over-the-Counter Drug List.

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#### **B15. Does Senior Whole Health cover non-drug OTC products?**

Senior Whole Health covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include first aid supplies, dental care, cough and cold care, contact lens solutions, and sun protection.)

You can read the Senior Whole Health Drug List to see what non-drug OTC products are covered.

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#### **B16. Does Senior Whole Health cover long-term supplies of prescriptions?**

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

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

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

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

Senior Whole Health members have no copays for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan’s rules. See questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List. Senior Whole Health has only one tier:

- Tier 1 Generic and brand name drugs have \$0 copay.

OTCs have a \$0 copay.

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

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## C. Overview of the List of Covered Drugs

The *List of Covered Drugs* gives you information about the drugs covered by Senior Whole Health. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 95. The index alphabetically lists all drugs covered by Senior Whole Health.

### C1. List of Drugs by Medical Condition

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

#### List of Abbreviations

**B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Member Services.

**MO:** Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

**PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

**ST:** Step Therapy. In some cases, the Plan requires 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *simvastatin*), brand name drugs are capitalized (for example, *ADVAIR DISKUS*), and OTC drugs and non-drug products are listed in lower case (for example, (for example, water for irrigation, sterile). The information in the "Necessary actions, restrictions, or limits on use" column tells you if Senior Whole Health has any rules for covering your drug.



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| Drug Name  | Drug Tier | Requirements /Limits     |
|--|-----------|--------------------------|
| <b>ANTI - INFECTIVES</b>   |           |                          |
| <b>ANTIFUNGAL AGENTS</b>   |           |                          |
| ABELCET  | 1         | B/D PA; MO               |
| AMBISOME   | 1         | B/D PA; MO               |
| <i>amphotericin b</i>  | 1         | B/D PA; MO               |
| <i>casprofungin</i>  | 1         | B/D PA                   |
| <i>clotrimazole mucous membrane</i>  | 1         | MO                       |
| CRESEMBA   | 1         | PA                       |
| <i>fluconazole</i>   | 1         | MO                       |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i> | 1         | PA                       |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>               | 1         | PA; MO                   |
| <i>flucytosine</i>   | 1         | MO                       |
| <i>griseofulvin microsize</i>  | 1         | MO                       |
| <i>griseofulvin ultramicrosize</i>   | 1         | MO                       |
| <i>itraconazole oral capsule</i>   | 1         | MO; QL (120 per 30 days) |
| <i>itraconazole oral solution</i>  | 1         | MO                       |
| <i>ketoconazole oral</i>   | 1         | MO                       |
| <i>micafungin</i>  | 1         | MO                       |

| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| NOXAFIL ORAL SUSPENSION                                  | 1         | PA; MO               |
| <i>nystatin oral</i>                                     | 1         | MO                   |
| <i>posaconazole oral tablet, delayed release (dr/ec)</i> | 1         | PA; MO               |
| <i>terbinafine hcl oral</i>                              | 1         | MO                   |
| <i>voriconazole intravenous</i>                          | 1         | PA; MO               |
| <i>voriconazole oral suspension for reconstitution</i>   | 1         | PA; MO               |
| <i>voriconazole oral tablet 200 mg</i>                   | 1         | PA; MO               |
| <i>voriconazole oral tablet 50 mg</i>                    | 1         | PA; MO               |
| <b>ANTIVIRALS</b>  |           |                      |
| <i>abacavir</i>  | 1         | MO                   |
| <i>abacavir-lamivudine</i>                               | 1         | MO                   |
| <i>abacavir-lamivudine-zidovudine</i>                    | 1         | MO                   |
| <i>acyclovir oral capsule</i>                            | 1         | MO                   |
| <i>acyclovir oral suspension 200 mg/5 ml</i>             | 1         | MO                   |
| <i>acyclovir oral tablet</i>                             | 1         | MO                   |
| <i>acyclovir sodium intravenous solution</i>             | 1         | B/D PA; MO           |
| <i>adefovir</i>  | 1         | MO                   |
| <i>amantadine hcl</i>                                    | 1         | MO                   |
| APTIVUS  | 1         | MO                   |

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

This drug list was last updated on 11/17/2021.

| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>atazanavir oral capsule 150 mg, 200 mg</i>                         | 1         | MO                   |
| <i>atazanavir oral capsule 300 mg</i>                                 | 1         | MO                   |
| ATRIPLA   | 1         | MO                   |
| BARACLUDE ORAL SOLUTION   | 1         | MO                   |
| BIKTARVY  | 1         | MO                   |
| CABENUVA  | 1         | MO                   |
| <i>cidofovir</i>  | 1         | B/D PA; MO           |
| CIMDUO  | 1         | MO                   |
| COMPLERA  | 1         | MO                   |
| DELSTRIGO   | 1         | MO                   |
| DESCOVY   | 1         | MO                   |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | 1         | MO                   |
| DOVATO  | 1         | MO                   |
| EDURANT   | 1         | MO                   |
| <i>efavirenz oral capsule 200 mg</i>                                  | 1         | MO                   |
| <i>efavirenz oral capsule 50 mg</i>                                   | 1         | MO                   |
| <i>efavirenz oral tablet</i>  | 1         | MO                   |
| <i>efavirenz-emtricitabin-tenofov</i>                                 | 1         | MO                   |
| <i>efavirenz-lamivuv-tenofov disop</i>                                | 1         | MO                   |
| <i>emtricitabine</i>  | 1         | MO                   |

| Drug Name                                   | Drug Tier | Requirements /Limits        |
|---|-----------|-----------------------------|
| <i>emtricitabine-tenofov (tdf)</i>          | 1         | MO                          |
| EMTRIVA                                     | 1         | MO                          |
| <i>entecavir</i>                            | 1         | MO                          |
| EPCLUSA ORAL TABLET 200-50 MG               | 1         | PA; MO; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 MG              | 1         | PA; MO; QL (28 per 28 days) |
| EPIVIR HBV ORAL SOLUTION                    | 1         | MO                          |
| <i>etravirine</i>                           | 1         | MO                          |
| EVOTAZ                                      | 1         | MO                          |
| <i>famciclovir</i>                          | 1         | MO                          |
| <i>fosamprenavir</i>                        | 1         | MO                          |
| FUZEON SUBCUTANEOUS RECON SOLN              | 1         | MO                          |
| <i>ganciclovir sodium</i>                   | 1         | B/D PA; MO                  |
| GENVOYA                                     | 1         | MO                          |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 1         | PA; MO; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG    | 1         | PA; MO; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG               | 1         | PA; MO; QL (56 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG               | 1         | PA; MO; QL (28 per 28 days) |
| INTELENCE                                   | 1         | MO                          |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| INVIRASE ORAL TABLET                                 | 1         | MO                   |
| ISENTRESS HD   | 1         | MO                   |
| ISENTRESS ORAL POWDER IN PACKET                      | 1         | MO                   |
| ISENTRESS ORAL TABLET                                | 1         | MO                   |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG                | 1         | MO                   |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG                 | 1         | MO                   |
| JULUCA   | 1         | MO                   |
| KALETRA ORAL TABLET 100-25 MG                        | 1         | MO                   |
| KALETRA ORAL TABLET 200-50 MG                        | 1         | MO                   |
| <i>lamivudine</i>                                    | 1         | MO                   |
| <i>lamivudine-zidovudine</i>                         | 1         | MO                   |
| LEXIVA ORAL SUSPENSION                               | 1         | MO                   |
| <i>lopinavir-ritonavir oral solution</i>             | 1         | MO                   |
| <i>lopinavir-ritonavir oral tablet</i>               | 1         | MO                   |
| <i>nevirapine oral suspension</i>                    | 1         |                      |
| <i>nevirapine oral tablet</i>                        | 1         | MO                   |
| <i>nevirapine oral tablet extended release 24 hr</i> | 1         | MO                   |

| Drug Name                           | Drug Tier | Requirements /Limits    |
|-------------------------------------|-----------|-------------------------|
| NORVIR ORAL POWDER IN PACKET        | 1         | MO                      |
| NORVIR ORAL SOLUTION                | 1         | MO                      |
| ODEFSEY                             | 1         | MO                      |
| <i>oseltamivir</i>                  | 1         | MO                      |
| PIFELTRO                            | 1         | MO                      |
| PREVYMIS INTRAVENOUS                | 1         |                         |
| PREVYMIS ORAL                       | 1         | MO; QL (30 per 30 days) |
| PREZCOBIX                           | 1         | MO                      |
| PREZISTA ORAL SUSPENSION            | 1         | MO                      |
| PREZISTA ORAL TABLET 150 MG, 75 MG  | 1         | MO                      |
| PREZISTA ORAL TABLET 600 MG, 800 MG | 1         | MO                      |
| RELENZA DISKHALER                   | 1         | MO                      |
| RETROVIR INTRAVENOUS                | 1         | MO                      |
| REYATAZ ORAL POWDER IN PACKET       | 1         | MO                      |
| <i>ribavirin oral capsule</i>       | 1         |                         |
| <i>ribavirin oral tablet 200 mg</i> | 1         | MO                      |
| <i>rimantadine</i>                  | 1         | MO                      |
| <i>ritonavir</i>                    | 1         | MO                      |
| RUKOBIA                             | 1         | MO                      |
| SELZENTRY ORAL SOLUTION             | 1         | MO                      |

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| Drug Name                              | Drug Tier | Requirements /Limits     |
|--|-----------|--------------------------|
| SELZENTRY ORAL TABLET 150 MG, 300 MG   | 1         | MO                       |
| SELZENTRY ORAL TABLET 25 MG, 75 MG     | 1         | MO                       |
| <i>stavudine oral capsule</i>          | 1         | MO                       |
| STRIBILD                               | 1         | MO                       |
| SYMFI                                  | 1         | MO                       |
| SYMFI LO                               | 1         | MO                       |
| SYMTUZA                                | 1         | MO                       |
| SYNAGIS                                | 1         | MO; LA                   |
| TEMIXYS                                | 1         | MO                       |
| <i>tenofovir disoproxil fumarate</i>   | 1         | MO                       |
| TIVICAY ORAL TABLET 10 MG              | 1         | MO                       |
| TIVICAY ORAL TABLET 25 MG, 50 MG       | 1         | MO                       |
| TIVICAY PD                             | 1         | MO                       |
| TRIUMEQ                                | 1         | MO                       |
| TROGARZO                               | 1         | MO; LA                   |
| TRUVADA                                | 1         | MO                       |
| <i>valacyclovir oral tablet 1 gram</i> | 1         | MO; QL (120 per 30 days) |
| <i>valacyclovir oral tablet 500 mg</i> | 1         | MO; QL (60 per 30 days)  |
| <i>valganciclovir</i>                  | 1         | MO                       |
| VEMLIDY                                | 1         | MO                       |

| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| VIRACEPT ORAL TABLET  | 1         | MO                   |
| VIREAD ORAL POWDER  | 1         | MO                   |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                     | 1         | MO                   |
| XOFLUZA   | 1         | MO                   |
| <i>zidovudine</i>   | 1         | MO                   |
| <b>CEPHALOSPORINS</b>   |           |                      |
| <i>cefaclor oral capsule</i>  | 1         | MO                   |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>   | 1         | MO                   |
| <i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>                | 1         |                      |
| <i>cefaclor oral tablet extended release 12 hr</i>                            | 1         | MO                   |
| <i>cefadroxil oral capsule</i>  | 1         | MO                   |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | 1         | MO                   |
| <i>cefadroxil oral tablet</i>   | 1         | MO                   |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | 1         | MO                   |
| <i>cefazolin injection recon soln 1 gram, 500 mg</i>                                   | 1         | MO                   |
| <i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>                         | 1         |                      |
| <i>cefazolin intravenous</i>   | 1         |                      |
| <i>cefdinir</i>  | 1         | MO                   |
| <i>cefepime in dextrose,iso-osm</i>  | 1         |                      |
| <i>cefepime injection</i>  | 1         | MO                   |
| <i>cefixime</i>  | 1         | MO                   |
| <i>cefoxitin in dextrose, iso-osm</i>  | 1         | PA                   |
| <i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>                                 | 1         | PA; MO               |
| <i>cefoxitin intravenous recon soln 10 gram</i>  | 1         | PA                   |
| <i>cefpodoxime</i>   | 1         | MO                   |
| <i>cefprozil</i>   | 1         | MO                   |
| <i>ceftazidime injection recon soln 1 gram, 2 gram</i>                                 | 1         | PA; MO               |
| <i>ceftazidime injection recon soln 6 gram</i>   | 1         | PA                   |
| <i>ceftriaxone in dextrose,iso-os</i>  | 1         | MO                   |

| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i> | 1         | MO                   |
| <i>ceftriaxone injection recon soln 10 gram</i>                        | 1         |                      |
| <i>ceftriaxone intravenous</i>   | 1         | MO                   |
| <i>cefuroxime axetil oral tablet</i>                                   | 1         | MO                   |
| <i>cefuroxime sodium injection recon soln 750 mg</i>                   | 1         | PA; MO               |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram</i>               | 1         | PA; MO               |
| <i>cefuroxime sodium intravenous recon soln 7.5 gram</i>               | 1         | PA                   |
| <i>cephalexin</i>  | 1         | MO                   |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML                  | 1         |                      |
| SUPRAX ORAL TABLET,CHEWABLE  | 1         | MO                   |
| <i>tazicef injection</i>   | 1         | PA; MO               |
| <i>tazicef intravenous</i>   | 1         | PA                   |
| TEFLARO  | 1         | PA; MO               |
| <b>ERYTHROMYCINS / OTHER MACROLIDES</b>                                |           |                      |
| <i>azithromycin intravenous</i>  | 1         | PA; MO               |
| <i>azithromycin oral packet</i>  | 1         | MO                   |

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| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>azithromycin oral suspension for reconstitution</i>                | 1         | MO                   |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>      | 1         |                      |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>                | 1         | MO                   |
| <i>clarithromycin</i>   | 1         | MO                   |
| <i>e.e.s. 400 oral tablet</i>   | 1         | MO                   |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>    | 1         | MO                   |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                    | 1         | MO                   |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG                              | 1         | PA; MO               |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> | 1         | MO                   |
| <i>erythromycin ethylsuccinate oral tablet</i>                        | 1         |                      |
| <i>erythromycin oral capsule, delayed release(dr/ec)</i>              | 1         | MO                   |
| <i>erythromycin oral tablet</i>                                       | 1         | MO                   |

| Drug Name   | Drug Tier | Requirements /Limits             |
|---|-----------|----------------------------------|
| <i>erythromycin oral tablet, delayed release (dr/ec)</i>      | 1         | MO                               |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>                           |           |                                  |
| <i>albendazole</i>  | 1         | MO                               |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> | 1         | PA; MO                           |
| ARIKAYCE  | 1         | PA; LA                           |
| <i>atovaquone</i>   | 1         | MO                               |
| <i>atovaquone-proguanil</i>                                   | 1         | MO                               |
| <i>aztreonam</i>  | 1         | PA; MO                           |
| <i>bacitracin intramuscular</i>                               | 1         | MO                               |
| BENZNIDAZOLE  | 1         | MO                               |
| BETHKIS   | 1         | B/D PA; MO; QL (224 per 28 days) |
| CAYSTON   | 1         | PA; MO; LA; QL (84 per 28 days)  |
| <i>chloramphenicol sod succinate</i>                          | 1         |                                  |
| <i>chloroquine phosphate</i>                                  | 1         | MO                               |
| <i>clindamycin hcl</i>  | 1         | MO                               |
| <i>clindamycin in 5 % dextrose</i>                            | 1         | PA; MO                           |
| <i>clindamycin pediatric</i>                                  | 1         | MO                               |
| <i>clindamycin phosphate injection</i>                        | 1         | PA; MO                           |

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| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>                                     | 1         | PA; MO               |
| COARTEM   | 1         | MO                   |
| <i>colistin (colistimethate na)</i>   | 1         | PA; MO               |
| <i>dapsone oral</i>   | 1         | MO                   |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG  | 1         | MO                   |
| <i>daptomycin intravenous recon soln 500 mg</i>   | 1         | MO                   |
| EMVERM  | 1         | MO                   |
| <i>ertapenem</i>  | 1         | MO                   |
| <i>ethambutol</i>   | 1         | MO                   |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i> | 1         | PA; MO               |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>                            | 1         | PA                   |
| <i>gentamicin injection solution 40 mg/ml</i>   | 1         | PA; MO               |
| <i>gentamicin sulfate (ped) (pf)</i>  | 1         | PA; MO               |

| Drug Name   | Drug Tier | Requirements /Limits           |
|---|-----------|--------------------------------|
| <i>hydroxychloroquine oral tablet 200 mg</i>        | 1         | MO                             |
| <i>imipenem-cilastatin</i>                          | 1         | PA; MO                         |
| IMPAVIDO  | 1         | PA; MO                         |
| <i>isoniazid injection</i>                          | 1         |                                |
| <i>isoniazid oral</i>                               | 1         | MO                             |
| <i>ivermectin oral</i>                              | 1         | MO                             |
| <i>lincomycin</i>                                   | 1         | PA                             |
| <i>linezolid in dextrose 5%</i>                     | 1         | PA                             |
| <i>linezolid oral suspension for reconstitution</i> | 1         | MO                             |
| <i>linezolid oral tablet</i>                        | 1         | MO                             |
| <i>linezolid-0.9% sodium chloride</i>               | 1         | PA                             |
| <i>mefloquine</i>                                   | 1         | MO                             |
| <i>meropenem</i>                                    | 1         | MO                             |
| <i>metro i.v.</i>                                   | 1         | PA; MO                         |
| <i>metronidazole in nacl (iso-os)</i>               | 1         | PA; MO                         |
| <i>metronidazole oral tablet</i>                    | 1         | MO                             |
| <i>neomycin</i>                                     | 1         | MO                             |
| <i>nitazoxanide</i>                                 | 1         | MO                             |
| <i>paromomycin</i>                                  | 1         | MO                             |
| PASER   | 1         | MO                             |
| <i>pentamidine inhalation</i>                       | 1         | B/D PA; MO; QL (1 per 28 days) |
| <i>pentamidine injection</i>                        | 1         | MO                             |

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| Drug Name   | Drug Tier | Requirements /Limits             |
|---|-----------|----------------------------------|
| <i>praziquantel</i>   | 1         | MO                               |
| PRIFTIN   | 1         | MO                               |
| PRIMAQUINE  | 1         | MO                               |
| <i>pyrazinamide</i>   | 1         | MO                               |
| <i>pyrimethamine</i>  | 1         | PA; MO                           |
| <i>quinine sulfate</i>  | 1         | MO                               |
| <i>rifabutin</i>  | 1         | MO                               |
| <i>rifampin</i>   | 1         | MO                               |
| SIRTURO   | 1         | PA; LA                           |
| STREPTOMYCIN  | 1         | PA; MO                           |
| SYNERCID  | 1         | PA                               |
| <i>tigecycline</i>  | 1         | PA; MO                           |
| <i>tinidazole</i>   | 1         | MO                               |
| <i>tobramycin in 0.225 % nacl</i>                                 | 1         | B/D PA; MO; QL (280 per 28 days) |
| <i>tobramycin inhalation</i>                                      | 1         | B/D PA; MO; QL (224 per 28 days) |
| <i>tobramycin sulfate injection recon soln</i>                    | 1         | PA                               |
| <i>tobramycin sulfate injection solution</i>                      | 1         | PA; MO                           |
| TRECTOR   | 1         | MO                               |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK              | 1         |                                  |
| <i>vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg</i> | 1         | MO                               |

| Drug Name  | Drug Tier | Requirements /Limits        |
|--|-----------|-----------------------------|
| <i>vancomycin intravenous recon soln 10 gram, 5 gram</i> | 1         |                             |
| <i>vancomycin oral capsule 125 mg</i>                    | 1         | PA; MO; QL (40 per 10 days) |
| <i>vancomycin oral capsule 250 mg</i>                    | 1         | PA; MO; QL (80 per 10 days) |
| XIFAXAN ORAL TABLET 200 MG                               | 1         | MO; QL (9 per 30 days)      |
| XIFAXAN ORAL TABLET 550 MG                               | 1         | MO; QL (90 per 30 days)     |
| <b>PENICILLINS</b>                                       |           |                             |
| <i>amoxicillin oral capsule</i>                          | 1         | MO                          |
| <i>amoxicillin oral suspension for reconstitution</i>    | 1         | MO                          |
| <i>amoxicillin oral tablet</i>                           | 1         | MO                          |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>  | 1         | MO                          |
| <i>amoxicillin-pot clavulanate</i>                       | 1         | MO                          |
| <i>ampicillin oral capsule 500 mg</i>                    | 1         | MO                          |
| <i>ampicillin sodium injection</i>                       | 1         | PA; MO                      |
| <i>ampicillin sodium intravenous</i>                     | 1         | PA                          |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>        | 1         | PA; MO               |
| <i>ampicillin-sulbactam injection recon soln 15 gram</i>                 | 1         | PA                   |
| <i>ampicillin-sulbactam intravenous</i>                                  | 1         | PA                   |
| BICILLIN C-R   | 1         | PA; MO               |
| BICILLIN L-A   | 1         | PA; MO               |
| <i>dicloxacillin</i>   | 1         | MO                   |
| <i>nafcillin in dextrose iso-osm</i>                                     | 1         | PA                   |
| <i>nafcillin injection recon soln 1 gram, 2 gram</i>                     | 1         | PA; MO               |
| <i>nafcillin injection recon soln 10 gram</i>                            | 1         | PA                   |
| <i>nafcillin intravenous recon soln 1 gram</i>                           | 1         | PA                   |
| <i>nafcillin intravenous recon soln 2 gram</i>                           | 1         | PA; MO               |
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i> | 1         | PA                   |
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i> | 1         | PA; MO               |
| <i>oxacillin injection recon soln 1 gram</i>                             | 1         | PA                   |

| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>oxacillin injection recon soln 10 gram</i>   | 1         | PA                   |
| <i>oxacillin injection recon soln 2 gram</i>  | 1         | PA; MO               |
| <i>penicillin g potassium</i>   | 1         | PA; MO               |
| <i>penicillin g procaine</i>  | 1         | PA; MO               |
| <i>penicillin g sodium</i>  | 1         | PA; MO               |
| <i>penicillin v potassium</i>   | 1         | MO                   |
| <i>pfizerpen-g</i>  | 1         | PA                   |
| <i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>            | 1         |                      |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i> | 1         | MO                   |
| <b>QUINOLONES</b>   |           |                      |
| CIPRO ORAL SUSPENSION,MICRO CAPSULE RECON   | 1         |                      |
| <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>                                   | 1         | MO                   |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>                                   | 1         | MO                   |
| <i>ciprofloxacin in 5 % dextrose</i>  | 1         | PA; MO               |

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| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>                 | 1         | PA                   |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> | 1         | PA; MO               |
| <i>levofloxacin intravenous</i>   | 1         | PA; MO               |
| <i>levofloxacin oral</i>  | 1         | MO                   |
| <i>moxifloxacin oral</i>  | 1         | MO                   |
| <i>moxifloxacin-sod.chloride(iso)</i>   | 1         | PA; MO               |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                   | 1         | MO                   |
| <b>SULFA'S / RELATED AGENTS</b>   |           |                      |
| <i>sulfadiazine</i>   | 1         | MO                   |
| <i>sulfamethoxazole-trimethoprim intravenous</i>                              | 1         | PA; MO               |
| <i>sulfamethoxazole-trimethoprim oral suspension</i>                          | 1         | MO                   |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                              | 1         | MO                   |
| <b>TETRACYCLINES</b>  |           |                      |
| <i>demeclocycline</i>   | 1         | MO                   |
| <i>doxy-100</i>   | 1         | PA; MO               |
| <i>doxycycline hyclate intravenous</i>  | 1         | PA                   |

| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>doxycycline hyclate oral capsule</i>                           | 1         | MO                   |
| <i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>               | 1         | MO                   |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>         | 1         | MO                   |
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | 1         | MO                   |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>   | 1         | MO                   |
| <i>minocycline oral capsule</i>                                   | 1         | MO                   |
| <i>minocycline oral tablet</i>                                    | 1         | MO                   |
| <i>monodoxyne nl oral capsule 100 mg</i>                          | 1         | MO                   |
| <i>tetracycline</i>   | 1         | MO                   |
| <b>URINARY TRACT AGENTS</b>                                       |           |                      |
| <i>methenamine hippurate</i>                                      | 1         | MO                   |
| <i>methenamine mandelate</i>                                      | 1         | MO                   |
| <i>nitrofurantoin</i>   | 1         | MO                   |
| <i>nitrofurantoin macrocrystal</i>                                | 1         | MO                   |
| <i>nitrofurantoin monohyd/m-cryst</i>                             | 1         | MO                   |

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| Drug Name  | Drug Tier | Requirements /Limits         |
|--|-----------|------------------------------|
| <i>trimethoprim</i>  | 1         | MO                           |
| <b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>                              |           |                              |
| <b>ADJUNCTIVE AGENTS</b>   |           |                              |
| <i>dexrazoxane hcl</i>   | 1         | B/D PA; MO                   |
| ELITEK   | 1         | MO                           |
| KEPIVANCE  | 1         |                              |
| KHAPZORY   | 1         | B/D PA                       |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i> | 1         | B/D PA; MO                   |
| <i>leucovorin calcium injection recon soln 500 mg</i>                        | 1         | B/D PA                       |
| <i>leucovorin calcium oral</i>   | 1         | MO                           |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i>                   | 1         | B/D PA; MO                   |
| <i>levoleucovorin calcium intravenous solution</i>                           | 1         | B/D PA                       |
| <i>mesna</i>   | 1         | B/D PA; MO                   |
| MESNEX ORAL  | 1         | MO                           |
| VISTOGARD  | 1         | PA                           |
| XGEVA  | 1         | B/D PA; MO                   |
| <b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>                              |           |                              |
| <i>abiraterone oral tablet 250 mg</i>  | 1         | PA; MO; QL (120 per 30 days) |

| Drug Name  | Drug Tier | Requirements /Limits         |
|--|-----------|------------------------------|
| <i>abiraterone oral tablet 500 mg</i>                                    | 1         | PA; MO; QL (60 per 30 days)  |
| ABRAXANE   | 1         | B/D PA; MO                   |
| ADCETRIS   | 1         | B/D PA; MO                   |
| <i>adriamycin intravenous recon soln 10 mg</i>                           | 1         | B/D PA; MO                   |
| <i>adriamycin intravenous solution 10 mg/5 ml</i>                        | 1         | B/D PA; MO                   |
| <i>adriamycin intravenous solution 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | 1         | B/D PA                       |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i>                       | 1         | B/D PA                       |
| AFINITOR DISPERZ   | 1         | PA; MO                       |
| AFINITOR ORAL TABLET 10 MG   | 1         | PA; MO; QL (30 per 30 days)  |
| ALECENSA   | 1         | PA; MO; QL (240 per 30 days) |
| ALIMTA   | 1         | B/D PA; MO                   |
| ALIQOPA  | 1         | B/D PA; LA                   |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG                                       | 1         | PA; QL (30 per 30 days)      |
| ALUNBRIG ORAL TABLET 30 MG   | 1         | PA; QL (60 per 30 days)      |
| ALUNBRIG ORAL TABLETS,DOSE PACK  | 1         | PA; QL (30 per 30 days)      |

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| Drug Name  | Drug Tier | Requirements /Limits        |
|--|-----------|-----------------------------|
| <i>anastrozole</i>                                   | 1         | MO                          |
| ARRANON  | 1         | B/D PA                      |
| <i>arsenic trioxide intravenous solution 1 mg/ml</i> | 1         | B/D PA                      |
| <i>arsenic trioxide intravenous solution 2 mg/ml</i> | 1         | B/D PA; MO                  |
| ARZERRA  | 1         | B/D PA; MO                  |
| ASPARLAS   | 1         | PA                          |
| AVASTIN  | 1         | B/D PA; MO                  |
| AYVAKIT  | 1         | PA; LA; QL (30 per 30 days) |
| <i>azacitidine</i>                                   | 1         | B/D PA; MO                  |
| <i>azathioprine oral tablet 50 mg</i>                | 1         | B/D PA; MO                  |
| <i>azathioprine sodium</i>                           | 1         | B/D PA                      |
| BALVERSA   | 1         | PA; LA                      |
| BAVENCIO   | 1         | B/D PA; LA                  |
| BELEODAQ   | 1         | B/D PA                      |
| BENDEKA  | 1         | B/D PA; MO                  |
| BESPONSA   | 1         | B/D PA; MO; LA              |
| <i>bexarotene</i>                                    | 1         | PA; MO                      |
| <i>bicalutamide</i>                                  | 1         | MO                          |
| BLENREP  | 1         | PA                          |
| <i>bleomycin</i>                                     | 1         | B/D PA; MO                  |
| BLINCYTO INTRAVENOUS KIT                             | 1         | B/D PA                      |
| BORTEZOMIB   | 1         | B/D PA                      |

| Drug Name                               | Drug Tier | Requirements /Limits             |
|---|-----------|----------------------------------|
| BOSULIF ORAL TABLET 100 MG              | 1         | PA; MO; QL (90 per 30 days)      |
| BOSULIF ORAL TABLET 400 MG, 500 MG      | 1         | PA; MO; QL (30 per 30 days)      |
| BRAFTOVI ORAL CAPSULE 75 MG             | 1         | PA; MO; LA; QL (180 per 30 days) |
| BRUKINSA                                | 1         | PA; LA                           |
| <i>busulfan</i>                         | 1         | B/D PA                           |
| CABOMETYX                               | 1         | PA; MO; LA                       |
| CALQUENCE                               | 1         | PA; LA; QL (60 per 30 days)      |
| CAPRELSA ORAL TABLET 100 MG             | 1         | PA; LA; QL (60 per 30 days)      |
| CAPRELSA ORAL TABLET 300 MG             | 1         | PA; LA; QL (30 per 30 days)      |
| <i>carboplatin intravenous solution</i> | 1         | B/D PA; MO                       |
| <i>carmustine</i>                       | 1         | B/D PA; MO                       |
| <i>cisplatin intravenous solution</i>   | 1         | B/D PA; MO                       |
| <i>cladribine</i>                       | 1         | B/D PA; MO                       |
| <i>clofarabine</i>                      | 1         | B/D PA                           |
| COMETRIQ                                | 1         | PA; MO                           |
| COPIKTRA                                | 1         | PA; LA; QL (60 per 30 days)      |
| COSMEGEN                                | 1         | B/D PA; MO                       |
| COTELLIC                                | 1         | PA; MO; LA; QL (63 per 28 days)  |

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| Drug Name  | Drug Tier | Requirements /Limits | Drug Name   | Drug Tier | Requirements /Limits        |
|--|-----------|----------------------|---|-----------|-----------------------------|
| <i>cyclophosphamide intravenous recon soln</i>   | 1         | B/D PA; MO           | DAURISMO ORAL TABLET 100 MG   | 1         | PA; MO; QL (30 per 30 days) |
| <i>cyclophosphamide oral capsule</i>   | 1         | B/D PA; MO           | DAURISMO ORAL TABLET 25 MG  | 1         | PA; MO; QL (60 per 30 days) |
| CYCLOPHOSPHAMID E ORAL TABLET  | 1         | B/D PA; MO           | <i>decitabine</i>   | 1         | B/D PA; MO                  |
| <i>cyclosporine intravenous</i>  | 1         | B/D PA               | <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | 1         | B/D PA                      |
| <i>cyclosporine modified oral capsule</i>  | 1         | B/D PA; MO           | <i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>        | 1         | B/D PA; MO                  |
| <i>cyclosporine modified oral solution</i>   | 1         | B/D PA               | <i>doxorubicin intravenous recon soln 10 mg</i>   | 1         | B/D PA                      |
| <i>cyclosporine oral capsule</i>   | 1         | B/D PA; MO           | <i>doxorubicin intravenous recon soln 50 mg</i>   | 1         | B/D PA; MO                  |
| CYRAMZA  | 1         | B/D PA; MO           | <i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>                                | 1         | B/D PA; MO                  |
| <i>cytarabine</i>  | 1         | B/D PA; MO           | <i>doxorubicin intravenous solution 2 mg/ml</i>   | 1         | B/D PA                      |
| <i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i> | 1         | B/D PA; MO           | <i>doxorubicin, peg-liposomal</i>   | 1         | B/D PA; MO                  |
| <i>cytarabine (pf) injection solution 20 mg/ml</i>   | 1         | B/D PA               | DROXIA  | 1         | MO                          |
| <i>dacarbazine</i>   | 1         | B/D PA; MO           |   |           |                             |
| <i>dactinomycin</i>  | 1         | B/D PA               |   |           |                             |
| DANYELZA   | 1         | PA                   |   |           |                             |
| DARZALEX   | 1         | B/D PA; MO; LA       |   |           |                             |
| <i>daunorubicin intravenous solution</i>   | 1         | B/D PA               |   |           |                             |

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| Drug Name   | Drug Tier | Requirements /Limits         |
|---|-----------|------------------------------|
| ELZONRIS  | 1         | PA; LA                       |
| EMCYT   | 1         | MO                           |
| EMPLICITI   | 1         | B/D PA; MO                   |
| <i>epirubicin intravenous solution</i>                              | 1         | B/D PA; MO                   |
| ERBITUX   | 1         | B/D PA; MO                   |
| ERIVEDGE  | 1         | PA; MO; QL (30 per 30 days)  |
| ERLEADA   | 1         | PA; MO; QL (120 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 150 mg</i>                         | 1         | PA; MO; QL (30 per 30 days)  |
| <i>erlotinib oral tablet 25 mg</i>                                  | 1         | PA; MO; QL (60 per 30 days)  |
| ETOPOPHOS   | 1         | B/D PA; MO                   |
| <i>etoposide intravenous</i>  | 1         | B/D PA; MO                   |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i>                | 1         | PA; QL (30 per 30 days)      |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> | 1         | PA; MO; QL (30 per 30 days)  |
| <i>everolimus (immunosuppressive )</i>                              | 1         | B/D PA; MO                   |
| <i>exemestane</i>   | 1         | MO                           |
| FARYDAK   | 1         | PA; MO; QL (6 per 21 days)   |

| Drug Name  | Drug Tier | Requirements /Limits        |
|--|-----------|-----------------------------|
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG          | 1         | B/D PA; MO                  |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG           | 1         | B/D PA; MO                  |
| <i>floxuridine</i>   | 1         | B/D PA                      |
| <i>fludarabine intravenous recon soln</i>                              | 1         | B/D PA; MO                  |
| <i>fludarabine intravenous solution</i>                                | 1         | B/D PA                      |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>    | 1         | B/D PA; MO                  |
| <i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i> | 1         | B/D PA                      |
| <i>flutamide</i>   | 1         | MO                          |
| FOLOTYN  | 1         | B/D PA; MO                  |
| FOTIVDA  | 1         | PA; LA; QL (21 per 28 days) |
| <i>fulvestrant</i>   | 1         | B/D PA; MO                  |
| GAVRETO  | 1         | PA; MO; LA                  |
| GAZYVA   | 1         | B/D PA; MO                  |
| <i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>               | 1         | B/D PA; MO                  |

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| Drug Name   | Drug Tier | Requirements /Limits            | Drug Name   | Drug Tier | Requirements /Limits             |
|---|-----------|---------------------------------|---|-----------|----------------------------------|
| <i>gemcitabine intravenous recon soln 2 gram</i>  | 1         | B/D PA                          | <i>ifosfamide intravenous solution 1 gram/20 ml</i> | 1         | B/D PA; MO                       |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> | 1         | B/D PA; MO                      | <i>ifosfamide intravenous solution 3 gram/60 ml</i> | 1         | B/D PA                           |
| GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML  | 1         | B/D PA                          | <i>imatinib oral tablet 100 mg</i>                  | 1         | PA; MO; QL (180 per 30 days)     |
| <i>gengraf</i>  | 1         | B/D PA; MO                      | <i>imatinib oral tablet 400 mg</i>                  | 1         | PA; MO; QL (60 per 30 days)      |
| GILOTRIF  | 1         | PA; MO; QL (30 per 30 days)     | IMBRUVICA ORAL CAPSULE 140 MG                       | 1         | PA; QL (120 per 30 days)         |
| HALAVEN   | 1         | B/D PA; MO                      | IMBRUVICA ORAL CAPSULE 70 MG                        | 1         | PA; QL (30 per 30 days)          |
| <i>hydroxyurea</i>  | 1         | MO                              | IMBRUVICA ORAL TABLET                               | 1         | PA; QL (30 per 30 days)          |
| IBRANCE   | 1         | PA; MO; QL (21 per 28 days)     | IMFINZI   | 1         | B/D PA; MO; LA                   |
| ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG   | 1         | PA; QL (30 per 30 days)         | INFUGEM   | 1         | B/D PA                           |
| ICLUSIG ORAL TABLET 15 MG   | 1         | PA; QL (60 per 30 days)         | INLYTA ORAL TABLET 1 MG                             | 1         | PA; MO; QL (180 per 30 days)     |
| <i>idarubicin</i>   | 1         | B/D PA; MO                      | INLYTA ORAL TABLET 5 MG                             | 1         | PA; MO; QL (120 per 30 days)     |
| IDHIFA  | 1         | PA; MO; LA; QL (30 per 30 days) | INQOVI  | 1         | PA; MO; QL (5 per 28 days)       |
| <i>ifosfamide intravenous recon soln</i>  | 1         | B/D PA; MO                      | INREBIC   | 1         | PA; MO; LA; QL (120 per 30 days) |
|   |           |                                 | IRESSA  | 1         | PA; MO; QL (30 per 30 days)      |

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| Drug Name   | Drug Tier | Requirements /Limits         |
|---|-----------|------------------------------|
| <i>irinotecan intravenous solution 100 mg/5 ml</i>                | 1         | B/D PA; MO                   |
| <i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i> | 1         | B/D PA                       |
| <i>irinotecan intravenous solution 40 mg/2 ml</i>                 | 1         | B/D PA; MO                   |
| ISTODAX   | 1         | B/D PA; MO                   |
| IXEMPRA   | 1         | B/D PA; MO                   |
| JAKAFI  | 1         | PA; MO; QL (60 per 30 days)  |
| JEMPERLI  | 1         | PA; MO                       |
| JEVTANA   | 1         | B/D PA; MO                   |
| KADCYLA   | 1         | PA; MO                       |
| KEYTRUDA  | 1         | PA                           |
| KISQALI   | 1         | PA; MO                       |
| KISQALI FEMARA CO-PACK  | 1         | PA; MO                       |
| KYPROLIS  | 1         | B/D PA                       |
| <i>lapatinib</i>  | 1         | PA; MO; QL (180 per 30 days) |
| LENVIMA   | 1         | PA; MO                       |
| <i>letrozole</i>  | 1         | MO                           |
| LEUKERAN  | 1         | MO                           |
| <i>leuprolide subcutaneous kit</i>                                | 1         | PA; MO                       |
| LIBTAYO   | 1         | PA; LA                       |
| LONSURF   | 1         | PA; MO                       |

| Drug Name   | Drug Tier | Requirements /Limits         |
|---|-----------|------------------------------|
| LORBRENA ORAL TABLET 100 MG   | 1         | PA; MO; QL (30 per 30 days)  |
| LORBRENA ORAL TABLET 25 MG  | 1         | PA; MO; QL (90 per 30 days)  |
| LUMAKRAS  | 1         | PA; MO                       |
| LUMOXITI  | 1         | PA; LA                       |
| LUPRON DEPOT  | 1         | PA; MO                       |
| LUPRON DEPOT (3 MONTH)  | 1         | PA; MO                       |
| LUPRON DEPOT (4 MONTH)  | 1         | PA; MO                       |
| LUPRON DEPOT (6 MONTH)  | 1         | PA; MO                       |
| LUPRON DEPOT-PED  | 1         | PA; MO                       |
| LUPRON DEPOT-PED (3 MONTH)  | 1         | PA; MO                       |
| LYNPARZA  | 1         | PA; MO; QL (120 per 30 days) |
| LYSODREN  | 1         |                              |
| MARQIBO   | 1         | B/D PA                       |
| MATULANE  | 1         |                              |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>                             | 1         | PA                           |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | 1         | PA; MO                       |
| <i>megestrol oral tablet</i>  | 1         | PA; MO                       |

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| Drug Name  | Drug Tier | Requirements /Limits             | Drug Name   | Drug Tier | Requirements /Limits             |
|--|-----------|----------------------------------|---|-----------|----------------------------------|
| MEKINIST ORAL TABLET 0.5 MG                          | 1         | PA; MO; QL (90 per 30 days)      | <i>mycophenolate mofetil oral suspension for reconstitution</i>                 | 1         | B/D PA; MO                       |
| MEKINIST ORAL TABLET 2 MG                            | 1         | PA; MO; QL (30 per 30 days)      | <i>mycophenolate mofetil oral tablet</i>  | 1         | B/D PA; MO                       |
| MEKTOVI  | 1         | PA; MO; LA; QL (180 per 30 days) | <i>mycophenolate sodium</i>   | 1         | B/D PA; MO                       |
| <i>melphalan</i>                                     | 1         | B/D PA; MO                       | MYLOTARG  | 1         | B/D PA; MO; LA                   |
| <i>melphalan hcl</i>                                 | 1         | B/D PA                           | NERLYNX   | 1         | PA; MO; LA                       |
| <i>mercaptopurine</i>                                | 1         | MO                               | NEXAVAR   | 1         | PA; MO; LA; QL (120 per 30 days) |
| <i>methotrexate sodium</i>                           | 1         | B/D PA; MO                       | <i>nilutamide</i>   | 1         | PA; MO                           |
| <i>methotrexate sodium (pf) injection recon soln</i> | 1         | B/D PA                           | NINLARO   | 1         | PA; MO; QL (3 per 28 days)       |
| <i>methotrexate sodium (pf) injection solution</i>   | 1         | B/D PA; MO                       | NUBEQA  | 1         | PA; MO; LA; QL (120 per 30 days) |
| <i>mitomycin intravenous recon soln 20 mg, 5 mg</i>  | 1         | B/D PA; MO                       | NULOJIX   | 1         | B/D PA; MO                       |
| <i>mitomycin intravenous recon soln 40 mg</i>        | 1         | B/D PA; MO                       | <i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>           | 1         | MO                               |
| <i>mitoxantrone</i>                                  | 1         | B/D PA; MO                       | <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>  | 1         | MO                               |
| MONJUVI  | 1         | PA; LA                           | <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i> | 1         | MO                               |
| MVASI  | 1         | B/D PA; MO                       |   |           |                                  |
| <i>mycophenolate mofetil (hcl)</i>                   | 1         | B/D PA                           |   |           |                                  |
| <i>mycophenolate mofetil oral capsule</i>            | 1         | B/D PA; MO                       |   |           |                                  |

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| Drug Name   | Drug Tier | Requirements /Limits            |
|---|-----------|---------------------------------|
| <i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>               | 1         | MO                              |
| ODOMZO  | 1         | PA; MO; LA; QL (30 per 30 days) |
| ONCASPAR  | 1         | B/D PA                          |
| ONIVYDE   | 1         | B/D PA                          |
| ONUREG  | 1         | PA; MO                          |
| OPDIVO  | 1         | PA; MO                          |
| ORGOVYX   | 1         | PA; LA; QL (32 per 30 days)     |
| <i>oxaliplatin intravenous recon soln 100 mg</i>                            | 1         | B/D PA; MO                      |
| <i>oxaliplatin intravenous recon soln 50 mg</i>                             | 1         | B/D PA                          |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i> | 1         | B/D PA; MO                      |
| <i>oxaliplatin intravenous solution 200 mg/40 ml</i>                        | 1         | B/D PA                          |
| <i>paclitaxel</i>   | 1         | B/D PA; MO                      |
| PADCEV  | 1         | PA; MO                          |
| <i>paraplatin</i>   | 1         | B/D PA                          |
| PEMAZYRE  | 1         | PA; LA; QL (14 per 21 days)     |
| PERJETA   | 1         | B/D PA; MO                      |
| PIQRAY  | 1         | PA; MO                          |
| POLIVY  | 1         | PA; MO                          |

| Drug Name                       | Drug Tier | Requirements /Limits             |
|---------------------------------|-----------|----------------------------------|
| POMALYST                        | 1         | PA; MO; LA                       |
| PORTRAZZA                       | 1         | B/D PA; MO                       |
| POTELIGEO                       | 1         | PA                               |
| PROGRAF INTRAVENOUS             | 1         | B/D PA; MO                       |
| PROGRAF ORAL GRANULES IN PACKET | 1         | B/D PA; MO                       |
| PURIXAN                         | 1         |                                  |
| QINLOCK                         | 1         | PA; LA; QL (90 per 30 days)      |
| RETEVMO ORAL CAPSULE 40 MG      | 1         | PA; MO; LA; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG      | 1         | PA; MO; LA; QL (120 per 30 days) |
| REVLIMID                        | 1         | PA; MO; LA; QL (28 per 28 days)  |
| RITUXAN                         | 1         | PA; MO                           |
| ROZLYTREK ORAL CAPSULE 100 MG   | 1         | PA; MO; QL (150 per 30 days)     |
| ROZLYTREK ORAL CAPSULE 200 MG   | 1         | PA; MO; QL (90 per 30 days)      |
| RUBRACA                         | 1         | PA; MO; LA; QL (120 per 30 days) |
| RUXIENCE                        | 1         | PA; MO                           |
| RYBREVANT                       | 1         | PA; MO                           |
| RYDAPT                          | 1         | PA; MO                           |
| RYLAZE                          | 1         | PA                               |

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| Drug Name  | Drug Tier | Requirements /Limits        |
|--|-----------|-----------------------------|
| SANDIMMUNE ORAL SOLUTION   | 1         | B/D PA; MO                  |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON | 1         | PA; MO                      |
| SARCLISA   | 1         | PA; LA                      |
| SIGNIFOR   | 1         | PA                          |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG                              | 1         | B/D PA                      |
| SIMULECT INTRAVENOUS RECON SOLN 20 MG                              | 1         | B/D PA; MO                  |
| <i>sirolimus oral solution</i>                                     | 1         | B/D PA; MO                  |
| <i>sirolimus oral tablet 0.5 mg, 1 mg</i>                          | 1         | B/D PA; MO                  |
| <i>sirolimus oral tablet 2 mg</i>                                  | 1         | B/D PA; MO                  |
| SOLTAMOX   | 1         | MO                          |
| SOMATULINE DEPOT   | 1         | PA; MO                      |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG                   | 1         | PA; MO; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20 MG, 70 MG                                   | 1         | PA; MO; QL (60 per 30 days) |
| STIVARGA   | 1         | PA; MO; QL (84 per 28 days) |
| <i>sunitinib</i>   | 1         | PA; MO; QL (30 per 30 days) |

| Drug Name                           | Drug Tier | Requirements /Limits            |
|-------------------------------------|-----------|---------------------------------|
| SUTENT                              | 1         | PA; MO; QL (30 per 30 days)     |
| SYNRIBO                             | 1         | B/D PA                          |
| TABLOID                             | 1         | MO                              |
| TABRECTA                            | 1         | PA; MO                          |
| <i>tacrolimus oral</i>              | 1         | B/D PA; MO                      |
| TAFINLAR                            | 1         | PA; MO; QL (120 per 30 days)    |
| TAGRISO                             | 1         | PA; MO; LA; QL (30 per 30 days) |
| TALZENNA ORAL CAPSULE 0.25 MG       | 1         | PA; MO; QL (90 per 30 days)     |
| TALZENNA ORAL CAPSULE 1 MG          | 1         | PA; MO; QL (30 per 30 days)     |
| <i>tamoxifen</i>                    | 1         | MO                              |
| TARGRETIN TOPICAL                   | 1         | PA; MO                          |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 1         | PA; MO; QL (112 per 28 days)    |
| TASIGNA ORAL CAPSULE 50 MG          | 1         | PA; MO; QL (120 per 30 days)    |
| TAZVERIK                            | 1         | PA; LA                          |
| TECENTRIQ                           | 1         | B/D PA; MO; LA                  |
| TEMODAR INTRAVENOUS                 | 1         | B/D PA; MO                      |
| <i>temsirolimus</i>                 | 1         | B/D PA; MO                      |
| TEPMETKO                            | 1         | PA; LA                          |

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| Drug Name   | Drug Tier | Requirements /Limits        |
|---|-----------|-----------------------------|
| THALOMID  | 1         | PA; MO                      |
| <i>thiotepa injection recon soln 100 mg</i>               | 1         | B/D PA                      |
| <i>thiotepa injection recon soln 15 mg</i>                | 1         | B/D PA; MO                  |
| TIBSOVO   | 1         | PA                          |
| TIVDAK  | 1         | PA; MO                      |
| <i>toposar</i>  | 1         | B/D PA; MO                  |
| <i>topotecan intravenous recon soln</i>                   | 1         | B/D PA; MO                  |
| <i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i> | 1         | B/D PA; MO                  |
| <i>toremifene</i>   | 1         | MO                          |
| TRAZIMERA   | 1         | B/D PA; MO                  |
| TREANDA   | 1         | B/D PA; MO                  |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION      | 1         | B/D PA; MO                  |
| <i>tretinoin (antineoplastic)</i>                         | 1         | MO                          |
| TRISENOX  | 1         | B/D PA; MO                  |
| TRODELVY  | 1         | PA; LA                      |
| TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)            | 1         | PA; LA; QL (21 per 21 days) |

| Drug Name   | Drug Tier | Requirements /Limits             |
|---|-----------|----------------------------------|
| TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2) | 1         | PA; LA; QL (42 per 21 days)      |
| TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)                                | 1         | PA; LA; QL (63 per 21 days)      |
| TRUXIMA   | 1         | PA; MO                           |
| TUKYSA ORAL TABLET 150 MG   | 1         | PA; LA; QL (120 per 30 days)     |
| TUKYSA ORAL TABLET 50 MG  | 1         | PA; LA; QL (300 per 30 days)     |
| TURALIO   | 1         | PA; LA; QL (120 per 30 days)     |
| TYKERB  | 1         | PA; MO; LA; QL (180 per 30 days) |
| UKONIQ  | 1         | PA; LA; QL (120 per 30 days)     |
| UNITUXIN  | 1         | B/D PA                           |
| <i>valrubicin</i>   | 1         | B/D PA; MO                       |
| VANTAS  | 1         | PA; MO                           |
| VECTIBIX  | 1         | B/D PA; MO                       |
| VELCADE   | 1         | B/D PA; MO                       |
| VENCLEXTA ORAL TABLET 10 MG, 50 MG  | 1         | PA; LA                           |

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

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| Drug Name                    | Drug Tier | Requirements /Limits             | Drug Name   | Drug Tier | Requirements /Limits         |
|------------------------------|-----------|----------------------------------|---|-----------|------------------------------|
| VENCLEXTA ORAL TABLET 100 MG | 1         | PA; LA                           | XOSPATA   | 1         | PA; LA                       |
| VENCLEXTA STARTING PACK      | 1         | PA; LA; QL (42 per 30 days)      | XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | 1         | PA; LA                       |
| VERZENIO                     | 1         | PA; MO; LA; QL (60 per 30 days)  | XTANDI ORAL CAPSULE   | 1         | PA; MO; QL (120 per 30 days) |
| <i>vinblastine</i>           | 1         | B/D PA; MO                       | XTANDI ORAL TABLET 40 MG  | 1         | PA; MO; QL (120 per 30 days) |
| <i>vincasar pfs</i>          | 1         | B/D PA; MO                       | XTANDI ORAL TABLET 80 MG  | 1         | PA; MO; QL (60 per 30 days)  |
| <i>vincristine</i>           | 1         | B/D PA; MO                       | YERVOY  | 1         | B/D PA; MO                   |
| <i>vinorelbine</i>           | 1         | B/D PA; MO                       | YONDELIS  | 1         | B/D PA                       |
| VITRAKVI ORAL CAPSULE 100 MG | 1         | PA; MO; LA; QL (60 per 30 days)  | YONSA   | 1         | PA; MO; QL (120 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG  | 1         | PA; MO; LA; QL (180 per 30 days) | ZALTRAP   | 1         | B/D PA; MO                   |
| VITRAKVI ORAL SOLUTION       | 1         | PA; MO; LA; QL (300 per 30 days) | ZANOSAR   | 1         | B/D PA; MO                   |
| VIZIMPRO                     | 1         | PA; MO; QL (30 per 30 days)      | ZEJULA  | 1         | PA; LA; QL (90 per 30 days)  |
| VOTRIENT                     | 1         | PA; MO; QL (120 per 30 days)     |   |           |                              |
| VYXEOS                       | 1         | B/D PA                           |   |           |                              |
| WELIREG                      | 1         | PA; LA                           |   |           |                              |
| XALKORI                      | 1         | PA; MO; QL (60 per 30 days)      |   |           |                              |
| XATMEP                       | 1         | B/D PA; MO                       |   |           |                              |
| XERMELO                      | 1         | PA; LA; QL (90 per 30 days)      |   |           |                              |

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| Drug Name  | Drug Tier | Requirements /Limits         |
|--|-----------|------------------------------|
| ZELBORAF   | 1         | PA; MO; QL (240 per 30 days) |
| ZEPZELCA   | 1         | PA                           |
| ZIRABEV  | 1         | B/D PA; MO                   |
| ZOLADEX  | 1         | PA; MO                       |
| ZOLINZA  | 1         | PA; MO                       |
| ZORTRESS ORAL TABLET 1 MG                              | 1         | B/D PA; MO                   |
| ZYDELIG  | 1         | PA; MO; QL (60 per 30 days)  |
| ZYKADIA ORAL TABLET                                    | 1         | PA; MO; QL (90 per 30 days)  |
| ZYNLONTA   | 1         | PA; LA                       |
| ZYTIGA ORAL TABLET 500 MG                              | 1         | PA; MO; QL (60 per 30 days)  |
| <b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>        |           |                              |
| <b>ANTICONVULSANTS</b>                                 |           |                              |
| APTIOM   | 1         | MO                           |
| BANZEL   | 1         | PA; MO                       |
| BRIVIACT INTRAVENOUS                                   | 1         |                              |
| BRIVIACT ORAL  | 1         | MO                           |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i> | 1         | MO                           |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>       | 1         | MO                           |

| Drug Name   | Drug Tier | Requirements /Limits         |
|---|-----------|------------------------------|
| <i>carbamazepine oral suspension 200 mg/10 ml</i>                             | 1         |                              |
| <i>carbamazepine oral tablet</i>  | 1         | MO                           |
| <i>carbamazepine oral tablet extended release 12 hr</i>                       | 1         | MO                           |
| <i>carbamazepine oral tablet, chewable</i>                                    | 1         | MO                           |
| CELONTIN ORAL CAPSULE 300 MG  | 1         | MO                           |
| <i>clobazam oral suspension</i>   | 1         | PA; MO; QL (480 per 30 days) |
| <i>clobazam oral tablet</i>   | 1         | PA; MO; QL (60 per 30 days)  |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>                                    | 1         | MO; QL (90 per 30 days)      |
| <i>clonazepam oral tablet 2 mg</i>  | 1         | MO; QL (300 per 30 days)     |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 1         | MO; QL (90 per 30 days)      |
| <i>clonazepam oral tablet, disintegrating 2 mg</i>                            | 1         | MO; QL (300 per 30 days)     |
| DIACOMIT  | 1         |                              |
| <i>diazepam rectal</i>  | 1         | MO                           |
| DILANTIN 30 MG  | 1         | MO                           |
| <i>divalproex oral capsule, delayed rel sprinkle</i>                          | 1         |                              |

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| Drug Name  | Drug Tier | Requirements /Limits      |
|--|-----------|---------------------------|
| <i>divalproex oral tablet extended release 24 hr</i>   | 1         | MO                        |
| <i>divalproex oral tablet, delayed release (dr/ec)</i> | 1         | MO                        |
| EPIDIOLEX  | 1         | PA; MO; LA                |
| <i>epitol</i>  | 1         | MO                        |
| <i>ethosuximide</i>                                    | 1         | MO                        |
| <i>felbamate oral suspension</i>                       | 1         | MO                        |
| <i>felbamate oral tablet</i>                           | 1         | MO                        |
| FINTEPLA   | 1         | PA; LA                    |
| <i>fosphenytoin</i>                                    | 1         | MO                        |
| FYCOMPA ORAL SUSPENSION                                | 1         | MO                        |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG     | 1         | MO                        |
| FYCOMPA ORAL TABLET 2 MG                               | 1         | MO                        |
| <i>gabapentin oral capsule 100 mg, 400 mg</i>          | 1         | MO; QL (270 per 30 days)  |
| <i>gabapentin oral capsule 300 mg</i>                  | 1         | MO; QL (360 per 30 days)  |
| <i>gabapentin oral solution 250 mg/5 ml</i>            | 1         | MO; QL (2160 per 30 days) |

| Drug Name  | Drug Tier | Requirements /Limits     |
|--|-----------|--------------------------|
| <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>                     | 1         | QL (2160 per 30 days)    |
| <i>gabapentin oral tablet 600 mg</i>   | 1         | MO; QL (180 per 30 days) |
| <i>gabapentin oral tablet 800 mg</i>   | 1         | MO; QL (120 per 30 days) |
| <i>lamotrigine oral tablet</i>   | 1         | MO                       |
| <i>lamotrigine oral tablet disintegrating, dose pk</i>                                     | 1         | MO                       |
| <i>lamotrigine oral tablet extended release 24hr</i>                                       | 1         | MO                       |
| <i>lamotrigine oral tablet, chewable dispersible</i>                                       | 1         | MO                       |
| <i>lamotrigine oral tablet, disintegrating</i>   | 1         | MO                       |
| <i>lamotrigine oral tablets, dose pack</i>   | 1         | MO                       |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i> | 1         | MO                       |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>                | 1         | MO                       |
| <i>levetiracetam intravenous</i>   | 1         | MO                       |

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| Drug Name   | Drug Tier | Requirements /Limits        |
|---|-----------|-----------------------------|
| <i>levetiracetam oral solution 100 mg/ml</i>                        | 1         | MO                          |
| <i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>               | 1         |                             |
| <i>levetiracetam oral tablet</i>                                    | 1         | MO                          |
| <i>levetiracetam oral tablet extended release 24 hr</i>             | 1         | MO                          |
| NAYZILAM  | 1         | PA; MO; QL (10 per 30 days) |
| <i>oxcarbazepine</i>  | 1         | MO                          |
| <i>phenobarbital oral elixir</i>                                    | 1         | PA; MO                      |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>        | 1         | PA                          |
| <i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i> | 1         | PA; MO                      |
| <i>phenobarbital sodium injection solution 130 mg/ml</i>            | 1         | MO                          |
| <i>phenobarbital sodium injection solution 65 mg/ml</i>             | 1         |                             |
| <i>phenytoin oral suspension 100 mg/4 ml</i>                        | 1         |                             |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                        | 1         | MO                          |

| Drug Name  | Drug Tier | Requirements /Limits        |
|--|-----------|-----------------------------|
| <i>phenytoin oral tablet, chewable</i>                                     | 1         | MO                          |
| <i>phenytoin sodium extended</i>   | 1         | MO                          |
| <i>phenytoin sodium intravenous solution</i>                               | 1         |                             |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | 1         | MO; QL (90 per 30 days)     |
| <i>pregabalin oral capsule 225 mg, 300 mg</i>                              | 1         | MO; QL (60 per 30 days)     |
| <i>pregabalin oral solution</i>  | 1         | MO; QL (900 per 30 days)    |
| <i>primidone</i>   | 1         | MO                          |
| <i>roweepira</i>   | 1         | MO                          |
| <i>rufinamide</i>  | 1         | PA; MO                      |
| SPRITAM  | 1         | MO                          |
| <i>subvenite</i>   | 1         | MO                          |
| <i>subvenite starter (blue) kit</i>  | 1         | MO                          |
| <i>subvenite starter (green) kit</i>                                       | 1         | MO                          |
| <i>subvenite starter (orange) kit</i>                                      | 1         | MO                          |
| SYMPAZAN ORAL FILM 10 MG, 20 MG  | 1         | PA; MO; QL (60 per 30 days) |
| SYMPAZAN ORAL FILM 5 MG  | 1         | PA; MO; QL (60 per 30 days) |
| <i>tiagabine</i>   | 1         | MO                          |

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| Drug Name  | Drug Tier | Requirements /Limits        |
|--|-----------|-----------------------------|
| <i>topiramate oral capsule, sprinkle</i>   | 1         | PA; MO                      |
| <i>topiramate oral tablet</i>  | 1         | PA; MO                      |
| <i>valproate sodium</i>  | 1         | MO                          |
| <i>valproic acid</i>   | 1         | MO                          |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                                    | 1         | MO                          |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>       | 1         |                             |
| VALTOCO  | 1         | PA; MO; QL (10 per 30 days) |
| <i>vigabatrin</i>  | 1         | MO; LA                      |
| <i>vigadrone</i>   | 1         | LA                          |
| VIMPAT INTRAVENOUS   | 1         | MO                          |
| VIMPAT ORAL SOLUTION   | 1         | MO                          |
| VIMPAT ORAL TABLET   | 1         | MO                          |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 1         | MO; QL (56 per 28 days)     |
| XCOPRI ORAL TABLET 100 MG  | 1         | MO; QL (120 per 30 days)    |

| Drug Name   | Drug Tier | Requirements /Limits     |
|---|-----------|--------------------------|
| XCOPRI ORAL TABLET 150 MG                                 | 1         | MO; QL (60 per 30 days)  |
| XCOPRI ORAL TABLET 200 MG                                 | 1         | MO; QL (60 per 30 days)  |
| XCOPRI ORAL TABLET 50 MG                                  | 1         | MO; QL (240 per 30 days) |
| XCOPRI TITRATION PACK                                     | 1         | MO; QL (56 per 28 days)  |
| <i>zonisamide</i>   | 1         | PA; MO                   |
| <b>ANTIPARKINSONISM AGENTS</b>                            |           |                          |
| APOKYN  | 1         | PA; MO; LA               |
| <i>benztropine injection</i>                              | 1         | MO                       |
| <i>benztropine oral</i>                                   | 1         | PA; MO                   |
| <i>bromocriptine</i>                                      | 1         | MO                       |
| <i>carbidopa</i>  | 1         | MO                       |
| <i>carbidopa-levodopa</i>                                 | 1         | MO                       |
| <i>carbidopa-levodopa-entacapone</i>                      | 1         | MO                       |
| <i>entacapone</i>   | 1         | MO                       |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 1         | PA; MO                   |
| NEUPRO  | 1         | MO                       |
| <i>pramipexole oral tablet</i>                            | 1         | MO                       |
| <i>rasagiline</i>   | 1         | MO                       |
| <i>ropinirole</i>   | 1         | MO                       |
| <i>selegiline hcl</i>                                     | 1         | MO                       |
| <i>tolcapone</i>  | 1         | PA                       |
| <b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>                |           |                          |

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| Drug Name   | Drug Tier | Requirements /Limits               | Drug Name  | Drug Tier | Requirements /Limits                |
|---|-----------|------------------------------------|--|-----------|-------------------------------------|
| AJOVY<br>AUTOINJECTOR   | 1         | PA; MO; QL<br>(1.5 per 30<br>days) | <i>sumatriptan<br/>succinate<br/>subcutaneous<br/>solution</i>   | 1         | MO; QL (8 per<br>28 days)           |
| AJOVY SYRINGE   | 1         | PA; MO; QL<br>(1.5 per 30<br>days) | <i>zolmitriptan oral</i>   | 1         | MO; QL (18<br>per 28 days)          |
| <i>dihydroergotamine<br/>injection</i>                              | 1         |                                    | <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>  |           |                                     |
| <i>dihydroergotamine<br/>nasal</i>                                  | 1         | QL (8 per 28<br>days)              | <i>dalfampridine</i>   | 1         | PA; MO; QL<br>(60 per 30<br>days)   |
| <i>eletriptan</i>   | 1         | MO; QL (18<br>per 28 days)         | <i>dimethyl fumarate<br/>oral capsule, delayed<br/>release(dr/ec) 120<br/>mg</i>                       | 1         | PA; MO; QL<br>(14 per 30<br>days)   |
| <i>ergotamine-caffeine</i>  | 1         | MO                                 | <i>dimethyl fumarate<br/>oral capsule, delayed<br/>release(dr/ec) 120<br/>mg (14)- 240 mg<br/>(46)</i> | 1         | PA; MO; QL<br>(120 per 180<br>days) |
| <i>migergot</i>   | 1         | MO                                 | <i>dimethyl fumarate<br/>oral capsule, delayed<br/>release(dr/ec) 240<br/>mg</i>                       | 1         | PA; MO; QL<br>(60 per 30<br>days)   |
| <i>naratriptan</i>  | 1         | MO; QL (18<br>per 28 days)         | <i>donepezil oral tablet<br/>10 mg, 5 mg</i>   | 1         | MO                                  |
| <i>rizatriptan</i>  | 1         | MO; QL (36<br>per 28 days)         | <i>donepezil oral tablet<br/>23 mg</i>   | 1         | MO                                  |
| <i>sumatriptan nasal<br/>spray, non-aerosol<br/>20 mg/actuation</i> | 1         | MO; QL (18<br>per 28 days)         | <i>donepezil oral<br/>tablet, disintegrating</i>   | 1         | MO                                  |
| <i>sumatriptan nasal<br/>spray, non-aerosol 5<br/>mg/actuation</i>  | 1         | MO; QL (36<br>per 28 days)         | FIRDAPSE   | 1         | PA; LA                              |
| <i>sumatriptan<br/>succinate oral</i>                               | 1         | MO; QL (18<br>per 28 days)         | <i>galantamine</i>   | 1         | MO                                  |
| <i>sumatriptan<br/>succinate<br/>subcutaneous<br/>cartridge</i>     | 1         | MO; QL (8 per<br>28 days)          | GILENYA ORAL<br>CAPSULE 0.5 MG   | 1         | PA; MO; QL<br>(30 per 30<br>days)   |
| <i>sumatriptan<br/>succinate<br/>subcutaneous pen<br/>injector</i>  | 1         | MO; QL (8 per<br>28 days)          |  |           |                                     |

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| Drug Name  | Drug Tier | Requirements /Limits            |
|--|-----------|---------------------------------|
| <i>glatiramer subcutaneous syringe 20 mg/ml</i>      | 1         | PA; QL (30 per 30 days)         |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i>      | 1         | PA; QL (12 per 28 days)         |
| <i>glatopa subcutaneous syringe 20 mg/ml</i>         | 1         | PA; MO; QL (30 per 30 days)     |
| <i>glatopa subcutaneous syringe 40 mg/ml</i>         | 1         | PA; MO; QL (12 per 28 days)     |
| LEMTRADA   | 1         | PA; MO                          |
| <i>memantine oral capsule,sprinkle,er 24hr</i>       | 1         | PA; MO                          |
| <i>memantine oral solution</i>                       | 1         | PA; MO                          |
| <i>memantine oral tablet</i>                         | 1         | PA; MO                          |
| NAMZARIC   | 1         | PA; MO                          |
| NUDEXTA  | 1         | PA; MO                          |
| OCREVUS  | 1         | PA; MO; LA                      |
| RADICAVA   | 1         | PA                              |
| <i>rivastigmine</i>                                  | 1         | MO                              |
| <i>rivastigmine tartrate</i>                         | 1         | MO                              |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG | 1         | PA; MO; LA; QL (14 per 30 days) |

| Drug Name  | Drug Tier | Requirements /Limits              |
|--|-----------|-----------------------------------|
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46) | 1         | PA; MO; LA; QL (120 per 180 days) |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG                   | 1         | PA; MO; LA; QL (60 per 30 days)   |
| <i>tetrabenazine oral tablet 12.5 mg</i>                               | 1         | PA; MO; QL (240 per 30 days)      |
| <i>tetrabenazine oral tablet 25 mg</i>                                 | 1         | PA; MO; QL (120 per 30 days)      |
| TYSABRI  | 1         | PA; MO; LA                        |
| <b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>                        |           |                                   |
| <i>baclofen oral</i>   | 1         | MO                                |
| <i>cyclobenzaprine oral tablet</i>                                     | 1         | PA; MO                            |
| <i>dantrolene intravenous</i>  | 1         |                                   |
| <i>dantrolene oral</i>   | 1         | MO                                |
| LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML                 | 1         | B/D PA; MO                        |
| LIORESAL INTRATHECAL SOLUTION 50 MCG/ML                                | 1         | B/D PA                            |
| <i>neostigmine methylsulfate intravenous solution</i>                  | 1         |                                   |

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| Drug Name   | Drug Tier | Requirements /Limits      | Drug Name  | Drug Tier | Requirements /Limits         |
|---|-----------|---------------------------|--|-----------|------------------------------|
| <i>pyridostigmine bromide oral syrup</i>  | 1         | MO                        | <i>buprenorphine transdermal patch</i>   | 1         | PA; MO; QL (4 per 28 days)   |
| <i>pyridostigmine bromide oral tablet 60 mg</i>   | 1         | MO                        | <i>endocet</i>   | 1         | MO; QL (360 per 30 days)     |
| <i>pyridostigmine bromide oral tablet extended release</i>                                  | 1         | MO                        | <i>fentanyl citrate (pf) injection solution</i>  | 1         | QL (400 per 30 days)         |
| <i>regonol</i>  | 1         |                           | <i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>                        | 1         | QL (400 per 30 days)         |
| <i>revonto</i>  | 1         |                           | <i>fentanyl citrate buccal lozenge on a handle</i>   | 1         | PA; MO; QL (120 per 30 days) |
| <i>tizanidine</i>   | 1         | MO                        | <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 1         | PA; MO; QL (10 per 30 days)  |
| <b>NARCOTIC ANALGESICS</b>  |           |                           | <i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>                                   | 1         | PA; MO; QL (90 per 30 days)  |
| <i>acetaminophen-caff-dihydrocod oral capsule</i>   | 1         | MO; QL (300 per 30 days)  | <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                                  | 1         | MO; QL (5550 per 30 days)    |
| <i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i> | 1         | QL (4500 per 30 days)     | <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                     | 1         | MO; QL (390 per 30 days)     |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>                                   | 1         | MO; QL (4500 per 30 days) | <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>                     | 1         | MO; QL (360 per 30 days)     |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                               | 1         | MO; QL (360 per 30 days)  |  |           |                              |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>  | 1         | MO; QL (180 per 30 days)  |  |           |                              |
| <i>buprenorphine hcl injection syringe</i>  | 1         |                           |  |           |                              |
| <i>buprenorphine hcl sublingual</i>   | 1         | MO                        |  |           |                              |

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

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| Drug Name  | Drug Tier | Requirements /Limits        |
|--|-----------|-----------------------------|
| <i>hydrocodone-ibuprofen</i>   | 1         | MO; QL (50 per 30 days)     |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i> | 1         | QL (240 per 30 days)        |
| <i>hydromorphone (pf) injection solution 2 mg/ml</i>                     | 1         | QL (150 per 30 days)        |
| <i>hydromorphone injection solution 1 mg/ml</i>                          | 1         | QL (300 per 30 days)        |
| <i>hydromorphone injection solution 2 mg/ml</i>                          | 1         | MO; QL (150 per 30 days)    |
| <i>hydromorphone injection syringe 1 mg/ml</i>                           | 1         | MO; QL (300 per 30 days)    |
| <i>hydromorphone injection syringe 2 mg/ml</i>                           | 1         | QL (150 per 30 days)        |
| <i>hydromorphone injection syringe 4 mg/ml</i>                           | 1         | MO; QL (75 per 30 days)     |
| <i>hydromorphone oral liquid</i>   | 1         | MO; QL (2400 per 30 days)   |
| <i>hydromorphone oral tablet</i>   | 1         | MO; QL (180 per 30 days)    |
| <i>hydromorphone oral tablet extended release 24 hr</i>                  | 1         | PA; MO; QL (60 per 30 days) |
| <i>levorphanol tartrate oral tablet 2 mg</i>                             | 1         | MO; QL (120 per 30 days)    |
| <i>methadone injection solution</i>                                      | 1         | QL (150 per 30 days)        |

| Drug Name   | Drug Tier | Requirements /Limits          |
|---|-----------|-------------------------------|
| <i>methadone intensol</i>                         | 1         | PA; MO; QL (90 per 30 days)   |
| <i>methadone oral concentrate</i>                 | 1         | PA; QL (90 per 30 days)       |
| <i>methadone oral solution 10 mg/5 ml</i>         | 1         | PA; MO; QL (600 per 30 days)  |
| <i>methadone oral solution 5 mg/5 ml</i>          | 1         | PA; MO; QL (1200 per 30 days) |
| <i>methadone oral tablet 10 mg</i>                | 1         | PA; MO; QL (120 per 30 days)  |
| <i>methadone oral tablet 5 mg</i>                 | 1         | PA; MO; QL (240 per 30 days)  |
| <i>methadose oral concentrate</i>                 | 1         | PA; MO; QL (90 per 30 days)   |
| <i>morphine (pf) injection solution 0.5 mg/ml</i> | 1         | QL (4000 per 30 days)         |
| <i>morphine (pf) injection solution 1 mg/ml</i>   | 1         | MO; QL (2000 per 30 days)     |
| <i>morphine concentrate oral solution</i>         | 1         | MO; QL (900 per 30 days)      |
| <i>morphine injection solution 8 mg/ml</i>        | 1         | QL (250 per 30 days)          |
| <i>morphine injection syringe 4 mg/ml</i>         | 1         | MO; QL (500 per 30 days)      |
| <i>morphine intravenous solution 10 mg/ml</i>     | 1         | MO; QL (200 per 30 days)      |

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| Drug Name   | Drug Tier | Requirements /Limits         |
|---|-----------|------------------------------|
| <i>morphine intravenous solution 4 mg/ml</i>            | 1         | MO; QL (500 per 30 days)     |
| <i>morphine intravenous syringe 10 mg/ml</i>            | 1         | QL (200 per 30 days)         |
| <i>morphine intravenous syringe 2 mg/ml</i>             | 1         | QL (1000 per 30 days)        |
| <i>morphine intravenous syringe 4 mg/ml</i>             | 1         | QL (500 per 30 days)         |
| <i>morphine oral capsule, er multiphase 24 hr</i>       | 1         | PA; MO; QL (60 per 30 days)  |
| <i>morphine oral capsule, extend. release pellets</i>   | 1         | PA; MO; QL (90 per 30 days)  |
| <i>morphine oral solution</i>                           | 1         | MO; QL (900 per 30 days)     |
| <i>morphine oral tablet</i>                             | 1         | MO; QL (180 per 30 days)     |
| <i>morphine oral tablet extended release</i>            | 1         | PA; MO; QL (120 per 30 days) |
| <i>oxycodone oral capsule</i>                           | 1         | MO; QL (360 per 30 days)     |
| <i>oxycodone oral concentrate</i>                       | 1         | MO; QL (180 per 30 days)     |
| <i>oxycodone oral solution</i>                          | 1         | MO; QL (1200 per 30 days)    |
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i> | 1         | MO; QL (180 per 30 days)     |

| Drug Name  | Drug Tier | Requirements /Limits     |
|--|-----------|--------------------------|
| <i>oxycodone oral tablet 5 mg</i>  | 1         | MO; QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 1         | MO; QL (360 per 30 days) |
| <i>oxymorphone oral tablet 10 mg</i>   | 1         | MO; QL (360 per 30 days) |
| <i>oxymorphone oral tablet 5 mg</i>  | 1         | MO; QL (180 per 30 days) |
| <b>NON-NARCOTIC ANALGESICS</b>   |           |                          |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i>                                  | 1         | MO; QL (60 per 30 days)  |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>                                 | 1         | MO; QL (360 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>                           | 1         | MO; QL (90 per 30 days)  |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>                               | 1         | MO; QL (360 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>                                 | 1         | MO; QL (90 per 30 days)  |
| <i>butorphanol injection solution 1 mg/ml</i>  | 1         | MO; QL (857 per 30 days) |
| <i>butorphanol injection solution 2 mg/ml</i>  | 1         | MO; QL (428 per 30 days) |
| <i>butorphanol nasal</i>   | 1         | MO; QL (10 per 28 days)  |

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| Drug Name  | Drug Tier | Requirements /Limits      | Drug Name   | Drug Tier | Requirements /Limits     |
|--|-----------|---------------------------|---|-----------|--------------------------|
| <i>cataflam</i>  | 1         |                           | <i>ibuprofen oral tablet</i>                                  | 1         | MO                       |
| <i>celecoxib</i>   | 1         | MO                        | <i>400 mg, 600 mg, 800 mg</i>                                 |           |                          |
| <i>clonidine (pf) epidural solution</i>                        | 1         |                           | <i>ketoprofen oral capsule 25 mg</i>                          | 1         | MO                       |
| <i>5,000 mcg/10 ml</i>   |           |                           | <i>ketoprofen oral capsule 50 mg, 75 mg</i>                   | 1         |                          |
| <i>diclofenac potassium oral tablet 50 mg</i>                  | 1         | MO                        | <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> | 1         | MO                       |
| <i>diclofenac sodium oral</i>                                  | 1         | MO                        | <i>KLOXXADO</i>   | 1         | MO                       |
| <i>diclofenac sodium topical drops</i>                         | 1         | MO; QL (300 per 28 days)  | <i>meclofenamate</i>  | 1         | MO                       |
| <i>diclofenac sodium topical gel 1 %</i>                       | 1         | MO; QL (1000 per 28 days) | <i>mefenamic acid</i>   | 1         | MO                       |
| <i>diclofenac-misoprostol</i>                                  | 1         | MO                        | <i>meloxicam oral tablet 15 mg</i>                            | 1         | MO                       |
| <i>diflunisal</i>  | 1         | MO                        | <i>meloxicam oral tablet 7.5 mg</i>                           | 1         | MO; QL (30 per 30 days)  |
| <i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i> | 1         |                           | <i>nabumetone</i>   | 1         | MO                       |
| <i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i> | 1         | MO                        | <i>nalbuphine injection solution 10 mg/ml</i>                 | 1         | MO; QL (200 per 30 days) |
| <i>etodolac</i>  | 1         | MO                        | <i>nalbuphine injection solution 20 mg/ml</i>                 | 1         | MO; QL (100 per 30 days) |
| <i>fenoprofen oral tablet</i>                                  | 1         | MO                        | <i>naloxone injection solution</i>                            | 1         | MO                       |
| <i>flurbiprofen oral tablet 100 mg</i>                         | 1         | MO                        | <i>naloxone injection syringe</i>                             | 1         | MO                       |
| <i>ibu</i>   | 1         | MO                        | <i>naltrexone</i>   | 1         | MO                       |
| <i>ibuprofen oral suspension</i>                               | 1         | MO                        | <i>naproxen oral suspension</i>                               | 1         | MO                       |
|  |           |                           | <i>naproxen oral tablet</i>                                   | 1         | MO                       |

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| Drug Name   | Drug Tier | Requirements /Limits     |
|---|-----------|--------------------------|
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> | 1         | MO                       |
| <i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> | 1         |                          |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>           | 1         | MO                       |
| NARCAN  | 1         | MO                       |
| <i>oxaprozin</i>  | 1         | MO                       |
| <i>piroxicam</i>  | 1         | MO                       |
| <i>salsalate</i>  | 1         | MO                       |
| <i>sulindac</i>   | 1         | MO                       |
| <i>tolmetin oral capsule</i>                                | 1         | MO                       |
| <i>tolmetin oral tablet 600 mg</i>                          | 1         | MO                       |
| <i>tramadol oral tablet 50 mg</i>                           | 1         | MO; QL (240 per 30 days) |
| <i>tramadol-acetaminophen</i>                               | 1         | MO; QL (240 per 30 days) |
| VIVITROL  | 1         | MO                       |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>                              |           |                          |
| ABILIFY MAINTENA  | 1         | MO                       |
| ADASUVE   | 1         | LA                       |
| <i>amitriptyline</i>  | 1         | MO                       |
| <i>amoxapine</i>  | 1         | MO                       |
| <i>aripiprazole oral solution</i>                           | 1         | MO                       |

| Drug Name  | Drug Tier | Requirements /Limits        |
|--|-----------|-----------------------------|
| <i>aripiprazole oral tablet</i>                                | 1         | MO; QL (30 per 30 days)     |
| <i>aripiprazole oral tablet, disintegrating</i>                | 1         | MO; QL (60 per 30 days)     |
| ARISTADA   | 1         | MO                          |
| ARISTADA INITIO  | 1         | MO                          |
| <i>armodafinil</i>   | 1         | PA; MO; QL (30 per 30 days) |
| <i>asenapine maleate</i>                                       | 1         | MO; QL (60 per 30 days)     |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>     | 1         | MO; QL (60 per 30 days)     |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>           | 1         | MO; QL (30 per 30 days)     |
| <i>bupropion hcl oral tablet</i>                               | 1         | MO                          |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> | 1         | MO; QL (90 per 30 days)     |
| <i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> | 1         | MO; QL (30 per 30 days)     |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i>       | 1         | MO; QL (60 per 30 days)     |
| <i>buspirone</i>   | 1         | MO                          |
| CAPLYTA  | 1         | MO; QL (30 per 30 days)     |
| <i>chlorpromazine injection</i>                                | 1         | MO                          |

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| Drug Name   | Drug Tier | Requirements /Limits         |
|---|-----------|------------------------------|
| <i>chlorpromazine oral concentrate</i>                  | 1         |                              |
| <i>chlorpromazine oral tablet</i>                       | 1         | MO                           |
| <i>citalopram oral solution</i>                         | 1         | MO                           |
| <i>citalopram oral tablet</i>                           | 1         | MO; QL (30 per 30 days)      |
| <i>clomipramine</i>                                     | 1         | MO                           |
| <i>clonidine hcl oral tablet extended release 12 hr</i> | 1         | MO                           |
| <i>clorazepate dipotassium oral tablet 15 mg</i>        | 1         | PA; MO; QL (180 per 30 days) |
| <i>clorazepate dipotassium oral tablet 3.75 mg</i>      | 1         | PA; MO; QL (90 per 30 days)  |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i>       | 1         | PA; MO; QL (360 per 30 days) |
| <i>clozapine</i>  | 1         |                              |
| <i>desipramine</i>                                      | 1         | MO                           |
| <i>desvenlafaxine succinate</i>                         | 1         | MO; QL (30 per 30 days)      |
| <i>dextroamphetamine oral solution</i>                  | 1         | MO                           |
| <i>dextroamphetamine -amphetamine</i>                   | 1         | MO                           |
| <i>diazepam injection</i>                               | 1         | PA                           |
| <i>diazepam oral concentrate</i>                        | 1         | PA; MO; QL (240 per 30 days) |

| Drug Name  | Drug Tier | Requirements /Limits          |
|--|-----------|-------------------------------|
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                          | 1         | PA; MO; QL (1200 per 30 days) |
| <i>diazepam oral tablet</i>  | 1         | PA; MO; QL (120 per 30 days)  |
| <i>doxepin oral capsule</i>  | 1         | MO                            |
| <i>doxepin oral concentrate</i>  | 1         | MO                            |
| <i>doxepin oral tablet</i>   | 1         | MO; QL (30 per 30 days)       |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG            | 1         | MO; QL (60 per 30 days)       |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG                          | 1         | MO; QL (90 per 30 days)       |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> | 1         | MO; QL (60 per 30 days)       |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>               | 1         | MO; QL (90 per 30 days)       |
| EMSAM  | 1         | MO                            |
| <i>ergoloid</i>  | 1         | MO                            |
| <i>escitalopram oxalate oral solution</i>                                  | 1         | MO                            |
| <i>escitalopram oxalate oral tablet</i>                                    | 1         | MO; QL (30 per 30 days)       |
| <i>eszopiclone</i>   | 1         | MO; QL (30 per 30 days)       |

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| Drug Name  | Drug Tier | Requirements /Limits    |
|--|-----------|-------------------------|
| FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG                    | 1         | MO; QL (60 per 30 days) |
| FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG            | 1         | MO; QL (60 per 30 days) |
| FANAPT ORAL TABLETS,DOSE PACK                          | 1         | MO; QL (8 per 28 days)  |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK            | 1         | MO; QL (28 per 28 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR            | 1         | MO; QL (30 per 30 days) |
| <i>flumazenil</i>                                      | 1         |                         |
| <i>fluoxetine (p added) oral tablet 10 mg</i>          | 1         | QL (30 per 30 days)     |
| <i>fluoxetine (p added) oral tablet 20 mg</i>          | 1         |                         |
| <i>fluoxetine oral capsule 10 mg</i>                   | 1         | MO; QL (30 per 30 days) |
| <i>fluoxetine oral capsule 20 mg</i>                   | 1         | MO                      |
| <i>fluoxetine oral capsule 40 mg</i>                   | 1         | MO; QL (60 per 30 days) |
| <i>fluoxetine oral capsule, delayed release(dr/ec)</i> | 1         | MO; QL (4 per 28 days)  |
| <i>fluoxetine oral solution</i>                        | 1         | MO                      |
| <i>fluoxetine oral tablet 10 mg</i>                    | 1         | MO; QL (30 per 30 days) |
| <i>fluoxetine oral tablet 20 mg, 60 mg</i>             | 1         | MO                      |

| Drug Name  | Drug Tier | Requirements /Limits        |
|--|-----------|-----------------------------|
| <i>fluphenazine decanoate</i>                          | 1         | MO                          |
| <i>fluphenazine hcl</i>                                | 1         | MO                          |
| <i>fluvoxamine oral capsule, extended release 24hr</i> | 1         | MO; QL (60 per 30 days)     |
| <i>fluvoxamine oral tablet 100 mg</i>                  | 1         | MO; QL (90 per 30 days)     |
| <i>fluvoxamine oral tablet 25 mg</i>                   | 1         | MO; QL (30 per 30 days)     |
| <i>fluvoxamine oral tablet 50 mg</i>                   | 1         | MO; QL (60 per 30 days)     |
| GEODON INTRAMUSCULAR                                   | 1         | MO                          |
| <i>haloperidol</i>                                     | 1         | MO                          |
| <i>haloperidol decanoate</i>                           | 1         | MO                          |
| <i>haloperidol lactate injection</i>                   | 1         | MO                          |
| <i>haloperidol lactate intramuscular</i>               | 1         |                             |
| <i>haloperidol lactate oral</i>                        | 1         | MO                          |
| HETLIOZ  | 1         | PA; MO; QL (30 per 30 days) |
| <i>imipramine hcl</i>                                  | 1         | MO                          |
| <i>imipramine pamoate</i>                              | 1         | MO                          |

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| Drug Name  | Drug Tier | Requirements /Limits         | Drug Name   | Drug Tier | Requirements /Limits        |
|--|-----------|------------------------------|---|-----------|-----------------------------|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML | 1         | MO                           | <i>methylphenidate hcl oral capsule,er biphasic 50-50</i> | 1         | MO                          |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML  | 1         | MO                           | <i>methylphenidate hcl oral solution</i>                  | 1         | MO                          |
| INVEGA TRINZA  | 1         | MO                           | <i>methylphenidate hcl oral tablet</i>                    | 1         | MO                          |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG   | 1         | MO; QL (30 per 30 days)      | <i>methylphenidate hcl oral tablet extended release</i>   | 1         | MO                          |
| LATUDA ORAL TABLET 80 MG   | 1         | MO; QL (60 per 30 days)      | <i>methylphenidate hcl oral tablet, chewable</i>          | 1         | MO                          |
| <i>lithium carbonate</i>   | 1         | MO                           | <i>mirtazapine oral tablet</i>                            | 1         | MO                          |
| <i>lorazepam injection solution</i>  | 1         | PA; MO                       | <i>mirtazapine oral tablet, disintegrating</i>            | 1         | MO                          |
| <i>lorazepam injection syringe 2 mg/ml</i>   | 1         | PA; MO                       | <i>modafinil oral tablet 100 mg</i>                       | 1         | PA; MO; QL (30 per 30 days) |
| <i>lorazepam intensol</i>  | 1         | PA; QL (150 per 30 days)     | <i>modafinil oral tablet 200 mg</i>                       | 1         | PA; MO; QL (60 per 30 days) |
| <i>lorazepam oral concentrate</i>  | 1         | PA; MO; QL (150 per 30 days) | <i>molindone</i>  | 1         | MO                          |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>  | 1         | PA; MO; QL (90 per 30 days)  | <i>nefazodone</i>   | 1         | MO                          |
| <i>lorazepam oral tablet 2 mg</i>  | 1         | PA; MO; QL (150 per 30 days) | <i>nortriptyline</i>                                      | 1         | MO                          |
| <i>loxapine succinate</i>  | 1         | MO                           | NUPLAZID ORAL CAPSULE                                     | 1         | PA; MO; QL (30 per 30 days) |
| <i>maprotiline</i>   | 1         | MO                           | NUPLAZID ORAL TABLET 10 MG                                | 1         | PA; MO; QL (30 per 30 days) |
| MARPLAN  | 1         | MO                           | <i>olanzapine intramuscular</i>                           | 1         | MO                          |

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| Drug Name  | Drug Tier | Requirements /Limits    | Drug Name  | Drug Tier | Requirements /Limits     |
|--|-----------|-------------------------|--|-----------|--------------------------|
| <i>olanzapine oral</i>   | 1         | MO; QL (30 per 30 days) | <i>quetiapine oral tablet 300 mg, 400 mg</i>   | 1         | MO; QL (60 per 30 days)  |
| <i>olanzapine-fluoxetine</i>                                       | 1         | MO                      | <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>                    | 1         | MO; QL (30 per 30 days)  |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i> | 1         | MO; QL (30 per 30 days) | <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>             | 1         | MO; QL (60 per 30 days)  |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i>         | 1         | MO; QL (60 per 30 days) | <i>ramelteon</i>   | 1         | MO; QL (30 per 30 days)  |
| <i>paliperidone oral tablet extended release 24hr 9 mg</i>         | 1         | MO; QL (30 per 30 days) | REXULTI  | 1         | MO; QL (30 per 30 days)  |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>              | 1         | MO; QL (30 per 30 days) | RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML | 1         | MO                       |
| <i>paroxetine hcl oral tablet 30 mg</i>                            | 1         | MO; QL (60 per 30 days) | RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML | 1         | MO                       |
| <i>paroxetine hcl oral tablet extended release 24 hr</i>           | 1         | MO; QL (60 per 30 days) | <i>risperidone oral solution</i>   | 1         | MO                       |
| PAXIL ORAL SUSPENSION  | 1         | MO                      | <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>                       | 1         | MO; QL (60 per 30 days)  |
| <i>perphenazine</i>  | 1         | MO                      | <i>risperidone oral tablet 4 mg</i>  | 1         | MO; QL (120 per 30 days) |
| PERSERIS   | 1         | MO                      |  |           |                          |
| <i>phenelzine</i>  | 1         | MO                      |  |           |                          |
| <i>pimozide</i>  | 1         | MO                      |  |           |                          |
| <i>procentra</i>   | 1         | MO                      |  |           |                          |
| <i>protriptyline</i>   | 1         | MO                      |  |           |                          |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>         | 1         | MO; QL (90 per 30 days) |  |           |                          |

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| Drug Name   | Drug Tier | Requirements /Limits     | Drug Name   | Drug Tier | Requirements /Limits         |
|---|-----------|--------------------------|---|-----------|------------------------------|
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i> | 1         | MO; QL (60 per 30 days)  | <i>venlafaxine oral tablet extended release 24hr</i>                | 1         | MO; QL (30 per 30 days)      |
| <i>risperidone oral tablet,disintegrating 4 mg</i>                              | 1         | MO; QL (120 per 30 days) | VERSACLOZ   | 1         |                              |
| SAPHRIS   | 1         | MO; QL (60 per 30 days)  | VIIBRYD ORAL TABLET   | 1         | MO; QL (30 per 30 days)      |
| SECUADO   | 1         | MO; QL (30 per 30 days)  | VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)                | 1         | MO; QL (30 per 30 days)      |
| <i>sertraline oral concentrate</i>  | 1         | MO                       | VRAYLAR ORAL CAPSULE  | 1         | MO; QL (30 per 30 days)      |
| <i>sertraline oral tablet 100 mg, 50 mg</i>                                     | 1         | MO; QL (60 per 30 days)  | VRAYLAR ORAL CAPSULE,DOSE PACK                                      | 1         | MO; QL (7 per 30 days)       |
| <i>sertraline oral tablet 25 mg</i>   | 1         | MO; QL (30 per 30 days)  | XYREM   | 1         | PA; LA; QL (540 per 30 days) |
| <i>thioridazine</i>   | 1         | MO                       | <i>zaleplon oral capsule 10 mg</i>                                  | 1         | MO; QL (60 per 30 days)      |
| <i>thiothixene</i>  | 1         | MO                       | <i>zaleplon oral capsule 5 mg</i>                                   | 1         | MO; QL (30 per 30 days)      |
| <i>tranylcypromine</i>  | 1         | MO                       | <i>ziprasidone hcl</i>  | 1         | MO; QL (60 per 30 days)      |
| <i>trazodone</i>  | 1         | MO                       | <i>ziprasidone mesylate</i>   | 1         |                              |
| <i>trifluoperazine</i>  | 1         | MO                       | <i>zolpidem oral tablet</i>   | 1         | MO; QL (30 per 30 days)      |
| <i>trimipramine</i>   | 1         | MO                       | ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 1         | MO                           |
| TRINTELLIX  | 1         | MO; QL (30 per 30 days)  |   |           |                              |
| <i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>           | 1         | MO; QL (30 per 30 days)  |   |           |                              |
| <i>venlafaxine oral capsule,extended release 24hr 75 mg</i>                     | 1         | MO; QL (90 per 30 days)  |   |           |                              |
| <i>venlafaxine oral tablet</i>  | 1         | MO; QL (90 per 30 days)  |   |           |                              |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG                            | 1         | MO                   |
| <b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>   |           |                      |
| <b>ANTIARRHYTHMIC AGENTS</b>   |           |                      |
| <i>adenosine</i>   | 1         |                      |
| <i>amiodarone intravenous solution</i>   | 1         | B/D PA; MO           |
| <i>amiodarone oral tablet 100 mg, 400 mg</i>   | 1         |                      |
| <i>amiodarone oral tablet 200 mg</i>   | 1         | MO                   |
| <i>dofetilide</i>  | 1         | MO                   |
| <i>flecainide</i>  | 1         | MO                   |
| <i>ibutilide fumarate</i>  | 1         |                      |
| <i>lidocaine (pf) in d7.5w</i>   | 1         |                      |
| <i>lidocaine (pf) intravenous</i>  | 1         |                      |
| <i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i> | 1         |                      |
| <i>mexiletine</i>  | 1         | MO                   |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>   | 1         | MO                   |
| <i>procainamide injection</i>  | 1         |                      |

| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>propafenone oral capsule,extended release 12 hr</i> | 1         | MO                   |
| <i>propafenone oral tablet</i>                         | 1         | MO                   |
| <i>quinidine gluconate oral</i>                        | 1         | MO                   |
| <i>quinidine sulfate oral tablet</i>                   | 1         | MO                   |
| <i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>        | 1         | MO                   |
| <i>sorine oral tablet 240 mg</i>                       | 1         |                      |
| <i>sotalol af</i>                                      | 1         |                      |
| <i>sotalol oral</i>                                    | 1         | MO                   |
| <b>ANTIHYPERTENSIVE THERAPY</b>                        |           |                      |
| <i>acebutolol</i>                                      | 1         | MO                   |
| <i>aliskiren</i>                                       | 1         | MO                   |
| <i>amiloride</i>                                       | 1         | MO                   |
| <i>amiloride-hydrochlorothiazide</i>                   | 1         | MO                   |
| <i>amlodipine</i>                                      | 1         | MO                   |
| <i>amlodipine-benazepril</i>                           | 1         | MO                   |
| <i>amlodipine-olmesartan</i>                           | 1         | MO                   |
| <i>amlodipine-valsartan</i>                            | 1         | MO                   |
| <i>amlodipine-valsartan-hcthiazid</i>                  | 1         | MO                   |
| <i>atenolol</i>  | 1         | MO                   |

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| Drug Name  | Drug Tier | Requirements /Limits   |
|--|-----------|------------------------|
| <i>atenolol-chlorthalidone</i>                                       | 1         | MO                     |
| <i>benazepril</i>  | 1         | MO                     |
| <i>benazepril-hydrochlorothiazide</i>                                | 1         | MO                     |
| <i>betaxolol oral</i>  | 1         | MO                     |
| <i>bisoprolol fumarate</i>   | 1         | MO                     |
| <i>bisoprolol-hydrochlorothiazide</i>                                | 1         | MO                     |
| <i>bumetanide</i>  | 1         | MO                     |
| <i>candesartan</i>   | 1         | MO                     |
| <i>candesartan-hydrochlorothiazid</i>                                | 1         | MO                     |
| <i>captopril</i>   | 1         | MO                     |
| <i>captopril-hydrochlorothiazide</i>                                 | 1         | MO                     |
| <i>cartia xt</i>   | 1         | MO                     |
| <i>carvedilol</i>  | 1         | MO                     |
| <i>chlorothiazide sodium</i>   | 1         | MO                     |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                       | 1         | MO                     |
| <i>clonidine</i>   | 1         | MO; QL (4 per 28 days) |
| <i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i> | 1         |                        |
| <i>clonidine hcl oral tablet</i>                                     | 1         | MO                     |
| DEMSER   | 1         | PA; MO                 |
| <i>diltiazem hcl intravenous</i>                                     | 1         |                        |

| Drug Name  | Drug Tier | Requirements /Limits    |
|--|-----------|-------------------------|
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable</i> | 1         | MO                      |
| <i>diltiazem hcl oral capsule,extended release 12 hr</i> | 1         | MO                      |
| <i>diltiazem hcl oral capsule,extended release 24 hr</i> | 1         | MO                      |
| <i>diltiazem hcl oral capsule,extended release 24hr</i>  | 1         | MO                      |
| <i>diltiazem hcl oral tablet</i>                         | 1         | MO                      |
| <i>diltiazem hcl oral tablet extended release 24 hr</i>  | 1         |                         |
| <i>dilt-xr</i>   | 1         | MO                      |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>            | 1         | MO; QL (30 per 30 days) |
| <i>doxazosin oral tablet 8 mg</i>                        | 1         | MO; QL (60 per 30 days) |
| <i>enalapril maleate oral tablet</i>                     | 1         | MO                      |
| <i>enalaprilat intravenous solution</i>                  | 1         |                         |
| <i>enalapril-hydrochlorothiazide</i>                     | 1         | MO                      |
| <i>eplerenone</i>  | 1         | MO                      |
| <i>epoprostenol (glycine)</i>                            | 1         | B/D PA; MO              |
| <i>esmolol intravenous solution</i>                      | 1         |                         |
| <i>ethacrynate sodium</i>                                | 1         |                         |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>ethacrynic acid</i>   | 1         | MO                   |
| <i>felodipine</i>  | 1         | MO                   |
| <i>fosinopril</i>  | 1         | MO                   |
| <i>fosinopril-hydrochlorothiazide</i>                          | 1         | MO                   |
| <i>furosemide injection</i>                                    | 1         | MO                   |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1         | MO                   |
| <i>furosemide oral tablet</i>                                  | 1         | MO                   |
| <i>hydralazine</i>   | 1         | MO                   |
| <i>hydrochlorothiazide</i>                                     | 1         | MO                   |
| <i>indapamide</i>  | 1         | MO                   |
| <i>irbesartan</i>  | 1         | MO                   |
| <i>irbesartan-hydrochlorothiazide</i>                          | 1         | MO                   |
| <i>isradipine</i>  | 1         | MO                   |
| <i>labetalol intravenous solution</i>                          | 1         |                      |
| <i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>      | 1         |                      |
| <i>labetalol oral</i>  | 1         | MO                   |
| <i>lisinopril</i>  | 1         | MO                   |
| <i>lisinopril-hydrochlorothiazide</i>                          | 1         | MO                   |
| <i>losartan</i>  | 1         | MO                   |
| <i>losartan-hydrochlorothiazide</i>                            | 1         | MO                   |

| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>mannitol 20 %</i>                                   | 1         |                      |
| <i>mannitol 25 % intravenous solution</i>              | 1         | MO                   |
| <i>matzim la</i>                                       | 1         | MO                   |
| <i>methyldopa</i>                                      | 1         | MO                   |
| <i>metolazone</i>                                      | 1         | MO                   |
| <i>metoprolol succinate</i>                            | 1         | MO                   |
| <i>metoprolol ta-hydrochlorothiaz</i>                  | 1         | MO                   |
| <i>metoprolol tartrate intravenous solution</i>        | 1         |                      |
| <i>metoprolol tartrate oral</i>                        | 1         | MO                   |
| <i>metyrosine</i>                                      | 1         | PA; MO               |
| <i>minoxidil oral</i>                                  | 1         | MO                   |
| <i>moexipril</i>                                       | 1         | MO                   |
| <i>nadolol</i>   | 1         | MO                   |
| <i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i> | 1         | MO                   |
| <i>nebivolol</i>                                       | 1         |                      |
| <i>nicardipine intravenous solution</i>                | 1         |                      |
| <i>nicardipine oral</i>                                | 1         | MO                   |
| <i>nifedipine oral tablet extended release</i>         | 1         | MO                   |
| <i>nifedipine oral tablet extended release 24hr</i>    | 1         | MO                   |
| <i>nimodipine</i>                                      | 1         | MO                   |
| <i>nisoldipine</i>                                     | 1         | MO                   |
| <i>olmesartan</i>                                      | 1         | MO                   |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>olmesartan-amlodipin-hcthiazyd</i>                  | 1         | MO                   |
| <i>olmesartan-hydrochlorothiazide</i>                  | 1         | MO                   |
| <i>osmitrol 15 %</i>                                   | 1         |                      |
| <i>osmitrol 20 %</i>                                   | 1         |                      |
| <i>perindopril erbumine</i>                            | 1         | MO                   |
| <i>phenoxybenzamine</i>                                | 1         | PA; MO               |
| <i>phentolamine</i>                                    | 1         |                      |
| <i>pindolol</i>  | 1         | MO                   |
| <i>prazosin</i>  | 1         | MO                   |
| <i>propranolol intravenous</i>                         | 1         |                      |
| <i>propranolol oral capsule,extended release 24 hr</i> | 1         | MO                   |
| <i>propranolol oral solution</i>                       | 1         | MO                   |
| <i>propranolol oral tablet</i>                         | 1         | MO                   |
| <i>propranolol-hydrochlorothiazid</i>                  | 1         | MO                   |
| <i>quinapril</i>                                       | 1         | MO                   |
| <i>quinapril-hydrochlorothiazide</i>                   | 1         | MO                   |
| <i>ramipril</i>  | 1         | MO                   |
| <i>spironolactone</i>                                  | 1         | MO                   |
| <i>spironolacton-hydrochlorothiaz</i>                  | 1         | MO                   |
| <i>taztia xt</i>                                       | 1         | MO                   |
| TEKTURNA HCT   | 1         | MO                   |
| <i>telmisartan</i>                                     | 1         | MO                   |

| Drug Name   | Drug Tier | Requirements /Limits    |
|---|-----------|-------------------------|
| <i>telmisartan-amlodipine</i>                                 | 1         | MO                      |
| <i>telmisartan-hydrochlorothiazid</i>                         | 1         | MO                      |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>                | 1         | MO; QL (30 per 30 days) |
| <i>terazosin oral capsule 10 mg</i>                           | 1         | MO; QL (60 per 30 days) |
| <i>tiadylt er</i>   | 1         | MO                      |
| <i>timolol maleate oral</i>                                   | 1         | MO                      |
| <i>toremide oral</i>  | 1         | MO                      |
| <i>trandolapril</i>   | 1         | MO                      |
| <i>trandolapril-verapamil</i>                                 | 1         | MO                      |
| <i>treprostinil sodium</i>                                    | 1         | PA; MO; LA              |
| <i>triamterene</i>  | 1         | MO                      |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | 1         | MO                      |
| <i>triamterene-hydrochlorothiazid oral tablet</i>             | 1         | MO                      |
| UPTRAVI ORAL  | 1         | PA; MO; LA              |
| <i>valsartan</i>  | 1         | MO                      |
| <i>valsartan-hydrochlorothiazide</i>                          | 1         | MO                      |
| <i>veletri</i>  | 1         | B/D PA; MO              |
| <i>verapamil intravenous</i>                                  | 1         |                         |

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| Drug Name   | Drug Tier | Requirements /Limits    | Drug Name   | Drug Tier | Requirements /Limits      |
|---|-----------|-------------------------|---|-----------|---------------------------|
| <i>verapamil oral capsule, 24 hr er pellet ct</i>     | 1         | MO                      | DOPTELET (15 TAB PACK)  | 1         | PA; MO; LA                |
| <i>verapamil oral capsule, ext rel. pellets 24 hr</i> | 1         | MO                      | DOPTELET (30 TAB PACK)  | 1         | PA; MO; LA                |
| <i>verapamil oral tablet</i>                          | 1         | MO                      | ELIQUIS   | 1         | MO                        |
| <i>verapamil oral tablet extended release</i>         | 1         | MO                      | ELIQUIS DVT-PE TREAT 30D START  | 1         | MO                        |
| <b>COAGULATION THERAPY</b>                            |           |                         | <i>enoxaparin subcutaneous solution</i>   | 1         | MO; QL (30 per 30 days)   |
| <i>aminocaproic acid intravenous</i>                  | 1         | MO                      | <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>                       | 1         | MO; QL (28 per 28 days)   |
| <i>aminocaproic acid oral</i>                         | 1         | MO                      | <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>                | 1         | MO; QL (22.4 per 28 days) |
| <i>aspirin-dipyridamole</i>                           | 1         | MO                      | <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>                 | 1         | MO; QL (16.8 per 28 days) |
| BRILINTA  | 1         | MO                      | <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>                               | 1         | MO; QL (11.2 per 28 days) |
| CABLIVI INJECTION KIT                                 | 1         | PA; LA                  | <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> | 1         | MO                        |
| CEPROTIN (BLUE BAR)                                   | 1         | PA; MO                  | <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>                            | 1         | MO                        |
| CEPROTIN (GREEN BAR)                                  | 1         | PA; MO                  |   |           |                           |
| <i>cilostazol</i>                                     | 1         | MO                      |   |           |                           |
| <i>clopidogrel oral tablet 300 mg</i>                 | 1         | MO                      |   |           |                           |
| <i>clopidogrel oral tablet 75 mg</i>                  | 1         | MO; QL (30 per 30 days) |   |           |                           |
| <i>dipyridamole intravenous</i>                       | 1         | PA                      |   |           |                           |
| <i>dipyridamole oral</i>                              | 1         | MO                      |   |           |                           |
| DOPTELET (10 TAB PACK)                                | 1         | PA; MO; LA              |   |           |                           |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>                                  | 1         |                      |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> | 1         | MO                   |
| <i>heparin (porcine) in nacl (pf)</i>  | 1         |                      |
| <i>heparin (porcine) injection cartridge</i>   | 1         | MO                   |
| <i>heparin (porcine) injection solution</i>  | 1         | MO                   |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>   | 1         | MO                   |
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML  | 1         |                      |
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>                         | 1         | MO                   |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>  | 1         |                      |

| Drug Name  | Drug Tier | Requirements /Limits    |
|--|-----------|-------------------------|
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | 1         | MO                      |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML            | 1         |                         |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS                               | 1         | MO                      |
| <i>jantoven</i>  | 1         | MO                      |
| MULPLETA   | 1         | PA; MO                  |
| NPLATE   | 1         | MO                      |
| <i>pentoxifylline</i>  | 1         | MO                      |
| <i>prasugrel</i>   | 1         | MO                      |
| PROMACTA   | 1         | PA; MO; LA              |
| <i>protamine</i>   | 1         |                         |
| <i>warfarin</i>  | 1         | MO                      |
| XARELTO  | 1         | MO                      |
| XARELTO DVT-PE TREAT 30D START                                   | 1         | MO                      |
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>                         |           |                         |
| <i>amlodipine-atorvastatin</i>                                   | 1         | MO; QL (30 per 30 days) |
| <i>atorvastatin</i>  | 1         | MO; QL (30 per 30 days) |
| <i>cholestyramine (with sugar)</i>                               | 1         | MO                      |
| <i>cholestyramine light oral powder</i>                          | 1         |                         |
| <i>cholestyramine light oral powder in packet</i>                | 1         | MO                      |

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| Drug Name   | Drug Tier | Requirements /Limits    |
|---|-----------|-------------------------|
| <i>colesevelam</i>  | 1         | MO                      |
| <i>colestipol</i>   | 1         | MO                      |
| <i>ezetimibe</i>  | 1         | MO                      |
| <i>ezetimibe-simvastatin</i>  | 1         | MO; QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 1         | MO                      |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>                   | 1         | MO                      |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                                    | 1         | MO                      |
| <i>fenofibric acid</i>  | 1         | MO                      |
| <i>fenofibric acid (choline)</i>  | 1         | MO                      |
| <i>fluvastatin oral capsule 20 mg</i>   | 1         | MO; QL (30 per 30 days) |
| <i>fluvastatin oral capsule 40 mg</i>   | 1         | MO; QL (60 per 30 days) |
| <i>fluvastatin oral tablet extended release 24 hr</i>                           | 1         | MO; QL (30 per 30 days) |
| <i>gemfibrozil</i>  | 1         | MO                      |
| <i>icosapent ethyl</i>  | 1         | MO                      |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG                                 | 1         | PA; MO; LA              |

| Drug Name   | Drug Tier | Requirements /Limits     |
|---|-----------|--------------------------|
| JUXTAPID ORAL CAPSULE 40 MG, 60 MG                              | 1         | PA; MO                   |
| <i>lovastatin oral tablet 10 mg</i>                             | 1         | MO; QL (30 per 30 days)  |
| <i>lovastatin oral tablet 20 mg, 40 mg</i>                      | 1         | MO; QL (60 per 30 days)  |
| <i>niacin oral tablet 500 mg</i>                                | 1         | MO                       |
| <i>niacin oral tablet extended release 24 hr 1,000 mg</i>       | 1         | MO                       |
| <i>niacin oral tablet extended release 24 hr 500 mg, 750 mg</i> | 1         |                          |
| <i>omega-3 acid ethyl esters</i>                                | 1         | MO                       |
| PRALUENT PEN  | 1         | PA; QL (2 per 28 days)   |
| <i>pravastatin</i>  | 1         | MO; QL (30 per 30 days)  |
| <i>prevalite</i>  | 1         | MO                       |
| REPATHA   | 1         | PA; QL (3 per 28 days)   |
| REPATHA PUSHTRONEX  | 1         | PA; QL (3.5 per 28 days) |
| REPATHA SURECLICK   | 1         | PA; QL (3 per 28 days)   |
| <i>rosuvastatin</i>   | 1         | MO; QL (30 per 30 days)  |
| <i>simvastatin oral tablet</i>                                  | 1         | MO; QL (30 per 30 days)  |
| VASCEPA   | 1         | MO                       |

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| Drug Name   | Drug Tier | Requirements /Limits | Drug Name  | Drug Tier | Requirements /Limits    |
|---|-----------|----------------------|--|-----------|-------------------------|
| <b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>  |           |                      |  |           |                         |
| <i>cardioplegic soln</i>  | 1         |                      | <i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>  | 1         | B/D PA                  |
| CORLANOR ORAL SOLUTION  | 1         |                      | <i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i> | 1         | B/D PA; MO              |
| CORLANOR ORAL TABLET  | 1         | MO                   | ENTRESTO   | 1         | MO; QL (60 per 30 days) |
| <i>digitek</i>  | 1         | MO                   | LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)                     | 1         | MO                      |
| <i>digox</i>  | 1         | MO                   | <i>milrinone</i>   | 1         | B/D PA                  |
| <i>digoxin oral</i>   | 1         | MO                   | <i>milrinone in 5 % dextrose</i>                             | 1         | B/D PA                  |
| <i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>                          | 1         | B/D PA               | <i>norepinephrine bitartrate</i>                             | 1         |                         |
| <i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>  | 1         | B/D PA               | <i>ranolazine</i>  | 1         | MO                      |
| <i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i> | 1         | B/D PA               | <i>sodium nitroprusside</i>                                  | 1         | B/D PA                  |
| <i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>   | 1         | B/D PA; MO           | VECAMYL  | 1         |                         |
|   |           |                      | VYNDAMAX   | 1         | PA; MO                  |
|   |           |                      | VYNDAQEL   | 1         | PA; MO                  |
|   |           |                      | <b>NITRATES</b>  |           |                         |
|   |           |                      | <i>isosorbide dinitrate oral tablet</i>                      | 1         | MO                      |
|   |           |                      | <i>isosorbide mononitrate</i>                                | 1         | MO                      |
|   |           |                      | <i>nitro-bid</i>   | 1         | MO                      |

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

This drug list was last updated on 11/17/2021.



| Drug Name  | Drug Tier | Requirements /Limits     | Drug Name                                 | Drug Tier | Requirements /Limits         |
|--|-----------|--------------------------|---|-----------|------------------------------|
| <i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i> | 1         | B/D PA                   | SKYRIZI SUBCUTANEOUS PEN INJECTOR         | 1         | PA; MO; QL (2 per 28 days)   |
| <i>nitroglycerin intravenous</i>   | 1         | B/D PA                   | SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML    | 1         | PA; MO; QL (2 per 28 days)   |
| <i>nitroglycerin sublingual</i>  | 1         | MO                       | SKYRIZI SUBCUTANEOUS SYRINGE KIT          | 1         | PA; MO; QL (2 per 28 days)   |
| <i>nitroglycerin transdermal patch 24 hour</i>   | 1         | MO                       | STELARA INTRAVENOUS                       | 1         | PA; MO; QL (104 per 28 days) |
| <i>nitroglycerin translingual</i>  | 1         | MO                       | STELARA SUBCUTANEOUS SOLUTION             | 1         | PA; MO; QL (0.5 per 28 days) |
| <b>DERMATOLOGICALS/TOPICAL THERAPY</b>   |           |                          | STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 1         | PA; MO; QL (0.5 per 28 days) |
| <b>ANTIPSORIATIC / ANTISEBORRHEIC</b>  |           |                          | STELARA SUBCUTANEOUS SYRINGE 90 MG/ML     | 1         | PA; MO; QL (1 per 28 days)   |
| <i>acitretin oral capsule 10 mg, 25 mg</i>   | 1         | MO                       | TALTZ AUTOINJECTOR                        | 1         | PA; MO; QL (1 per 28 days)   |
| <i>acitretin oral capsule 17.5 mg</i>  | 1         | MO                       | TALTZ AUTOINJECTOR (2 PACK)               | 1         | PA; MO; QL (4 per 28 days)   |
| <i>calcipotriene scalp</i>   | 1         | MO; QL (120 per 30 days) | TALTZ AUTOINJECTOR (3 PACK)               | 1         | PA; MO; QL (3 per 28 days)   |
| <i>calcipotriene topical cream</i>   | 1         | MO; QL (120 per 30 days) | TALTZ SYRINGE                             | 1         | PA; MO; QL (1 per 28 days)   |
| <i>calcipotriene topical ointment</i>  | 1         | MO; QL (120 per 30 days) | <b>MISCELLANEOUS DERMATOLOGICALS</b>      |           |                              |
| <i>calcipotriene-betamethasone</i>   | 1         | MO; QL (400 per 30 days) | <i>ammonium lactate</i>                   | 1         | MO                           |
| <i>calcitriol topical</i>  | 1         |                          |   |           |                              |
| <i>selenium sulfide topical lotion</i>   | 1         | MO                       |   |           |                              |

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This drug list was last updated on 11/17/2021.

| Drug Name  | Drug Tier | Requirements /Limits          |
|--|-----------|-------------------------------|
| <i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i> | 1         |                               |
| <i>chloroprocaine (pf)</i>                                 | 1         |                               |
| <i>diclofenac sodium topical gel 3 %</i>                   | 1         | PA; MO; QL (100 per 28 days)  |
| <i>doxepin topical</i>                                     | 1         | MO; QL (45 per 30 days)       |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML      | 1         | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML             | 1         | PA; MO; QL (8 per 28 days)    |
| DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML               | 1         | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML                  | 1         | PA; MO; QL (8 per 28 days)    |
| <i>fluorouracil topical cream 5 %</i>                      | 1         | MO                            |
| <i>fluorouracil topical solution</i>                       | 1         | MO                            |
| <i>glydo</i>   | 1         | MO; QL (60 per 30 days)       |
| <i>imiquimod topical cream in packet 5 %</i>               | 1         | MO                            |
| <i>lidocaine (pf) injection solution</i>                   | 1         |                               |

| Drug Name  | Drug Tier | Requirements /Limits         |
|--|-----------|------------------------------|
| <i>lidocaine hcl injection solution</i>                      | 1         |                              |
| <i>lidocaine hcl laryngotracheal</i>                         | 1         | MO                           |
| <i>lidocaine hcl mucous membrane jelly</i>                   | 1         | MO; QL (60 per 30 days)      |
| <i>lidocaine hcl mucous membrane jelly in applicator</i>     | 1         | MO; QL (60 per 30 days)      |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 1         | MO                           |
| <i>lidocaine topical adhesive patch, medicated 5 %</i>       | 1         | PA; MO; QL (90 per 30 days)  |
| <i>lidocaine topical ointment</i>                            | 1         | MO; QL (36 per 30 days)      |
| <i>lidocaine viscous</i>                                     | 1         | MO                           |
| <i>lidocaine-epinephrine</i>                                 | 1         |                              |
| <i>lidocaine-epinephrine (pf)</i>                            | 1         |                              |
| <i>lidocaine-prilocaine topical cream</i>                    | 1         | MO; QL (30 per 30 days)      |
| <i>methoxsalen</i>   | 1         | MO                           |
| PANRETIN   | 1         | PA; MO                       |
| <i>pimecrolimus</i>  | 1         | PA; MO; QL (100 per 30 days) |
| <i>podofilox</i>   | 1         | MO                           |
| <i>polocaine injection solution 1 % (10 mg/ml)</i>           | 1         |                              |
| <i>polocaine-mpf</i>   | 1         |                              |

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This drug list was last updated on 11/17/2021.

| Drug Name   | Drug Tier | Requirements /Limits         |
|---|-----------|------------------------------|
| <i>prudoxin</i>                                   | 1         | MO; QL (45 per 30 days)      |
| REGRANEX  | 1         | MO                           |
| SANTYL  | 1         | MO                           |
| <i>silver sulfadiazine</i>                        | 1         | MO                           |
| <i>ssd</i>  | 1         | MO                           |
| <i>tacrolimus topical</i>                         | 1         | PA; MO; QL (100 per 30 days) |
| UVADEX  | 1         | B/D PA                       |
| VALCHLOR  | 1         | PA; MO                       |
| <b>THERAPY FOR ACNE</b>                           |           |                              |
| <i>avita topical cream</i>                        | 1         | PA; MO                       |
| <i>azelaic acid</i>                               | 1         | MO                           |
| <i>claravis oral capsule 10 mg, 20 mg, 30 mg</i>  | 1         |                              |
| <i>clindamycin phosphate topical gel</i>          | 1         | MO; QL (120 per 30 days)     |
| <i>clindamycin phosphate topical lotion</i>       | 1         | MO; QL (120 per 30 days)     |
| <i>clindamycin phosphate topical solution</i>     | 1         | MO; QL (120 per 30 days)     |
| <i>dapsone topical gel</i>                        | 1         | MO                           |
| <i>ery pads</i>                                   | 1         | MO                           |
| <i>erythromycin with ethanol topical solution</i> | 1         | MO                           |
| <i>ivermectin topical cream</i>                   | 1         | MO                           |

| Drug Name                          | Drug Tier | Requirements /Limits     |
|------------------------------------|-----------|--------------------------|
| <i>metronidazole topical</i>       | 1         | MO                       |
| <i>myorisan</i>                    | 1         |                          |
| <i>rosadan topical cream</i>       | 1         | MO                       |
| <i>rosadan topical gel</i>         | 1         | MO                       |
| <i>tazarotene topical cream</i>    | 1         | PA; MO                   |
| TAZORAC TOPICAL CREAM 0.05 %       | 1         | PA; MO                   |
| TAZORAC TOPICAL GEL                | 1         | PA; MO                   |
| <i>tretinoin topical</i>           | 1         | PA; MO                   |
| <b>TOPICAL ANTIBACTERIALS</b>      |           |                          |
| <i>gentamicin topical</i>          | 1         | MO                       |
| <i>mafenide acetate</i>            | 1         | MO                       |
| <i>mupirocin</i>                   | 1         | MO; QL (44 per 30 days)  |
| <i>sulfacetamide sodium (acne)</i> | 1         | MO                       |
| SULFAMYLON TOPICAL CREAM           | 1         | MO                       |
| <b>TOPICAL ANTIFUNGALS</b>         |           |                          |
| <i>ciclodan topical solution</i>   | 1         | MO                       |
| <i>ciclopirox topical cream</i>    | 1         | MO; QL (90 per 28 days)  |
| <i>ciclopirox topical gel</i>      | 1         | MO; QL (45 per 28 days)  |
| <i>ciclopirox topical shampoo</i>  | 1         | MO; QL (120 per 28 days) |
| <i>ciclopirox topical solution</i> | 1         | MO                       |

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This drug list was last updated on 11/17/2021.

| Drug Name  | Drug Tier | Requirements /Limits     |
|--|-----------|--------------------------|
| <i>ciclopirox topical suspension</i>             | 1         | MO; QL (60 per 28 days)  |
| <i>clotrimazole topical cream</i>                | 1         | MO; QL (45 per 28 days)  |
| <i>clotrimazole topical solution</i>             | 1         | MO; QL (30 per 28 days)  |
| <i>clotrimazole-betamethasone topical cream</i>  | 1         | MO; QL (45 per 28 days)  |
| <i>clotrimazole-betamethasone topical lotion</i> | 1         | MO; QL (60 per 28 days)  |
| <i>econazole</i>                                 | 1         | MO; QL (85 per 28 days)  |
| <i>ketoconazole topical cream</i>                | 1         | MO; QL (60 per 28 days)  |
| <i>ketoconazole topical foam</i>                 | 1         | MO; QL (100 per 28 days) |
| <i>ketoconazole topical shampoo</i>              | 1         | MO; QL (120 per 28 days) |
| <i>ketodan</i>                                   | 1         | MO; QL (100 per 28 days) |
| <i>naftifine</i>                                 | 1         | MO; QL (60 per 28 days)  |
| <i>nyamyc</i>                                    | 1         | MO                       |
| <i>nystatin topical cream</i>                    | 1         | MO; QL (30 per 28 days)  |
| <i>nystatin topical ointment</i>                 | 1         | MO; QL (30 per 28 days)  |
| <i>nystatin topical powder</i>                   | 1         |                          |
| <i>nystatin-triamcinolone</i>                    | 1         | MO; QL (60 per 28 days)  |
| <i>nystop</i>                                    | 1         | MO                       |

| Drug Name                           | Drug Tier | Requirements /Limits        |
|-------------------------------------|-----------|-----------------------------|
| <i>oxiconazole</i>                  | 1         | MO; QL (60 per 28 days)     |
| <b>TOPICAL ANTIVIRALS</b>           |           |                             |
| <i>acyclovir topical cream</i>      | 1         | PA; MO; QL (5 per 30 days)  |
| <i>acyclovir topical ointment</i>   | 1         | PA; MO; QL (30 per 30 days) |
| DENAVIR                             | 1         | MO                          |
| <b>TOPICAL CORTICOSTEROIDS</b>      |           |                             |
| <i>ala-cort topical cream 1 %</i>   | 1         | MO                          |
| <i>ala-cort topical cream 2.5 %</i> | 1         |                             |
| <i>alclometasone</i>                | 1         | MO                          |
| <i>betamethasone dipropionate</i>   | 1         | MO                          |
| <i>betamethasone valerate</i>       | 1         | MO                          |
| <i>betamethasone, augmented</i>     | 1         | MO                          |
| <i>clobetasol scalp</i>             | 1         | MO; QL (100 per 28 days)    |
| <i>clobetasol topical cream</i>     | 1         | MO; QL (120 per 28 days)    |
| <i>clobetasol topical foam</i>      | 1         | MO; QL (100 per 28 days)    |
| <i>clobetasol topical gel</i>       | 1         | MO; QL (120 per 28 days)    |
| <i>clobetasol topical lotion</i>    | 1         | MO; QL (118 per 28 days)    |
| <i>clobetasol topical ointment</i>  | 1         | MO; QL (120 per 28 days)    |

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| Drug Name                                      | Drug Tier | Requirements /Limits     |
|--|-----------|--------------------------|
| <i>clobetasol topical shampoo</i>              | 1         | MO; QL (236 per 28 days) |
| <i>clobetasol topical spray, non-aerosol</i>   | 1         | MO; QL (125 per 28 days) |
| <i>clobetasol-emollient topical cream</i>      | 1         | MO; QL (120 per 28 days) |
| <i>clobetasol-emollient topical foam</i>       | 1         | MO; QL (100 per 28 days) |
| <i>clodan</i>                                  | 1         | MO; QL (236 per 28 days) |
| <i>desonide</i>                                | 1         | MO                       |
| <i>desrx</i>                                   | 1         |                          |
| <i>fluocinolone</i>                            | 1         | MO                       |
| <i>fluocinolone and shower cap</i>             | 1         | MO                       |
| <i>fluocinonide topical cream 0.05 %</i>       | 1         | MO; QL (120 per 30 days) |
| <i>fluocinonide topical gel</i>                | 1         | MO; QL (120 per 30 days) |
| <i>fluocinonide topical ointment</i>           | 1         | MO; QL (120 per 30 days) |
| <i>fluocinonide topical solution</i>           | 1         | MO; QL (120 per 30 days) |
| <i>fluocinonide-e</i>                          | 1         | QL (120 per 30 days)     |
| <i>halobetasol propionate topical cream</i>    | 1         | MO                       |
| <i>halobetasol propionate topical ointment</i> | 1         | MO                       |
| <i>hydrocortisone butyrate topical lotion</i>  | 1         | MO; QL (118 per 30 days) |

| Drug Name   | Drug Tier | Requirements /Limits     |
|---|-----------|--------------------------|
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>    | 1         | MO                       |
| <i>hydrocortisone topical lotion 2.5 %</i>        | 1         | MO                       |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i> | 1         | MO                       |
| <i>mometasone topical</i>                         | 1         | MO                       |
| <i>prednicarbate</i>                              | 1         | MO                       |
| <i>tovet emollient</i>                            | 1         | MO; QL (100 per 28 days) |
| <i>triamcinolone acetonide topical aerosol</i>    | 1         | MO; QL (126 per 28 days) |
| <i>triamcinolone acetonide topical cream</i>      | 1         | MO                       |
| <i>triamcinolone acetonide topical lotion</i>     | 1         | MO                       |
| <i>triamcinolone acetonide topical ointment</i>   | 1         | MO                       |
| <i>triderm topical cream</i>                      | 1         | MO                       |

#### TOPICAL SCABICIDES / PEDICULICIDES

|                                |   |    |
|--------------------------------|---|----|
| <i>crotan</i>                  | 1 | MO |
| <i>lindane topical shampoo</i> | 1 | MO |
| <i>malathion</i>               | 1 | MO |
| <i>permethrin</i>              | 1 | MO |

#### DIAGNOSTICS / MISCELLANEOUS AGENTS

#### ANTIDOTES

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

This drug list was last updated on 11/17/2021.

| Drug Name                             | Drug Tier | Requirements /Limits |
|---------------------------------------|-----------|----------------------|
| <i>acetylcysteine intravenous</i>     | 1         |                      |
| <b>IRRIGATING SOLUTIONS</b>           |           |                      |
| <i>lactated ringers irrigation</i>    | 1         | MO                   |
| <i>neomycin-polymyxin b gu</i>        | 1         | MO                   |
| <i>ringer's irrigation</i>            | 1         | MO                   |
| <b>MISCELLANEOUS AGENTS</b>           |           |                      |
| <i>acamprosate</i>                    | 1         | MO                   |
| <i>acetic acid irrigation</i>         | 1         | MO                   |
| <i>anagrelide</i>                     | 1         | MO                   |
| ARALAST NP                            | 1         | MO; LA               |
| <i>caffeine citrate intravenous</i>   | 1         |                      |
| <i>caffeine citrate oral</i>          | 1         | MO                   |
| CARBAGLU                              | 1         | PA; MO; LA           |
| <i>cevimeline</i>                     | 1         | MO                   |
| CHEMET                                | 1         | PA                   |
| CLINIMIX 4.25%/D5W SULFIT FREE        | 1         | B/D PA               |
| <i>d10 %-0.45 % sodium chloride</i>   | 1         |                      |
| <i>d2.5 %-0.45 % sodium chloride</i>  | 1         |                      |
| <i>d5 % and 0.9 % sodium chloride</i> | 1         | MO                   |
| <i>d5 %-0.45 % sodium chloride</i>    | 1         | MO                   |
| <i>deferasirox</i>                    | 1         | PA; MO               |
| <i>deferiprone</i>                    | 1         | PA; MO               |

| Drug Name                             | Drug Tier | Requirements /Limits |
|---------------------------------------|-----------|----------------------|
| <i>deferoxamine</i>                   | 1         | B/D PA; MO           |
| <i>dextrose 10 % and 0.2 % nacl</i>   | 1         |                      |
| <i>dextrose 10 % in water (d10w)</i>  | 1         |                      |
| <i>dextrose 25 % in water (d25w)</i>  | 1         |                      |
| <i>dextrose 30 % in water (d30w)</i>  | 1         |                      |
| <i>dextrose 5 % in water (d5w)</i>    | 1         | MO                   |
| <i>dextrose 5 %-lactated ringers</i>  | 1         | MO                   |
| <i>dextrose 5%-0.2 % sod chloride</i> | 1         |                      |
| <i>dextrose 5%-0.3 % sod.chloride</i> | 1         |                      |
| <i>dextrose 50 % in water (d50w)</i>  | 1         | MO                   |
| <i>dextrose 70 % in water (d70w)</i>  | 1         |                      |
| <i>disulfiram oral tablet 250 mg</i>  | 1         | MO                   |
| <i>disulfiram oral tablet 500 mg</i>  | 1         |                      |
| <i>droxidopa</i>                      | 1         | PA; MO               |
| FERRIPROX                             | 1         | PA                   |
| FERRIPROX (2 TIMES A DAY)             | 1         | PA                   |
| INCRELEX                              | 1         | MO; LA               |
| <i>lanthanum</i>                      | 1         | MO                   |
| <i>levocarnitine (with sugar)</i>     | 1         | MO                   |

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| Drug Name  | Drug Tier | Requirements /Limits    |
|--|-----------|-------------------------|
| <i>levocarnitine oral solution 100 mg/ml</i>     | 1         | MO                      |
| <i>levocarnitine oral tablet</i>                 | 1         | MO                      |
| LOKELMA  | 1         | MO                      |
| <i>midodrine</i>                                 | 1         | MO                      |
| <i>nitisinone</i>                                | 1         | PA; MO                  |
| NORTHERA   | 1         | PA; MO                  |
| ORFADIN ORAL CAPSULE 20 MG                       | 1         | PA; LA                  |
| ORFADIN ORAL SUSPENSION                          | 1         | PA; LA                  |
| <i>pilocarpine hcl oral</i>                      | 1         | MO                      |
| PROLASTIN-C                                      | 1         | LA                      |
| RAVICTI  | 1         | PA; MO                  |
| REVCOVI  | 1         | PA; LA                  |
| <i>riluzole</i>                                  | 1         | PA; MO                  |
| <i>risedronate oral tablet 30 mg</i>             | 1         | MO; QL (30 per 30 days) |
| <i>sevelamer carbonate oral powder in packet</i> | 1         | MO                      |
| <i>sevelamer carbonate oral tablet</i>           | 1         | MO                      |
| <i>sevelamer hcl oral tablet 400 mg</i>          | 1         | MO                      |
| <i>sevelamer hcl oral tablet 800 mg</i>          | 1         |                         |
| <i>sodium benzoate-sod phenylacet</i>            | 1         |                         |
| <i>sodium chloride 0.9 % intravenous</i>         | 1         | MO                      |

| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>sodium chloride irrigation</i>                                       | 1         | MO                   |
| <i>sodium phenylbutyrate oral powder</i>                                | 1         | PA; MO               |
| <i>sodium phenylbutyrate oral tablet</i>                                | 1         | PA                   |
| <i>sodium polystyrene sulfonate oral powder</i>                         | 1         | MO                   |
| <i>sps (with sorbitol) oral</i>   | 1         | MO                   |
| <i>sps (with sorbitol) rectal</i>                                       | 1         |                      |
| THIOLA  | 1         |                      |
| THIOLA EC   | 1         |                      |
| <i>trientine</i>  | 1         | PA; MO               |
| ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML                                | 1         | PA; MO               |
| <i>water for irrigation, sterile</i>                                    | 1         | MO                   |
| XIAFLEX   | 1         | PA                   |
| XURIDEN   | 1         | PA                   |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> | 1         | PA; MO               |
| <b>SMOKING DETERRENTS</b>   |           |                      |
| <i>bupropion hcl (smoking deter)</i>                                    | 1         | MO                   |

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| Drug Name                    | Drug Tier | Requirements /Limits |
|------------------------------|-----------|----------------------|
| CHANTIX                      | 1         | MO                   |
| CHANTIX CONTINUING MONTH BOX | 1         | MO                   |
| CHANTIX STARTING MONTH BOX   | 1         | MO                   |
| NICOTROL                     | 1         | MO                   |
| NICOTROL NS                  | 1         | MO                   |
| VARENICLINE                  | 1         | MO                   |

### EAR, NOSE / THROAT MEDICATIONS

#### MISCELLANEOUS AGENTS

|  |   |                           |
|--|---|---------------------------|
| <i>azelastine nasal</i>                        | 1 | MO; QL (60 per 30 days)   |
| <i>chlorhexidine gluconate mucous membrane</i> | 1 | MO                        |
| <i>denta 5000 plus</i>                         | 1 | MO                        |
| <i>dentagel</i>                                | 1 | MO                        |
| <i>fluoride (sodium) dental cream</i>          | 1 |                           |
| <i>fluoride (sodium) dental gel</i>            | 1 | MO                        |
| <i>fluoride (sodium) dental paste</i>          | 1 | MO                        |
| <i>ipratropium bromide nasal</i>               | 1 | MO; QL (30 per 30 days)   |
| <i>olopatadine nasal</i>                       | 1 | MO; QL (30.5 per 30 days) |
| <i>oralone</i>                                 | 1 | MO                        |
| <i>paroex oral rinse</i>                       | 1 | MO                        |
| <i>periogard</i>                               | 1 | MO                        |
| <i>sf</i>                                      | 1 | MO                        |

| Drug Name                             | Drug Tier | Requirements /Limits |
|---------------------------------------|-----------|----------------------|
| <i>sf 5000 plus</i>                   | 1         | MO                   |
| <i>sodium fluoride 5000 dry mouth</i> | 1         |                      |
| <i>sodium fluoride 5000 plus</i>      | 1         |                      |
| <i>sodium fluoride-pot nitrate</i>    | 1         | MO                   |
| <i>triamcinolone acetonide dental</i> | 1         | MO                   |

#### MISCELLANEOUS OTIC PREPARATIONS

|                                     |   |    |
|-------------------------------------|---|----|
| <i>acetic acid otic (ear)</i>       | 1 | MO |
| <i>ciprofloxacin hcl otic (ear)</i> | 1 | MO |
| <i>flac otic oil</i>                | 1 |    |
| <i>fluocinolone acetonide oil</i>   | 1 | MO |
| <i>hydrocortisone-acetic acid</i>   | 1 | MO |
| <i>ofloxacin otic (ear)</i>         | 1 | MO |

#### OTIC STEROID / ANTIBIOTIC

|   |   |    |
|---|---|----|
| <i>ciprofloxacin-dexamethasone</i>      | 1 | MO |
| <i>neomycin-polymyxin-hc otic (ear)</i> | 1 | MO |

### ENDOCRINE/DIABETES

#### ADRENAL HORMONES

|                                    |   |    |
|------------------------------------|---|----|
| <i>decadron oral tablet 0.5 mg</i> | 1 |    |
| <i>dexamethasone intensol</i>      | 1 | MO |
| <i>dexamethasone oral elixir</i>   | 1 | MO |

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

This drug list was last updated on 11/17/2021.



| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>dexamethasone oral solution</i>                                       | 1         | MO                   |
| <i>dexamethasone oral tablet</i>   | 1         | MO                   |
| <i>dexamethasone oral tablets,dose pack</i>                              | 1         | MO                   |
| <i>dexamethasone sodium phos (pf) injection solution</i>                 | 1         | MO                   |
| <i>dexamethasone sodium phosphate injection</i>                          | 1         | MO                   |
| <i>fludrocortisone</i>   | 1         | MO                   |
| <i>hydrocortisone oral</i>   | 1         | MO                   |
| <i>methylprednisolone acetate</i>  | 1         | MO                   |
| <i>methylprednisolone oral tablet</i>                                    | 1         | B/D PA; MO           |
| <i>methylprednisolone oral tablets,dose pack</i>                         | 1         | MO                   |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> | 1         | MO                   |
| <i>methylprednisolone sodium succ intravenous</i>                        | 1         | MO                   |
| <i>millipred oral tablet</i>   | 1         | B/D PA; MO           |
| <i>prednisolone oral solution</i>  | 1         | MO                   |

| Drug Name   | Drug Tier | Requirements /Limits     |
|---|-----------|--------------------------|
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 1         | MO                       |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>  | 1         |                          |
| <i>prednisone intensol</i>  | 1         | B/D PA; MO               |
| <i>prednisone oral solution</i>   | 1         | MO                       |
| <i>prednisone oral tablet</i>   | 1         | B/D PA; MO               |
| <i>prednisone oral tablets,dose pack</i>  | 1         | MO                       |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i>  | 1         | MO                       |
| <b>ANTITHYROID AGENTS</b>   |           |                          |
| <i>methimazole oral tablet 10 mg, 5 mg</i>  | 1         | MO                       |
| <i>propylthiouracil</i>   | 1         | MO                       |
| <b>DIABETES THERAPY</b>   |           |                          |
| <i>acarbose oral tablet 100 mg</i>  | 1         | MO; QL (90 per 30 days)  |
| <i>acarbose oral tablet 25 mg</i>   | 1         | MO; QL (360 per 30 days) |
| <i>acarbose oral tablet 50 mg</i>   | 1         | MO; QL (180 per 30 days) |

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This drug list was last updated on 11/17/2021.

| Drug Name   | Drug Tier | Requirements /Limits         | Drug Name   | Drug Tier | Requirements /Limits         |
|---|-----------|------------------------------|---|-----------|------------------------------|
| ALCOHOL PADS  | 1         |                              | BYETTA  | 1         | PA; MO; QL (1.2 per 30 days) |
| BD AUTOSHIELD DUO PEN NEEDLE  | 1         | MO                           | SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML  |           |                              |
| BD INSULIN SYRINGE (HALF UNIT)  | 1         | MO                           | CYCLOSET  | 1         | MO; QL (180 per 30 days)     |
| BD INSULIN SYRINGE U-500  | 1         | MO                           | <i>diazoxide</i>  | 1         | MO                           |
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2" | 1         | MO                           | DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"   | 1         |                              |
| BD NANO 2ND GEN PEN NEEDLE  | 1         | MO                           | DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 31 GAUGE X 5/16"  | 1         | MO                           |
| BD ULTRA-FINE MICRO PEN NEEDLE  | 1         | MO                           | DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64" | 1         |                              |
| BD ULTRA-FINE MINI PEN NEEDLE   | 1         | MO                           |   |           |                              |
| BD ULTRA-FINE NANO PEN NEEDLE   | 1         | MO                           |   |           |                              |
| BD ULTRA-FINE SHORT PEN NEEDLE  | 1         | MO                           |   |           |                              |
| BD VEO INSULIN SYR (HALF UNIT)  | 1         | MO                           |   |           |                              |
| BD VEO INSULIN SYRINGE UF   | 1         | MO                           |   |           |                              |
| BYDUREON BCISE  | 1         | PA; MO; QL (4 per 28 days)   |   |           |                              |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML   | 1         | PA; MO; QL (2.4 per 30 days) |   |           |                              |

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This drug list was last updated on 11/17/2021.

| Drug Name   | Drug Tier | Requirements /Limits    | Drug Name   | Drug Tier | Requirements /Limits     |
|---|-----------|-------------------------|---|-----------|--------------------------|
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16   | 1         | MO                      | FREESTYLE LIBRE 2 READER                                  | 1         | MO                       |
| DROPLET MICRON PEN NEEDLE   | 1         | MO                      | FREESTYLE LIBRE 2 SENSOR                                  | 1         | MO                       |
| DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" | 1         | MO                      | FREESTYLE LITE METER                                      | 1         | MO                       |
| DROPSAFE PEN NEEDLE   | 1         | MO                      | FREESTYLE LITE STRIPS                                     | 1         | MO                       |
| FARXIGA ORAL TABLET 10 MG   | 1         | MO; QL (30 per 30 days) | FREESTYLE PRECISION NEO STRIPS                            | 1         | MO                       |
| FARXIGA ORAL TABLET 5 MG  | 1         | MO; QL (60 per 30 days) | FREESTYLE TEST  | 1         | MO                       |
| FREESTYLE FREEDOM   | 1         |                         | GAUZE PADS 2 X 2  | 1         |                          |
| FREESTYLE FREEDOM LITE  | 1         | MO                      | <i>glimepiride oral tablet 1 mg</i>                       | 1         | MO; QL (240 per 30 days) |
| FREESTYLE INSULINX  | 1         | MO                      | <i>glimepiride oral tablet 2 mg</i>                       | 1         | MO; QL (120 per 30 days) |
| FREESTYLE INSULINX TEST STRIPS  | 1         | MO                      | <i>glimepiride oral tablet 4 mg</i>                       | 1         | MO; QL (60 per 30 days)  |
| FREESTYLE LIBRE 14 DAY READER   | 1         | MO                      | <i>glipizide oral tablet 10 mg</i>                        | 1         | MO; QL (120 per 30 days) |
| FREESTYLE LIBRE 14 DAY SENSOR   | 1         | MO                      | <i>glipizide oral tablet 5 mg</i>                         | 1         | MO; QL (240 per 30 days) |
|   |           |                         | <i>glipizide oral tablet extended release 24hr 10 mg</i>  | 1         | MO; QL (60 per 30 days)  |
|   |           |                         | <i>glipizide oral tablet extended release 24hr 2.5 mg</i> | 1         | MO; QL (240 per 30 days) |
|   |           |                         | <i>glipizide oral tablet extended release 24hr 5 mg</i>   | 1         | MO; QL (120 per 30 days) |

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This drug list was last updated on 11/17/2021.

| Drug Name   | Drug Tier | Requirements /Limits     | Drug Name   | Drug Tier | Requirements /Limits    |
|---|-----------|--------------------------|---|-----------|-------------------------|
| <i>glipizide-metformin oral tablet 2.5-250 mg</i>           | 1         | MO; QL (240 per 30 days) | HUMULIN N NPH U-100 INSULIN   | 1         | MO                      |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 1         | MO; QL (120 per 30 days) | HUMULIN R REGULAR U-100 INSULIN                                       | 1         | MO                      |
| GVOKE HYOPEN 1-PACK   | 1         | MO                       | HUMULIN R U-500 (CONC) INSULIN  | 1         | MO                      |
| GVOKE HYOPEN 2-PACK   | 1         | MO                       | HUMULIN R U-500 (CONC) KWIKPEN  | 1         | MO                      |
| GVOKE PFS 1-PACK SYRINGE                                    | 1         | MO                       | INSULIN PEN NEEDLE  | 1         | MO                      |
| GVOKE PFS 2-PACK SYRINGE                                    | 1         | MO                       | INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE | 1         |                         |
| HUMALOG JUNIOR KWIKPEN U-100                                | 1         | MO                       | INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"             | 1         | MO                      |
| HUMALOG KWIKPEN INSULIN                                     | 1         | MO                       | INVOKAMET   | 1         | MO; QL (60 per 30 days) |
| HUMALOG MIX 50-50 INSULN U-100                              | 1         | MO                       | INVOKAMET XR  | 1         | MO; QL (60 per 30 days) |
| HUMALOG MIX 50-50 KWIKPEN                                   | 1         | MO                       | INVOKANA  | 1         | MO; QL (30 per 30 days) |
| HUMALOG MIX 75-25 KWIKPEN                                   | 1         | MO                       | JANUMET   | 1         | MO; QL (60 per 30 days) |
| HUMALOG MIX 75-25(U-100)INSULN                              | 1         | MO                       | JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG              | 1         | MO; QL (30 per 30 days) |
| HUMALOG U-100 INSULIN                                       | 1         | MO                       |   |           |                         |
| HUMULIN 70/30 U-100 INSULIN                                 | 1         | MO                       |   |           |                         |
| HUMULIN 70/30 U-100 KWIKPEN                                 | 1         | MO                       |   |           |                         |
| HUMULIN N NPH INSULIN KWIKPEN                               | 1         | MO                       |   |           |                         |

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| Drug Name   | Drug Tier | Requirements /Limits     | Drug Name  | Drug Tier | Requirements /Limits     |
|---|-----------|--------------------------|--|-----------|--------------------------|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG  | 1         | MO; QL (60 per 30 days)  | <i>metformin oral tablet extended release 24 hr 500 mg</i> | 1         | MO; QL (120 per 30 days) |
| JANUVIA   | 1         | MO; QL (30 per 30 days)  | <i>metformin oral tablet extended release 24 hr 750 mg</i> | 1         | MO; QL (60 per 30 days)  |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG         | 1         | MO; QL (60 per 30 days)  | <i>miglitol oral tablet 100 mg</i>                         | 1         | MO; QL (90 per 30 days)  |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG | 1         | MO; QL (30 per 30 days)  | <i>miglitol oral tablet 25 mg</i>                          | 1         | MO; QL (360 per 30 days) |
| LANTUS SOLOSTAR U-100 INSULIN                                       | 1         | MO                       | <i>miglitol oral tablet 50 mg</i>                          | 1         | MO; QL (180 per 30 days) |
| LANTUS U-100 INSULIN  | 1         | MO                       | <i>nateglinide oral tablet 120 mg</i>                      | 1         | MO; QL (90 per 30 days)  |
| LYUMJEV KWIKPEN U-100 INSULIN                                       | 1         | MO                       | <i>nateglinide oral tablet 60 mg</i>                       | 1         | MO; QL (180 per 30 days) |
| LYUMJEV KWIKPEN U-200 INSULIN                                       | 1         | MO                       | NEEDLES, INSULIN DISP.,SAFETY                              | 1         | MO                       |
| LYUMJEV U-100 INSULIN   | 1         | MO                       | NOVOFINE 32  | 1         | MO                       |
| <i>metformin oral solution</i>                                      | 1         | MO; QL (765 per 30 days) | NOVOFINE PLUS  | 1         | MO                       |
| <i>metformin oral tablet 1,000 mg</i>                               | 1         | MO; QL (75 per 30 days)  | NOVOTWIST  | 1         | MO                       |
| <i>metformin oral tablet 500 mg</i>                                 | 1         | MO; QL (150 per 30 days) | OMNIPOD DASH 5 PACK POD                                    | 1         | MO                       |
| <i>metformin oral tablet 850 mg</i>                                 | 1         | MO; QL (90 per 30 days)  | OMNIPOD INSULIN MANAGEMENT                                 | 1         | MO                       |
|   |           |                          | OMNIPOD INSULIN REFILL                                     | 1         | MO                       |
|   |           |                          | ONETOUCH ULTRA TEST  | 1         | MO                       |
|   |           |                          | ONETOUCH ULTRA2 METER                                      | 1         | MO                       |
|   |           |                          | ONETOUCH ULTRAMINI   | 1         | MO                       |

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| Drug Name                             | Drug Tier | Requirements /Limits     | Drug Name  | Drug Tier | Requirements /Limits     |
|---------------------------------------|-----------|--------------------------|--|-----------|--------------------------|
| ONETOUCH VERIO FLEX METER             | 1         | MO                       | <i>repaglinide oral tablet 2 mg</i>  | 1         | MO; QL (240 per 30 days) |
| ONETOUCH VERIO IQ METER               | 1         | MO                       | TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"  | 1         |                          |
| ONETOUCH VERIO METER                  | 1         | MO                       | TECHLITE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"   | 1         | MO                       |
| ONETOUCH VERIO REFLECT METER          | 1         | MO                       | TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | 1         |                          |
| ONETOUCH VERIO TEST STRIPS            | 1         | MO                       | TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64"   | 1         | MO                       |
| ONGLYZA                               | 1         | MO; QL (30 per 30 days)  | TECHLITE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"                                | 1         | MO                       |
| <i>pioglitazone</i>                   | 1         | MO; QL (30 per 30 days)  |  |           |                          |
| <i>pioglitazone-glimepiride</i>       | 1         | MO; QL (30 per 30 days)  |  |           |                          |
| <i>pioglitazone-metformin</i>         | 1         | MO; QL (90 per 30 days)  |  |           |                          |
| PRECISION PCX PLUS TEST               | 1         |                          |  |           |                          |
| PRECISION PCX TEST                    | 1         |                          |  |           |                          |
| PRECISION POINT OF CARE TEST          | 1         |                          |  |           |                          |
| PRECISION Q-I-D TEST                  | 1         | MO                       |  |           |                          |
| PRECISION XTRA MONITOR                | 1         | MO                       |  |           |                          |
| PRECISION XTRA TEST                   | 1         | MO                       |  |           |                          |
| <i>repaglinide oral tablet 0.5 mg</i> | 1         | MO; QL (960 per 30 days) |  |           |                          |
| <i>repaglinide oral tablet 1 mg</i>   | 1         | MO; QL (480 per 30 days) |  |           |                          |

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| Drug Name  | Drug Tier | Requirements /Limits       |
|--|-----------|----------------------------|
| TOUJEO MAX U-300 SOLOSTAR  | 1         | MO                         |
| TOUJEO SOLOSTAR U-300 INSULIN  | 1         | MO                         |
| TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"  | 1         |                            |
| TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | 1         | MO                         |
| TRUEPLUS PEN NEEDLE  | 1         | MO                         |
| TRULICITY  | 1         | PA; MO; QL (2 per 28 days) |
| V-GO 20  | 1         | MO                         |
| V-GO 30  | 1         | MO                         |
| V-GO 40  | 1         | MO                         |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG   | 1         | MO; QL (30 per 30 days)    |

| Drug Name  | Drug Tier | Requirements /Limits    |
|--|-----------|-------------------------|
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG | 1         | MO; QL (60 per 30 days) |
| <b>MISCELLANEOUS HORMONES</b>  |           |                         |
| ALDURAZYME   | 1         | PA; MO                  |
| <i>cabergoline</i>   | 1         | MO                      |
| <i>calcitonin (salmon) injection</i>   | 1         | MO                      |
| <i>calcitonin (salmon) nasal</i>   | 1         | MO                      |
| <i>calcitriol intravenous solution 1 mcg/ml</i>                                  | 1         |                         |
| <i>calcitriol oral capsule</i>   | 1         | MO                      |
| <i>calcitriol oral solution</i>  | 1         |                         |
| CERDELGA   | 1         | PA; MO                  |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT   | 1         | PA; MO                  |
| <i>cinacalcet oral tablet 30 mg</i>  | 1         | MO                      |
| <i>cinacalcet oral tablet 60 mg, 90 mg</i>                                       | 1         | MO                      |
| <i>clomiphene citrate</i>  | 1         | PA; MO                  |
| CRYSVITA   | 1         | PA; MO; LA              |
| <i>danazol</i>   | 1         | MO                      |
| DDAVP NASAL SOLUTION   | 1         | MO                      |
| <i>desmopressin injection</i>  | 1         | MO                      |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>desmopressin nasal spray with pump</i>                          | 1         | MO                   |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 1         |                      |
| <i>desmopressin oral</i>   | 1         | MO                   |
| <i>doxercalciferol intravenous</i>                                 | 1         |                      |
| <i>doxercalciferol oral</i>  | 1         | MO                   |
| ELAPRASE   | 1         | PA; MO               |
| FABRAZYME  | 1         | PA; MO               |
| KANUMA   | 1         | PA; MO               |
| KORLYM   | 1         | PA                   |
| KUVAN  | 1         | PA; MO               |
| LUMIZYME   | 1         | PA; MO               |
| MEPSEVII   | 1         | PA; MO               |
| <i>methyltestosterone oral capsule</i>                             | 1         | MO                   |
| MIACALCIN INJECTION  | 1         | MO                   |
| <i>miglustat</i>   | 1         | PA; MO; LA           |
| MYALEPT  | 1         | PA; MO; LA           |
| NAGLAZYME  | 1         | PA; MO; LA           |
| NATPARA  | 1         | PA; MO; LA           |
| <i>oxandrolone oral tablet 10 mg</i>                               | 1         | PA; MO               |
| <i>oxandrolone oral tablet 2.5 mg</i>                              | 1         | PA; MO               |

| Drug Name  | Drug Tier | Requirements /Limits            |
|--|-----------|---------------------------------|
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML                           | 1         | PA; MO; LA; QL (15 per 30 days) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML                          | 1         | PA; MO; LA; QL (4 per 30 days)  |
| PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML                               | 1         | PA; MO; LA; QL (60 per 30 days) |
| <i>pamidronate intravenous solution</i>                              | 1         | MO                              |
| <i>paricalcitol intravenous solution 2 mcg/ml</i>                    | 1         |                                 |
| <i>paricalcitol intravenous solution 5 mcg/ml</i>                    | 1         | MO                              |
| <i>paricalcitol oral</i>   | 1         | MO                              |
| SAMSCA ORAL TABLET 15 MG   | 1         | PA; MO                          |
| <i>sapropterin</i>   | 1         | PA; MO                          |
| SOMAVERT   | 1         | PA; MO                          |
| STRENSIQ   | 1         | PA; LA                          |
| SYNAREL  | 1         | MO                              |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | 1         | PA; MO                          |
| <i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>     | 1         | PA                              |

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| Drug Name   | Drug Tier | Requirements /Limits          |
|---|-----------|-------------------------------|
| <i>testosterone enanthate</i>   | 1         | PA; MO                        |
| <i>testosterone transdermal gel</i>   | 1         | PA; MO; QL (300 per 30 days)  |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>    | 1         | PA; MO; QL (120 per 30 days)  |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>  | 1         | PA; MO; QL (150 per 30 days)  |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> | 1         | PA; MO; QL (300 per 30 days)  |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>             | 1         | PA; MO; QL (37.5 per 30 days) |
| <i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>               | 1         | PA; MO; QL (150 per 30 days)  |
| <i>testosterone transdermal solution in metered pump w/app</i>                        | 1         | PA; MO; QL (180 per 30 days)  |
| <i>tolvaptan oral tablet 30 mg</i>  | 1         | PA; MO                        |
| VIMIZIM   | 1         | PA; MO; LA                    |

| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>zoledronic acid intravenous solution</i>  | 1         | B/D PA; MO           |
| <i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>  | 1         | B/D PA; MO           |
| <b>THYROID HORMONES</b>  |           |                      |
| <i>euthyrox</i>  | 1         | MO                   |
| <i>levo-t</i>  | 1         |                      |
| <i>levothyroxine intravenous recon soln</i>  | 1         | MO                   |
| <i>levothyroxine oral tablet</i>   | 1         | MO                   |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1         | MO                   |
| <i>liothyronine</i>  | 1         | MO                   |
| <i>unithroid</i>   | 1         | MO                   |
| <b>GASTROENTEROLOGY</b>  |           |                      |
| <b>ANTIDIARRHEALS / ANTISPASMODICS</b>   |           |                      |
| <i>atropine injection solution 0.4 mg/ml</i>   | 1         |                      |
| <i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>  | 1         |                      |
| <i>dicyclomine intramuscular</i>   | 1         | MO                   |

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| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>dicyclomine oral capsule</i>   | 1         | MO                   |
| <i>dicyclomine oral solution</i>  | 1         | MO                   |
| <i>dicyclomine oral tablet</i>  | 1         | MO                   |
| <i>diphenoxylate-atropine</i>   | 1         | MO                   |
| <i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i> | 1         |                      |
| <i>glycopyrrolate injection</i>   | 1         | MO                   |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                                    | 1         | MO                   |
| <i>loperamide oral capsule</i>  | 1         | MO                   |
| <i>opium tincture</i>   | 1         | MO                   |
| <b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>                                    |           |                      |
| <i>alosetron</i>  | 1         | MO                   |
| <i>aprepitant</i>   | 1         | B/D PA; MO           |
| <i>balsalazide</i>  | 1         | MO                   |
| <i>budesonide oral capsule, delayed, extended release</i>                       | 1         | MO                   |
| <i>budesonide oral tablet, delayed and extended release</i>                     | 1         |                      |
| CHENODAL  | 1         | PA; LA               |
| CHOLBAM ORAL CAPSULE 250 MG   | 1         | PA                   |

| Drug Name                                   | Drug Tier | Requirements /Limits       |
|---|-----------|----------------------------|
| CHOLBAM ORAL CAPSULE 50 MG                  | 1         | PA; QL (120 per 30 days)   |
| CINVANTI                                    | 1         | MO                         |
| <i>compro</i>                               | 1         | MO                         |
| <i>constulose</i>                           | 1         | MO                         |
| CORTIFOAM                                   | 1         | MO                         |
| CREON                                       | 1         | MO                         |
| <i>cromolyn oral</i>                        | 1         | MO                         |
| CYSTADANE                                   | 1         |                            |
| <i>dimenhydrinate injection solution</i>    | 1         | MO                         |
| DIPENTUM                                    | 1         | MO                         |
| <i>doxylamine-pyridoxine (vit b6)</i>       | 1         | MO                         |
| <i>dronabinol oral capsule 10 mg</i>        | 1         | B/D PA; MO                 |
| <i>dronabinol oral capsule 2.5 mg, 5 mg</i> | 1         | B/D PA; MO                 |
| <i>droperidol injection solution</i>        | 1         | MO                         |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION    | 1         | B/D PA                     |
| ENTYVIO                                     | 1         | PA; MO; QL (2 per 28 days) |
| <i>enulose</i>                              | 1         | MO                         |
| <i>fosaprepitant</i>                        | 1         | MO                         |
| GATTEX 30-VIAL                              | 1         | PA; MO                     |
| GATTEX ONE-VIAL                             | 1         | PA; MO                     |
| <i>gavilyte-c</i>                           | 1         | MO                         |
| <i>gavilyte-g</i>                           | 1         | MO                         |

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This drug list was last updated on 11/17/2021.

| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>gavilyte-n</i>   | 1         | MO                   |
| <i>generlac</i>   | 1         | MO                   |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>         | 1         | MO                   |
| <i>granisetron hcl intravenous</i>                                  | 1         | MO                   |
| <i>granisetron hcl oral</i>   | 1         | B/D PA; MO           |
| <i>hydrocortisone rectal</i>  | 1         | MO                   |
| <i>hydrocortisone topical cream with perineal applicator</i>        | 1         | MO                   |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %</i>                  | 1         | MO                   |
| <i>lactulose oral solution 10 gram/15 ml</i>                        | 1         | MO                   |
| <i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i> | 1         |                      |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>                         | 1         | MO                   |
| <i>mesalamine oral capsule (with del rel tablets)</i>               | 1         | MO                   |
| <i>mesalamine oral capsule,extended release 24hr</i>                | 1         | MO                   |
| <i>mesalamine oral tablet,delayed release (dr/ec)</i>               | 1         | MO                   |

| Drug Name   | Drug Tier | Requirements /Limits            |
|---|-----------|---------------------------------|
| <i>mesalamine rectal enema</i>                        | 1         | MO                              |
| <i>mesalamine rectal suppository</i>                  | 1         | MO                              |
| <i>mesalamine with cleansing wipe</i>                 | 1         | MO                              |
| <i>metoclopramide hcl injection solution</i>          | 1         | MO                              |
| <i>metoclopramide hcl injection syringe</i>           | 1         |                                 |
| <i>metoclopramide hcl oral solution</i>               | 1         | MO                              |
| <i>metoclopramide hcl oral tablet</i>                 | 1         | MO                              |
| <i>metoclopramide hcl oral tablet,disintegrating</i>  | 1         | MO                              |
| MOVANTIK  | 1         | MO; QL (30 per 30 days)         |
| OCALIVA   | 1         | PA; MO; LA; QL (30 per 30 days) |
| <i>ondansetron</i>                                    | 1         | B/D PA; MO                      |
| <i>ondansetron hcl (pf)</i>                           | 1         | MO                              |
| <i>ondansetron hcl intravenous</i>                    | 1         | MO                              |
| <i>ondansetron hcl oral solution</i>                  | 1         | B/D PA; MO                      |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>         | 1         | B/D PA; MO                      |
| <i>palonosetron intravenous solution 0.25 mg/5 ml</i> | 1         | MO                              |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>palonosetron intravenous syringe</i>                                | 1         |                      |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> | 1         | MO                   |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i>                                  | 1         | MO                   |
| <i>peg-electrolyte</i>   | 1         | MO                   |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                          | 1         | MO                   |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG                          | 1         | MO                   |
| <i>polyethylene glycol 3350 oral powder</i>                            | 1         | MO                   |
| <i>prochlorperazine</i>  | 1         | MO                   |
| <i>prochlorperazine edisylate</i>                                      | 1         | MO                   |
| <i>prochlorperazine maleate oral</i>                                   | 1         | MO                   |
| <i>procto-med hc</i>   | 1         | MO                   |
| <i>procto-pak</i>  | 1         | MO                   |
| <i>proctosol hc topical</i>  | 1         | MO                   |
| <i>proctozone-hc</i>   | 1         | MO                   |
| RECTIV   | 1         | MO                   |
| RELISTOR SUBCUTANEOUS SOLUTION   | 1         | MO                   |
| RELISTOR SUBCUTANEOUS SYRINGE  | 1         | MO                   |

| Drug Name  | Drug Tier | Requirements /Limits        |
|--|-----------|-----------------------------|
| REMICADE   | 1         | PA; MO; QL (20 per 28 days) |
| <i>scopolamine base</i>  | 1         | MO                          |
| SUCRAID  | 1         | PA                          |
| <i>sulfasalazine</i>   | 1         | MO                          |
| TRULANCE   | 1         | MO                          |
| <i>ursodiol oral capsule 300 mg</i>                                      | 1         | MO                          |
| <i>ursodiol oral tablet</i>  | 1         | MO                          |
| VARUBI ORAL  | 1         | B/D PA                      |
| VIBERZI  | 1         | MO; QL (60 per 30 days)     |
| VIOKACE  | 1         | MO                          |
| <b>ULCER THERAPY</b>   |           |                             |
| <i>cimetidine</i>  | 1         | MO                          |
| <i>cimetidine hcl oral</i>   | 1         | MO                          |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> | 1         | MO; QL (30 per 30 days)     |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> | 1         | MO                          |
| <i>esomeprazole sodium intravenous recon soln 40 mg</i>                  | 1         | MO                          |
| <i>famotidine (pf)</i>   | 1         | MO                          |
| <i>famotidine (pf)-nacl (iso-os)</i>                                     | 1         | MO                          |
| <i>famotidine intravenous solution</i>                                   | 1         | MO                          |

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| Drug Name   | Drug Tier | Requirements /Limits    |
|---|-----------|-------------------------|
| <i>famotidine oral suspension</i>                                   | 1         | MO                      |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                          | 1         | MO                      |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>      | 1         | MO; QL (30 per 30 days) |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>      | 1         | MO                      |
| <i>misoprostol</i>  | 1         | MO                      |
| <i>nizatidine oral capsule</i>                                      | 1         |                         |
| <i>nizatidine oral solution</i>                                     | 1         | MO                      |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i> | 1         | MO; QL (30 per 30 days) |
| <i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>        | 1         | MO                      |
| <i>pantoprazole intravenous</i>                                     | 1         | MO                      |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>      | 1         | MO; QL (30 per 30 days) |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>      | 1         | MO                      |
| <i>sucralfate</i>   | 1         | MO                      |

**IMMUNOLOGY, VACCINES / BIOTECHNOLOGY**

| Drug Name   | Drug Tier | Requirements /Limits           |
|---|-----------|--------------------------------|
| <b>BIOTECHNOLOGY DRUGS</b>                        |           |                                |
| ACTIMMUNE   | 1         | B/D PA; MO                     |
| ARCALYST  | 1         | PA; MO                         |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT             | 1         | PA; MO; QL (4 per 28 days)     |
| AVONEX INTRAMUSCULAR SYRINGE KIT                  | 1         | PA; MO; QL (4 per 28 days)     |
| ILARIS (PF)                                       | 1         | PA; MO; LA; QL (2 per 28 days) |
| INTRON A INJECTION                                | 1         | B/D PA; MO                     |
| LEUKINE INJECTION RECON SOLN                      | 1         | PA; MO                         |
| MOZOBIL   | 1         | B/D PA; MO                     |
| NIVESTYM  | 1         | PA; MO                         |
| NYVEPRIA  | 1         | PA; MO                         |
| OMNITROPE   | 1         | PA; MO                         |
| PEGASYS SUBCUTANEOUS SOLUTION                     | 1         | MO; QL (4 per 28 days)         |
| PEGASYS SUBCUTANEOUS SYRINGE                      | 1         | MO; QL (2 per 28 days)         |
| PLEGRIDY INTRAMUSCULAR                            | 1         | PA; MO; QL (1 per 28 days)     |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 1         | PA; MO; QL (1 per 28 days)     |

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| Drug Name  | Drug Tier | Requirements /Limits                | Drug Name   | Drug Tier | Requirements /Limits                |
|--|-----------|-------------------------------------|---|-----------|-------------------------------------|
| PLEGRIDY<br>SUBCUTANEOUS<br>PEN INJECTOR 63<br>MCG/0.5 ML- 94<br>MCG/0.5 ML  | 1         | PA; MO; QL (1<br>per 180 days)      | REBIF TITRATION<br>PACK   | 1         | PA; MO; QL<br>(4.2 per 180<br>days) |
| PLEGRIDY<br>SUBCUTANEOUS<br>SYRINGE 125<br>MCG/0.5 ML  | 1         | PA; MO; QL (1<br>per 28 days)       | RETACRIT INJECTION<br>SOLUTION 10,000<br>UNIT/ML, 2,000<br>UNIT/ML, 20,000<br>UNIT/2 ML, 3,000<br>UNIT/ML, 4,000<br>UNIT/ML | 1         | PA; MO                              |
| PLEGRIDY<br>SUBCUTANEOUS<br>SYRINGE 63<br>MCG/0.5 ML- 94<br>MCG/0.5 ML   | 1         | PA; MO; QL (1<br>per 180 days)      | RETACRIT INJECTION<br>SOLUTION 20,000<br>UNIT/ML, 40,000<br>UNIT/ML   | 1         | PA; MO                              |
| PROCRIT INJECTION<br>SOLUTION 10,000<br>UNIT/ML, 2,000<br>UNIT/ML, 20,000<br>UNIT/2 ML, 3,000<br>UNIT/ML, 4,000<br>UNIT/ML | 1         | PA; MO                              | ZIEXTENZO   | 1         | PA; MO                              |
| PROCRIT INJECTION<br>SOLUTION 20,000<br>UNIT/ML, 40,000<br>UNIT/ML   | 1         | PA; MO                              | <b>VACCINES / MISCELLANEOUS<br/>IMMUNOLOGICALS</b>  |           |                                     |
| REBIF (WITH<br>ALBUMIN)  | 1         | PA; MO; QL (6<br>per 28 days)       | ACTHIB (PF)   | 1         | MO                                  |
| REBIF REBIDOSE<br>SUBCUTANEOUS<br>PEN INJECTOR 22<br>MCG/0.5 ML, 44<br>MCG/0.5 ML  | 1         | PA; MO; QL (6<br>per 28 days)       | ADACEL(TDAP<br>ADOLESN/ADULT)(P<br>F)   | 1         | MO                                  |
| REBIF REBIDOSE<br>SUBCUTANEOUS<br>PEN INJECTOR<br>8.8MCG/0.2ML-22<br>MCG/0.5ML (6)   | 1         | PA; MO; QL<br>(4.2 per 180<br>days) | BCG VACCINE, LIVE<br>(PF)   | 1         | MO                                  |
|  |           |                                     | BEXSERO   | 1         | MO                                  |
|  |           |                                     | BOOSTRIX TDAP   | 1         | MO                                  |
|  |           |                                     | BOTOX   | 1         | PA; MO                              |
|  |           |                                     | DAPTACEL (DTAP<br>PEDIATRIC) (PF)   | 1         | MO                                  |
|  |           |                                     | ENGERIX-B (PF)  | 1         | B/D PA; MO                          |
|  |           |                                     | ENGERIX-B<br>PEDIATRIC (PF)   | 1         | B/D PA; MO                          |
|  |           |                                     | <i>fomepizole</i>   | 1         |                                     |
|  |           |                                     | GAMASTAN  | 1         | MO                                  |
|  |           |                                     | GAMASTAN S/D  | 1         |                                     |

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| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| GARDASIL 9 (PF)   | 1         | MO                   |
| HAVRIX (PF)<br>INTRAMUSCULAR<br>SYRINGE                       | 1         | MO                   |
| HIBERIX (PF)  | 1         | MO                   |
| HIZENTRA  | 1         | B/D PA; MO           |
| HYPERHEP B<br>INTRAMUSCULAR<br>SOLUTION 220<br>UNIT/ML        | 1         |                      |
| HYPERHEP B<br>INTRAMUSCULAR<br>SOLUTION 220<br>UNIT/ML (5 ML) | 1         | MO                   |
| HYPERHEP B<br>INTRAMUSCULAR<br>SYRINGE                        | 1         |                      |
| HYPERHEP B<br>NEONATAL  | 1         |                      |
| HYQVIA  | 1         | B/D PA; MO           |
| IMOVAX RABIES<br>VACCINE (PF)                                 | 1         |                      |
| INFANRIX (DTAP)<br>(PF)<br>INTRAMUSCULAR<br>SYRINGE           | 1         | MO                   |
| IPOL  | 1         |                      |
| IXIARO (PF)   | 1         |                      |
| KINRIX (PF)<br>INTRAMUSCULAR<br>SYRINGE                       | 1         | MO                   |
| MENACTRA (PF)<br>INTRAMUSCULAR<br>SOLUTION                    | 1         | MO                   |

| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| MENQUADFI (PF)  | 1         | MO                   |
| MENVEO A-C-Y-W-<br>135-DIP (PF)                                   | 1         | MO                   |
| M-M-R II (PF)   | 1         | MO                   |
| ODACTRA   | 1         | PA; MO               |
| PEDIARIX (PF)   | 1         | MO                   |
| PEDVAX HIB (PF)   | 1         |                      |
| PENTACEL (PF)   | 1         |                      |
| PRIVIGEN  | 1         | PA; MO               |
| PROQUAD (PF)  | 1         |                      |
| QUADRACEL (PF)  | 1         |                      |
| RABAVERT (PF)   | 1         | MO                   |
| RECOMBIVAX HB<br>(PF)<br>INTRAMUSCULAR<br>SUSPENSION              | 1         | B/D PA; MO           |
| RECOMBIVAX HB<br>(PF)<br>INTRAMUSCULAR<br>SYRINGE 10<br>MCG/ML    | 1         | B/D PA; MO           |
| RECOMBIVAX HB<br>(PF)<br>INTRAMUSCULAR<br>SYRINGE 5 MCG/0.5<br>ML | 1         | B/D PA               |
| ROTARIX   | 1         |                      |
| ROTATEQ VACCINE   | 1         | MO                   |
| SHINGRIX (PF)   | 1         | MO                   |
| STAMARIL (PF)   | 1         |                      |
| TDVAX   | 1         | MO                   |
| TENIVAC (PF)  | 1         | MO                   |

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| Drug Name                              | Drug Tier | Requirements /Limits         |
|--|-----------|------------------------------|
| TETANUS,DIPHThERI<br>A TOX PED(PF)     | 1         | MO                           |
| TICE BCG                               | 1         | B/D PA; MO                   |
| TRUMENBA                               | 1         | MO                           |
| TWINRIX (PF)                           | 1         | MO                           |
| TYPHIM VI<br>INTRAMUSCULAR<br>SOLUTION | 1         |                              |
| TYPHIM VI<br>INTRAMUSCULAR<br>SYRINGE  | 1         | MO                           |
| VAQTA (PF)                             | 1         | MO                           |
| VARIVAX (PF)                           | 1         |                              |
| VARIZIG                                | 1         | MO                           |
| YF-VAX (PF)                            | 1         |                              |
| ZOSTAVAX (PF)                          | 1         |                              |
| <b>MUSCULOSKELETAL / RHEUMATOLOGY</b>  |           |                              |
| <b>GOUT THERAPY</b>                    |           |                              |
| <i>allopurinol</i>                     | 1         | MO                           |
| <i>allopurinol sodium</i>              | 1         |                              |
| <i>aloprim</i>                         | 1         |                              |
| <i>colchicine oral tablet</i>          | 1         | MO                           |
| <i>febuxostat</i>                      | 1         | MO                           |
| KRYSTEXXA                              | 1         | MO                           |
| MITIGARE                               | 1         | MO                           |
| <i>probenecid</i>                      | 1         | MO                           |
| <i>probenecid-<br/>colchicine</i>      | 1         | MO                           |
| <b>OSTEOPOROSIS THERAPY</b>            |           |                              |
| <i>alendronate oral<br/>solution</i>   | 1         | MO; QL (1286<br>per 30 days) |

| Drug Name   | Drug Tier | Requirements /Limits                |
|---|-----------|-------------------------------------|
| <i>alendronate oral<br/>tablet 10 mg, 5 mg</i>                  | 1         | MO; QL (30<br>per 30 days)          |
| <i>alendronate oral<br/>tablet 35 mg, 70 mg</i>                 | 1         | MO; QL (4 per<br>28 days)           |
| <i>ibandronate<br/>intravenous</i>                              | 1         | PA; MO                              |
| <i>ibandronate oral</i>   | 1         | MO; QL (1 per<br>30 days)           |
| PROLIA  | 1         | PA; MO; QL (1<br>per 180 days)      |
| <i>raloxifene</i>   | 1         | MO                                  |
| <i>risedronate oral<br/>tablet 150 mg</i>                       | 1         | MO; QL (1 per<br>30 days)           |
| <i>risedronate oral<br/>tablet 35 mg (4<br/>pack)</i>           | 1         | QL (4 per 28<br>days)               |
| <i>risedronate oral<br/>tablet 35 mg, 35 mg<br/>(12 pack)</i>   | 1         | MO; QL (4 per<br>28 days)           |
| <i>risedronate oral<br/>tablet 5 mg</i>                         | 1         | MO; QL (30<br>per 30 days)          |
| <i>risedronate oral<br/>tablet, delayed<br/>release (dr/ec)</i> | 1         | MO; QL (4 per<br>28 days)           |
| TERIPARATIDE  | 1         | PA; MO; QL<br>(2.48 per 28<br>days) |
| <b>OTHER RHEUMATOLOGICALS</b>                                   |           |                                     |
| ACTEMRA ACTPEN  | 1         | PA; MO; QL<br>(3.6 per 28<br>days)  |
| ACTEMRA<br>INTRAVENOUS  | 1         | PA; MO; QL<br>(160 per 28<br>days)  |

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| Drug Name  | Drug Tier | Requirements /Limits               | Drug Name  | Drug Tier | Requirements /Limits              |
|--|-----------|------------------------------------|--|-----------|-----------------------------------|
| ACTEMRA<br>SUBCUTANEOUS  | 1         | PA; MO; QL<br>(3.6 per 28<br>days) | HUMIRA(CF) PEDI<br>CROHNS STARTER<br>SUBCUTANEOUS<br>SYRINGE KIT 80<br>MG/0.8 ML-40<br>MG/0.4 ML | 1         | PA; MO; QL (2<br>per 180 days)    |
| BENLYSTA   | 1         | PA; MO                             | HUMIRA(CF) PEN<br>CROHNS-UC-HS   | 1         | PA; MO; QL (3<br>per 180 days)    |
| ENBREL MINI  | 1         | PA; MO; QL (8<br>per 28 days)      | HUMIRA(CF) PEN<br>PEDIATRIC UC   | 1         | PA; MO; QL (4<br>per 28 days)     |
| ENBREL<br>SUBCUTANEOUS<br>RECON SOLN   | 1         | PA; MO; QL<br>(16 per 28<br>days)  | HUMIRA(CF) PEN<br>PSOR-UV-ADOL HS  | 1         | PA; MO; QL (3<br>per 180 days)    |
| ENBREL<br>SUBCUTANEOUS<br>SOLUTION   | 1         | PA; MO; QL (8<br>per 28 days)      | HUMIRA(CF)<br>SUBCUTANEOUS<br>PEN INJECTOR KIT<br>40 MG/0.4 ML                                   | 1         | PA; MO; QL (4<br>per 28 days)     |
| ENBREL<br>SUBCUTANEOUS<br>SYRINGE  | 1         | PA; MO; QL (8<br>per 28 days)      | HUMIRA(CF) PEN<br>SUBCUTANEOUS<br>PEN INJECTOR KIT<br>80 MG/0.8 ML                               | 1         | PA; MO; QL (2<br>per 28 days)     |
| ENBREL SURECLICK   | 1         | PA; MO; QL (8<br>per 28 days)      | HUMIRA(CF)<br>SUBCUTANEOUS<br>SYRINGE KIT 10<br>MG/0.1 ML, 20<br>MG/0.2 ML                       | 1         | PA; MO; QL (2<br>per 28 days)     |
| HUMIRA PEN   | 1         | PA; MO; QL (4<br>per 28 days)      | HUMIRA(CF)<br>SUBCUTANEOUS<br>SYRINGE KIT 40<br>MG/0.4 ML  | 1         | PA; MO; QL (4<br>per 28 days)     |
| HUMIRA PEN<br>CROHNS-UC-HS<br>START  | 1         | PA; MO; QL (6<br>per 180 days)     | <i>leflunomide</i>   | 1         | MO; QL (30<br>per 30 days)        |
| HUMIRA PEN PSOR-<br>UVEITS-ADOL HS   | 1         | PA; MO; QL (4<br>per 180 days)     | ORENCIA (WITH<br>MALTOSE)  | 1         | PA; MO; QL<br>(12 per 28<br>days) |
| HUMIRA<br>SUBCUTANEOUS<br>SYRINGE KIT 40<br>MG/0.8 ML                            | 1         | PA; MO; QL (4<br>per 28 days)      | ORENCIA CLICKJECT  | 1         | PA; MO; QL (4<br>per 28 days)     |
| HUMIRA(CF) PEDI<br>CROHNS STARTER<br>SUBCUTANEOUS<br>SYRINGE KIT 80<br>MG/0.8 ML | 1         | PA; MO; QL (3<br>per 180 days)     |  |           |                                   |

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This drug list was last updated on 11/17/2021.

| Drug Name   | Drug Tier | Requirements /Limits               |
|---|-----------|------------------------------------|
| ORENCIA<br>SUBCUTANEOUS<br>SYRINGE 125<br>MG/ML                               | 1         | PA; MO; QL (4<br>per 28 days)      |
| ORENCIA<br>SUBCUTANEOUS<br>SYRINGE 50 MG/0.4<br>ML                            | 1         | PA; MO; QL<br>(1.6 per 28<br>days) |
| ORENCIA<br>SUBCUTANEOUS<br>SYRINGE 87.5<br>MG/0.7 ML                          | 1         | PA; MO; QL<br>(2.8 per 28<br>days) |
| OTEZLA  | 1         | PA; MO; QL<br>(60 per 30<br>days)  |
| OTEZLA STARTER<br>ORAL TABLETS,DOSE<br>PACK 10 MG (4)-20<br>MG (4)-30 MG (47) | 1         | PA; MO; QL<br>(55 per 28<br>days)  |
| <i>penicillamine</i>  | 1         | PA; MO                             |
| RIDAURA   | 1         | MO                                 |
| RINVOQ  | 1         | PA; MO; QL<br>(30 per 30<br>days)  |
| XELJANZ ORAL<br>SOLUTION  | 1         | PA; MO; QL<br>(300 per 30<br>days) |
| XELJANZ ORAL<br>TABLET  | 1         | PA; MO; QL<br>(60 per 30<br>days)  |
| XELJANZ XR  | 1         | PA; MO; QL<br>(30 per 30<br>days)  |

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

| Drug Name  | Drug Tier | Requirements /Limits          |
|--|-----------|-------------------------------|
| <i>amabelz</i>   | 1         | PA; MO                        |
| <i>camila</i>  | 1         | MO                            |
| <i>deblitane</i>   | 1         | MO                            |
| <i>dotti</i>   | 1         | PA; MO; QL (8<br>per 28 days) |
| <i>errin</i>   | 1         | MO                            |
| <i>estradiol oral</i>  | 1         | PA; MO                        |
| <i>estradiol<br/>transdermal patch<br/>semiweekly</i>                  | 1         | PA; MO; QL (8<br>per 28 days) |
| <i>estradiol<br/>transdermal patch<br/>weekly</i>                      | 1         | PA; QL (4 per<br>28 days)     |
| <i>estradiol vaginal</i>   | 1         | MO                            |
| <i>estradiol valerate<br/>intramuscular oil 20<br/>mg/ml, 40 mg/ml</i> | 1         | MO                            |
| <i>estradiol-<br/>norethindrone acet</i>                               | 1         | PA; MO                        |
| <i>fyavolv</i>   | 1         | PA; MO                        |
| <i>heather</i>   | 1         | MO                            |
| <i>hydroxyprogesteron<br/>e caproate</i>                               | 1         |                               |
| <i>incassia</i>  | 1         | MO                            |
| <i>jencycla</i>  | 1         | MO                            |
| <i>jinteli</i>   | 1         | PA; MO                        |
| <i>lyllana</i>   | 1         | PA; MO; QL (8<br>per 28 days) |
| <i>lyza</i>  | 1         |                               |
| <i>medroxyprogesteron<br/>e</i>  | 1         | MO                            |
| MENEST   | 1         | PA; MO                        |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>mimvey</i>  | 1         | PA; MO               |
| <i>nora-be</i>   | 1         | MO                   |
| <i>norethindrone (contraceptive)</i>                             | 1         |                      |
| <i>norethindrone acetate</i>                                     | 1         | MO                   |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> | 1         | PA                   |
| <i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>     | 1         | PA; MO               |
| <i>norlyda</i>   | 1         | MO                   |
| PREMARIN VAGINAL   | 1         | MO                   |
| <i>progesterone</i>  | 1         | MO                   |
| <i>progesterone micronized</i>                                   | 1         | MO                   |
| <i>sharobel</i>  | 1         | MO                   |
| <i>tulana</i>  | 1         | MO                   |
| <i>yuvafem</i>   | 1         | MO                   |
| <b>MISCELLANEOUS OB/GYN</b>                                      |           |                      |
| <i>clindamycin phosphate vaginal</i>                             | 1         | MO                   |
| <i>eluryng</i>   | 1         | MO                   |
| <i>etonogestrel-ethinyl estradiol</i>                            | 1         |                      |
| <i>metronidazole vaginal</i>                                     | 1         | MO                   |
| <i>mifepristone</i>  | 1         | LA                   |
| MIRENA   | 1         | LA                   |
| <i>terconazole</i>   | 1         | MO                   |

| Drug Name                                   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>tranexamic acid oral</i>                 | 1         | MO                   |
| <i>vandazole</i>                            | 1         | MO                   |
| <i>xulane</i>                               | 1         | MO                   |
| <b>ORAL CONTRACEPTIVES / RELATED AGENTS</b> |           |                      |
| <i>altavera (28)</i>                        | 1         | MO                   |
| <i>alyacen 1/35 (28)</i>                    | 1         | MO                   |
| <i>alyacen 7/7/7 (28)</i>                   | 1         | MO                   |
| <i>amethyst (28)</i>                        | 1         | MO                   |
| <i>apri</i>                                 | 1         | MO                   |
| <i>aranelle (28)</i>                        | 1         | MO                   |
| <i>aubra</i>                                | 1         |                      |
| <i>aubra eq</i>                             | 1         | MO                   |
| <i>aviane</i>                               | 1         | MO                   |
| <i>azurette (28)</i>                        | 1         | MO                   |
| <i>camrese</i>                              | 1         | MO                   |
| <i>caziant (28)</i>                         | 1         | MO                   |
| <i>cryselle (28)</i>                        | 1         | MO                   |
| <i>cyclafem 1/35 (28)</i>                   | 1         | MO                   |
| <i>cyclafem 7/7/7 (28)</i>                  | 1         | MO                   |
| <i>cyred</i>                                | 1         |                      |
| <i>cyred eq</i>                             | 1         | MO                   |
| <i>dasetta 1/35 (28)</i>                    | 1         | MO                   |
| <i>dasetta 7/7/7 (28)</i>                   | 1         | MO                   |
| <i>daysee</i>                               | 1         | MO                   |
| <i>desog-e.estradiol/e.estradiol</i>        | 1         |                      |
| <i>desogestrel-ethinyl estradiol</i>        | 1         |                      |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> | 1         |                      |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>                | 1         | MO                   |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>                | 1         |                      |
| <i>elinest</i>   | 1         | MO                   |
| <i>emoquette</i>   | 1         | MO                   |
| <i>enpresse</i>  | 1         | MO                   |
| <i>enskyce</i>   | 1         | MO                   |
| <i>estarylla</i>   | 1         | MO                   |
| <i>ethynodiol diac-eth estradiol</i>                                       | 1         |                      |
| <i>falmina (28)</i>  | 1         | MO                   |
| <i>femynor</i>   | 1         | MO                   |
| <i>introvale</i>   | 1         | MO                   |
| <i>isibloom</i>  | 1         | MO                   |
| <i>jasmiel (28)</i>  | 1         | MO                   |
| <i>jolessa</i>   | 1         | MO                   |
| <i>juleber</i>   | 1         | MO                   |
| <i>kalliga</i>   | 1         |                      |
| <i>kariva (28)</i>   | 1         | MO                   |
| <i>kelnor 1/35 (28)</i>  | 1         | MO                   |
| <i>kelnor 1-50 (28)</i>  | 1         | MO                   |
| <i>kurvelo (28)</i>  | 1         | MO                   |

| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1         |                      |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>                                 | 1         | MO                   |
| <i>larin 1.5/30 (21)</i>   | 1         | MO                   |
| <i>larin 1/20 (21)</i>   | 1         | MO                   |
| <i>larin 24 fe</i>   | 1         | MO                   |
| <i>larin fe 1.5/30 (28)</i>  | 1         | MO                   |
| <i>larin fe 1/20 (28)</i>  | 1         | MO                   |
| <i>larissia</i>  | 1         | MO                   |
| <i>lessina</i>   | 1         | MO                   |
| <i>levonest (28)</i>   | 1         | MO                   |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>  | 1         | MO                   |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>   | 1         |                      |
| <i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>   | 1         | MO                   |
| <i>levonorg-eth estradiol triphasic</i>  | 1         |                      |

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| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>levora-28</i>  | 1         | MO                   |
| <i>lillow (28)</i>  | 1         | MO                   |
| <i>loryna (28)</i>  | 1         | MO                   |
| <i>low-ogestrel (28)</i>  | 1         | MO                   |
| <i>lo-zumandimine (28)</i>  | 1         | MO                   |
| <i>lutra (28)</i>   | 1         | MO                   |
| <i>marlissa (28)</i>  | 1         | MO                   |
| <i>microgestin 1.5/30 (21)</i>  | 1         | MO                   |
| <i>microgestin 1/20 (21)</i>  | 1         | MO                   |
| <i>microgestin fe 1.5/30 (28)</i>   | 1         | MO                   |
| <i>microgestin fe 1/20 (28)</i>   | 1         | MO                   |
| <i>mili</i>   | 1         | MO                   |
| <i>mono-linyah</i>  | 1         | MO                   |
| <i>nikki (28)</i>   | 1         | MO                   |
| <i>norethindrone acetate estradiol oral tablet 1.5-30 mg-mcg</i>                            | 1         |                      |
| <i>norethindrone acetate estradiol oral tablet 1-20 mg-mcg</i>                              | 1         | MO                   |
| <i>norethindrone-estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                  | 1         |                      |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i> | 1         |                      |

| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 1         | MO                   |
| <i>nortrel 0.5/35 (28)</i>   | 1         | MO                   |
| <i>nortrel 1/35 (21)</i>   | 1         | MO                   |
| <i>nortrel 1/35 (28)</i>   | 1         | MO                   |
| <i>nortrel 7/7/7 (28)</i>  | 1         | MO                   |
| <i>orsythia</i>  | 1         | MO                   |
| <i>philith</i>   | 1         | MO                   |
| <i>pimtrea (28)</i>  | 1         | MO                   |
| <i>pirmella</i>  | 1         | MO                   |
| <i>portia 28</i>   | 1         | MO                   |
| <i>previfem</i>  | 1         | MO                   |
| <i>reclipsen (28)</i>  | 1         | MO                   |
| <i>setlakin</i>  | 1         | MO                   |
| <i>sprintec (28)</i>   | 1         | MO                   |
| <i>sronyx</i>  | 1         | MO                   |
| <i>syeda</i>   | 1         | MO                   |
| <i>tarina 24 fe</i>  | 1         | MO                   |
| <i>tarina fe 1/20 (28)</i>   | 1         |                      |
| <i>tarina fe 1-20 eq (28)</i>  | 1         | MO                   |
| <i>tilia fe</i>  | 1         | MO                   |
| <i>tri femynor</i>   | 1         | MO                   |
| <i>tri-estarylla</i>   | 1         | MO                   |
| <i>tri-legest fe</i>   | 1         | MO                   |
| <i>tri-linyah</i>  | 1         | MO                   |
| <i>tri-lo-estarylla</i>  | 1         | MO                   |
| <i>tri-lo-marzia</i>   | 1         | MO                   |

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| Drug Name                                      | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>tri-lo-sprintec</i>                         | 1         | MO                   |
| <i>tri-previfem (28)</i>                       | 1         | MO                   |
| <i>tri-sprintec (28)</i>                       | 1         | MO                   |
| <i>trivora (28)</i>                            | 1         | MO                   |
| <i>velivet triphasic regimen (28)</i>          | 1         | MO                   |
| <i>vestura (28)</i>                            | 1         | MO                   |
| <i>vienva</i>                                  | 1         | MO                   |
| <i>viorele (28)</i>                            | 1         | MO                   |
| <i>wera (28)</i>                               | 1         | MO                   |
| <i>zarah</i>                                   | 1         | MO                   |
| <i>zovia 1/35e (28)</i>                        | 1         |                      |
| <i>zovia 1-35 (28)</i>                         | 1         | MO                   |
| <i>zumandimine (28)</i>                        | 1         | MO                   |
| <b>OXYTOCICS</b>                               |           |                      |
| <i>methergine</i>                              | 1         | PA                   |
| <i>methylergonovine oral</i>                   | 1         | PA                   |
| <b>OPHTHALMOLOGY</b>                           |           |                      |
| <b>ANTIBIOTICS</b>                             |           |                      |
| <i>ak-poly-bac</i>                             | 1         | MO                   |
| <i>bacitracin ophthalmic (eye)</i>             | 1         | MO                   |
| <i>bacitracin-polymyxin b ophthalmic (eye)</i> | 1         | MO                   |
| <i>ciprofloxacin hcl ophthalmic (eye)</i>      | 1         | MO                   |
| <i>erythromycin ophthalmic (eye)</i>           | 1         | MO                   |
| <i>gatifloxacin</i>                            | 1         | MO                   |

| Drug Name   | Drug Tier | Requirements /Limits    |
|---|-----------|-------------------------|
| <i>gentak ophthalmic (eye) ointment</i>             | 1         | MO                      |
| <i>gentamicin ophthalmic (eye) drops</i>            | 1         | MO; QL (15 per 30 days) |
| <i>levofloxacin ophthalmic (eye)</i>                | 1         | MO                      |
| <i>moxifloxacin ophthalmic (eye) drops</i>          | 1         | MO                      |
| <i>moxifloxacin ophthalmic (eye) drops, viscous</i> | 1         |                         |
| NATACYN   | 1         |                         |
| <i>neomycin-bacitracin-polymyxin</i>                | 1         | MO                      |
| <i>neomycin-polymyxin-gramicidin</i>                | 1         | MO                      |
| <i>neo-polycin</i>                                  | 1         | MO                      |
| <i>ofloxacin ophthalmic (eye)</i>                   | 1         | MO                      |
| <i>polycin</i>                                      | 1         | MO                      |
| <i>polymyxin b sulf-trimethoprim</i>                | 1         | MO                      |
| <i>tobramycin ophthalmic (eye)</i>                  | 1         | MO                      |
| <b>ANTIVIRALS</b>                                   |           |                         |
| <i>trifluridine</i>                                 | 1         | MO                      |
| ZIRGAN  | 1         | MO                      |
| <b>BETA-BLOCKERS</b>                                |           |                         |
| <i>betaxolol ophthalmic (eye)</i>                   | 1         | MO                      |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>carteolol</i>   | 1         | MO                   |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>              | 1         | MO                   |
| <i>timolol maleate ophthalmic (eye) drops</i>                | 1         | MO                   |
| <i>timolol maleate ophthalmic (eye) drops, once daily</i>    | 1         | MO                   |
| <i>timolol maleate ophthalmic (eye) gel forming solution</i> | 1         | MO                   |
| <b>MISCELLANEOUS OPHTHALMOLOGICS</b>                         |           |                      |
| <i>atropine ophthalmic (eye) drops</i>                       | 1         | MO                   |
| <i>azelastine ophthalmic (eye)</i>                           | 1         | MO                   |
| <i>balanced salt</i>   | 1         |                      |
| BLEPHAMIDE   | 1         | MO                   |
| BLEPHAMIDE S.O.P.  | 1         | MO                   |
| <i>bss</i>   | 1         |                      |
| <i>cromolyn ophthalmic (eye)</i>                             | 1         | MO                   |
| CYSTARAN   | 1         | PA                   |
| <i>epinastine</i>  | 1         | MO                   |
| EYLEA  | 1         | PA; MO               |
| LUCENTIS   | 1         | PA; MO               |
| <i>olopatadine ophthalmic (eye)</i>                          | 1         | MO                   |
| OXERVATE   | 1         | PA; MO               |

| Drug Name  | Drug Tier | Requirements /Limits    |
|--|-----------|-------------------------|
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>  | 1         | MO                      |
| <i>sulfacetamide sodium ophthalmic (eye)</i>                 | 1         | MO                      |
| <i>sulfacetamide-prednisolone</i>                            | 1         | MO                      |
| XIIDRA   | 1         | MO; QL (60 per 30 days) |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>                |           |                         |
| <i>bromfenac</i>   | 1         | MO                      |
| <i>diclofenac sodium ophthalmic (eye)</i>                    | 1         | MO                      |
| <i>flurbiprofen sodium</i>                                   | 1         | MO                      |
| <i>ketorolac ophthalmic (eye)</i>                            | 1         | MO                      |
| <b>ORAL DRUGS FOR GLAUCOMA</b>                               |           |                         |
| <i>acetazolamide</i>   | 1         | MO                      |
| <i>acetazolamide sodium</i>                                  | 1         | MO                      |
| <i>methazolamide</i>   | 1         | MO                      |
| <b>OTHER GLAUCOMA DRUGS</b>                                  |           |                         |
| <i>bimatoprost ophthalmic (eye)</i>                          | 1         | MO                      |
| <i>dorzolamide</i>   | 1         | MO                      |
| <i>dorzolamide-timolol</i>                                   | 1         | MO                      |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> | 1         | MO                      |
| <i>latanoprost</i>   | 1         | MO                      |
| <i>miostat</i>   | 1         |                         |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>travoprost</i>  | 1         | MO                   |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>                         |           |                      |
| <i>neomycin-bacitracin-poly-hc</i>                             | 1         | MO                   |
| <i>neomycin-polymyxin b-dexameth</i>                           | 1         | MO                   |
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i>                  | 1         | MO                   |
| <i>neo-polycin hc</i>  | 1         | MO                   |
| <i>tobramycin-dexamethasone</i>                                | 1         | MO                   |
| <b>STEROIDS</b>  |           |                      |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i>         | 1         | MO                   |
| <i>fluorometholone</i>   | 1         | MO                   |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel</i>        | 1         | MO                   |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension</i> | 1         | MO                   |
| OZURDEX  | 1         | MO                   |
| <i>prednisolone acetate</i>                                    | 1         | MO                   |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i>          | 1         | MO                   |
| <b>SYMPATHOMIMETICS</b>  |           |                      |

| Drug Name  | Drug Tier | Requirements /Limits   |
|--|-----------|------------------------|
| ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %   | 1         | MO                     |
| <i>apraclonidine</i>   | 1         | MO                     |
| <i>brimonidine ophthalmic (eye) drops 0.15 %</i>   | 1         |                        |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>  | 1         | MO                     |
| <b>RESPIRATORY AND ALLERGY</b>   |           |                        |
| <b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>   |           |                        |
| <i>adrenalin injection solution 1 mg/ml</i>  | 1         |                        |
| <i>adrenalin injection solution 1 mg/ml (1 ml)</i>   | 1         | MO                     |
| <i>cetirizine oral solution 1 mg/ml</i>  | 1         | MO                     |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>   | 1         | MO                     |
| <i>diphenhydramine hcl injection syringe</i>   | 1         | MO                     |
| <i>diphenhydramine hcl oral elixir</i>   | 1         | PA                     |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i> | 1         | MO; QL (2 per 30 days) |
| <i>epinephrine injection solution 1 mg/ml</i>  | 1         |                        |

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| Drug Name  | Drug Tier | Requirements /Limits    | Drug Name   | Drug Tier | Requirements /Limits      |
|--|-----------|-------------------------|---|-----------|---------------------------|
| <i>hydroxyzine hcl oral tablet</i>   | 1         | PA; MO                  | <i>albuterol sulfate oral tablet extended release 12 hr</i>   | 1         | MO                        |
| <i>levocetirizine oral solution</i>  | 1         | MO                      | <i>alyq</i>   | 1         | PA; QL (60 per 30 days)   |
| <i>levocetirizine oral tablet</i>  | 1         | MO; QL (30 per 30 days) | <i>ambrisentan</i>  | 1         | PA; MO; LA                |
| <i>promethazine injection solution</i>   | 1         | MO                      | <i>arformoterol</i>   | 1         | B/D PA; MO                |
| <i>promethazine oral</i>   | 1         | PA; MO                  | ASMANEX HFA   | 1         | MO; QL (13 per 30 days)   |
| SYMJEPI  | 1         | MO; QL (2 per 30 days)  | ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60) | 1         | MO; QL (1 per 30 days)    |
| <b>PULMONARY AGENTS</b>  |           |                         | ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (120)  | 1         | MO; QL (2 per 30 days)    |
| <i>acetylcysteine</i>  | 1         | B/D PA; MO              | ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (14)   | 1         | QL (2 per 28 days)        |
| ADEMPAS  | 1         | PA; MO; LA              | ATROVENT HFA  | 1         | MO; QL (25.8 per 30 days) |
| ADVAIR DISKUS  | 1         | MO; QL (60 per 30 days) | <i>bosentan</i>   | 1         | PA; MO; LA                |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>                     | 1         | QL (17 per 30 days)     |   |           |                           |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i> | 1         | QL (13.4 per 30 days)   |   |           |                           |
| <i>albuterol sulfate inhalation solution for nebulization</i>                                | 1         | B/D PA; MO              |   |           |                           |
| <i>albuterol sulfate oral syrup</i>  | 1         | MO                      |   |           |                           |
| <i>albuterol sulfate oral tablet</i>   | 1         | MO                      |   |           |                           |

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| Drug Name  | Drug Tier | Requirements /Limits             |
|--|-----------|----------------------------------|
| BREZTRI AEROSPHERE   | 1         | MO; QL (10.7 per 30 days)        |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> | 1         | B/D PA; MO; QL (120 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>                 | 1         | B/D PA; MO; QL (60 per 30 days)  |
| CINRYZE  | 1         | PA; MO                           |
| COMBIVENT RESPIMAT   | 1         | MO; QL (8 per 30 days)           |
| <i>cromolyn inhalation</i>   | 1         | B/D PA; MO                       |
| DALIRESP ORAL TABLET 250 MCG   | 1         | PA; MO; QL (30 per 30 days)      |
| DALIRESP ORAL TABLET 500 MCG   | 1         | PA; MO                           |
| DULERA   | 1         | MO; QL (13 per 30 days)          |
| ESBRIET ORAL CAPSULE   | 1         | PA; MO; QL (270 per 30 days)     |
| ESBRIET ORAL TABLET 267 MG   | 1         | PA; MO; QL (270 per 30 days)     |
| ESBRIET ORAL TABLET 801 MG   | 1         | PA; MO; QL (90 per 30 days)      |
| FASENRA  | 1         | PA; MO; QL (1 per 28 days)       |

| Drug Name                             | Drug Tier | Requirements /Limits        |
|---------------------------------------|-----------|-----------------------------|
| FASENRA PEN                           | 1         | PA; MO; QL (1 per 28 days)  |
| <i>flunisolide</i>                    | 1         | MO; QL (50 per 30 days)     |
| <i>fluticasone propionate nasal</i>   | 1         | MO; QL (16 per 30 days)     |
| <i>formoterol fumarate</i>            | 1         | B/D PA; MO                  |
| HAEGARDA                              | 1         | PA; MO; LA                  |
| <i>icatibant</i>                      | 1         | PA; MO                      |
| INCRUSE ELLIPTA                       | 1         | MO; QL (30 per 30 days)     |
| <i>ipratropium bromide inhalation</i> | 1         | B/D PA; MO                  |
| <i>ipratropium-albuterol</i>          | 1         | B/D PA; MO                  |
| KALYDECO ORAL GRANULES IN PACKET      | 1         | PA; MO; QL (56 per 28 days) |
| KALYDECO ORAL TABLET                  | 1         | PA; MO; QL (60 per 30 days) |
| <i>levalbuterol hcl</i>               | 1         | B/D PA; MO                  |
| <i>metaproterenol oral syrup</i>      | 1         | MO                          |
| <i>mometasone nasal</i>               | 1         | MO; QL (34 per 30 days)     |
| <i>montelukast</i>                    | 1         | MO                          |
| OFEV                                  | 1         | PA; MO; QL (60 per 30 days) |
| OPSUMIT                               | 1         | PA; MO; LA                  |
| ORKAMBI ORAL GRANULES IN PACKET       | 1         | PA; MO; QL (56 per 28 days) |

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| Drug Name   | Drug Tier | Requirements /Limits         |
|---|-----------|------------------------------|
| ORKAMBI ORAL TABLET   | 1         | PA; MO; QL (112 per 28 days) |
| ORLADEYO  | 1         | PA; LA                       |
| PERFOROMIST   | 1         | B/D PA; MO                   |
| PULMOZYME   | 1         | B/D PA; MO                   |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION                         | 1         | MO; QL (10.6 per 30 days)    |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION                         | 1         | MO; QL (21.2 per 30 days)    |
| <i>sajazir</i>  | 1         | PA                           |
| <i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>          | 1         | PA                           |
| <i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i> | 1         | PA; MO; QL (224 per 30 days) |
| <i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>                           | 1         | PA; MO; QL (90 per 30 days)  |
| SPIRIVA RESPIMAT  | 1         | MO; QL (4 per 30 days)       |
| SPIRIVA WITH HANDIHALER   | 1         | MO; QL (90 per 90 days)      |

| Drug Name   | Drug Tier | Requirements /Limits        |
|---|-----------|-----------------------------|
| STIOLTO RESPIMAT  | 1         | MO; QL (4 per 30 days)      |
| STRIVERDI RESPIMAT  | 1         | MO; QL (4 per 30 days)      |
| SYMBICORT   | 1         | MO; QL (10.2 per 30 days)   |
| SYMDEKO   | 1         | PA; MO; QL (56 per 28 days) |
| <i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>  | 1         | PA; QL (60 per 30 days)     |
| <i>terbutaline</i>  | 1         | MO                          |
| THEO-24   | 1         | MO                          |
| <i>theophylline oral elixir</i>                                       | 1         |                             |
| <i>theophylline oral solution</i>                                     | 1         | MO                          |
| <i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i> | 1         | MO                          |
| <i>theophylline oral tablet extended release 24 hr</i>                | 1         | MO                          |
| TRIKAFTA  | 1         | PA; MO                      |
| TYVASO  | 1         | B/D PA; MO                  |
| TYVASO INSTITUTIONAL START KIT  | 1         | B/D PA                      |
| TYVASO REFILL KIT   | 1         | B/D PA; MO                  |
| TYVASO STARTER KIT  | 1         | B/D PA; MO                  |

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| Drug Name  | Drug Tier | Requirements /Limits                 |
|--|-----------|--------------------------------------|
| XOLAIR<br>SUBCUTANEOUS<br>RECON SOLN                 | 1         | PA; MO; LA;<br>QL (8 per 28<br>days) |
| XOLAIR<br>SUBCUTANEOUS<br>SYRINGE 150<br>MG/ML       | 1         | PA; MO; LA;<br>QL (8 per 28<br>days) |
| XOLAIR<br>SUBCUTANEOUS<br>SYRINGE 75 MG/0.5<br>ML    | 1         | PA; MO; LA;<br>QL (1 per 28<br>days) |
| <i>zafirlukast</i>                                   | 1         | MO                                   |
| <b>UROLOGICALS</b>                                   |           |                                      |
| <b>ANTICHOLINERGICS / ANTISPASMODICS</b>             |           |                                      |
| <i>flavoxate</i>                                     | 1         | MO                                   |
| MYRBETRIQ ORAL<br>SUSPENSION,EXTEN<br>DED REL RECON  | 1         |                                      |
| MYRBETRIQ ORAL<br>TABLET EXTENDED<br>RELEASE 24 HR   | 1         | MO                                   |
| <i>oxybutynin chloride</i>                           | 1         | MO                                   |
| <i>tolterodine</i>                                   | 1         | MO                                   |
| <i>trosipium</i>                                     | 1         | MO                                   |
| <b>BENIGN PROSTATIC HYPERPLASIA(BPH)<br/>THERAPY</b> |           |                                      |
| <i>alfuzosin</i>                                     | 1         | MO                                   |
| <i>dutasteride</i>                                   | 1         | MO                                   |
| <i>dutasteride-<br/>tamsulosin</i>                   | 1         | MO                                   |
| <i>finasteride oral<br/>tablet 5 mg</i>              | 1         | MO                                   |
| <i>silodosin</i>                                     | 1         | MO                                   |

| Drug Name                                     | Drug Tier | Requirements /Limits              |
|---|-----------|-----------------------------------|
| <i>tamsulosin</i>                             | 1         | MO                                |
| <b>MISCELLANEOUS UROLOGICALS</b>              |           |                                   |
| <i>alprostadil</i>                            | 1         |                                   |
| <i>bethanechol chloride</i>                   | 1         | MO                                |
| CYSTAGON                                      | 1         | PA; LA                            |
| ELMIRON                                       | 1         | MO                                |
| <i>glycine urologic</i>                       | 1         |                                   |
| <i>glycine urologic<br/>solution</i>          | 1         |                                   |
| K-PHOS NO 2                                   | 1         | MO                                |
| K-PHOS ORIGINAL                               | 1         | MO                                |
| <i>potassium citrate</i>                      | 1         | MO                                |
| RENACIDIN                                     | 1         | MO                                |
| <i>tadalafil oral tablet<br/>2.5 mg, 5 mg</i> | 1         | PA; MO; QL<br>(30 per 30<br>days) |
| <b>VITAMINS, HEMATINICS / ELECTROLYTES</b>    |           |                                   |
| <b>BLOOD DERIVATIVES</b>                      |           |                                   |
| <i>albumin, human 25<br/>%</i>                | 1         |                                   |
| <i>albuminar 25 %</i>                         | 1         |                                   |
| <i>alburx (human) 25 %</i>                    | 1         |                                   |
| <i>alburx (human) 5 %</i>                     | 1         |                                   |
| <i>albutein 25 %</i>                          | 1         |                                   |
| <i>albutein 5 %</i>                           | 1         |                                   |
| <i>plasbumin 25 %</i>                         | 1         |                                   |
| <i>plasbumin 5 %</i>                          | 1         |                                   |
| <b>ELECTROLYTES</b>                           |           |                                   |
| <i>calcium<br/>acetate(phosphat<br/>bind)</i> | 1         | MO                                |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>calcium chloride</i>                                      | 1         |                      |
| <i>calcium gluconate intravenous</i>                         | 1         |                      |
| <i>effer-k oral tablet, effervescent 25 meq</i>              | 1         | MO                   |
| <i>klor-con 10</i>   | 1         | MO                   |
| <i>klor-con 8</i>  | 1         | MO                   |
| <i>klor-con m10</i>  | 1         | MO                   |
| <i>klor-con m15</i>  | 1         | MO                   |
| <i>klor-con m20</i>  | 1         | MO                   |
| <i>klor-con oral packet 20</i>                               | 1         | MO                   |
| <i>klor-con/ef</i>   | 1         | MO                   |
| <i>k-tab oral tablet extended release 8 meq</i>              | 1         | MO                   |
| <i>lactated ringers intravenous</i>                          | 1         | MO                   |
| <i>magnesium chloride injection</i>                          | 1         |                      |
| MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML | 1         |                      |
| <i>magnesium sulfate in water</i>                            | 1         |                      |
| <i>magnesium sulfate injection solution</i>                  | 1         | MO                   |
| <i>magnesium sulfate injection syringe</i>                   | 1         |                      |
| <i>potassium acetate</i>                                     | 1         |                      |

| Drug Name   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>potassium chlorid-d5-0.45%nacl</i>   | 1         |                      |
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>          | 1         |                      |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i> | 1         |                      |
| <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>                       | 1         |                      |
| <i>potassium chloride in water intravenous piggyback</i>  | 1         |                      |
| <i>potassium chloride intravenous</i>   | 1         |                      |
| <i>potassium chloride oral capsule, extended release</i>  | 1         | MO                   |
| <i>potassium chloride oral liquid</i>   | 1         | MO                   |
| <i>potassium chloride oral packet</i>   | 1         | MO                   |
| <i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>                              | 1         | MO                   |
| <i>potassium chloride oral tablet extended release 20 meq</i>                                     | 1         |                      |

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| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>potassium chloride oral tablet,er particles/crystals 10 meq</i>                                       | 1         | MO                   |
| <i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>                               | 1         |                      |
| <i>potassium chloride-0.45 % nacl</i>  | 1         |                      |
| <i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>       | 1         |                      |
| <i>potassium chloride-d5-0.9%nacl</i>  | 1         |                      |
| <i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>                                     | 1         |                      |
| <i>ringer's intravenous</i>  | 1         |                      |
| <i>sodium acetate</i>  | 1         |                      |
| <i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>  | 1         |                      |
| <i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i> | 1         |                      |
| <i>sodium chloride 0.45 % intravenous parenteral solution</i>  | 1         | MO                   |

| Drug Name                                   | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| <i>sodium chloride 3 %</i>                  | 1         |                      |
| <i>sodium chloride 5 %</i>                  | 1         | MO                   |
| <i>sodium chloride intravenous</i>          | 1         |                      |
| <i>sodium phosphate</i>                     | 1         | MO                   |
| <b>MISCELLANEOUS NUTRITION PRODUCTS</b>     |           |                      |
| AMINOSYN II 15 %                            | 1         | B/D PA               |
| AMINOSYN-PF 7 % (SULFITE-FREE)              | 1         | B/D PA               |
| CLINIMIX 5%/D15W SULFITE FREE               | 1         | B/D PA               |
| CLINIMIX 4.25%/D10W SULF FREE               | 1         | B/D PA               |
| CLINIMIX 5%-D20W(SULFITE-FREE)              | 1         | B/D PA               |
| CLINIMIX 6%-D5W (SULFITE-FREE)              | 1         | B/D PA               |
| CLINIMIX 8%-D10W(SULFITE-FREE)              | 1         | B/D PA               |
| CLINIMIX 8%-D14W(SULFITE-FREE)              | 1         | B/D PA               |
| <i>electrolyte-48 in d5w</i>                | 1         |                      |
| <i>intralipid intravenous emulsion 20 %</i> | 1         | B/D PA               |
| IONOSOL-MB IN D5W                           | 1         |                      |
| ISOLYTE S PH 7.4                            | 1         |                      |

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| Drug Name                    | Drug Tier | Requirements /Limits |
|------------------------------|-----------|----------------------|
| ISOLYTE-P IN 5 %<br>DEXTROSE | 1         |                      |
| ISOLYTE-S                    | 1         |                      |
| PLASMA-LYTE 148              | 1         |                      |
| PLASMA-LYTE A                | 1         |                      |
| <i>plasmanate</i>            | 1         |                      |
| <i>plenamine</i>             | 1         | B/D PA               |
| <i>premasol 10 %</i>         | 1         | B/D PA               |
| <i>travasol 10 %</i>         | 1         | B/D PA               |

| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| TROPHAMINE 10 %  | 1         | B/D PA               |
| <b>VITAMINS / HEMATINICS</b>   |           |                      |
| <i>fluoride (sodium)<br/>oral tablet</i>   | 1         |                      |
| <i>fluoride (sodium)<br/>oral tablet, chewable<br/>1 mg (2.2 mg sod.<br/>fluoride)</i> | 1         | MO                   |
| <i>prenatal vitamin<br/>oral tablet</i>  | 1         |                      |

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| <b>P</b>                   | phenobarbital sodium .....   | 0.9%nacl .....              |
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We have made no changes to this Formulary since 12/1/2021. For more recent information or other questions, please contact Senior Whole Health at 1-888-794-7268 (TTY 711) 8 a.m. to 8 p.m., 7 days a week, or visit [www.seniorwholehealthMA.com](http://www.seniorwholehealthMA.com)

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