

**2026**

METROPLUS PLATINUM PLAN (HMO)  
METROPLUS ULTRACARE (HMO D-SNP)

# MEDICARE FORMULARY

## LIST OF COVERED DRUGS

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



For more recent information  
or other questions, please  
contact MetroPlus Health Plan  
Member Services: 866.986.0356  
(TTY: 711. Call Monday-Friday,  
8am-8pm | Saturday, 9am-5pm.  
After-hours answering service:  
800.442.2560 or visit [metroplusmedicare.org](https://metroplusmedicare.org)

This formulary was updated on 09/22/2026.  
We have made no changes to this formulary since 09/22/2026.

# **MetroPlus Health Plan**

## **2026 Formulary**

### **(List of Covered Drugs or “Drug List”)**

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

00026112, Version Number 15

This formulary was updated on 09/22/2026. For more recent information or other questions, please contact MetroPlus Health Plan Member Services at 866.986.0356 (TTY users should call 711). Hours are Monday through Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560. Or, visit [metroplusmedicare.org](https://metroplusmedicare.org).

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means MetroPlus Health Plan. When it refers to “plan” or “our plan,” it means MetroPlus UltraCare (HMO D-SNP), and MetroPlus Platinum Plan (HMO).

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

### **What is the MetroPlus Health Plan formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by MetroPlus Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. MetroPlus Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a MetroPlus Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

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

Most changes in drug coverage happen on January 1, but MetroPlus Health Plan may add or remove drugs on the Drug List during the year, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [metroplus.org/members/pharmacy](https://metroplus.org/members/pharmacy).

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the MetroPlus Health Plan formulary? Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, and quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
- If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the MetroPlus Health Plan formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 1. To get updated information about the drugs covered by MetroPlus Health Plan, please contact us. Our contact information appears on the front and back cover pages. We will send you a letter in the event of mid-year non-maintenance formulary changes which tells you where to find the updated formulary on our website.

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

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

### **Medical Condition**

The formulary begins on page 25. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 25. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 108. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

MetroPlus Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## **What are original biological products and how are they related to biosimilars?**

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that

are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the *Evidence of Coverage*, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

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

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

- **Prior Authorization:** MetroPlus Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from MetroPlus Health Plan before you fill your prescriptions. If you don’t get approval, MetroPlus Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, MetroPlus Health Plan limits the amount of the drug that MetroPlus Health Plan will cover. For example, MetroPlus Health Plan provides 120 pills per prescription for Colcrys. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, MetroPlus Health 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, MetroPlus Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MetroPlus Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 25. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask MetroPlus Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the MetroPlus Health Plan formulary?” below for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that MetroPlus Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by MetroPlus Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by MetroPlus Health Plan.
- You can ask MetroPlus Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the MetroPlus Health Plan formulary?**

You can ask MetroPlus Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, MetroPlus Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, MetroPlus Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## **What can I do if my drug is not on the formulary or has a restriction?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If your level of care changes after the first 90 days that you are a member, we may provide you with an emergency supply of up to 31-day (unless your prescription is for less). Oral brand solid medications are limited to a 14-day supply with exception as required by CMS guidance.

## For more information

For more detailed information about your MetroPlus Health Plan prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about MetroPlus Health Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (800.633.4227) 24 hours a day/7 days a week. TTY users should call 877.486.2048. Or, visit [medicare.gov](https://www.medicare.gov).

## MetroPlus Health Plan formulary

The formulary below provides coverage information about the drugs covered by MetroPlus Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 108.

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

The information in the Requirements/Limits column tells you if MetroPlus Health Plan has any special requirements for coverage of your drug.

- **PA:** MetroPlus requires your physician to get prior authorization for certain drugs. This means you will need to get approval from MetroPlus before you fill your prescriptions. If you don't get approval, MetroPlus may not cover the drug.
- **QL:** For certain drugs, MetroPlus limits the amount of the drug that MetroPlus will cover. For example, MetroPlus provides one unit per day per prescription for pantoprazole. This may be in addition to a standard one-month or three-month supply.
- **ST:** In some cases, MetroPlus 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, MetroPlus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MetroPlus will then cover Drug B.
- **LA:** Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Provider/Pharmacy Directory or call Member Services at 866.693.4615, 24 hours a day, 7 days a week. TTY users should call 800.881.2812.
- **B/D:** This prescription drug has a Part B versus D administrative prior authorization requirement. This 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.

- **NM:** This drug is not available via mail order and not available for a long-term supply.

MetroPlus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

# **MetroPlusHealth Plan**

## **Formulario 2026**

### **(Lista de medicamentos cubiertos o Lista de medicamentos)**

**IMPORTANTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

00026112, Versión Número 15

Este Formulario se actualizó el 22.º de septiembre de 2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios al Miembro de MetroPlusHealth Plan al 866.986.0356 (los usuarios de TTY pueden llamar al 711). El horario de atención es de lunes a viernes, de 8 a.m. a 8 p.m., y los sábados, de 9 a.m. a 5 p.m. Servicio de respuesta fuera del horario de atención: 800.442.2560. O bien, visite [metroplusmedicare.org](https://metroplusmedicare.org).

**Nota dirigida a los miembros activos:** Este Formulario ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que todavía contiene los medicamentos que usted toma.

Cuando esta lista de medicamentos (Formulario) diga “nosotros” o “nuestro”, significa MetroPlusHealth Plan. Cuando dice “plan” o “nuestro plan” significa MetroPlus UltraCare Plan (HMO D-SNP) y MetroPlus Platinum Plan (HMO).

Este documento incluye una lista de medicamentos (Formulario) de nuestro plan actualizada al 1.º de octubre. Para obtener un Formulario actualizado, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha más reciente de actualización del Formulario, aparece en las portadas delanteras y traseras.

Por lo general, debe acudir a las farmacias de la red para utilizar su beneficio de los medicamentos recetados. Los beneficios, el Formulario, la red de farmacias y/o los copagos/coaseguros pueden cambiar el 1.º de enero del 2026 y de vez en cuando durante el año.

### **¿Qué es el Formulario de MetroPlusHealth Plan?**

En este documento, utilizamos los términos Lista de medicamentos y Formulario para referirnos a lo mismo. Un Formulario es una lista de medicamentos cubiertos seleccionados por MetroPlusHealth Plan después de consultar a un equipo de proveedores de atención médica, el cual representa las terapias a base de medicamentos de venta con receta que se creen necesarias para llevar a cabo un programa de tratamiento de calidad. MetroPlusHealth Plan por lo general cubre los medicamentos que aparecen en nuestro Formulario siempre y cuando el medicamento sea necesario en términos médicos, los medicamentos recetados se despachen en una farmacia de la red de MetroPlusHealth Plan, y se sigan otras reglas del plan. Para más información sobre cómo obtener los medicamentos de venta con receta, por favor revise su *Evidencia de cobertura*.

## ¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1.º de enero, pero MetroPlusHealth Plan puede agregar o eliminar medicamentos en la Lista de Medicamentos durante el año o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios. Las actualizaciones del Formulario se publican mensualmente en nuestro sitio web aquí: [metroplus.org/members/pharmacy](https://metroplus.org/members/pharmacy).

**Cambios que pueden afectarlo este año:** En los siguientes casos, usted se verá afectado por cambios en la cobertura durante el año:

- **Sustituciones inmediatas de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro Formulario si lo reemplazamos con una nueva versión determinada de ese medicamento que aparecerá con las mismas restricciones o con menos. Cuando agregamos una nueva versión de un medicamento a nuestro Formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro Formulario, pero agregar inmediatamente nuevas restricciones.

Podemos realizar estos cambios inmediatos solo si estamos agregando una nueva versión genérica de un medicamento de marca, o agregando ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el Formulario (por ejemplo, agregando un biosimilar intercambiable que pueda ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

Si actualmente está tomando el medicamento de marca o el producto biológico original, es posible que no se lo informemos con anticipación antes de realizar un cambio inmediato, pero más adelante le brindaremos información sobre los cambios específicos que hemos realizado.

Si realizamos dicho cambio, usted o el profesional que receta pueden solicitarnos que hagamos una excepción y continuemos cubriendo el medicamento que se está modificando. Para obtener más información, consulte la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de MetroPlusHealth Plan? Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada “¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?”

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que debe retirarse por razones de seguridad o eficacia, podemos eliminar de inmediato el medicamento de nuestro formulario y, luego, notificar a los miembros que toman el medicamento.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del Formulario cuando agregamos un equivalente genérico o eliminar un producto biológico

original cuando agregamos un biosimilar. También podremos aplicar nuevas restricciones al medicamento de marca o al producto biológico original. Podemos realizar cambios según nuevas pautas clínicas. Si eliminamos medicamentos de nuestro Formulario, agregamos autorización previa y límites de cantidad y/o restricciones de terapia escalonada en un medicamento, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que el cambio entre en vigencia. Alternativamente, cuando un miembro solicita una recarga del medicamento, puede recibir un suministro de 30 días del medicamento y una notificación del cambio.

- Si realizamos estos otros cambios, usted o el profesional que receta pueden solicitarnos que hagamos una excepción para usted y continuemos cubriendo el medicamento que ha estado tomando. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de MetroPlusHealth Plan?”

**Cambios que no lo afectarán si actualmente está tomando el medicamento.** Por lo general, si usted está tomando un medicamento que está dentro de nuestro Formulario 2026 que estaba cubierto al comienzo del año, no suspendemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, excepto como se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los toman por el resto del año de cobertura. Este año no recibirá un aviso directo sobre cambios que no lo afecten. Sin embargo, los cambios le afectarán a partir del 1.º de enero del año próximo y es importante que consulte el Formulario del nuevo año de beneficios para ver si hay algún cambio en los medicamentos.

El Formulario adjunto está actualizado al 1.º de octubre. Para obtener información actualizada sobre los medicamentos cubiertos por MetroPlusHealth Plan, por favor póngase en contacto con nosotros. Nuestra información de contacto aparece en las portadas delanteras y traseras. Le enviaremos una carta en caso de cambios en el Formulario a mitad de año que no sean de mantenimiento, que le indicará dónde encontrar el Formulario actualizado en nuestro sitio web.

## **¿Cómo utilizo el Formulario?**

Hay dos maneras de encontrar su medicamento dentro del Formulario:

### **Enfermedad**

El Formulario comienza en la página 25. Los medicamentos en este Formulario están agrupados en categorías dependiendo del tipo de enfermedades para las que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una enfermedad cardíaca están listados bajo la categoría “Cardiovascular”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 25. Luego busque su medicamento bajo el nombre de la categoría.

### **Lista en orden alfabético**

Si no sabe en qué categoría buscar, debería buscar su medicamento en el Índice que comienza en la página 108. El Índice contiene una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos están listados en este Índice. Busque en el Índice y encuentre su medicamento. Al lado de su medicamento, verá el número de la página donde puede encontrar la información sobre la cobertura. Vaya a la página listada en el Índice y encontrará el nombre de su medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

MetroPlusHealth Plan cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico es aquel que contiene los mismos ingredientes activos que el medicamento de marca según la aprobación de la FDA (Administración de Alimentos y Medicamentos). Generalmente, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los de marca. Hay medicamentos genéricos de remplazo disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituir al medicamento de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

## ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el Formulario, cuando nos referimos a medicamentos, esto podría significar un fármaco o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se llaman biosimilares. Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares a algunos productos biológicos originales. Algunos biosimilares son intercambiables y, dependiendo de las leyes estatales, pueden sustituir al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

- Para obtener información sobre los tipos de medicamentos, consulte la *Evidencia de cobertura*, Capítulo 5, Sección 3.1, “La ‘Lista de medicamentos’ indica qué medicamentos de la Parte D están cubiertos”.

## ¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos podrían tener requerimientos adicionales o límites de cobertura. Estos requerimientos o límites podrían incluir:

- **Autorización previa:** MetroPlusHealth Plan requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que usted necesitará una aprobación por parte de MetroPlusHealth Plan antes de obtener su medicamento de venta con receta. Si no obtiene esta aprobación, MetroPlusHealth Plan podría no cubrir el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, MetroPlusHealth Plan limita la cantidad del medicamento que cubrirá MetroPlusHealth Plan. Por ejemplo, MetroPlusHealth Plan proporciona 120 píldoras por receta de Colcrys. Esto podría ser en adición a un suministro estándar para uno o tres meses.
- **Terapia escalonada:** En algunos casos, MetroPlusHealth Plan exige que usted primero pruebe algunos medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B sirven para el tratamiento de su enfermedad, MetroPlusHealth Plan puede no cubrir el medicamento B, a menos que pruebe el medicamento A primero. Si el medicamento A no le sirve, entonces MetroPlusHealth Plan cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos adicionales o límites buscando en el Formulario que comienza en la página 25. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos al visitar nuestro sitio web. Hemos publicado en línea los documentos que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha más reciente de actualización del Formulario, aparece en las portadas delanteras y

traseras.

Puede pedirle a MetroPlusHealth Plan que haga una excepción en cuanto a estas restricciones o límites o pedirle una lista de otros medicamentos similares que puedan servir para tratar su enfermedad. Vea la sección “¿Cómo solicito una excepción al Formulario de MetroPlusHealth Plan?” a continuación para obtener información sobre cómo solicitar una excepción.

### **¿Qué ocurre si mi medicamento no se encuentra en el Formulario?**

Si su medicamento no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe ponerse en contacto con Servicios al Miembro y preguntar si su medicamento está cubierto. Si se entera de que MetroPlusHealth Plan no cubre su medicamento, tiene dos opciones:

- Puede pedirle a Servicios al Miembro una lista de medicamentos similares que estén cubiertos por MetroPlusHealth Plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por MetroPlusHealth Plan.
- Puede pedirle a MetroPlusHealth Plan que haga una excepción y cubra su medicamento. Revise más abajo para obtener información sobre cómo solicitar una excepción.

### **¿Cómo solicito una excepción al Formulario de MetroPlusHealth Plan?**

Puede solicitarle a MetroPlusHealth Plan que haga una excepción en cuanto a nuestras reglas para la cobertura. Existen varios tipos de excepciones que nos puede pedir que hagamos.

- Puede pedirnos que cubramos un medicamento aún si este no está en nuestro Formulario. De aprobarse, este medicamento será cubierto a un nivel predeterminado de costo compartido y no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que eliminemos una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad en su medicamento. Por ejemplo, para ciertos medicamentos, MetroPlusHealth Plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que no apliquemos el límite y cubramos una cantidad mayor.

Generalmente, MetroPlusHealth Plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el Formulario del plan, el medicamento con menor costo compartido o la aplicación de la restricción no serían tan efectivos para usted y/o le causarían efectos adversos.

Usted o el profesional que receta deben comunicarse con nosotros para solicitar una excepción al Formulario, incluida una excepción a una restricción de cobertura. **Cuando solicita una excepción, el profesional que receta deberá explicar las razones médicas que justifiquen por qué usted necesita que se apruebe la excepción.** Por lo general, debemos tomar nuestra decisión dentro de las primeras 72 horas de haber recibido la declaración de apoyo del profesional que receta. Puede solicitar una decisión acelerada (rápida) si cree, y estamos de acuerdo, que su salud podría verse gravemente perjudicada si espera hasta 72 horas para recibir una decisión. Si estamos de acuerdo, o si el profesional que receta solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de que recibamos su declaración de respaldo.

## **¿Qué puedo hacer si mi medicamento no está en el Formulario o tiene alguna restricción?**

Como miembro nuevo o regular de nuestro plan, podría estar tomando medicamentos que no están dentro de nuestro Formulario. O es posible que esté tomando un medicamento que está en nuestro Formulario pero tiene una restricción de cobertura, como una autorización previa. Debe hablar con el profesional que receta sobre cómo solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al Formulario para que cubramos el medicamento que toma. Mientras habla con el profesional que receta para determinar qué debe hacer, podríamos cubrir su medicamento en algunos casos durante los primeros 90 días en los que usted es miembro de nuestro plan.

Por cada uno de sus medicamentos que no esté en nuestro Formulario o tenga una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta está hecha por menos días, permitiremos surtidos para proporcionarle hasta un máximo de 30 días de suministro del medicamento. Si no se aprueba la cobertura, después del primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si usted ha sido miembro del plan por menos de 90 días.

Si usted es un residente de un centro de cuidados de largo plazo y necesita un medicamento que no está en nuestro Formulario o si su capacidad de obtener los medicamentos es limitada, pero ya pasó los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia por 31 días para este medicamento mientras tramita una excepción al Formulario.

Si su nivel de atención cambia después de los primeros 90 días de ser miembro, podemos proporcionarle un suministro de emergencia de hasta 31 días (a menos que su receta sea por menos). Los medicamentos sólidos de marca por vía oral están limitados a un suministro de 14 días, con excepción de lo requerido por la guía de CMS.

### **Para más información**

Para más información sobre la cobertura de medicamentos recetados de MetroPlusHealth Plan, por favor revise su *Evidencia de cobertura* y otros materiales sobre el plan.

Si tiene preguntas sobre MetroPlusHealth Plan, por favor póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha más reciente de actualización del Formulario, aparece en las portadas delanteras y traseras.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (800.633.4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 877.486.2048. O bien, visite [medicare.gov](https://www.medicare.gov).

### **Formulario de MetroPlusHealth Plan**

El Formulario a continuación proporciona información sobre la cobertura de medicamentos por parte de MetroPlusHealth Plan. Si tiene dificultades para encontrar su medicamento en la lista, pase al Índice que comienza en la página 108.

La primera columna del cuadro lista el nombre del medicamento. Los medicamentos de marca están en mayúscula (por ejemplo, LIPITOR) y los medicamentos genéricos están en minúscula y cursiva (por ejemplo, *atorvastatina*).

La información en la columna de Requerimientos/Límites le dice si MetroPlusHealth Plan tiene algún requerimiento especial para la cobertura de su medicamento.

- **PA** (siglas en inglés de “aprobación previa”): MetroPlus requiere que su médico obtenga una autorización previa para ciertos medicamentos. Esto significa que usted necesitará una aprobación de MetroPlus antes de obtener su medicamento de venta con receta. Si no obtiene esta aprobación, puede que no cubramos el medicamento.
- **QL** (siglas en inglés de “límites a la cantidad”): Para ciertos medicamentos, MetroPlus limita la cantidad del medicamento que cubre. Por ejemplo, MetroPlus proporciona una unidad por día por receta de pantoprazol. Esto podría ser en adición a un suministro estándar para uno o tres meses.
- **ST**: En algunos casos, MetroPlus exige que usted primero pruebe algunos medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B sirven para el tratamiento de su enfermedad, MetroPlus podría no cubrir el medicamento B, a menos que pruebe el medicamento A primero. Si el medicamento A no le sirve, entonces MetroPlus cubrirá el medicamento B.
- **LA** (siglas en inglés de “disponibilidad limitada”): Estos medicamentos de venta con receta pueden estar disponibles solo en algunas farmacias. Para obtener más información, consulte su Directorio de proveedores/farmacias o llame a Servicios al Miembro al 866.693.4615, las 24 horas del día, los 7 días de la semana. Los usuarios de TTY pueden llamar al 800.881.2812.
- **B/D**: Este medicamento recetado debe ser autorizado previamente por vía administrativa como Parte B o D. El medicamento podría estar cubierto bajo la Parte B o D de Medicare según las circunstancias. Podría ser necesario enviar información donde se describa el uso y tipo de medicamento para llevar a cabo la determinación.
- **NM** (siglas en inglés de “no disponible por correo”): Este medicamento no está disponible mediante el pedido por correo y no está disponible para un suministro a largo plazo.

MetroPlusHealth Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, país de origen, edad, discapacidad o sexo.

# **MetroPlusHealth Plan**

## **2026年《處方一覽表》**

### **(承保藥物清單或「藥物清單」)**

**請閱讀：本文件包含有關我們在此計劃中承保藥物的資訊**

00026112, 版本號15

本處方一覽表更新於2026年9月22日。要獲得最新資訊或提出其他問題，請致電MetroPlusHealth Plan會員服務部：866.986.0356（聽力障礙電傳使用者應致電711）。工作時間為週一至週五，早8點至晚8點，週六，早9點至下午5點。非工作時段，請致電：800.442.2560。或者，瀏覽[metr oplusmedicare.org](https://metr oplusmedicare.org)。

**現有會員注意：**此處方一覽表自去年以來發生了變更。請閱覽此文件，確保處方一覽表仍然包含您服用的藥物。

本藥物清單（處方一覽表）中的「我們」或「我們的」指代MetroPlusHealth Plan。本文件中的「計劃」或「我們的計劃」指代MetroPlus UltraCare (HMO D-SNP)和MetroPlus Platinum Plan (HMO)。

本文件包含一份用於我們的計劃的藥物清單（處方一覽表），最後更新日期為10月1日。如需獲得最新處方一覽表，請聯絡我們。我們的聯絡方式和處方一覽表最新更新日期會分別出現在封面和封底。

一般情況下，您必須使用網絡內藥店來使用您的處方藥福利。福利、處方一覽表、藥房網絡和/或自付費用/共同保險費可能會在2026年1月1日發生變更，並在當年中不時發生變更。

### **何謂MetroPlusHealth Plan處方一覽表？**

在本文件中，我們使用「藥物清單」和「處方一覽表」這兩個術語來表示相同的意思。處方一覽表是MetroPlusHealth

Plan在諮詢醫療保健提供者團隊後選擇的承保藥物清單，這個清單上列出了有效的治療計劃所必須的處方療法。MetroPlusHealth

Plan一般會承保處方一覽表內列出的藥物，只要這些藥物屬於醫療必需藥物，且處方由Metr oPlusHealth

Plan網絡內的藥方開出，也符合其他的計劃規則。如想獲得關於如何開處方藥的更多資訊，請查閱您的《承保福利說明》。

## 處方一覽表（藥物清單）會發生變更嗎？

大部分藥物承保變更發生在1月1日，但在一年當中MetroPlusHealth Plan可能會新增或移除藥物清單中的藥物，或增加新的限制。在進行這些變更時，我們須遵循Medicare的規定。我們會每月在網站上發佈處方一覽表更新，網址為：[metroplus.org/members/pharmacy](https://metroplus.org/members/pharmacy)。

**當年可影響您的變更：**在以下案例中，您將因目前年度的承保變更受到影響：

- **立即取代某些新版本的**品牌藥**和**原始生物仿製劑**。**如果我們要用某藥物的某個新版本來替換它，而該新版本將具有相同或更少的限制，我們可立即將該藥物從我們的處方一覽表上移除。當我們將一種藥物的新版本添加到我們的處方一覽表中時，我們也可能決定將**品牌藥**或**原始生物製劑**繼續保留在我們的處方一覽表中，但可立即添加新的限制。

只有當我們正在添加一個新學名版本的**品牌藥**名稱，或者添加已經在處方一覽表上的**原始生物製劑**的某些**新生物仿製藥**版本時，我們才會做出這些變更（例如，添加一種可互換的**生物仿製藥**，可以在藥房取代**原生物製品**，而不需要新的處方）。

如果您目前正在服用該**品牌藥**或**原始生物製劑**，我們可能不會在立即進行變更之前提前告知您，但我們之後會向您提供有關我們所做出的具體變更的資訊。

如果我們做出此類變更，您或您的處方醫生可以要求我們例外對待並繼續為您承保發生變更的藥物。如需更多資訊，請參閱以下標題為「如何向MetroPlusHealth Plan請求處方一覽表特例處理？」的部分。您可能首次聽說某些藥物類型。欲瞭解更多資訊，請參閱以下標題為「什麼是**原始生物製劑**，與**生物仿製藥**有何關係？」的部分。

- **退市的藥物。**如果製造商停止銷售某種藥物，或者食品藥物監督管理局(FDA)出於安全或有效性原因決定停止銷售某種藥物，我們可能會立即將該藥物從我們的處方一覽表中刪除，並在稍後通知服用該藥物的會員。
- **其他變動。**我們可能會進行影響目前服用藥物的會員的其他變動。例如，我們可能會在添加同等效力學名藥時從處方一覽表刪除某種**品牌藥**，或者在添加**生物仿製藥**時刪除某種**原始生物製劑**。我們也可能對**品牌藥**或**原始生物製劑**施加新的限制。我們可以根據新的臨床指導原則進行變更。如果我們將藥物從處方一覽表中移除，增加了一種藥物的事前核准、數量限制以及/或者分步治療限制，我們必須在變更生效前至少30天內通知受影

響的會員這一變更情況。或者，在會員要求續開藥物時，可能會收到30天的藥物供應量和變更通知。

- 如果我們做出此類變更，您或您的處方醫生可以要求我們進行特例處理並繼續為您承保您一直服用的藥物。我們為您提供的通知還將包含您如何請求例外對待的資訊，您還可以在下面標題為「如何向MetroPlusHealth Plan處方一覽表請求特例處理？」部分中找到相關資訊。

**如果您目前正在服用該藥物，則您將不會受到影響的變化。**一般情況下，如果您正在服用我們的2026年處方一覽表上的藥物，且此藥物年初屬於承保藥物，我們不會在2026年保險年期間中斷或減少藥物承保。這意味著正在服用該藥物的會員能夠在該保險年的剩餘時間以相同的分攤費用取得該藥物，且無需受到新的限制。您當年不會受到任何對您不產生影響的變化的直接通知。但是，自下一年的1月1日開始，這些變更的影響就會生效，因此請務必查看新福利年度處方一覽表上的藥物是否有任何變化。

隨信附上的處方一覽表最後更新日期為10月1日。如想獲得MetroPlusHealth Plan藥物保險的最新資訊，請聯絡我們。我們的聯絡資料在封面和封底。如果年中並未出現處方一覽表維護變更，我們將向您郵寄一封信，告知您在我們網站的什麼位置尋找最新處方一覽表。

## 如何使用處方一覽表？

有兩個方法可以在處方一覽表中尋找您的藥物：

### 醫療狀況

處方一覽表從第25頁開始。此處方一覽表中的藥物根據它們用於治療的醫療狀況類型劃分為不同種類。例如，用於治療心臟狀況的藥物被列於「心血管」種類之下。如果您知道自己藥物的作用，則可從第25頁開始的清單中查詢種類名稱。然後在這一種類下方查詢您的藥物。

### 字母排列

如果您不確定應該在哪個種類下方查詢，您應該在從第108頁開始的索引中尋找您的藥物。索引提供了一份清單，將本文件包含的所有藥物按照字母順序進行排列。品牌藥和學

名藥都列於此索引之中。查詢索引，找到您的藥物。在您的藥物旁邊，您將看到承保資訊所在頁面的頁碼。翻至索引中所列頁面，並在清單第一欄找到您的藥物名稱。

## 什麼是學名藥？

### MetroPlusHealth

Plan承保品牌藥和學名藥。學名藥是透過FDA審核的與品牌藥具有相同活性成分的藥物。一般來說，學名藥和品牌藥效果一樣好，而且通常比品牌藥便宜。我們為多種品牌藥提供了可替代的學名藥。根據州法律，在藥房，學名藥通常可以取代品牌藥，而不需要新的處方。

## 什麼是原始生物製劑，與生物仿製藥有何關係？

在處方一覽表上，我們所說的「藥物」是指一種藥物或一種生物製劑。生物製品是比典型藥物更複雜的藥物。由於生物製劑比一般藥物更為複雜，不能完全複製，因此其替代形式被稱為生物仿製劑。一般來說，生物仿製藥和原始生物產品一樣有效，而且價格更低。某些生物製劑可以採用原始生物仿製劑作為替代。一些生物仿製藥是可互換的生物仿製藥，根據州法律，可以在藥房取代原生物製品，而不需要新的處方，就像學名藥可以取代品牌藥一樣。

- 有關藥物類型的討論，請參閱《承保福利說明》，第5章，第3.1節，「『藥物清單』說明有哪些D部分藥物享受保險。」

## 我的受保範圍是否有約束或限制？

部分承保藥物可能有額外承保要求或限制。這些要求和限制可能包括：

- **事前核准：**MetroPlusHealth Plan要求您或您的醫生為某些藥物獲得事前核准。這意味著您領取處方藥之前需要獲得MetroPlusHealth Plan的核准。若您未獲得核准，MetroPlusHealth Plan可能不承保此藥物。
- **數量限制：**對於某些藥物，MetroPlusHealth Plan的承保藥量有限。例如，MetroPlusHealth Plan將秋水仙鹼(Colcrys)的單次處方量限制為120片。這可能是對標準一個月或三個月供應量的補充。
- **分步治療：**在某些情況下，MetroPlusHealth Plan會要求您在其承保治療您所患病症的藥物前先試用某些藥物。例如，如果藥物A和藥物B都可治療您的疾病情況，MetroPlusHealth Plan可能會要求您先試用藥物A，否則就不承保藥物B。如果藥物A對您無效，MetroPlusHealth Plan將承保藥物B。

如想瞭解您的藥物是否有其他額外要求或限制，您可從第25頁開始檢視處方一覽表。您也可以瀏覽我們的網站，瞭解有關特定承保藥物所受約束的詳細資訊。我們已在網上發佈文件，解釋我們的事先核准和逐步治療限制。您也可以要求我們向您傳送一份副本。我們的聯絡方式和處方一覽表最新更新日期會分別出現在封面和封底。

您可以要求MetroPlusHealth

Plan對這些約束和限製作特例處理，或對也許能夠治療您的健康狀況的其他類似藥物清單作出特例處理。參見下方的「如何向MetroPlusHealth Plan處方一覽表請求特例處理？」部分，瞭解請求特例處理的方法。

## 如果我的藥物未納入此處方一覽表該怎麼辦？

如果您的藥物未納入此處方一覽表（承保藥物清單），您首先應該聯絡會員服務部，詢問您的藥物是否在承保範圍內。

如果您瞭解到MetroPlusHealth Plan不承保您的藥物，您有兩個選項：

- 您可以向會員服務部要求一份MetroPlusHealth Plan承保的類似藥物清單。當您收到這份清單之後，將這份清單給您的醫生檢視並要求他們開一種與MetroPlusHealth Plan的承保藥物類似的藥物。
- 您可以向MetroPlusHealth Plan請求特例處理並要求承保您的藥物。參見下方資訊，瞭解如何請求特例處理。

## 如何向MetroPlusHealth Plan處方一覽表請求特例處理？

您可以向MetroPlusHealth

Plan請求對我們的承保規則進行特例處理。您可以向我們請求進行幾類特例處理。

- 即使一種藥物不在我們的處方一覽表之上，您也可以向我們請求承保此藥物。如果請求被核准，此藥物將以事先決定的費用分攤水準被承保，而您無法要求我們提供更低的費用分攤水準。
- 您可以要求我們免除承保範圍限制，包括事前核准、分步治療或您藥物的數量限制。例如，對於某些藥物，MetroPlusHealth Plan限制我們承保的藥量。如果您的藥物有藥量限制，您可以向我們請求撤銷此限制並承保更大藥量。

一般情況下，只有當計劃處方一覽表上包含的替代藥物、分攤費用更低的藥物或採取限制對您的治療效果不佳以及/或者可能對您產生副作用，MetroPlusHealth Plan才會核准您的特例請求。

您或您的處方醫生應聯絡我們，申請處方一覽表特例處理，包括承保範圍限制的特例處理。

**當您要求例外處理，您的開藥醫生將需要解釋您為什麼需要該項例外處獲得核准的醫療理由。**一般情況下，我們必須在收到您的開藥醫生出具的支持性聲明後的72小時內作出決定。如

果您或您的醫生認為（而我們也同意）等待72小時才能裁定可能會對您的健康造成嚴重傷害，您可以請求加急（快速）裁定。如果我們同意，或者如果您的處方醫生要求快速做出決定，我們必須在收到您的處方醫生的支援性聲明後24小時內做出決定。

## 如果我的藥物不在處方一覽表上或有限制，我該怎麼辦？

作為我們的計劃的新會員或持續會員，您可能正在服用不在我們的處方一覽表上的藥物。或者，您可能正在服用我們處方一覽表上的藥物，但該藥物有承保範圍限制，例如事前核准。您應與您的處方醫生討論請求承保範圍裁定，以證明您符合核准標準，改用我們承保的替代藥物，或請求處方一覽表特例處理，以便我們承保您服用的藥物。在您和您的醫生決定正確的處理措施之時，我們可能會在特定情況下在您成為我們的計劃會員的最初90天內承保您的藥物。

對於您的每種不在我們的處方一覽表上或有承保限制的藥物，我們將承保30天的臨時供應量。如果您所開的處方藥用量天數較少，我們將允許再次配藥，以便提供最多30天供應的藥物。如果保險未獲核准，結束您最初30天的供應藥量之後，我們不會為這些藥物支付費用，即使您成為本計劃會員的時間不超過90天亦如此。

如果您是一家長期護理機構的住院病患且您需要的藥物並不在我們的處方一覽表上或者如果您獲得藥物的能力有限，而您加入我們計劃成為會員已經超過90天，在您尋求處方一覽表例外處理期間，我們將承保31天的急救用藥用量。

如果您在成為會員的頭90天后護理等級發生變化，我們可以為您提供長達31天的緊急藥物供應（除非您的處方用量少於該期限）。品牌口服固體製劑藥量控制在14天用量，例外情況依照CMS指導要求。

## 更多資訊

為獲得關於您的MetroPlusHealth

Plan處方藥物承保的詳細資訊，請閱覽您的《承保福利說明》和其他計劃材料。

如果您對MetroPlusHealth

Plan有疑問，請聯絡我們。我們的聯絡方式和處方一覽表最新更新日期會分別出現在封面和封底。

如果您對Medicare處方藥物承保有一般性問題，請致電Medicare，電話是1-800-MEDICARE (800.633.4227)，每週7天、每天24小時開通。聽力障礙電傳使用者應致電877.486.2048。或瀏覽[medicare.gov](https://www.medicare.gov)。

## MetroPlusHealth Plan處方一覽表

下方的處方一覽表向您提供MetroPlusHealth

Plan承保的藥物資訊。如果您在藥物清單上找藥物有困難，請翻至位於第108頁上的索引部分。

圖表第一列是藥物名稱。品牌藥名稱大寫（如：*LIPITOR*），學名藥為斜體小寫（如：*atorvastatin*）。

要求/限制欄中的資訊告知您MetroPlusHealth Plan對您的藥物承保是否有任何特殊要求。

- **PA**：MetroPlus要求您的醫生為某些藥物獲得事前核准。這意味著您領取處方藥之前需要獲得MetroPlus的核准。若您未獲得核准，MetroPlus可能不承保此藥物。
- **QL**：對於某些藥物，MetroPlus限制承保的藥量。例如，MetroPlus每天為每一處方的泮托拉唑（*pantoprazole*）提供一個單位的藥量。這可能是對標準一個月或三個月供應量的補充。
- **ST**：在某些情況下，MetroPlus會要求您在其承保治療您所患病症的藥物前先試用其他藥物。例如，如果藥物A和藥物B都可治療您的疾病情況，MetroPlus可能會要求您先試用藥物A，否則就不承保藥物B。如果藥物A對您無效，MetroPlus將承保藥物B。
- **LA**：獲得管道有限。該處方可能只允許在一些藥房配藥。欲瞭解更多訊息，請諮詢您的醫療服務提供者/參閱《藥房名錄》或致電會員服務部：866.693.4615，工作時間為每週7天，每天24小時。聽力障礙電傳使用者應致電800.881.2812。
- **B/D**：此處方藥物在核准要求之前有一個B部分與D部分的行政問題。視不同情況而定，此藥物可能根據Medicare B部分或D部分進行承保。可能需要提交資訊，說明此藥物的用途和治療情況，以便作出決定。
- **NM**：此藥物不能郵購，也不提供長期用量配藥。

MetroPlusHealth Plan

遵守適用的聯邦民權法律，沒有種族、膚色、原國籍、年齡、殘障或性別方面的歧視。

**METRO\_PLUS\_CY26\_1T\_SNP eff 10/01/2026**

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

**ANALGESICS****GOUT**

|                                                |        |                         |
|------------------------------------------------|--------|-------------------------|
| <i>allopurinol</i> TABS 100mg, 300mg           | Tier 1 |                         |
| <i>colchicine</i> TABS .6mg                    | Tier 1 | QL (120 tabs / 30 days) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | Tier 1 |                         |
| <i>probenecid</i> TABS 500mg                   | Tier 1 |                         |

**MISCELLANEOUS**

|                                                                |        |                               |
|----------------------------------------------------------------|--------|-------------------------------|
| JOURNAVX TABS 50mg                                             | Tier 1 | QL (29 tabs / 14 days),<br>PA |
| <i>lidocaine hcl (local anesth.)</i> SOLN .5%,<br>1%, 1.5%, 2% | Tier 1 | B/D                           |

**NSAIDS**

|                                                                                      |        |                         |
|--------------------------------------------------------------------------------------|--------|-------------------------|
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg                                             | Tier 1 | QL (60 caps / 30 days)  |
| <i>celecoxib</i> CAPS 400mg                                                          | Tier 1 | QL (30 caps / 30 days)  |
| <i>diclofenac potassium</i> TABS 50mg                                                | Tier 1 | QL (120 tabs / 30 days) |
| <i>diclofenac sodium</i> TB24 100mg; TBEC<br>25mg, 50mg, 75mg                        | Tier 1 |                         |
| <i>diflunisal</i> TABS 500mg                                                         | Tier 1 |                         |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS<br>400mg, 500mg; TB24 400mg, 500mg,<br>600mg | Tier 1 |                         |
| <i>flurbiprofen</i> TABS 100mg                                                       | Tier 1 |                         |
| <i>ibu</i> TABS 400mg, 600mg, 800mg                                                  | Tier 1 |                         |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS<br>400mg, 600mg, 800mg                         | Tier 1 |                         |
| <i>meloxicam</i> TABS 7.5mg, 15mg                                                    | Tier 1 |                         |
| <i>nabumetone</i> TABS 500mg, 750mg                                                  | Tier 1 |                         |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg                                             | Tier 1 |                         |
| <i>naproxen</i> TBEC 375mg                                                           | Tier 1 | QL (120 tabs / 30 days) |
| <i>naproxen sodium</i> TABS 275mg, 550mg                                             | Tier 1 |                         |
| <i>piroxicam</i> CAPS 10mg, 20mg                                                     | Tier 1 |                         |
| <i>sulindac</i> TABS 150mg, 200mg                                                    | Tier 1 |                         |

**OPIOID ANALGESICS, LONG-ACTING**

|                                                                                                                  |        |                                  |
|------------------------------------------------------------------------------------------------------------------|--------|----------------------------------|
| <i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr,<br>10mcg/hr, 15mcg/hr, 20mcg/hr                                    | Tier 1 | QL (4 patches / 28<br>days), PA  |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr,<br>37.5mcg/hr, 50mcg/hr, 62.5mcg/hr,<br>75mcg/hr, 87.5mcg/hr, 100mcg/hr | Tier 1 | QL (10 patches / 30<br>days), PA |
| <i>hydrocodone bitartrate</i> T24A 20mg,<br>30mg, 40mg, 60mg, 80mg, 100mg,<br>120mg                              | Tier 1 | QL (30 tabs / 30 days),<br>PA    |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml                                                                      | Tier 1 | QL (450 mL / 30 days),<br>PA     |

| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|-------------------------------------------------------------|------------------|-------------------------------|
| <i>methadone hcl</i> TABS 5mg, 10mg                         | Tier 1           | QL (90 tabs / 30 days),<br>PA |
| <i>methadone hydrochloride i</i> CONC 10mg/ml               | Tier 1           | QL (90 mL / 30 days),<br>PA   |
| <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg | Tier 1           | QL (90 tabs / 30 days),<br>PA |

### **OPIOID ANALGESICS, SHORT-ACTING**

|                                                              |        |                         |
|--------------------------------------------------------------|--------|-------------------------|
| <i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml           | Tier 1 | QL (2700 mL / 30 days)  |
| <i>acetaminophen w/ codeine tab</i> 300-15 mg                | Tier 1 | QL (400 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab</i> 300-30 mg                | Tier 1 | QL (360 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab</i> 300-60 mg                | Tier 1 | QL (180 tabs / 30 days) |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml              | Tier 1 |                         |
| <i>endocet tab</i> 2.5-325mg                                 | Tier 1 | QL (360 tabs / 30 days) |
| <i>endocet tab</i> 5-325mg                                   | Tier 1 | QL (360 tabs / 30 days) |
| <i>endocet tab</i> 7.5-325mg                                 | Tier 1 | QL (240 tabs / 30 days) |
| <i>endocet tab</i> 10-325mg                                  | Tier 1 | QL (180 tabs / 30 days) |
| <i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml        | Tier 1 | QL (2700 mL / 30 days)  |
| <i>hydrocodone-acetaminophen tab</i> 5-325 mg                | Tier 1 | QL (240 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab</i> 7.5-325 mg              | Tier 1 | QL (180 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab</i> 10-325 mg               | Tier 1 | QL (180 tabs / 30 days) |
| <i>hydrocodone-ibuprofen tab</i> 7.5-200 mg                  | Tier 1 | QL (150 tabs / 30 days) |
| <i>hydromorphone hcl</i> LIQD 1mg/ml                         | Tier 1 | QL (600 mL / 30 days)   |
| <i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg                  | Tier 1 | QL (180 tabs / 30 days) |
| <i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml | Tier 1 | B/D                     |
| <i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml              | Tier 1 | QL (900 mL / 30 days)   |
| <i>morphine sulfate</i> SOLN 100mg/5ml                       | Tier 1 | QL (180 mL / 30 days)   |
| <i>morphine sulfate</i> TABS 15mg, 30mg                      | Tier 1 | QL (180 tabs / 30 days) |
| <i>oxycodone hcl</i> CONC 100mg/5ml                          | Tier 1 | QL (180 mL / 30 days)   |
| <i>oxycodone hcl</i> SOLN 5mg/5ml                            | Tier 1 | QL (900 mL / 30 days)   |
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg        | Tier 1 | QL (180 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg             | Tier 1 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab</i> 5-325 mg               | Tier 1 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg             | Tier 1 | QL (240 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab</i> 10-325 mg              | Tier 1 | QL (180 tabs / 30 days) |

| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------|------------------|----------------------------|
| <i>tramadol hcl</i> TABS 50mg                 | Tier 1           | QL (240 tabs / 30 days)    |
| <i>tramadol-acetaminophen tab</i> 37.5-325 mg | Tier 1           | QL (240 tabs / 30 days)    |

## **ANTI-INFECTIVES**

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

|                                                                   |        |                           |
|-------------------------------------------------------------------|--------|---------------------------|
| <i>albendazole</i> TABS 200mg                                     | Tier 1 | QL (672 tabs / year), PA  |
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml                   | Tier 1 |                           |
| ARIKAYCE SUSP 590mg/8.4ml                                         | Tier 1 | NM, PA                    |
| <i>atovaquone</i> SUSP 750mg/5ml                                  | Tier 1 | QL (300 mL / 30 days), PA |
| <i>aztreonam</i> SOLR 1gm, 2gm                                    | Tier 1 |                           |
| BLUJEPA TABS 750mg                                                | Tier 1 |                           |
| CAYSTON SOLR 75mg                                                 | Tier 1 | NM, PA                    |
| <i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg                    | Tier 1 |                           |
| <i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml          | Tier 1 |                           |
| <i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | Tier 1 |                           |
| <i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml           | Tier 1 |                           |
| <i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml           | Tier 1 |                           |
| <i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml           | Tier 1 |                           |
| CLINDMYC/NAC INJ 300/50ML                                         | Tier 1 |                           |
| CLINDMYC/NAC INJ 600/50ML                                         | Tier 1 |                           |
| CLINDMYC/NAC INJ 900/50ML                                         | Tier 1 |                           |
| <i>colistimethate sodium</i> SOLR 150mg                           | Tier 1 |                           |
| <i>dapsone</i> TABS 25mg, 100mg                                   | Tier 1 |                           |
| DAPTOMYCIN SOLR 350mg                                             | Tier 1 |                           |
| <i>daptomycin</i> SOLR 350mg, 500mg                               | Tier 1 |                           |
| EMVERM CHEW 100mg                                                 | Tier 1 | QL (12 tabs / year)       |
| <i>ertapenem sodium</i> SOLR 1gm                                  | Tier 1 |                           |
| <i>fosfomycin tromethamine</i> PACK 3gm                           | Tier 1 |                           |
| <i>gentamicin in saline inj</i> 0.8 mg/ml                         | Tier 1 |                           |
| <i>gentamicin in saline inj</i> 1 mg/ml                           | Tier 1 |                           |
| <i>gentamicin in saline inj</i> 1.2 mg/ml                         | Tier 1 |                           |
| <i>gentamicin in saline inj</i> 1.6 mg/ml                         | Tier 1 |                           |
| <i>gentamicin in saline inj</i> 2 mg/ml                           | Tier 1 |                           |
| <i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml                   | Tier 1 |                           |
| <i>imipenem-cilastatin intravenous for soln</i> 250 mg            | Tier 1 |                           |
| <i>imipenem-cilastatin intravenous for soln</i> 500 mg            | Tier 1 |                           |

| <b>Drug Name</b>                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------|------------------|----------------------------|
| <i>ivermectin</i> TABS 3mg                                             | Tier 1           | QL (20 tabs / 90 days), PA |
| <i>ivermectin</i> TABS 6mg                                             | Tier 1           | QL (10 tabs / 90 days), PA |
| <i>linezolid</i> SOLN 600mg/300ml                                      | Tier 1           |                            |
| <i>linezolid</i> SUSR 100mg/5ml                                        | Tier 1           | QL (1800 mL / 30 days)     |
| <i>linezolid</i> TABS 600mg                                            | Tier 1           | QL (60 tabs / 30 days)     |
| LINEZOLID INJ 2MG/ML                                                   | Tier 1           |                            |
| <i>meropenem</i> SOLR 1gm, 2gm, 500mg                                  | Tier 1           |                            |
| <i>methenamine hippurate</i> TABS 1gm                                  | Tier 1           |                            |
| <i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg               | Tier 1           |                            |
| <i>neomycin sulfate</i> TABS 500mg                                     | Tier 1           |                            |
| <i>nitazoxanide</i> TABS 500mg                                         | Tier 1           | QL (6 tabs / 30 days)      |
| <i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg                    | Tier 1           |                            |
| <i>nitrofurantoin monohyd macro</i> CAPS 100mg                         | Tier 1           |                            |
| <i>pentamidine isethionate inh</i> SOLR 300mg                          | Tier 1           | B/D                        |
| <i>pentamidine isethionate inj</i> SOLR 300mg                          | Tier 1           |                            |
| <i>polymyxin b sulfate</i> SOLR 500000unit                             | Tier 1           |                            |
| <i>praziquantel</i> TABS 600mg                                         | Tier 1           |                            |
| <i>pyrimethamine</i> TABS 25mg                                         | Tier 1           | QL (90 tabs / 30 days), PA |
| <i>streptomycin sulfate</i> SOLR 1gm                                   | Tier 1           |                            |
| <i>sulfadiazine</i> TABS 500mg                                         | Tier 1           |                            |
| <i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml             | Tier 1           |                            |
| <i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml                | Tier 1           |                            |
| <i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg                     | Tier 1           |                            |
| <i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg                    | Tier 1           |                            |
| <i>tinidazole</i> TABS 250mg, 500mg                                    | Tier 1           |                            |
| TOBI PODHALER CAPS 28mg                                                | Tier 1           | NM, PA                     |
| <i>tobramycin</i> NEBU 300mg/5ml                                       | Tier 1           | NM, PA                     |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml           | Tier 1           |                            |
| <i>trimethoprim</i> TABS 100mg                                         | Tier 1           |                            |
| <i>vancomycin hcl</i> CAPS 125mg                                       | Tier 1           | QL (80 caps / 180 days)    |
| <i>vancomycin hcl</i> CAPS 250mg                                       | Tier 1           | QL (160 caps / 180 days)   |
| <i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | Tier 1           |                            |
| VANCOMYCIN INJ 1 GM                                                    | Tier 1           |                            |

| <b>Drug Name</b>                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                               |
|-----------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------|
| VANCOMYCIN INJ 500MG                                                        | Tier 1           |                                                                                          |
| VANCOMYCIN INJ 750MG                                                        | Tier 1           |                                                                                          |
| <b>ANTIFUNGALS</b>                                                          |                  |                                                                                          |
| <i>amphotericin b</i> SOLR 50mg                                             | Tier 1           | B/D                                                                                      |
| <i>amphotericin b liposome</i> SUSR 50mg                                    | Tier 1           | B/D                                                                                      |
| <i>caspofungin acetate</i> SOLR 50mg, 70mg                                  | Tier 1           |                                                                                          |
| CRESEMBA CAPS 74.5mg, 186mg                                                 | Tier 1           | PA                                                                                       |
| <i>fluconazole</i> SUSR 10mg/ml, 40mg/ml;<br>TABS 50mg, 100mg, 150mg, 200mg | Tier 1           |                                                                                          |
| <i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml                            | Tier 1           |                                                                                          |
| <i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml                            | Tier 1           |                                                                                          |
| <i>flucytosine</i> CAPS 250mg, 500mg                                        | Tier 1           | PA                                                                                       |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml;<br>TABS 500mg                 | Tier 1           |                                                                                          |
| <i>griseofulvin ultramicrosize</i> TABS 125mg,<br>250mg                     | Tier 1           |                                                                                          |
| <i>itraconazole</i> CAPS 100mg                                              | Tier 1           | QL (120 caps / 30 days)                                                                  |
| <i>ketoconazole</i> TABS 200mg                                              | Tier 1           | PA                                                                                       |
| <i>miconazole sodium</i> SOLR 50mg, 100mg                                   | Tier 1           |                                                                                          |
| <i>nystatin</i> TABS 500000unit                                             | Tier 1           |                                                                                          |
| <i>posaconazole</i> TBEC 100mg                                              | Tier 1           | QL (93 tabs / 30 days),<br>PA                                                            |
| <i>terbinafine hcl</i> TABS 250mg                                           | Tier 1           | QL (30 tabs / 30 days),<br>PA; PA applies after a 90<br>day supply in a calendar<br>year |
| <i>voriconazole</i> SOLR 200mg                                              | Tier 1           | PA                                                                                       |
| <i>voriconazole</i> SUSR 40mg/ml                                            | Tier 1           | QL (600 mL / 28 days),<br>PA                                                             |
| <i>voriconazole</i> TABS 50mg                                               | Tier 1           | QL (480 tabs / 30 days)                                                                  |
| <i>voriconazole</i> TABS 200mg                                              | Tier 1           | QL (120 tabs / 30 days)                                                                  |
| <b>ANTIMALARIALS</b>                                                        |                  |                                                                                          |
| <i>atovaquone-proguanil hcl tab</i> 62.5-25 mg                              | Tier 1           |                                                                                          |
| <i>atovaquone-proguanil hcl tab</i> 250-100 mg                              | Tier 1           |                                                                                          |
| <i>chloroquine phosphate</i> TABS 250mg,<br>500mg                           | Tier 1           |                                                                                          |
| COARTEM TAB 20-120MG                                                        | Tier 1           |                                                                                          |
| <i>mefloquine hcl</i> TABS 250mg                                            | Tier 1           |                                                                                          |
| <i>primaquine phosphate</i> TABS 26.3mg                                     | Tier 1           |                                                                                          |
| PRIMAQUINE PHOSPHATE TABS 26.3mg                                            | Tier 1           |                                                                                          |
| <i>quinine sulfate</i> CAPS 324mg                                           | Tier 1           | PA                                                                                       |
| <b>ANTIRETROVIRAL AGENTS</b>                                                |                  |                                                                                          |
| <i>abacavir sulfate</i> SOLN 20mg/ml; TABS<br>300mg                         | Tier 1           |                                                                                          |
| APTIVUS CAPS 250mg                                                          | Tier 1           |                                                                                          |

| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------|------------------|----------------------------|
| <i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg      | Tier 1           |                            |
| <i>darunavir</i> TABS 600mg                             | Tier 1           | QL (60 tabs / 30 days)     |
| <i>darunavir</i> TABS 800mg                             | Tier 1           | QL (30 tabs / 30 days)     |
| EDURANT TABS 25mg                                       | Tier 1           |                            |
| EDURANT PED TBSO 2.5mg                                  | Tier 1           |                            |
| <i>efavirenz</i> TABS 600mg                             | Tier 1           |                            |
| <i>emtricitabine</i> CAPS 200mg                         | Tier 1           |                            |
| EMTRIVA SOLN 10mg/ml                                    | Tier 1           |                            |
| <i>etravirine</i> TABS 100mg, 200mg                     | Tier 1           |                            |
| <i>fosamprenavir calcium</i> TABS 700mg                 | Tier 1           |                            |
| INTELENCE TABS 25mg                                     | Tier 1           |                            |
| ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg      | Tier 1           |                            |
| ISENTRESS HD TABS 600mg                                 | Tier 1           |                            |
| <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg       | Tier 1           |                            |
| <i>maraviroc</i> TABS 150mg, 300mg                      | Tier 1           |                            |
| <i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg | Tier 1           |                            |
| NORVIR PACK 100mg                                       | Tier 1           |                            |
| PIFELTRO TABS 100mg                                     | Tier 1           |                            |
| PREZISTA SUSP 100mg/ml                                  | Tier 1           | QL (400 mL / 30 days)      |
| PREZISTA TABS 75mg                                      | Tier 1           | QL (480 tabs / 30 days)    |
| PREZISTA TABS 150mg                                     | Tier 1           | QL (240 tabs / 30 days)    |
| REYATAZ PACK 50mg                                       | Tier 1           |                            |
| <i>rilpivirine hcl</i> TABS 25mg                        | Tier 1           |                            |
| <i>ritonavir</i> TABS 100mg                             | Tier 1           |                            |
| RUKOBIA TB12 600mg                                      | Tier 1           |                            |
| SELZENTRY SOLN 20mg/ml                                  | Tier 1           |                            |
| SUNLENCA TABS 300mg; TBPK 300mg                         | Tier 1           |                            |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg         | Tier 1           |                            |
| TIVICAY TABS 50mg                                       | Tier 1           |                            |
| TIVICAY PD TBSO 5mg                                     | Tier 1           |                            |
| TROGARZO SOLN 200mg/1.33ml                              | Tier 1           |                            |
| TYBOST TABS 150mg                                       | Tier 1           |                            |
| VIRACEPT TABS 250mg, 625mg                              | Tier 1           |                            |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg           | Tier 1           |                            |
| <i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg | Tier 1           |                            |
| <b>ANTIRETROVIRAL COMBINATION AGENTS</b>                |                  |                            |
| <i>abacavir sulfate-lamivudine tab</i> 600-300mg        | Tier 1           |                            |
| BIKTARVY TAB 30-120-15 MG                               | Tier 1           |                            |

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| BIKTARVY TAB 50-200-25 MG                                         | Tier 1           |                            |
| CIMDUO TAB 300-300                                                | Tier 1           |                            |
| DELSTRIGO TAB                                                     | Tier 1           |                            |
| DESCOVY TAB 120-15MG                                              | Tier 1           |                            |
| DESCOVY TAB 200/25MG                                              | Tier 1           |                            |
| DOVATO TAB 50-300MG                                               | Tier 1           |                            |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | Tier 1           |                            |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>       | Tier 1           |                            |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | Tier 1           |                            |
| <i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>   | Tier 1           |                            |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | Tier 1           |                            |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | Tier 1           |                            |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | Tier 1           |                            |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | Tier 1           |                            |
| EVOTAZ TAB 300-150                                                | Tier 1           |                            |
| GENVOYA TAB                                                       | Tier 1           |                            |
| IDVYNZO TAB 100-0.25                                              | Tier 1           |                            |
| JULUCA TAB 50-25MG                                                | Tier 1           |                            |
| KALETRA SOL                                                       | Tier 1           |                            |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | Tier 1           |                            |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                          | Tier 1           |                            |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                          | Tier 1           |                            |
| ODEFSEY TAB                                                       | Tier 1           |                            |
| PREZCOBIX TAB 675/150                                             | Tier 1           |                            |
| PREZCOBIX TAB 800-150                                             | Tier 1           |                            |
| STRIBILD TAB                                                      | Tier 1           |                            |
| SYMTUZA TAB                                                       | Tier 1           |                            |
| TRIUMEQ PD TAB                                                    | Tier 1           |                            |
| TRIUMEQ TAB                                                       | Tier 1           |                            |
| <b>ANTITUBERCULAR AGENTS</b>                                      |                  |                            |
| <i>cycloserine CAPS 250mg</i>                                     | Tier 1           |                            |
| <i>ethambutol hcl TABS 100mg, 400mg</i>                           | Tier 1           |                            |
| <i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>                 | Tier 1           |                            |
| PRIFTIN TABS 150mg                                                | Tier 1           |                            |
| <i>pyrazinamide TABS 500mg</i>                                    | Tier 1           |                            |
| <i>rifabutin CAPS 150mg</i>                                       | Tier 1           |                            |

| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|----------------------------------------------------------------|------------------|---------------------------------|
| <i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg                  | Tier 1           |                                 |
| <i>rifapentine</i> TABS 150mg                                  | Tier 1           |                                 |
| SIRTURO TABS 20mg, 100mg                                       | Tier 1           | NM, PA                          |
| <b>ANTIVIRALS</b>                                              |                  |                                 |
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | Tier 1           |                                 |
| <i>acyclovir sodium</i> SOLN 50mg/ml                           | Tier 1           | B/D                             |
| <i>adefovir dipivoxil</i> TABS 10mg                            | Tier 1           |                                 |
| BARACLUDE SOLN .05mg/ml                                        | Tier 1           | ST                              |
| <i>entecavir</i> TABS .5mg, 1mg                                | Tier 1           |                                 |
| EPCLUSA PAK 150-37.5                                           | Tier 1           | NM, PA                          |
| EPCLUSA PAK 200-50MG                                           | Tier 1           | NM, PA                          |
| EPCLUSA TAB 200-50MG                                           | Tier 1           | NM, PA                          |
| EPCLUSA TAB 400-100                                            | Tier 1           | NM, PA                          |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg                    | Tier 1           |                                 |
| <i>ganciclovir sodium</i> SOLR 500mg                           | Tier 1           | B/D                             |
| <i>lamivudine (hbm)</i> TABS 100mg                             | Tier 1           |                                 |
| LIVTENCITY TABS 200mg                                          | Tier 1           | QL (336 tabs / 28 days), NM, PA |
| MAVYRET PAK 50-20MG                                            | Tier 1           | NM, PA                          |
| MAVYRET TAB 100-40MG                                           | Tier 1           | NM, PA                          |
| <i>oseltamivir phosphate</i> CAPS 30mg                         | Tier 1           | QL (168 caps / year)            |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg                   | Tier 1           | QL (84 caps / year)             |
| <i>oseltamivir phosphate</i> SUSP 6mg/ml                       | Tier 1           | QL (1080 mL / year)             |
| PAXLOVID PAK                                                   | Tier 1           | QL (22 tabs / 90 days)          |
| PAXLOVID TAB 150-100                                           | Tier 1           | QL (40 tabs / 90 days)          |
| PAXLOVID TAB 300-100                                           | Tier 1           | QL (60 tabs / 90 days)          |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml                      | Tier 1           | NM, PA                          |
| PREVYMIS TABS 240mg, 480mg                                     | Tier 1           | QL (28 tabs / 28 days), PA      |
| RELENZA DISKHALER AEPB 5mg/blister                             | Tier 1           | QL (6 inhalers / year)          |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg          | Tier 1           | NM                              |
| <i>rimantadine hydrochloride</i> TABS 100mg                    | Tier 1           |                                 |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg                        | Tier 1           |                                 |
| <i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg             | Tier 1           |                                 |
| VOSEVI TAB                                                     | Tier 1           | NM, PA                          |
| XOFLUZA TBPK 40mg, 80mg                                        | Tier 1           | QL (1 tab / 180 days)           |
| <b>CEPHALOSPORINS</b>                                          |                  |                                 |
| <i>cefaclor</i> CAPS 250mg, 500mg                              | Tier 1           |                                 |
| <i>cefadroxil</i> CAPS 500mg; SUSP 250mg/5ml, 500mg/5ml        | Tier 1           |                                 |

| <b>Drug Name</b>                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------|------------------|----------------------------|
| CEFAZOLIN SOLR 2gm, 3gm                                                             | Tier 1           |                            |
| CEFAZOLIN INJ 1GM/50ML                                                              | Tier 1           |                            |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg                             | Tier 1           |                            |
| CEFAZOLIN SOLN 2GM/100ML-4%                                                         | Tier 1           |                            |
| CEFAZOLIN/DEX SOL 1GM/50ML-4%                                                       | Tier 1           |                            |
| CEFAZOLIN/DEX SOL 2GM/50ML-3%                                                       | Tier 1           |                            |
| CEFAZOLIN/DEX SOL 3GM/50ML-2%                                                       | Tier 1           |                            |
| CEFAZOLIN/DEX SOL 3GM/150ML-4%                                                      | Tier 1           |                            |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml                               | Tier 1           |                            |
| <i>cefepime hcl</i> SOLR 1gm, 2gm                                                   | Tier 1           |                            |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml                               | Tier 1           |                            |
| <i>cefotetan disodium</i> SOLR 1gm, 2gm                                             | Tier 1           |                            |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm                                         | Tier 1           |                            |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg             | Tier 1           |                            |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg                       | Tier 1           |                            |
| <i>ceftaroline fosamil</i> SOLR 400mg, 600mg                                        | Tier 1           |                            |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm                                               | Tier 1           |                            |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg                         | Tier 1           |                            |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg                                          | Tier 1           |                            |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg                                          | Tier 1           |                            |
| <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml                      | Tier 1           |                            |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                                   | Tier 1           |                            |
| TEFLARO SOLR 400mg, 600mg                                                           | Tier 1           |                            |
| <b>ERYTHROMYCINS/MACROLIDES</b>                                                     |                  |                            |
| <i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg | Tier 1           |                            |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg      | Tier 1           |                            |
| DIFICID SUSR 40mg/ml                                                                | Tier 1           |                            |
| e.e.s. 400 TABS 400mg                                                               | Tier 1           |                            |
| ERYTHROCIN LACTOBIONATE SOLR 500mg                                                  | Tier 1           |                            |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg    | Tier 1           |                            |
| <i>erythromycin ethylsuccinate</i> TABS 400mg                                       | Tier 1           |                            |
| <i>erythromycin lactobionate</i> SOLR 500mg                                         | Tier 1           |                            |

| <b>Drug Name</b>                                                                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>fidaxomicin</i> TABS 200mg                                                                                               | Tier 1           |                            |
| <b>FLUOROQUINOLONES</b>                                                                                                     |                  |                            |
| <i>ciprofloxacin</i> 200 mg/100ml in d5w                                                                                    | Tier 1           |                            |
| <i>ciprofloxacin</i> 400 mg/200ml in d5w                                                                                    | Tier 1           |                            |
| <i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg                                                                           | Tier 1           |                            |
| <i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg                                                                  | Tier 1           |                            |
| <i>levofloxacin</i> in d5w iv soln 250 mg/50ml                                                                              | Tier 1           |                            |
| <i>levofloxacin</i> in d5w iv soln 500 mg/100ml                                                                             | Tier 1           |                            |
| <i>levofloxacin</i> in d5w iv soln 750 mg/150ml                                                                             | Tier 1           |                            |
| <i>moxifloxacin hcl</i> TABS 400mg                                                                                          | Tier 1           |                            |
| <i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj                                                            | Tier 1           |                            |
| <b>PENICILLINS</b>                                                                                                          |                  |                            |
| <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | Tier 1           |                            |
| <i>amoxicillin &amp; k clavulanate</i> for susp 200-28.5 mg/5ml                                                             | Tier 1           |                            |
| <i>amoxicillin &amp; k clavulanate</i> for susp 250-62.5 mg/5ml                                                             | Tier 1           |                            |
| <i>amoxicillin &amp; k clavulanate</i> for susp 400-57 mg/5ml                                                               | Tier 1           |                            |
| <i>amoxicillin &amp; k clavulanate</i> for susp 600-42.9 mg/5ml                                                             | Tier 1           |                            |
| <i>amoxicillin &amp; k clavulanate</i> tab 250-125 mg                                                                       | Tier 1           |                            |
| <i>amoxicillin &amp; k clavulanate</i> tab 500-125 mg                                                                       | Tier 1           |                            |
| <i>amoxicillin &amp; k clavulanate</i> tab 875-125 mg                                                                       | Tier 1           |                            |
| <i>ampicillin</i> CAPS 500mg                                                                                                | Tier 1           |                            |
| <i>ampicillin &amp; sulbactam</i> sodium for inj 1.5 (1-0.5) gm                                                             | Tier 1           |                            |
| <i>ampicillin &amp; sulbactam</i> sodium for inj 3 (2-1) gm                                                                 | Tier 1           |                            |
| <i>ampicillin &amp; sulbactam</i> sodium for iv soln 1.5 (1-0.5) gm                                                         | Tier 1           |                            |
| <i>ampicillin &amp; sulbactam</i> sodium for iv soln 3 (2-1) gm                                                             | Tier 1           |                            |
| <i>ampicillin &amp; sulbactam</i> sodium for iv soln 15 (10-5) gm                                                           | Tier 1           |                            |
| <i>ampicillin</i> sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg                                                                  | Tier 1           |                            |
| BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml                                                           | Tier 1           |                            |
| <i>dicloxacillin</i> sodium CAPS 250mg, 500mg                                                                               | Tier 1           |                            |

| <b>Drug Name</b>                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------|------------------|----------------------------|
| <i>nafcillin sodium</i> SOLR 1gm, 2gm, 10gm                                | Tier 1           |                            |
| <i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm                                | Tier 1           |                            |
| <i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit               | Tier 1           |                            |
| <i>penicillin g sodium</i> SOLR 5000000unit                                | Tier 1           |                            |
| <i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | Tier 1           |                            |
| <i>pfizerpen</i> SOLR 5000000unit, 20000000unit                            | Tier 1           |                            |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>        | Tier 1           |                            |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>         | Tier 1           |                            |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>           | Tier 1           |                            |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>         | Tier 1           |                            |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>         | Tier 1           |                            |

### **TETRACYCLINES**

|                                                                                          |        |                            |
|------------------------------------------------------------------------------------------|--------|----------------------------|
| <i>doxy 100</i> SOLR 100mg                                                               | Tier 1 |                            |
| <i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg | Tier 1 |                            |
| <i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg                | Tier 1 |                            |
| <i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg                                            | Tier 1 |                            |
| NUZYRA SOLR 100mg                                                                        | Tier 1 | NM                         |
| NUZYRA TABS 150mg                                                                        | Tier 1 | QL (30 tabs / 14 days), NM |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg                                                | Tier 1 |                            |
| <i>tigecycline</i> SOLR 50mg                                                             | Tier 1 |                            |

### **ANTINEOPLASTIC AGENTS**

#### **ALKYLATING AGENTS**

|                                                                                          |        |         |
|------------------------------------------------------------------------------------------|--------|---------|
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml                                                 | Tier 1 | B/D, NM |
| BENDEKA SOLN 100mg/4ml                                                                   | Tier 1 | B/D, NM |
| <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml                     | Tier 1 | B/D     |
| <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml                                | Tier 1 | B/D     |
| <i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLN 1gm/5ml, 500mg/2.5ml; SOLR 1gm, 2gm, 500mg | Tier 1 | B/D     |

| <b>Drug Name</b>                                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--------------------------------------------------------------------------------------------------|------------------|---------------------------------|
| CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml                                                 | Tier 1           | B/D, NM                         |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg | Tier 1           | B/D                             |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml                                                          | Tier 1           | B/D                             |
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml                                                        | Tier 1           | B/D, NM                         |
| GLEOSTINE CAPS 10mg, 40mg, 100mg                                                                 | Tier 1           | NM                              |
| LEUKERAN TABS 2mg                                                                                | Tier 1           | PA                              |
| <i>lomustine</i> CAPS 10mg, 40mg, 100mg                                                          | Tier 1           | NM                              |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg                      | Tier 1           | B/D                             |
| VIVIMUSTA SOLN 100mg/4ml                                                                         | Tier 1           | B/D, NM                         |
| <b>ANTIMETABOLITES</b>                                                                           |                  |                                 |
| <i>azacitidine</i> SUSR 100mg                                                                    | Tier 1           | B/D, NM                         |
| <i>cytarabine</i> SOLN 20mg/ml                                                                   | Tier 1           | B/D                             |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml                             | Tier 1           | B/D                             |
| <i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg           | Tier 1           | B/D                             |
| INQOVI TAB 35-100MG                                                                              | Tier 1           | QL (5 tabs / 28 days), NM, PA   |
| LONSURF TAB 15-6.14                                                                              | Tier 1           | QL (100 tabs / 28 days), NM, PA |
| LONSURF TAB 20-8.19                                                                              | Tier 1           | QL (80 tabs / 28 days), NM, PA  |
| <i>mercaptopurine</i> SUSP 2000mg/100ml                                                          | Tier 1           | NM                              |
| <i>mercaptopurine</i> TABS 50mg                                                                  | Tier 1           |                                 |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm                         | Tier 1           | B/D                             |
| ONUREG TABS 200mg, 300mg                                                                         | Tier 1           | QL (14 tabs / 28 days), NM, PA  |
| <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg                                      | Tier 1           | B/D                             |
| TABLOID TABS 40mg                                                                                | Tier 1           | PA                              |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                                            |                  |                                 |
| <i>abiraterone acetate</i> TABS 250mg                                                            | Tier 1           | QL (120 tabs / 30 days), NM, PA |
| <i>abiraterone acetate</i> TABS 500mg                                                            | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| <i>abirtega</i> TABS 250mg                                                                       | Tier 1           | QL (120 tabs / 30 days), NM, PA |

| <b>Drug Name</b>                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|------------------------------------------|------------------|------------------------------------|
| AKEEGA TAB 50/500MG                      | Tier 1           | QL (60 tabs / 30 days),<br>NM, PA  |
| AKEEGA TAB 100/500                       | Tier 1           | QL (60 tabs / 30 days),<br>NM, PA  |
| <i>anastrozole</i> TABS 1mg              | Tier 1           |                                    |
| <i>bicalutamide</i> TABS 50mg            | Tier 1           |                                    |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg,<br>45mg | Tier 1           | NM, PA                             |
| ERLEADA TABS 60mg                        | Tier 1           | QL (120 tabs / 30 days),<br>NM, PA |
| ERLEADA TABS 240mg                       | Tier 1           | QL (30 tabs / 30 days),<br>NM, PA  |
| EULEXIN CAPS 125mg                       | Tier 1           |                                    |
| <i>exemestane</i> TABS 25mg              | Tier 1           |                                    |
| FIRMAGON SOLR 80mg, 120mg/vial           | Tier 1           | NM, PA                             |
| <i>fulvestrant</i> SOSY 250mg/5ml        | Tier 1           | B/D                                |
| INLURIYO TABS 200mg                      | Tier 1           | QL (56 tabs / 28 days),<br>NM, PA  |
| <i>letrozole</i> TABS 2.5mg              | Tier 1           |                                    |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml  | Tier 1           | NM, PA                             |
| LIFYORLI CAP 125MG DS                    | Tier 1           | QL (18 caps / 28 days),<br>NM, PA  |
| LIFYORLI CAP 150MG DS                    | Tier 1           | QL (27 caps / 28 days),<br>NM, PA  |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg        | Tier 1           | NM, PA                             |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg       | Tier 1           | NM, PA                             |
| LYSODREN TABS 500mg                      | Tier 1           | NM                                 |
| <i>megestrol acetate</i> TABS 20mg, 40mg | Tier 1           |                                    |
| <i>nilutamide</i> TABS 150mg             | Tier 1           |                                    |
| NUBEQA TABS 300mg                        | Tier 1           | QL (120 tabs / 30 days),<br>NM, PA |
| ORGOVYX TABS 120mg                       | Tier 1           | NM, PA                             |
| ORSERDU TABS 86mg                        | Tier 1           | QL (90 tabs / 30 days),<br>NM, PA  |
| ORSERDU TABS 345mg                       | Tier 1           | QL (30 tabs / 30 days),<br>NM, PA  |
| SOLTAMOX SOLN 10mg/5ml                   | Tier 1           |                                    |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg | Tier 1           |                                    |
| <i>toremifene citrate</i> TABS 60mg      | Tier 1           | PA                                 |
| VEPPANU TABS 100mg                       | Tier 1           | QL (90 tabs / 30 days),<br>NM, PA  |
| VEPPANU TABS 200mg                       | Tier 1           | QL (30 tabs / 30 days),<br>NM, PA  |
| XTANDI CAPS 40mg                         | Tier 1           | QL (120 caps / 30<br>days), NM, PA |
| XTANDI TABS 40mg                         | Tier 1           | QL (120 tabs / 30 days),<br>NM, PA |

| <b>Drug Name</b> | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|------------------|------------------|---------------------------------|
| XTANDI TABS 80mg | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| YONSA TABS 125mg | Tier 1           | QL (120 tabs / 30 days), NM, PA |

### **IMMUNOMODULATORS**

|                                                 |        |                                 |
|-------------------------------------------------|--------|---------------------------------|
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg | Tier 1 | QL (28 caps / 28 days), NM, PA  |
| <i>lenalidomide</i> CAPS 20mg, 25mg             | Tier 1 | QL (21 caps / 28 days), NM, PA  |
| <i>pomalidomide</i> CAPS 1mg, 2mg, 3mg, 4mg     | Tier 1 | QL (21 caps / 28 days), NM, PA  |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg                | Tier 1 | QL (21 caps / 28 days), NM, PA  |
| THALOMID CAPS 50mg                              | Tier 1 | QL (84 caps / 28 days), NM, PA  |
| THALOMID CAPS 100mg                             | Tier 1 | QL (112 caps / 28 days), NM, PA |

### **MISCELLANEOUS**

|                                                                                  |        |                                   |
|----------------------------------------------------------------------------------|--------|-----------------------------------|
| BESREMI SOSY 500mcg/ml                                                           | Tier 1 | QL (2 syringes / 28 days), NM, PA |
| BESREMI PEN SOPN 500mcg/0.5ml                                                    | Tier 1 | QL (2 pens / 28 days), NM, PA     |
| <i>bexarotene</i> CAPS 75mg                                                      | Tier 1 | QL (300 caps / 30 days), NM, PA   |
| <i>doxorubicin hcl</i> SOLN 2mg/ml                                               | Tier 1 | B/D                               |
| <i>doxorubicin hcl liposomal</i> SUSP 2mg/ml                                     | Tier 1 | B/D                               |
| <i>hydroxyurea</i> CAPS 500mg                                                    | Tier 1 |                                   |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml           | Tier 1 | B/D                               |
| IWILFIN TABS 192mg                                                               | Tier 1 | QL (240 tabs / 30 days), NM, PA   |
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | Tier 1 | B/D                               |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg                             | Tier 1 |                                   |
| MATULANE CAPS 50mg                                                               | Tier 1 | NM                                |
| <i>mesna</i> TABS 400mg                                                          | Tier 1 |                                   |
| MODEYSO CAPS 125mg                                                               | Tier 1 | QL (20 caps / 28 days), NM, PA    |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg                                        | Tier 1 |                                   |
| WELIREG TABS 40mg                                                                | Tier 1 | QL (90 tabs / 30 days), NM, PA    |

### **MITOTIC INHIBITORS**

|                                                                                         |        |     |
|-----------------------------------------------------------------------------------------|--------|-----|
| <i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | Tier 1 | B/D |
|-----------------------------------------------------------------------------------------|--------|-----|

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

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|------------------------------------------------------|------------------|---------------------------------|
| <i>bosutinib</i> TABS 100mg                          | Tier 1           | QL (180 tabs / 30 days), NM, PA |
| <i>bosutinib</i> TABS 400mg, 500mg                   | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| BRAFTOVI CAPS 75mg                                   | Tier 1           | QL (180 caps / 30 days), NM, PA |
| BRUKINSA CAPS 80mg                                   | Tier 1           | QL (120 caps / 30 days), NM, PA |
| BRUKINSA TABS 160mg                                  | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| CABOMETYX TABS 20mg, 40mg, 60mg                      | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| CALQUENCE TABS 100mg                                 | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| CAPRELSA TABS 100mg                                  | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| CAPRELSA TABS 300mg                                  | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| CAVHANZA TBDP 60mg, 80mg                             | Tier 1           | QL (112 tabs / 28 days), NM, PA |
| COMETRIQ (60MG DOSE) KIT 20mg                        | Tier 1           | QL (84 caps / 28 days), NM, PA  |
| COMETRIQ KIT 100MG                                   | Tier 1           | QL (56 caps / 28 days), NM, PA  |
| COMETRIQ KIT 140MG                                   | Tier 1           | QL (112 caps / 28 days), NM, PA |
| COPIKTRA CAPS 15mg, 25mg                             | Tier 1           | QL (56 caps / 28 days), NM, PA  |
| COTELLIC TABS 20mg                                   | Tier 1           | QL (63 tabs / 28 days), NM, PA  |
| DANZITEN TABS 71mg, 95mg                             | Tier 1           | QL (112 tabs / 28 days), NM, PA |
| <i>dasatinib</i> TABS 20mg                           | Tier 1           | QL (90 tabs / 30 days), NM, PA  |
| <i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| DAURISMO TABS 25mg                                   | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| DAURISMO TABS 100mg                                  | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| ENSACOVE CAPS 25mg                                   | Tier 1           | QL (270 caps / 30 days), NM, PA |
| ENSACOVE CAPS 100mg                                  | Tier 1           | QL (60 caps / 30 days), NM, PA  |
| ERIVEDGE CAPS 150mg                                  | Tier 1           | QL (30 caps / 30 days), NM, PA  |
| <i>erlotinib hcl</i> TABS 25mg                       | Tier 1           | QL (90 tabs / 30 days), NM, PA  |

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|------------------------------------------------|------------------|---------------------------------|
| <i>erlotinib hcl</i> TABS 100mg, 150mg         | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| <i>everolimus</i> TBSO 2mg, 5mg                | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| <i>everolimus</i> TBSO 3mg                     | Tier 1           | QL (90 tabs / 30 days), NM, PA  |
| FOTIVDA CAPS .89mg, 1.34mg                     | Tier 1           | QL (21 caps / 28 days), NM, PA  |
| FRUZAQLA CAPS 1mg                              | Tier 1           | QL (84 caps / 28 days), NM, PA  |
| FRUZAQLA CAPS 5mg                              | Tier 1           | QL (21 caps / 28 days), NM, PA  |
| GAVRETO CAPS 100mg                             | Tier 1           | QL (120 caps / 30 days), NM, PA |
| <i>gefitinib</i> TABS 250mg                    | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| GILOTRIF TABS 20mg, 30mg, 40mg                 | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| GOMEKLI CAPS 1mg                               | Tier 1           | QL (168 caps / 28 days), NM, PA |
| GOMEKLI CAPS 2mg                               | Tier 1           | QL (84 caps / 28 days), NM, PA  |
| GOMEKLI TBSO 1mg                               | Tier 1           | QL (168 tabs / 28 days), NM, PA |
| HERCEP HYLEC SOL 60-10000                      | Tier 1           | NM, PA                          |
| HERCEPTIN SOLR 150mg                           | Tier 1           | NM, PA                          |
| HERCESSI SOLR 150mg, 420mg                     | Tier 1           | NM, PA                          |
| HERNEXEOS TABS 60mg                            | Tier 1           | QL (120 tabs / 30 days), NM, PA |
| HERZUMA SOLR 150mg, 420mg                      | Tier 1           | NM, PA                          |
| HYRNUO TABS 10mg                               | Tier 1           | QL (120 tabs / 30 days), NM, PA |
| IBRANCE CAPS 75mg, 100mg, 125mg                | Tier 1           | QL (21 caps / 28 days), NM, PA  |
| IBRANCE TABS 75mg, 100mg, 125mg                | Tier 1           | QL (21 tabs / 28 days), NM, PA  |
| IBTROZI CAPS 200mg                             | Tier 1           | QL (90 caps / 30 days), NM, PA  |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg            | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| IDHIFA TABS 50mg, 100mg                        | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| <i>imatinib mesylate</i> TABS 100mg            | Tier 1           | QL (90 tabs / 30 days), NM, PA  |

| <b>Drug Name</b>                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|------------------------------------------|------------------|---------------------------------|
| <i>imatinib mesylate</i> TABS 400mg      | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| IMBRUVICA CAPS 70mg                      | Tier 1           | QL (30 caps / 30 days), NM, PA  |
| IMBRUVICA CAPS 140mg                     | Tier 1           | QL (120 caps / 30 days), NM, PA |
| IMBRUVICA SUSP 70mg/ml                   | Tier 1           | QL (216 mL / 27 days), NM, PA   |
| IMBRUVICA TABS 140mg, 280mg, 420mg       | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| IMKELDI SOLN 80mg/ml                     | Tier 1           | QL (280 mL / 28 days), NM, PA   |
| INLYTA TABS 1mg                          | Tier 1           | QL (180 tabs / 30 days), NM, PA |
| INLYTA TABS 5mg                          | Tier 1           | QL (120 tabs / 30 days), NM, PA |
| INREBIC CAPS 100mg                       | Tier 1           | QL (120 caps / 30 days), NM, PA |
| ITOVEBI TABS 3mg                         | Tier 1           | QL (56 tabs / 28 days), NM, PA  |
| ITOVEBI TABS 9mg                         | Tier 1           | QL (28 tabs / 28 days), NM, PA  |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg  | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| JAYPIRCA TABS 50mg                       | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| JAYPIRCA TABS 100mg                      | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| JIDEYTRO TABS 25mg                       | Tier 1           | QL (90 tabs / 30 days), NM, PA  |
| JIDEYTRO TABS 100mg                      | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| KADCYLA SOLR 100mg, 160mg                | Tier 1           | B/D, NM                         |
| KANJINTI SOLR 150mg, 420mg               | Tier 1           | NM, PA                          |
| KEYTRUDA SOLN 100mg/4ml                  | Tier 1           | NM, PA                          |
| KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML | Tier 1           | QL (1 vial / 21 days), NM, PA   |
| KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML | Tier 1           | QL (1 vial / 42 days), NM, PA   |
| KISQALI 200 DOSE TBPK 200mg              | Tier 1           | QL (21 tabs / 28 days), NM, PA  |
| KISQALI 400 DOSE TBPK 200mg              | Tier 1           | QL (42 tabs / 28 days), NM, PA  |
| KISQALI 600 DOSE TBPK 200mg              | Tier 1           | QL (63 tabs / 28 days), NM, PA  |
| KOMZIFTI CAPS 200mg                      | Tier 1           | QL (90 caps / 30 days), NM, PA  |

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|----------------------------------------|------------------|---------------------------------|
| KOSELUGO CAPS 10mg                     | Tier 1           | QL (240 caps / 30 days), NM, PA |
| KOSELUGO CAPS 25mg                     | Tier 1           | QL (120 caps / 30 days), NM, PA |
| KOSELUGO CPSP 5mg                      | Tier 1           | QL (600 caps / 30 days), NM, PA |
| KOSELUGO CPSP 7.5mg                    | Tier 1           | QL (360 caps / 30 days), NM, PA |
| KRAZATI TABS 200mg                     | Tier 1           | QL (180 tabs / 30 days), NM, PA |
| <i>lapatinib ditosylate</i> TABS 250mg | Tier 1           | QL (180 tabs / 30 days), NM, PA |
| LAZCLUZE TABS 80mg                     | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| LAZCLUZE TABS 240mg                    | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg       | Tier 1           | QL (30 caps / 30 days), NM, PA  |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg       | Tier 1           | QL (60 caps / 30 days), NM, PA  |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg     | Tier 1           | QL (30 caps / 30 days), NM, PA  |
| LENVIMA 12MG DAILY DOSE CPPK 4mg       | Tier 1           | QL (90 caps / 30 days), NM, PA  |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg     | Tier 1           | QL (60 caps / 30 days), NM, PA  |
| LENVIMA CAP 14 MG                      | Tier 1           | QL (60 caps / 30 days), NM, PA  |
| LENVIMA CAP 18 MG                      | Tier 1           | QL (90 caps / 30 days), NM, PA  |
| LENVIMA CAP 24 MG                      | Tier 1           | QL (90 caps / 30 days), NM, PA  |
| LORBRENA TABS 25mg                     | Tier 1           | QL (90 tabs / 30 days), NM, PA  |
| LORBRENA TABS 100mg                    | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| LUMAKRAS TABS 120mg                    | Tier 1           | QL (240 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 240mg                    | Tier 1           | QL (120 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 320mg                    | Tier 1           | QL (90 tabs / 30 days), NM, PA  |
| LYNPARZA TABS 100mg, 150mg             | Tier 1           | QL (120 tabs / 30 days), NM, PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg    | Tier 1           | QL (84 tabs / 28 days), NM, PA  |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg    | Tier 1           | QL (112 tabs / 28 days), NM, PA |

| <b>Drug Name</b>                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|----------------------------------------|------------------|------------------------------------|
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg    | Tier 1           | QL (140 tabs / 28 days),<br>NM, PA |
| MEKINIST SOLR .05mg/ml                 | Tier 1           | QL (1260 mL / 30 days),<br>NM, PA  |
| MEKINIST TABS 2mg                      | Tier 1           | QL (30 tabs / 30 days),<br>NM, PA  |
| MEKINIST TABS .5mg                     | Tier 1           | QL (90 tabs / 30 days),<br>NM, PA  |
| MEKTOVI TABS 15mg                      | Tier 1           | QL (180 tabs / 30 days),<br>NM, PA |
| MONJUVI SOLR 200mg                     | Tier 1           | NM, PA                             |
| NERLYNX TABS 40mg                      | Tier 1           | QL (180 tabs / 30 days),<br>NM, PA |
| <i>nilotinib hcl</i> CAPS 50mg         | Tier 1           | QL (120 caps / 30<br>days), NM, PA |
| <i>nilotinib hcl</i> CAPS 150mg, 200mg | Tier 1           | QL (112 caps / 28<br>days), NM, PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg           | Tier 1           | QL (3 caps / 28 days),<br>NM, PA   |
| ODOMZO CAPS 200mg                      | Tier 1           | QL (30 caps / 30 days),<br>NM, PA  |
| OGIVRI SOLR 150mg, 420mg               | Tier 1           | NM, PA                             |
| OGSIVEO TABS 100mg, 150mg              | Tier 1           | QL (56 tabs / 28 days),<br>NM, PA  |
| OJEMDA SUSR 25mg/ml                    | Tier 1           | QL (96 mL / 28 days),<br>NM, PA    |
| OJEMDA TABS 100mg                      | Tier 1           | QL (24 tabs / 28 days),<br>NM, PA  |
| OJJAARA TABS 100mg, 150mg, 200mg       | Tier 1           | QL (30 tabs / 30 days),<br>NM, PA  |
| ONTRUZANT SOLR 150mg, 420mg            | Tier 1           | NM, PA                             |
| <i>pazopanib hcl</i> TABS 200mg        | Tier 1           | QL (120 tabs / 30 days),<br>NM, PA |
| <i>pazopanib hcl</i> TABS 400mg        | Tier 1           | QL (60 tabs / 30 days),<br>NM, PA  |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg       | Tier 1           | QL (28 tabs / 28 days),<br>NM, PA  |
| PHESGO SOL                             | Tier 1           | NM, PA                             |
| PIQRAY 200MG DAILY DOSE TBPK 200mg     | Tier 1           | QL (28 tabs / 28 days),<br>NM, PA  |
| PIQRAY 250MG TAB DOSE                  | Tier 1           | QL (56 tabs / 28 days),<br>NM, PA  |
| PIQRAY 300MG DAILY DOSE TBPK 150mg     | Tier 1           | QL (56 tabs / 28 days),<br>NM, PA  |
| QINLOCK TABS 50mg                      | Tier 1           | QL (90 tabs / 30 days),<br>NM, PA  |

| <b>Drug Name</b>                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---------------------------------------------------------|------------------|------------------------------------|
| RETEVMO TABS 40mg                                       | Tier 1           | QL (90 tabs / 30 days), NM, PA     |
| RETEVMO TABS 80mg                                       | Tier 1           | QL (120 tabs / 30 days), NM, PA    |
| RETEVMO TABS 120mg, 160mg                               | Tier 1           | QL (60 tabs / 30 days), NM, PA     |
| REVUFORJ TABS 25mg                                      | Tier 1           | QL (240 tabs / 30 days), NM, PA    |
| REVUFORJ TABS 110mg                                     | Tier 1           | QL (120 tabs / 30 days), NM, PA    |
| REVUFORJ TABS 160mg                                     | Tier 1           | QL (60 tabs / 30 days), NM, PA     |
| REZLIDHIA CAPS 150mg                                    | Tier 1           | QL (60 caps / 30 days), NM, PA     |
| ROMVIMZA CAPS 14mg, 20mg, 30mg                          | Tier 1           | QL (8 caps / 28 days), NM, PA      |
| ROZLYTREK CAPS 100mg                                    | Tier 1           | QL (180 caps / 30 days), NM, PA    |
| ROZLYTREK CAPS 200mg                                    | Tier 1           | QL (90 caps / 30 days), NM, PA     |
| ROZLYTREK PACK 50mg                                     | Tier 1           | QL (336 packets / 28 days), NM, PA |
| RUBRACA TABS 200mg, 250mg, 300mg                        | Tier 1           | QL (120 tabs / 30 days), NM, PA    |
| RYDAPT CAPS 25mg                                        | Tier 1           | QL (224 caps / 28 days), NM, PA    |
| SCSEMBLIX TABS 20mg                                     | Tier 1           | QL (60 tabs / 30 days), NM, PA     |
| SCSEMBLIX TABS 40mg                                     | Tier 1           | QL (300 tabs / 30 days), NM, PA    |
| SCSEMBLIX TABS 100mg                                    | Tier 1           | QL (120 tabs / 30 days), NM, PA    |
| <i>sorafenib tosylate</i> TABS 200mg                    | Tier 1           | QL (120 tabs / 30 days), NM, PA    |
| STIVARGA TABS 40mg                                      | Tier 1           | QL (84 tabs / 28 days), NM, PA     |
| <i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg | Tier 1           | QL (30 caps / 30 days), NM, PA     |
| TABRECTA TABS 150mg, 200mg                              | Tier 1           | QL (112 tabs / 28 days), NM, PA    |
| TAFINLAR CAPS 50mg, 75mg                                | Tier 1           | QL (120 caps / 30 days), NM, PA    |
| TAFINLAR TBSO 10mg                                      | Tier 1           | QL (840 tabs / 28 days), NM, PA    |
| TAGRISSO TABS 40mg, 80mg                                | Tier 1           | QL (30 tabs / 30 days), NM, PA     |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg             | Tier 1           | QL (30 caps / 30 days), NM, PA     |

| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---------------------------------------------|------------------|---------------------------------|
| TALZENNA CAPS .25mg                         | Tier 1           | QL (90 caps / 30 days), NM, PA  |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml      | Tier 1           | NM, PA                          |
| TECENTRIQ INJ HYBREZA                       | Tier 1           | QL (1 vial / 21 days), NM, PA   |
| TEPMETKO TABS 225mg                         | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| TIBSOVO TABS 250mg                          | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| <i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| TRAZIMERA SOLR 150mg, 420mg                 | Tier 1           | NM, PA                          |
| TRUQAP TABS 160mg, 200mg                    | Tier 1           | QL (64 tabs / 28 days), NM, PA  |
| TRUQAP TBPK 160mg, 200mg                    | Tier 1           | QL (4 packs / 28 days), NM, PA  |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml         | Tier 1           | NM, PA                          |
| TUKYSA TABS 50mg, 150mg                     | Tier 1           | QL (120 tabs / 30 days), NM, PA |
| TURALIO CAPS 125mg                          | Tier 1           | QL (120 caps / 30 days), NM, PA |
| VANFLYTA TABS 17.7mg, 26.5mg                | Tier 1           | QL (56 tabs / 28 days), NM, PA  |
| VENCLEXTA TABS 10mg, 50mg                   | Tier 1           | QL (112 tabs / 28 days), NM, PA |
| VENCLEXTA TABS 100mg                        | Tier 1           | QL (180 tabs / 30 days), NM, PA |
| VENCLEXTA TAB START PK                      | Tier 1           | QL (42 tabs / 28 days), NM, PA  |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg     | Tier 1           | QL (56 tabs / 28 days), NM, PA  |
| VITRAKVI CAPS 25mg                          | Tier 1           | QL (180 caps / 30 days), NM, PA |
| VITRAKVI CAPS 100mg                         | Tier 1           | QL (60 caps / 30 days), NM, PA  |
| VITRAKVI SOLN 20mg/ml                       | Tier 1           | QL (300 mL / 30 days), NM, PA   |
| VIZIMPRO TABS 15mg, 30mg, 45mg              | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| VONJO CAPS 100mg                            | Tier 1           | QL (120 caps / 30 days), NM, PA |
| VORANIGO TABS 10mg                          | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| VORANIGO TABS 40mg                          | Tier 1           | QL (30 tabs / 30 days), NM, PA  |

| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--------------------------------------------|------------------|---------------------------------|
| XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg | Tier 1           | QL (120 caps / 30 days), NM, PA |
| XALKORI CPSP 150mg                         | Tier 1           | QL (180 caps / 30 days), NM, PA |
| XOSPATA TABS 40mg                          | Tier 1           | QL (90 tabs / 30 days), NM, PA  |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg   | Tier 1           | QL (16 tabs / 28 days), NM, PA  |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg   | Tier 1           | QL (4 tabs / 28 days), NM, PA   |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg  | Tier 1           | QL (8 tabs / 28 days), NM, PA   |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg   | Tier 1           | QL (4 tabs / 28 days), NM, PA   |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg  | Tier 1           | QL (24 tabs / 28 days), NM, PA  |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg   | Tier 1           | QL (8 tabs / 28 days), NM, PA   |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 80mg   | Tier 1           | QL (4 tabs / 28 days), NM, PA   |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg  | Tier 1           | QL (32 tabs / 28 days), NM, PA  |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg  | Tier 1           | QL (8 tabs / 28 days), NM, PA   |
| yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg     | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| ZEJULA TABS 100mg, 200mg, 300mg            | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| ZELBORAF TABS 240mg                        | Tier 1           | QL (240 tabs / 30 days), NM, PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml         | Tier 1           | NM, PA                          |
| ZOLINZA CAPS 100mg                         | Tier 1           | QL (120 caps / 30 days), NM, PA |
| ZYDELIG TABS 100mg, 150mg                  | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| ZYKADIA TABS 150mg                         | Tier 1           | QL (84 tabs / 28 days), NM, PA  |

## **Antidiabetics**

### **Testing**

|                          |        |
|--------------------------|--------|
| CONTOUR KIT NEXT         | PART B |
| CONTOUR KIT NEXT EZ      | PART B |
| CONTOUR KIT NEXT LNK     | PART B |
| CONTOUR MIS MONITOR      | PART B |
| CONTOUR NEXT KIT GEN     | PART B |
| CONTOUR NEXT KIT ONE     | PART B |
| CONTOUR NXT KIT LINK 2.4 | PART B |
| CONTOUR PLUS KIT BLUE    | PART B |

| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                |
|---------------------------|------------------|---------------------------------------------------------------------------|
| CONTOUR PLUS TES BLD GLUC | PART B           | QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| CONTOUR TES BLD GLUC      | PART B           | QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| CONTOUR TES NEXT          | PART B           | QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| FREESTYLE KIT FREE LIT    | PART B           |                                                                           |
| FREESTYLE KIT LITE        | PART B           |                                                                           |
| FREESTYLE KIT PREC NEO    | PART B           |                                                                           |
| FREESTYLE TES             | PART B           | QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| FREESTYLE TES INSULINX    | PART B           | QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| FREESTYLE TES LITE        | PART B           | QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| FREESTYLE TES PREC NEO    | PART B           | QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| PRECISION TES XTRA        | PART B           | QL of 100/90 days for non-insulin users and 300/90 days for insulin users |

## **CARDIOVASCULAR**

### **ACE INHIBITOR COMBINATIONS**

|                                                         |        |                        |
|---------------------------------------------------------|--------|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | Tier 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>   | Tier 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>   | Tier 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>   | Tier 1 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>  | Tier 1 | QL (30 caps / 30 days) |

| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>            | Tier 1           | QL (30 caps / 30 days)     |
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i>          | Tier 1           |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | Tier 1           |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | Tier 1           |                            |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>          | Tier 1           |                            |
| <i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>           | Tier 1           |                            |
| <i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>           | Tier 1           |                            |
| <i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>           | Tier 1           |                            |
| <i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>           | Tier 1           |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>  | Tier 1           |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>   | Tier 1           |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> | Tier 1           |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> | Tier 1           |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | Tier 1           |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | Tier 1           |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>          | Tier 1           |                            |

### **ACE INHIBITORS**

|                                                           |        |  |
|-----------------------------------------------------------|--------|--|
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>          | Tier 1 |  |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>           | Tier 1 |  |
| <i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>      | Tier 1 |  |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>            | Tier 1 |  |
| <i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i> | Tier 1 |  |
| <i>moexipril hcl TABS 7.5mg, 15mg</i>                     | Tier 1 |  |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>            | Tier 1 |  |

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg                     | Tier 1           |                            |
| <i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg                       | Tier 1           |                            |
| <i>trandolapril</i> TABS 1mg, 2mg, 4mg                              | Tier 1           |                            |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>                             |                  |                            |
| <i>eplerenone</i> TABS 25mg, 50mg                                   | Tier 1           |                            |
| KERENDIA TABS 10mg, 20mg, 40mg                                      | Tier 1           | QL (30 tabs / 30 days)     |
| <i>spironolactone</i> TABS 25mg, 50mg, 100mg                        | Tier 1           |                            |
| <b>ALPHA BLOCKERS</b>                                               |                  |                            |
| <i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg                   | Tier 1           |                            |
| <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg                              | Tier 1           |                            |
| <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg                       | Tier 1           |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>              |                  |                            |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg         | Tier 1           | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg         | Tier 1           | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg        | Tier 1           | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg        | Tier 1           | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan</i> tab 5-160 mg                   | Tier 1           | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan</i> tab 5-320 mg                   | Tier 1           | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan</i> tab 10-160 mg                  | Tier 1           | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan</i> tab 10-320 mg                  | Tier 1           | QL (30 tabs / 30 days)     |
| <i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg     | Tier 1           | QL (60 tabs / 30 days)     |
| <i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg     | Tier 1           | QL (30 tabs / 30 days)     |
| <i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg       | Tier 1           | QL (30 tabs / 30 days)     |
| ENTRESTO CAP 6-6MG                                                  | Tier 1           | QL (240 caps / 30 days)    |
| ENTRESTO CAP 15-16MG                                                | Tier 1           | QL (240 caps / 30 days)    |
| <i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg               | Tier 1           | QL (60 tabs / 30 days)     |
| <i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg               | Tier 1           | QL (30 tabs / 30 days)     |
| <i>losartan potassium &amp; hydrochlorothiazide</i> tab 50-12.5 mg  | Tier 1           |                            |
| <i>losartan potassium &amp; hydrochlorothiazide</i> tab 100-12.5 mg | Tier 1           |                            |

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>  | Tier 1           |                            |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>     | Tier 1           | QL (30 tabs / 30 days)     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>     | Tier 1           | QL (30 tabs / 30 days)     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>       | Tier 1           | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>  | Tier 1           | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>  | Tier 1           | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>    | Tier 1           | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | Tier 1           | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>   | Tier 1           | QL (30 tabs / 30 days)     |
| <i>sacubitril-valsartan tab 24-26 mg</i>                           | Tier 1           | QL (180 tabs / 30 days)    |
| <i>sacubitril-valsartan tab 49-51 mg</i>                           | Tier 1           | QL (60 tabs / 30 days)     |
| <i>sacubitril-valsartan tab 97-103 mg</i>                          | Tier 1           | QL (60 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                          | Tier 1           | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 40-10 mg</i>                         | Tier 1           | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 80-5 mg</i>                          | Tier 1           | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 80-10 mg</i>                         | Tier 1           | QL (30 tabs / 30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>              | Tier 1           | QL (30 tabs / 30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>              | Tier 1           | QL (60 tabs / 30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>                | Tier 1           | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>                | Tier 1           | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>               | Tier 1           | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>                 | Tier 1           | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>               | Tier 1           | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>                 | Tier 1           | QL (30 tabs / 30 days)     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                         |                  |                            |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>                   | Tier 1           | QL (60 tabs / 30 days)     |
| <i>candesartan cilexetil TABS 32mg</i>                             | Tier 1           | QL (30 tabs / 30 days)     |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i>                          | Tier 1           | QL (30 tabs / 30 days)     |

| <b>Drug Name</b>                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>losartan potassium</i> TABS 25mg, 50mg, 100mg                                    | Tier 1           |                            |
| <i>olmesartan medoxomil</i> TABS 5mg                                                | Tier 1           | QL (60 tabs / 30 days)     |
| <i>olmesartan medoxomil</i> TABS 20mg, 40mg                                         | Tier 1           | QL (30 tabs / 30 days)     |
| <i>telmisartan</i> TABS 20mg, 40mg, 80mg                                            | Tier 1           | QL (30 tabs / 30 days)     |
| <i>valsartan</i> TABS 40mg, 80mg, 160mg                                             | Tier 1           | QL (60 tabs / 30 days)     |
| <i>valsartan</i> TABS 320mg                                                         | Tier 1           | QL (30 tabs / 30 days)     |
| <b>ANTIARRHYTHMICS</b>                                                              |                  |                            |
| <i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg | Tier 1           |                            |
| <i>disopyramide phosphate</i> CAPS 100mg, 150mg                                     | Tier 1           |                            |
| <i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg                                       | Tier 1           |                            |
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg                                   | Tier 1           |                            |
| MULTAQ TABS 400mg                                                                   | Tier 1           | QL (60 tabs / 30 days)     |
| <i>pacerone</i> TABS 100mg, 200mg, 400mg                                            | Tier 1           |                            |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg           | Tier 1           |                            |
| <i>quinidine sulfate</i> TABS 200mg, 300mg                                          | Tier 1           |                            |
| <i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg                                   | Tier 1           |                            |
| <i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg                               | Tier 1           |                            |
| <b>ANTILIPEMICS, FIBRATES</b>                                                       |                  |                            |
| <i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg                                    | Tier 1           |                            |
| <i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg                               | Tier 1           |                            |
| <i>gemfibrozil</i> TABS 600mg                                                       | Tier 1           |                            |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                                   |                  |                            |
| <i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg                             | Tier 1           | QL (30 tabs / 30 days)     |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg                                             | Tier 1           | QL (60 tabs / 30 days)     |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg                               | Tier 1           | QL (30 tabs / 30 days)     |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg                              | Tier 1           | QL (30 tabs / 30 days)     |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg                                 | Tier 1           | QL (30 tabs / 30 days)     |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                                                  |                  |                            |
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose                                       | Tier 1           |                            |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose                                 | Tier 1           |                            |

| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|--------------------------------------------------------------|------------------|----------------------------------------|
| <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg               | Tier 1           |                                        |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm           | Tier 1           |                                        |
| <i>ezetimibe</i> TABS 10mg                                   | Tier 1           | QL (30 tabs / 30 days)                 |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                    | Tier 1           | QL (30 tabs / 30 days)                 |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                    | Tier 1           | QL (30 tabs / 30 days)                 |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>                    | Tier 1           | QL (30 tabs / 30 days)                 |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                    | Tier 1           | QL (30 tabs / 30 days)                 |
| NEXLETOL TABS 180mg                                          | Tier 1           | QL (30 tabs / 30 days)                 |
| NEXLIZET TAB 180/10MG                                        | Tier 1           | QL (30 tabs / 30 days)                 |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | Tier 1           | QL (60 tabs / 30 days)                 |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                    | Tier 1           |                                        |
| <i>prevalite</i> PACK 4gm; POWD 4gm/dose                     | Tier 1           |                                        |
| REPATHA SOSY 140mg/ml                                        | Tier 1           | QL (6 syringes / 28 days), NM, PA      |
| REPATHA SURECLICK SOAJ 140mg/ml                              | Tier 1           | QL (6 autoinjectors / 28 days), NM, PA |
| VASCEPA CAPS .5gm, 1gm                                       | Tier 1           |                                        |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                    |                  |                                        |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>            | Tier 1           |                                        |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>           | Tier 1           |                                        |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>  | Tier 1           |                                        |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>    | Tier 1           |                                        |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>   | Tier 1           |                                        |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>     | Tier 1           |                                        |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>    | Tier 1           |                                        |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>    | Tier 1           |                                        |
| <b>BETA-BLOCKERS</b>                                         |                  |                                        |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg                      | Tier 1           |                                        |
| <i>atenolol</i> TABS 25mg, 50mg, 100mg                       | Tier 1           |                                        |
| <i>betaxolol hcl</i> TABS 10mg, 20mg                         | Tier 1           |                                        |
| <i>bisoprolol fumarate</i> TABS 5mg, 10mg                    | Tier 1           |                                        |
| <i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg         | Tier 1           |                                        |
| <i>labetalol hcl</i> TABS 100mg, 200mg, 300mg                | Tier 1           |                                        |
| <i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg    | Tier 1           |                                        |

| <b>Drug Name</b>                                                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg                                                  | Tier 1           |                            |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg                                                                             | Tier 1           |                            |
| <i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg                                                                       | Tier 1           | QL (30 tabs / 30 days)     |
| <i>nebivolol hcl</i> TABS 20mg                                                                                   | Tier 1           | QL (60 tabs / 30 days)     |
| <i>pindolol</i> TABS 5mg, 10mg                                                                                   | Tier 1           |                            |
| <i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg | Tier 1           |                            |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg                                                                      | Tier 1           |                            |

### **CALCIUM CHANNEL BLOCKERS**

|                                                                                                                                            |        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------|--|
| <i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg                                                                                           | Tier 1 |  |
| <i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg                                                                                           | Tier 1 |  |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg                                                                                                    | Tier 1 |  |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg  | Tier 1 |  |
| <i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg                                                                   | Tier 1 |  |
| <i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                                                  | Tier 1 |  |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg                                                                                                    | Tier 1 |  |
| <i>isradipine</i> CAPS 2.5mg, 5mg                                                                                                          | Tier 1 |  |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg                                                                                                     | Tier 1 |  |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg                                                                                                    | Tier 1 |  |
| <i>nimodipine</i> CAPS 30mg                                                                                                                | Tier 1 |  |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                                                                            | Tier 1 |  |
| <i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | Tier 1 |  |

### **DIURETICS**

|                                                        |        |  |
|--------------------------------------------------------|--------|--|
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg     | Tier 1 |  |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> | Tier 1 |  |
| <i>amiloride hcl</i> TABS 5mg                          | Tier 1 |  |
| <i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg   | Tier 1 |  |
| <i>chlorthalidone</i> TABS 25mg, 50mg                  | Tier 1 |  |

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml;<br>TABS 20mg, 40mg, 80mg | Tier 1           |                            |
| <i>furosemide inj</i> SOLN 10mg/ml                                 | Tier 1           |                            |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS<br>12.5mg, 25mg, 50mg | Tier 1           |                            |
| <i>indapamide</i> TABS 1.25mg, 2.5mg                               | Tier 1           |                            |
| <i>methazolamide</i> TABS 25mg, 50mg                               | Tier 1           |                            |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg                            | Tier 1           |                            |
| <i>spironolactone &amp; hydrochlorothiazide tab</i><br>25-25 mg    | Tier 1           |                            |
| <i>torsemide</i> TABS 5mg, 10mg, 20mg,<br>100mg                    | Tier 1           |                            |
| <i>triamterene &amp; hydrochlorothiazide cap</i><br>37.5-25 mg     | Tier 1           |                            |
| <i>triamterene &amp; hydrochlorothiazide tab</i><br>37.5-25 mg     | Tier 1           |                            |
| <i>triamterene &amp; hydrochlorothiazide tab</i> 75-<br>50 mg      | Tier 1           |                            |

### **MISCELLANEOUS**

|                                                                      |        |                                         |
|----------------------------------------------------------------------|--------|-----------------------------------------|
| <i>aliskiren fumarate</i> TABS 150mg, 300mg                          | Tier 1 | QL (30 tabs / 30 days)                  |
| <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr,<br>.3mg/24hr             | Tier 1 |                                         |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg                           | Tier 1 |                                         |
| CORLANOR SOLN 5mg/5ml                                                | Tier 1 | QL (450 mL / 30 days)                   |
| <i>digoxin</i> SOLN .05mg/ml, .25mg/ml                               | Tier 1 |                                         |
| <i>digoxin</i> TABS 125mcg, 250mcg                                   | Tier 1 | QL (30 tabs / 30 days)                  |
| <i>droxidopa</i> CAPS 100mg                                          | Tier 1 | QL (90 caps / 30 days),<br>NM, PA       |
| <i>droxidopa</i> CAPS 200mg, 300mg                                   | Tier 1 | QL (180 caps / 30<br>days), NM, PA      |
| <i>epinephrine</i> SOLN 1mg/ml                                       | Tier 1 |                                         |
| <i>guanfacine hcl</i> TABS 1mg, 2mg                                  | Tier 1 | PA; PA applies if 65<br>years and older |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS<br>10mg, 25mg, 50mg, 100mg | Tier 1 |                                         |
| <i>ivabradine hcl</i> TABS 5mg, 7.5mg                                | Tier 1 | QL (60 tabs / 30 days)                  |
| <i>metyrosine</i> CAPS 250mg                                         | Tier 1 | NM, PA                                  |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg                           | Tier 1 |                                         |
| <i>minoxidil</i> TABS 2.5mg, 10mg                                    | Tier 1 |                                         |
| <i>ranolazine</i> TB12 500mg, 1000mg                                 | Tier 1 |                                         |
| VERQUVO TABS 2.5mg, 5mg, 10mg                                        | Tier 1 | QL (30 tabs / 30 days),<br>PA           |
| VYNDAMAX CAPS 61mg                                                   | Tier 1 | QL (30 caps / 30 days),<br>NM, PA       |

| <b>Drug Name</b>                                                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---------------------------------------------------------------------------------------------------------------|------------------|---------------------------------|
| <b>NITRATES</b>                                                                                               |                  |                                 |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg                                                        | Tier 1           |                                 |
| <i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg                                                          | Tier 1           |                                 |
| <i>nitro-bid</i> OINT 2%                                                                                      | Tier 1           |                                 |
| <i>nitroglycerin</i> OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg | Tier 1           |                                 |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                                                                        |                  |                                 |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg                                                                     | Tier 1           | QL (90 tabs / 30 days), NM, PA  |
| <i>alyq</i> TABS 20mg                                                                                         | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| <i>ambrisentan</i> TABS 5mg, 10mg                                                                             | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| <i>bosentan</i> TABS 62.5mg, 125mg                                                                            | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| <i>bosentan</i> TBSO 32mg                                                                                     | Tier 1           | QL (120 tabs / 30 days), NM, PA |
| <i>macitentan</i> TABS 10mg                                                                                   | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| OPSUMIT TABS 10mg                                                                                             | Tier 1           | QL (30 tabs / 30 days), NM, PA  |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg                                                  | Tier 1           | QL (360 tabs / 30 days), NM, PA |
| <i>tadalafil (pulmonary hypertension)</i> TABS 20mg                                                           | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml                                         | Tier 1           | NM, PA                          |
| UPTRAVI TABS 100mcg, 150mcg                                                                                   | Tier 1           | QL (280 tabs / 28 days), NM, PA |
| UPTRAVI TABS 200mcg                                                                                           | Tier 1           | QL (140 tabs / 28 days), NM, PA |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg                                       | Tier 1           | QL (60 tabs / 30 days), NM, PA  |
| UPTRAVI PACK TAB 200/800                                                                                      | Tier 1           | QL (1 pack / 28 days), NM, PA   |
| WINREVAIR KIT 45mg, 60mg                                                                                      | Tier 1           | QL (2 vials / 21 days), NM, PA  |
| WINREVAIR INJ 45MG                                                                                            | Tier 1           | QL (2 vials / 21 days), NM, PA  |
| WINREVAIR INJ 60MG                                                                                            | Tier 1           | QL (2 vials / 21 days), NM, PA  |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg                                                                         | Tier 1           | QL (140 caps / 28 days), NM, PA |

| <b>Drug Name</b>     | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|----------------------|------------------|---------------------------------|
| YUTREPIA CAPS 106mcg | Tier 1           | QL (224 caps / 28 days), NM, PA |

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY**

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

### **ANTI-DEMENTIA**

|                                                                              |        |                                        |
|------------------------------------------------------------------------------|--------|----------------------------------------|
| <i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg                            | Tier 1 | QL (30 tabs / 30 days)                 |
| <i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg                          | Tier 1 |                                        |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg                         | Tier 1 | QL (30 caps / 30 days)                 |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml                                  | Tier 1 | QL (200 mL / 30 days)                  |
| <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg                          | Tier 1 | QL (60 tabs / 30 days)                 |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg | Tier 1 | PA; PA applies if 29 years and younger |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>           | Tier 1 | PA; PA applies if 29 years and younger |
| <i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>                      | Tier 1 |                                        |
| <i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>                      | Tier 1 |                                        |
| <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>                      | Tier 1 |                                        |
| NAMZARIC CAP 7-10MG                                                          | Tier 1 |                                        |
| <i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr                 | Tier 1 | QL (30 patches / 30 days)              |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg                     | Tier 1 | QL (60 caps / 30 days)                 |

### **ANTI-DEPRESSANTS**

|                                                                    |        |                                      |
|--------------------------------------------------------------------|--------|--------------------------------------|
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | Tier 1 | PA; PA applies if 65 years and older |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg                     | Tier 1 | PA; PA applies if 65 years and older |
| AUVELITY TAB 45-105MG                                              | Tier 1 | QL (60 tabs / 30 days)               |
| AUVELITY TAB TITRATIO                                              | Tier 1 | QL (2 packs / year)                  |
| <i>bupropion hcl</i> TABS 75mg, 100mg                              | Tier 1 |                                      |

| <b>Drug Name</b>                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                  |
|----------------------------------------------------------------------------|------------------|-------------------------------------------------------------|
| <i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg                  | Tier 1           | QL (60 tabs / 30 days)                                      |
| <i>bupropion hcl</i> TB24 300mg                                            | Tier 1           | QL (30 tabs / 30 days)                                      |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg        | Tier 1           |                                                             |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg                              | Tier 1           | PA                                                          |
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg           | Tier 1           | PA; PA applies if 65 years and older                        |
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg                     | Tier 1           | QL (30 tabs / 30 days)                                      |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | Tier 1           | PA; PA applies if 65 years and older                        |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg                              | Tier 1           | QL (60 caps / 30 days), PA                                  |
| <i>duloxetine hcl</i> CPEP 20mg                                            | Tier 1           | QL (120 caps / 30 days)                                     |
| <i>duloxetine hcl</i> CPEP 30mg                                            | Tier 1           | QL (90 caps / 30 days)                                      |
| <i>duloxetine hcl</i> CPEP 60mg                                            | Tier 1           | QL (60 caps / 30 days)                                      |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr                                   | Tier 1           | QL (30 patches / 30 days), PA                               |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg             | Tier 1           |                                                             |
| EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg                                  | Tier 1           | QL (30 tabs / 30 days), PA                                  |
| EXXUA TITRATION PACK TB24 18.2mg                                           | Tier 1           | QL (2 packs / year), PA                                     |
| FETZIMA CP24 20mg, 40mg                                                    | Tier 1           | QL (60 caps / 30 days), PA                                  |
| FETZIMA CP24 80mg, 120mg                                                   | Tier 1           | QL (30 caps / 30 days), PA                                  |
| FETZIMA CAP TITRATIO                                                       | Tier 1           | QL (2 packs / year), PA                                     |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml                 | Tier 1           |                                                             |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg                                | Tier 1           | PA; PA applies if 65 years and older                        |
| MARPLAN TABS 10mg                                                          | Tier 1           | QL (180 tabs / 30 days)                                     |
| <i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg     | Tier 1           |                                                             |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg                | Tier 1           |                                                             |
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml        | Tier 1           |                                                             |
| <i>paroxetine hcl</i> SUSP 10mg/5ml                                        | Tier 1           | QL (900 mL / 30 days), PA; PA applies if 65 years and older |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg                          | Tier 1           | PA; PA applies if 65 years and older                        |
| <i>phenelzine sulfate</i> TABS 15mg                                        | Tier 1           |                                                             |

| <b>Drug Name</b>                                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---------------------------------------------------------------------------------------|------------------|-------------------------------|
| <i>protriptyline hcl</i> TABS 5mg, 10mg                                               | Tier 1           |                               |
| RALDESY SOLN 10mg/ml                                                                  | Tier 1           | QL (1800 mL / 30 days),<br>PA |
| <i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg                            | Tier 1           |                               |
| <i>tranylcypromine sulfate</i> TABS 10mg                                              | Tier 1           |                               |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg                                          | Tier 1           |                               |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg                                           | Tier 1           | QL (120 caps / 30 days)       |
| <i>trimipramine maleate</i> CAPS 100mg                                                | Tier 1           | QL (60 caps / 30 days)        |
| TRINTELLIX TABS 5mg, 10mg, 20mg                                                       | Tier 1           | QL (30 tabs / 30 days),<br>PA |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | Tier 1           |                               |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg                                           | Tier 1           | QL (30 tabs / 30 days)        |
| ZURZUVAE CAPS 20mg, 25mg                                                              | Tier 1           | QL (28 caps / 14 days),<br>PA |
| ZURZUVAE CAPS 30mg                                                                    | Tier 1           | QL (14 caps / 14 days),<br>PA |

#### **ANTIPARKINSONIAN AGENTS**

|                                                            |        |                                      |
|------------------------------------------------------------|--------|--------------------------------------|
| <i>amantadine hcl</i> CAPS 100mg                           | Tier 1 | QL (120 caps / 30 days)              |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg            | Tier 1 |                                      |
| <i>benztropine mesylate</i> SOLN 1mg/ml                    | Tier 1 |                                      |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg            | Tier 1 | PA; PA applies if 65 years and older |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg         | Tier 1 |                                      |
| <i>carb/levo orally disintegrating tab</i> 10-100mg        | Tier 1 |                                      |
| <i>carb/levo orally disintegrating tab</i> 25-100mg        | Tier 1 |                                      |
| <i>carb/levo orally disintegrating tab</i> 25-250mg        | Tier 1 |                                      |
| <i>carbidopa &amp; levodopa tab</i> 10-100 mg              | Tier 1 |                                      |
| <i>carbidopa &amp; levodopa tab</i> 25-100 mg              | Tier 1 |                                      |
| <i>carbidopa &amp; levodopa tab</i> 25-250 mg              | Tier 1 |                                      |
| <i>carbidopa &amp; levodopa tab er</i> 25-100 mg           | Tier 1 |                                      |
| <i>carbidopa &amp; levodopa tab er</i> 50-200 mg           | Tier 1 |                                      |
| <i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg   | Tier 1 |                                      |
| <i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg  | Tier 1 |                                      |
| <i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg    | Tier 1 |                                      |
| <i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg | Tier 1 |                                      |

| <b>Drug Name</b>                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--------------------------------------------------------------------------------|------------------|---------------------------------|
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>                      | Tier 1           |                                 |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>                        | Tier 1           |                                 |
| <i>entacapone TABS 200mg</i>                                                   | Tier 1           |                                 |
| INBRIJA CAPS 42mg                                                              | Tier 1           | QL (300 caps / 30 days), NM, PA |
| <i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i> | Tier 1           |                                 |
| <i>rasagiline mesylate TABS .5mg, 1mg</i>                                      | Tier 1           | QL (30 tabs / 30 days)          |
| <i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>      | Tier 1           |                                 |
| <i>selegiline hcl CAPS 5mg; TABS 5mg</i>                                       | Tier 1           |                                 |
| <i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>                         | Tier 1           |                                 |

### **ANTIPSYCHOTICS**

|                                                                                                               |        |                            |
|---------------------------------------------------------------------------------------------------------------|--------|----------------------------|
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml                                                               | Tier 1 | QL (1 syringe / 56 days)   |
| ABILIFY MAINTENA PRSY 300mg, 400mg                                                                            | Tier 1 | QL (1 syringe / 28 days)   |
| ABILIFY MAINTENA SRER 300mg, 400mg                                                                            | Tier 1 | QL (1 injection / 28 days) |
| <i>aripiprazole SOLN 1mg/ml</i>                                                                               | Tier 1 | QL (900 mL / 30 days)      |
| <i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>                                                     | Tier 1 | QL (30 tabs / 30 days)     |
| <i>aripiprazole TBDP 10mg, 15mg</i>                                                                           | Tier 1 | QL (60 tabs / 30 days), ST |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml                                                           | Tier 1 | QL (1 syringe / 28 days)   |
| ARISTADA PRSY 1064mg/3.9ml                                                                                    | Tier 1 | QL (1 syringe / 56 days)   |
| ARISTADA INITIO PRSY 675mg/2.4ml                                                                              | Tier 1 |                            |
| <i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>                                                                | Tier 1 | QL (60 tabs / 30 days)     |
| BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg                                                              | Tier 1 | QL (60 tabs / 30 days), PA |
| BYSANTI TAB PACK A                                                                                            | Tier 1 | QL (2 packs / year), PA    |
| BYSANTI TAB PACK B                                                                                            | Tier 1 | QL (2 packs / year), PA    |
| BYSANTI TAB PACK C                                                                                            | Tier 1 | QL (2 packs / year), PA    |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg                                                                               | Tier 1 | QL (30 caps / 30 days)     |
| <i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i> | Tier 1 |                            |
| <i>clozapine TABS 25mg, 50mg</i>                                                                              | Tier 1 |                            |
| <i>clozapine TABS 100mg</i>                                                                                   | Tier 1 | QL (270 tabs / 30 days)    |
| <i>clozapine TABS 200mg</i>                                                                                   | Tier 1 | QL (120 tabs / 30 days)    |
| <i>clozapine TBDP 12.5mg, 25mg</i>                                                                            | Tier 1 | PA                         |

| <b>Drug Name</b>                                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|------------------------------------------------------------------------------------------------|------------------|-----------------------------|
| <i>clozapine</i> TBDP 100mg                                                                    | Tier 1           | QL (270 tabs / 30 days), PA |
| <i>clozapine</i> TBDP 150mg                                                                    | Tier 1           | QL (180 tabs / 30 days), PA |
| <i>clozapine</i> TBDP 200mg                                                                    | Tier 1           | QL (120 tabs / 30 days), PA |
| COBENFY CAP 50-20MG                                                                            | Tier 1           | QL (60 caps / 30 days)      |
| COBENFY CAP 100-20MG                                                                           | Tier 1           | QL (60 caps / 30 days)      |
| COBENFY CAP 125-30MG                                                                           | Tier 1           | QL (60 caps / 30 days)      |
| COBENFY STRT CAP PACK                                                                          | Tier 1           | QL (2 packs / year)         |
| ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml                      | Tier 1           | QL (1 syringe / 28 days)    |
| ERZOFRI SUSY 351mg/2.25ml                                                                      | Tier 1           | QL (2 syringes / year)      |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg                                                | Tier 1           | QL (60 tabs / 30 days), PA  |
| FANAPT PAK PACK A                                                                              | Tier 1           | QL (2 packs / year), PA     |
| FANAPT PAK PACK B                                                                              | Tier 1           | QL (2 packs / year), PA     |
| FANAPT PAK PACK C                                                                              | Tier 1           | QL (2 packs / year), PA     |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml                                                     | Tier 1           |                             |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | Tier 1           |                             |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg                                        | Tier 1           |                             |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml                                            | Tier 1           |                             |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml                                            | Tier 1           |                             |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml                                                   | Tier 1           | QL (1 injection / 180 days) |
| INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml              | Tier 1           | QL (1 syringe / 28 days)    |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml                      | Tier 1           | QL (1 syringe / 90 days)    |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg                                           | Tier 1           |                             |
| <i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg                                             | Tier 1           | QL (30 tabs / 30 days)      |
| <i>lurasidone hcl</i> TABS 80mg                                                                | Tier 1           | QL (60 tabs / 30 days)      |
| LYBALVI TAB 5-10MG                                                                             | Tier 1           | QL (30 tabs / 30 days)      |
| LYBALVI TAB 10-10MG                                                                            | Tier 1           | QL (30 tabs / 30 days)      |
| LYBALVI TAB 15-10MG                                                                            | Tier 1           | QL (30 tabs / 30 days)      |
| LYBALVI TAB 20-10MG                                                                            | Tier 1           | QL (30 tabs / 30 days)      |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg                                                      | Tier 1           |                             |

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--------------------------------------------------------------------|------------------|-----------------------------------|
| NUPLAZID CAPS 34mg                                                 | Tier 1           | QL (30 caps / 30 days),<br>NM, PA |
| NUPLAZID TABS 10mg                                                 | Tier 1           | QL (30 tabs / 30 days),<br>NM, PA |
| <i>olanzapine</i> SOLR 10mg                                        | Tier 1           | QL (3 vials / 1 day)              |
| <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg                            | Tier 1           | QL (60 tabs / 30 days)            |
| <i>olanzapine</i> TABS 7.5mg, 15mg, 20mg                           | Tier 1           | QL (30 tabs / 30 days)            |
| <i>olanzapine</i> TBDP 5mg, 15mg, 20mg                             | Tier 1           | QL (30 tabs / 30 days),<br>ST     |
| <i>olanzapine</i> TBDP 10mg                                        | Tier 1           | QL (60 tabs / 30 days),<br>ST     |
| OPIPZA FILM 2mg, 5mg                                               | Tier 1           | QL (30 films / 30 days),<br>PA    |
| OPIPZA FILM 10mg                                                   | Tier 1           | QL (90 films / 30 days),<br>PA    |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 9mg                           | Tier 1           | QL (30 tabs / 30 days)            |
| <i>paliperidone</i> TB24 6mg                                       | Tier 1           | QL (60 tabs / 30 days)            |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg,<br>16mg                    | Tier 1           |                                   |
| <i>pimozide</i> TABS 1mg, 2mg                                      | Tier 1           |                                   |
| <i>quetiapine fumarate</i> TABS 25mg                               | Tier 1           | QL (180 tabs / 30 days)           |
| <i>quetiapine fumarate</i> TABS 50mg, 100mg,<br>150mg, 200mg       | Tier 1           | QL (90 tabs / 30 days)            |
| <i>quetiapine fumarate</i> TABS 300mg, 400mg                       | Tier 1           | QL (60 tabs / 30 days)            |
| <i>quetiapine fumarate</i> TB24 50mg, 300mg,<br>400mg              | Tier 1           | QL (60 tabs / 30 days),<br>PA     |
| <i>quetiapine fumarate</i> TB24 150mg, 200mg                       | Tier 1           | QL (30 tabs / 30 days),<br>PA     |
| REXULTI TABS 3mg, 4mg                                              | Tier 1           | QL (30 tabs / 30 days)            |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg                                 | Tier 1           | QL (60 tabs / 30 days)            |
| <i>risperidone</i> SOLN 1mg/ml                                     | Tier 1           | QL (240 mL / 30 days)             |
| <i>risperidone</i> TABS .25mg, .5mg, 1mg,<br>2mg, 3mg, 4mg         | Tier 1           |                                   |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg                              | Tier 1           | QL (60 tabs / 30 days),<br>ST     |
| <i>risperidone</i> TBDP 4mg                                        | Tier 1           | QL (120 tabs / 30 days),<br>ST    |
| <i>risperidone</i> TBDP .25mg, .5mg                                | Tier 1           | QL (90 tabs / 30 days),<br>ST     |
| <i>risperidone microspheres</i> SRER 12.5mg,<br>25mg, 37.5mg, 50mg | Tier 1           | QL (2 injections / 28<br>days)    |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr,<br>7.6mg/24hr                 | Tier 1           | QL (30 patches / 30<br>days)      |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg,<br>100mg            | Tier 1           |                                   |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg                        | Tier 1           |                                   |

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|-----------------------------------------------------|------------------|--------------------------------|
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | Tier 1           |                                |
| VERSACLOZ SUSP 50mg/ml                              | Tier 1           | QL (600 mL / 30 days), PA      |
| VRAYLAR CAPS 1.5mg                                  | Tier 1           | QL (60 caps / 30 days)         |
| VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg           | Tier 1           | QL (30 caps / 30 days)         |
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg  | Tier 1           | QL (60 caps / 30 days)         |
| <i>ziprasidone mesylate</i> SOLR 20mg               | Tier 1           | QL (6 injections / 3 days)     |
| ZYPREXA RELPREVV SUSR 210mg, 300mg                  | Tier 1           | QL (2 vials / 28 days), NM, PA |
| ZYPREXA RELPREVV SUSR 405mg                         | Tier 1           | QL (1 vial / 28 days), NM, PA  |

### **ANTIEPILEPTIC AGENTS**

|                                                                                                                        |        |                                                               |
|------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------|
| APTIOM TABS 200mg, 400mg                                                                                               | Tier 1 | QL (30 tabs / 30 days)                                        |
| APTIOM TABS 600mg, 800mg                                                                                               | Tier 1 | QL (60 tabs / 30 days)                                        |
| <i>brivaracetam</i> SOLN 10mg/ml                                                                                       | Tier 1 | QL (600 mL / 30 days), PA                                     |
| <i>brivaracetam</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg                                                                 | Tier 1 | QL (60 tabs / 30 days), PA                                    |
| BRIVIACT SOLN 10mg/ml                                                                                                  | Tier 1 | QL (600 mL / 30 days), PA                                     |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg                                                                            | Tier 1 | QL (60 tabs / 30 days), PA                                    |
| <i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | Tier 1 |                                                               |
| <i>clobazam</i> SUSP 2.5mg/ml                                                                                          | Tier 1 | QL (480 mL / 30 days), PA                                     |
| <i>clobazam</i> TABS 10mg, 20mg                                                                                        | Tier 1 | QL (60 tabs / 30 days), PA                                    |
| <i>clonazepam</i> TABS 2mg; TBDP 2mg                                                                                   | Tier 1 | QL (300 tabs / 30 days)                                       |
| <i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg                                                        | Tier 1 | QL (90 tabs / 30 days)                                        |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg                                                                | Tier 1 | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |
| DIACOMIT CAPS 250mg                                                                                                    | Tier 1 | QL (360 caps / 30 days), NM, PA                               |
| DIACOMIT CAPS 500mg                                                                                                    | Tier 1 | QL (180 caps / 30 days), NM, PA                               |
| DIACOMIT PACK 250mg                                                                                                    | Tier 1 | QL (360 packets / 30 days), NM, PA                            |

| <b>Drug Name</b>                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                                   |
|----------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------|
| DIACOMIT PACK 500mg                                                              | Tier 1           | QL (180 packets / 30 days), NM, PA                                                           |
| <i>diazepam</i> SOLN 5mg/5ml                                                     | Tier 1           | QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply  |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg                                              | Tier 1           | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg                           | Tier 1           |                                                                                              |
| <i>diazepam inj</i> SOLN 5mg/ml                                                  | Tier 1           |                                                                                              |
| <i>diazepam intensol</i> CONC 5mg/ml                                             | Tier 1           | QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply   |
| DILANTIN CAPS 30mg                                                               | Tier 1           |                                                                                              |
| <i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg | Tier 1           |                                                                                              |
| EPIDIOLEX SOLN 100mg/ml                                                          | Tier 1           | QL (600 mL / 30 days), NM, PA                                                                |
| <i>eslicarbazepine acetate</i> TABS 200mg, 400mg                                 | Tier 1           | QL (30 tabs / 30 days)                                                                       |
| <i>eslicarbazepine acetate</i> TABS 600mg, 800mg                                 | Tier 1           | QL (60 tabs / 30 days)                                                                       |
| <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml                                   | Tier 1           |                                                                                              |
| <i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg                               | Tier 1           |                                                                                              |
| FINTEPLA SOLN 2.2mg/ml                                                           | Tier 1           | QL (360 mL / 30 days), NM, PA                                                                |
| FYCOMPA SUSP .5mg/ml                                                             | Tier 1           | QL (680 mL / 28 days), PA                                                                    |
| FYCOMPA TABS 2mg                                                                 | Tier 1           | QL (60 tabs / 30 days), PA                                                                   |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg                                           | Tier 1           | QL (30 tabs / 30 days), PA                                                                   |
| <i>gabapentin</i> CAPS 100mg, 300mg                                              | Tier 1           | QL (360 caps / 30 days)                                                                      |
| <i>gabapentin</i> CAPS 400mg                                                     | Tier 1           | QL (270 caps / 30 days)                                                                      |
| <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml                                      | Tier 1           | QL (2160 mL / 30 days)                                                                       |
| <i>gabapentin</i> TABS 600mg                                                     | Tier 1           | QL (180 tabs / 30 days)                                                                      |
| <i>gabapentin</i> TABS 800mg                                                     | Tier 1           | QL (120 tabs / 30 days)                                                                      |

| <b>Drug Name</b>                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                    |
|----------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------|
| <i>lacosamide</i> SOLN 200mg/20ml                                                                  | Tier 1           |                                                               |
| <i>lacosamide</i> TABS 50mg                                                                        | Tier 1           | QL (120 tabs / 30 days)                                       |
| <i>lacosamide</i> TABS 100mg, 150mg, 200mg                                                         | Tier 1           | QL (60 tabs / 30 days)                                        |
| <i>lacosamide oral</i> SOLN 10mg/ml                                                                | Tier 1           | QL (1200 mL / 30 days)                                        |
| <i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg                                  | Tier 1           |                                                               |
| <i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg                                     | Tier 1           | ST                                                            |
| <i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg | Tier 1           |                                                               |
| <i>levetiracetam</i> TB3D 250mg                                                                    | Tier 1           | QL (360 tabs / 30 days)                                       |
| <i>levetiracetam</i> TB3D 500mg                                                                    | Tier 1           | QL (180 tabs / 30 days)                                       |
| <i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml                                       | Tier 1           |                                                               |
| <i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml                                      | Tier 1           |                                                               |
| <i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml                                      | Tier 1           |                                                               |
| <i>methsuximide</i> CAPS 300mg                                                                     | Tier 1           |                                                               |
| <i>NAYZILAM</i> SOLN 5mg/0.1ml                                                                     | Tier 1           | QL (10 nasal units / 30 days)                                 |
| <i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg                                      | Tier 1           |                                                               |
| <i>perampanel</i> SUSP .5mg/ml                                                                     | Tier 1           | QL (680 mL / 28 days), PA                                     |
| <i>perampanel</i> TABS 2mg                                                                         | Tier 1           | QL (60 tabs / 30 days), PA                                    |
| <i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg                                                   | Tier 1           | QL (30 tabs / 30 days), PA                                    |
| <i>phenobarbital</i> ELIX 20mg/5ml                                                                 | Tier 1           | QL (1500 mL / 30 days), PA; PA applies if 65 years and older  |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg                  | Tier 1           | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml                                                 | Tier 1           | PA; PA applies if 65 years and older                          |
| <i>phenytek</i> CAPS 200mg, 300mg                                                                  | Tier 1           |                                                               |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml                                                         | Tier 1           |                                                               |
| <i>phenytoin sodium</i> SOLN 50mg/ml                                                               | Tier 1           |                                                               |
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg                                          | Tier 1           |                                                               |
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg                                              | Tier 1           | QL (120 caps / 30 days)                                       |
| <i>pregabalin</i> CAPS 200mg                                                                       | Tier 1           | QL (90 caps / 30 days)                                        |
| <i>pregabalin</i> CAPS 225mg, 300mg                                                                | Tier 1           | QL (60 caps / 30 days)                                        |

| <b>Drug Name</b>                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                        |
|---------------------------------------------------------------------------|------------------|-------------------------------------------------------------------|
| <i>pregabalin</i> SOLN 20mg/ml                                            | Tier 1           | QL (900 mL / 30 days),<br>PA; PA applies if 65<br>years and older |
| <i>primidone</i> TABS 50mg, 125mg, 250mg                                  | Tier 1           |                                                                   |
| <i>relgaabi</i> CAPS 300mg                                                | Tier 1           | QL (360 caps / 30 days)                                           |
| <i>relgaabi</i> CAPS 400mg                                                | Tier 1           | QL (270 caps / 30 days)                                           |
| <i>roweepra</i> TABS 500mg                                                | Tier 1           |                                                                   |
| <i>rufinamide</i> SUSP 40mg/ml                                            | Tier 1           | QL (2400 mL / 30 days),<br>PA                                     |
| <i>rufinamide</i> TABS 200mg                                              | Tier 1           | QL (480 tabs / 30 days),<br>PA                                    |
| <i>rufinamide</i> TABS 400mg                                              | Tier 1           | QL (240 tabs / 30 days),<br>PA                                    |
| SPRITAM TB3D 250mg                                                        | Tier 1           | QL (360 tabs / 30 days)                                           |
| SPRITAM TB3D 500mg                                                        | Tier 1           | QL (180 tabs / 30 days)                                           |
| SPRITAM TB3D 750mg                                                        | Tier 1           | QL (120 tabs / 30 days)                                           |
| SPRITAM TB3D 1000mg                                                       | Tier 1           | QL (90 tabs / 30 days)                                            |
| SUBVENITE SUSP 10mg/ml                                                    | Tier 1           | ST                                                                |
| <i>subvenite</i> TABS 25mg, 100mg, 150mg,<br>200mg                        | Tier 1           |                                                                   |
| SYMPAZAN FILM 5mg, 10mg, 20mg                                             | Tier 1           | QL (60 films / 30 days),<br>PA                                    |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg,<br>16mg                         | Tier 1           |                                                                   |
| <i>topiramate</i> CPSP 15mg, 25mg, 50mg;<br>TABS 25mg, 50mg, 100mg, 200mg | Tier 1           |                                                                   |
| <i>topiramate</i> SOLN 25mg/ml                                            | Tier 1           | QL (480 mL / 30 days),<br>PA                                      |
| <i>valproate sodium</i> SOLN 100mg/ml,<br>250mg/5ml                       | Tier 1           |                                                                   |
| <i>valproic acid</i> CAPS 250mg                                           | Tier 1           |                                                                   |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml                                          | Tier 1           | QL (10 blister packs / 30<br>days)                                |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml                                        | Tier 1           | QL (10 blister packs / 30<br>days)                                |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml                                       | Tier 1           | QL (10 blister packs / 30<br>days)                                |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml                                        | Tier 1           | QL (10 blister packs / 30<br>days)                                |
| <i>vigabatrin</i> PACK 500mg                                              | Tier 1           | QL (180 packets / 30<br>days), NM, PA                             |
| <i>vigabatrin</i> TABS 500mg                                              | Tier 1           | QL (180 tabs / 30 days),<br>NM, PA                                |
| <i>vigadrone</i> PACK 500mg                                               | Tier 1           | QL (180 packets / 30<br>days), NM, PA                             |
| <i>vigadrone</i> TABS 500mg                                               | Tier 1           | QL (180 tabs / 30 days),<br>NM, PA                                |

| <b>Drug Name</b>                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|------------------------------------|------------------|-----------------------------------|
| VIGAFYDE SOLN 100mg/ml             | Tier 1           | QL (900 mL / 30 days),<br>NM, PA  |
| XCOPRI TABS 25mg, 50mg, 100mg      | Tier 1           | QL (30 tabs / 30 days)            |
| XCOPRI TABS 150mg, 200mg           | Tier 1           | QL (60 tabs / 30 days)            |
| XCOPRI PAK 12.5-25                 | Tier 1           | QL (28 tabs / 28 days)            |
| XCOPRI PAK 50-100MG                | Tier 1           | QL (28 tabs / 28 days)            |
| XCOPRI PAK 100-150                 | Tier 1           | QL (56 tabs / 28 days)            |
| XCOPRI PAK 150-200MG (MAINTENANCE) | Tier 1           | QL (56 tabs / 28 days)            |
| XCOPRI PAK 150-200MG (TITRATION)   | Tier 1           | QL (28 tabs / 28 days)            |
| ZONISADE SUSP 100mg/5ml            | Tier 1           | QL (900 mL / 30 days),<br>PA      |
| zonisamide CAPS 25mg, 50mg, 100mg  | Tier 1           |                                   |
| ZTALMY SUSP 50mg/ml                | Tier 1           | QL (1100 mL / 30 days),<br>NM, PA |

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

|                                                        |        |                                |
|--------------------------------------------------------|--------|--------------------------------|
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>  | Tier 1 | QL (30 caps / 30 days),<br>PA  |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | Tier 1 | QL (30 caps / 30 days),<br>PA  |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | Tier 1 | QL (30 caps / 30 days),<br>PA  |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | Tier 1 | QL (30 caps / 30 days),<br>PA  |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | Tier 1 | QL (30 caps / 30 days),<br>PA  |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | Tier 1 | QL (30 caps / 30 days),<br>PA  |
| <i>amphetamine-dextroamphetamine tab 5 mg</i>          | Tier 1 | QL (60 tabs / 30 days),<br>PA  |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i>        | Tier 1 | QL (60 tabs / 30 days),<br>PA  |
| <i>amphetamine-dextroamphetamine tab 10 mg</i>         | Tier 1 | QL (60 tabs / 30 days),<br>PA  |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>       | Tier 1 | QL (60 tabs / 30 days),<br>PA  |
| <i>amphetamine-dextroamphetamine tab 15 mg</i>         | Tier 1 | QL (60 tabs / 30 days),<br>PA  |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>         | Tier 1 | QL (90 tabs / 30 days),<br>PA  |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>         | Tier 1 | QL (60 tabs / 30 days),<br>PA  |
| <i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>           | Tier 1 | QL (120 caps / 30 days)        |
| <i>atomoxetine hcl CAPS 40mg</i>                       | Tier 1 | QL (60 caps / 30 days)         |
| <i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>          | Tier 1 | QL (30 caps / 30 days)         |
| <i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>          | Tier 1 | QL (120 tabs / 30 days),<br>PA |

| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                   |
|------------------------------------------------------------------|------------------|--------------------------------------------------------------|
| <i>dexmethylphenidate hcl</i> TABS 10mg                          | Tier 1           | QL (60 tabs / 30 days), PA                                   |
| <i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg                  | Tier 1           | QL (30 tabs / 30 days), PA; PA applies if 65 years and older |
| <i>guanfacine hcl (adhd)</i> TB24 3mg                            | Tier 1           | QL (60 tabs / 30 days), PA; PA applies if 65 years and older |
| <i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg | Tier 1           | QL (180 tabs / 30 days), PA                                  |
| <i>methylphenidate hcl</i> SOLN 5mg/5ml                          | Tier 1           | QL (1800 mL / 30 days), PA                                   |
| <i>methylphenidate hcl</i> SOLN 10mg/5ml                         | Tier 1           | QL (900 mL / 30 days), PA                                    |
| <i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg            | Tier 1           | QL (90 tabs / 30 days), PA                                   |

### **HYPNOTICS**

|                                          |        |                                                                                                       |
|------------------------------------------|--------|-------------------------------------------------------------------------------------------------------|
| <i>DAYVIGO</i> TABS 5mg, 10mg            | Tier 1 | QL (30 tabs / 30 days)                                                                                |
| <i>doxepin hcl (sleep)</i> TABS 3mg, 6mg | Tier 1 | QL (30 tabs / 30 days)                                                                                |
| <i>eszopiclone</i> TABS 1mg, 2mg, 3mg    | Tier 1 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i>ramelteon</i> TABS 8mg                | Tier 1 | QL (30 tabs / 30 days)                                                                                |
| <i>tasimelteon</i> CAPS 20mg             | Tier 1 | QL (30 caps / 30 days), NM, PA                                                                        |
| <i>temazepam</i> CAPS 7.5mg, 30mg        | Tier 1 | QL (30 caps / 30 days), PA; PA applies if 65 years and older                                          |
| <i>temazepam</i> CAPS 15mg               | Tier 1 | QL (60 caps / 30 days), PA; PA applies if 65 years and older                                          |
| <i>zaleplon</i> CAPS 5mg                 | Tier 1 | QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i>zaleplon</i> CAPS 10mg                | Tier 1 | QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i>zolpidem tartrate</i> TABS 5mg, 10mg  | Tier 1 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |

| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|-------------------------------------------------------------|------------------|-----------------------------------|
| <b>MIGRAINE</b>                                             |                  |                                   |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml                              | Tier 1           | QL (1 pen / 30 days), NM, PA      |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml               | Tier 1           | QL (8 mL / 30 days), PA           |
| EMGALITY SOAJ 120mg/ml                                      | Tier 1           | QL (2 pens / 30 days), NM, PA     |
| EMGALITY SOSY 100mg/ml                                      | Tier 1           | QL (3 syringes / 30 days), NM, PA |
| EMGALITY SOSY 120mg/ml                                      | Tier 1           | QL (2 syringes / 30 days), NM, PA |
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                  | Tier 1           | QL (40 tabs / 28 days), PA        |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg                      | Tier 1           | QL (12 tabs / 30 days)            |
| NURTEC TBDP 75mg                                            | Tier 1           | QL (16 tabs / 30 days), PA        |
| QULIPTA TABS 10mg, 30mg, 60mg                               | Tier 1           | QL (30 tabs / 30 days), PA        |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg  | Tier 1           | QL (18 tabs / 30 days)            |
| <i>sumatriptan</i> SOLN 5mg/act                             | Tier 1           | QL (24 units / 30 days)           |
| <i>sumatriptan</i> SOLN 20mg/act                            | Tier 1           | QL (12 units / 30 days)           |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml | Tier 1           | QL (12 injections / 30 days)      |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg         | Tier 1           | QL (12 tabs / 30 days)            |
| UBRELVY TABS 50mg, 100mg                                    | Tier 1           | QL (16 tabs / 30 days), PA        |
| <b>MISCELLANEOUS</b>                                        |                  |                                   |
| AUSTEDO TABS 6mg                                            | Tier 1           | QL (60 tabs / 30 days), NM, PA    |
| AUSTEDO TABS 9mg, 12mg                                      | Tier 1           | QL (120 tabs / 30 days), NM, PA   |
| AUSTEDO XR TB24 6mg                                         | Tier 1           | QL (90 tabs / 30 days), NM, PA    |
| AUSTEDO XR TB24 12mg                                        | Tier 1           | QL (120 tabs / 30 days), NM, PA   |
| AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg                | Tier 1           | QL (30 tabs / 30 days), NM, PA    |
| AUSTEDO XR TB24 24mg                                        | Tier 1           | QL (60 tabs / 30 days), NM, PA    |
| AUSTEDO XR TAB TITR KIT                                     | Tier 1           | QL (2 packs / year), NM, PA       |
| <i>dextromethorphan hbr-quinidine sulfate cap 20-10 mg</i>  | Tier 1           | QL (60 caps / 30 days), PA        |
| <i>lithium</i> SOLN 8meq/5ml                                | Tier 1           |                                   |

| <b>Drug Name</b>                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|----------------------------------------------------------------------------------|------------------|---------------------------------|
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg | Tier 1           |                                 |
| NUDEXTA CAP 20-10MG                                                              | Tier 1           | QL (60 caps / 30 days), PA      |
| <i>pyridostigmine bromide</i> TABS 60mg                                          | Tier 1           |                                 |
| <i>riluzole</i> TABS 50mg                                                        | Tier 1           |                                 |
| <i>tetrabenazine</i> TABS 12.5mg                                                 | Tier 1           | QL (90 tabs / 30 days), NM, PA  |
| <i>tetrabenazine</i> TABS 25mg                                                   | Tier 1           | QL (120 tabs / 30 days), NM, PA |

### **MULTIPLE SCLEROSIS AGENTS**

|                                        |        |                                    |
|----------------------------------------|--------|------------------------------------|
| BAFIERTAM CPDR 95mg                    | Tier 1 | QL (120 caps / 30 days), NM, PA    |
| BETASERON KIT .3mg                     | Tier 1 | QL (14 kits / 28 days), NM, PA     |
| COPAXONE SOSY 20mg/ml                  | Tier 1 | QL (30 syringes / 30 days), NM, PA |
| COPAXONE SOSY 40mg/ml                  | Tier 1 | QL (12 syringes / 28 days), NM, PA |
| <i>dalfampridine</i> TB12 10mg         | Tier 1 | QL (60 tabs / 30 days), NM, PA     |
| <i> fingolimod hcl</i> CAPS .5mg       | Tier 1 | QL (30 caps / 30 days), NM, PA     |
| <i>glatiramer acetate</i> SOSY 20mg/ml | Tier 1 | QL (30 syringes / 30 days), NM, PA |
| <i>glatiramer acetate</i> SOSY 40mg/ml | Tier 1 | QL (12 syringes / 28 days), NM, PA |
| <i>glatopa</i> SOSY 20mg/ml            | Tier 1 | QL (30 syringes / 30 days), NM, PA |
| <i>glatopa</i> SOSY 40mg/ml            | Tier 1 | QL (12 syringes / 28 days), NM, PA |
| KESIMPTA SOAJ 20mg/0.4ml               | Tier 1 | QL (16 pens / 365 days), NM, PA    |

### **MUSCULOSKELETAL THERAPY AGENTS**

|                                           |        |                                                                                                        |
|-------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|
| <i>baclofen</i> TABS 5mg                  | Tier 1 | QL (90 tabs / 30 days)                                                                                 |
| <i>baclofen</i> TABS 10mg, 20mg           | Tier 1 |                                                                                                        |
| <i>carisoprodol</i> TABS 350mg            | Tier 1 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg | Tier 1 | QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year  |

| <b>Drug Name</b>                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                                             |
|---------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------|
| <i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg                                 | Tier 1           |                                                                                                        |
| <i>methocarbamol</i> TABS 500mg                                                 | Tier 1           | QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i>methocarbamol</i> TABS 750mg                                                 | Tier 1           | QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i>tizanidine hcl</i> TABS 2mg, 4mg                                             | Tier 1           |                                                                                                        |
| <b>NARCOLEPSY/CATAPLEXY</b>                                                     |                  |                                                                                                        |
| <i>armodafinil</i> TABS 50mg                                                    | Tier 1           | QL (60 tabs / 30 days), PA                                                                             |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg                                     | Tier 1           | QL (30 tabs / 30 days), PA                                                                             |
| <i>modafinil</i> TABS 100mg                                                     | Tier 1           | QL (30 tabs / 30 days), PA                                                                             |
| <i>modafinil</i> TABS 200mg                                                     | Tier 1           | QL (60 tabs / 30 days), PA                                                                             |
| <i>sodium oxybate</i> SOLN 500mg/ml                                             | Tier 1           | QL (540 mL / 30 days), NM, PA                                                                          |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                                   |                  |                                                                                                        |
| <i>acamprosate calcium</i> TBEC 333mg                                           | Tier 1           |                                                                                                        |
| <i>buprenorphine hcl</i> SUBL 2mg                                               | Tier 1           | QL (180 tabs / 30 days)                                                                                |
| <i>buprenorphine hcl</i> SUBL 8mg                                               | Tier 1           | QL (120 tabs / 30 days)                                                                                |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>             | Tier 1           | QL (180 films / 30 days)                                                                               |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>               | Tier 1           | QL (90 films / 30 days)                                                                                |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>               | Tier 1           | QL (120 films / 30 days)                                                                               |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>              | Tier 1           | QL (90 films / 30 days)                                                                                |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>              | Tier 1           | QL (180 tabs / 30 days)                                                                                |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>                | Tier 1           | QL (120 tabs / 30 days)                                                                                |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg                             | Tier 1           | QL (60 tabs / 30 days)                                                                                 |
| <i>disulfiram</i> TABS 250mg, 500mg                                             | Tier 1           |                                                                                                        |
| KLOXXADO LIQD 8mg/0.1ml                                                         | Tier 1           |                                                                                                        |
| <i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | Tier 1           |                                                                                                        |

| <b>Drug Name</b>                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------|------------------|----------------------------|
| <i>naltrexone hcl</i> TABS 50mg                                        | Tier 1           |                            |
| NICOTROL NS SOLN 10mg/ml                                               | Tier 1           |                            |
| <i>varenicline tartrate</i> TABS .5mg, 1mg                             | Tier 1           | QL (56 tabs / 28 days)     |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> | Tier 1           | QL (2 packs / year)        |
| VIVITROL SUSR 380mg                                                    | Tier 1           | NM                         |

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

|                                                       |        |                           |
|-------------------------------------------------------|--------|---------------------------|
| <i>danazol</i> CAPS 50mg, 100mg, 200mg                | Tier 1 |                           |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml      | Tier 1 | PA                        |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm      | Tier 1 | QL (300 gm / 30 days), PA |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml | Tier 1 | PA                        |
| <i>testosterone enanthate</i> SOLN 200mg/ml           | Tier 1 | PA                        |
| <i>testosterone pump</i> GEL 1.62%                    | Tier 1 | QL (150 gm / 30 days), PA |

### **ANTIDIABETICS**

|                                                                     |        |                         |
|---------------------------------------------------------------------|--------|-------------------------|
| <i>acarbose</i> TABS 25mg, 50mg, 100mg                              | Tier 1 |                         |
| <i>dapagliflozin</i> TABS 5mg, 10mg                                 | Tier 1 | QL (30 tabs / 30 days)  |
| <i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>   | Tier 1 | QL (60 tabs / 30 days)  |
| <i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>  | Tier 1 | QL (60 tabs / 30 days)  |
| <i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>  | Tier 1 | QL (30 tabs / 30 days)  |
| <i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i> | Tier 1 | QL (30 tabs / 30 days)  |
| FARXIGA TABS 5mg, 10mg                                              | Tier 1 | QL (30 tabs / 30 days)  |
| <i>glimepiride</i> TABS 1mg, 2mg                                    | Tier 1 | QL (90 tabs / 30 days)  |
| <i>glimepiride</i> TABS 4mg                                         | Tier 1 | QL (60 tabs / 30 days)  |
| <i>glipizide</i> TABS 5mg                                           | Tier 1 | QL (240 tabs / 30 days) |
| <i>glipizide</i> TABS 10mg                                          | Tier 1 | QL (120 tabs / 30 days) |
| <i>glipizide</i> TB24 2.5mg, 5mg                                    | Tier 1 | QL (90 tabs / 30 days)  |
| <i>glipizide</i> TB24 10mg                                          | Tier 1 | QL (60 tabs / 30 days)  |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i>                       | Tier 1 | QL (240 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i>                       | Tier 1 | QL (120 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 5-500 mg</i>                         | Tier 1 | QL (120 tabs / 30 days) |
| GLYXAMBI TAB 10-5 MG                                                | Tier 1 | QL (30 tabs / 30 days)  |
| GLYXAMBI TAB 25-5 MG                                                | Tier 1 | QL (30 tabs / 30 days)  |
| JANUMET TAB 50-500MG                                                | Tier 1 | QL (60 tabs / 30 days)  |
| JANUMET TAB 50-1000                                                 | Tier 1 | QL (60 tabs / 30 days)  |
| JANUMET XR TAB 50-500MG                                             | Tier 1 | QL (60 tabs / 30 days)  |
| JANUMET XR TAB 50-1000                                              | Tier 1 | QL (60 tabs / 30 days)  |

| <b>Drug Name</b>                                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                |
|-----------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------|
| JANUMET XR TAB 100-1000                                                                       | Tier 1           | QL (30 tabs / 30 days)                                    |
| JANUVIA TABS 25mg, 50mg, 100mg                                                                | Tier 1           | QL (30 tabs / 30 days)                                    |
| JARDIANCE TABS 10mg, 25mg                                                                     | Tier 1           | QL (30 tabs / 30 days)                                    |
| JENTADUETO TAB 2.5-500                                                                        | Tier 1           | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB 2.5-850                                                                        | Tier 1           | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB 2.5-1000                                                                       | Tier 1           | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB XR 2.5-1000MG                                                                  | Tier 1           | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB XR 5-1000MG                                                                    | Tier 1           | QL (30 tabs / 30 days)                                    |
| <i>metformin hcl</i> TABS 500mg                                                               | Tier 1           | QL (150 tabs / 30 days)                                   |
| <i>metformin hcl</i> TABS 850mg                                                               | Tier 1           | QL (90 tabs / 30 days)                                    |
| <i>metformin hcl</i> TABS 1000mg                                                              | Tier 1           | QL (75 tabs / 30 days)                                    |
| <i>metformin hcl</i> TB24 500mg                                                               | Tier 1           | QL (120 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR) |
| <i>metformin hcl</i> TB24 750mg                                                               | Tier 1           | QL (60 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR)  |
| MOUNJARO SOAJ 2.5mg/0.5ml,<br>5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml,<br>12.5mg/0.5ml, 15mg/0.5ml | Tier 1           | QL (4 pens / 28 days),<br>PA                              |
| <i>nateglinide</i> TABS 60mg, 120mg                                                           | Tier 1           | QL (90 tabs / 30 days)                                    |
| OZEMPIC TABS 1.5mg, 4mg, 9mg                                                                  | Tier 1           | QL (30 tabs / 30 days),<br>PA                             |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN<br>2mg/3ml                                                  | Tier 1           | QL (1 pen / 28 days), PA                                  |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml                                                               | Tier 1           | QL (1 pen / 28 days), PA                                  |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml                                                               | Tier 1           | QL (1 pen / 28 days), PA                                  |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg                                                 | Tier 1           | QL (30 tabs / 30 days)                                    |
| <i>pioglitazone hcl-metformin hcl tab 15-500<br/>mg</i>                                       | Tier 1           | QL (90 tabs / 30 days)                                    |
| <i>pioglitazone hcl-metformin hcl tab 15-850<br/>mg</i>                                       | Tier 1           | QL (90 tabs / 30 days)                                    |
| <i>repaglinide</i> TABS 2mg                                                                   | Tier 1           | QL (240 tabs / 30 days)                                   |
| <i>repaglinide</i> TABS .5mg, 1mg                                                             | Tier 1           | QL (120 tabs / 30 days)                                   |
| RYBELSUS TABS 3mg, 7mg, 14mg                                                                  | Tier 1           | QL (30 tabs / 30 days),<br>PA                             |
| <i>sitagliptin phosphate</i> TABS 25mg, 50mg,<br>100mg                                        | Tier 1           | QL (30 tabs / 30 days)                                    |
| <i>sitagliptin phosphate-metformin hcl tab 50-<br/>500 mg</i>                                 | Tier 1           | QL (60 tabs / 30 days)                                    |
| <i>sitagliptin phosphate-metformin hcl tab 50-<br/>1000 mg</i>                                | Tier 1           | QL (60 tabs / 30 days)                                    |
| TRADJENTA TABS 5mg                                                                            | Tier 1           | QL (30 tabs / 30 days)                                    |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG                                                          | Tier 1           | QL (60 tabs / 30 days)                                    |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG                                                           | Tier 1           | QL (30 tabs / 30 days)                                    |

| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG                         | Tier 1           | QL (60 tabs / 30 days)     |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG                             | Tier 1           | QL (30 tabs / 30 days)     |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | Tier 1           | QL (4 pens / 28 days), PA  |
| XIGDUO XR TAB 2.5-1000                                          | Tier 1           | QL (60 tabs / 30 days)     |
| XIGDUO XR TAB 5-500MG                                           | Tier 1           | QL (60 tabs / 30 days)     |
| XIGDUO XR TAB 5-1000MG                                          | Tier 1           | QL (60 tabs / 30 days)     |
| XIGDUO XR TAB 10-500MG                                          | Tier 1           | QL (30 tabs / 30 days)     |
| XIGDUO XR TAB 10-1000                                           | Tier 1           | QL (30 tabs / 30 days)     |

### **ANTIDIABETICS, INSULINS**

|                                           |        |                               |
|-------------------------------------------|--------|-------------------------------|
| ADMELOG SOLN 100unit/ml                   | Tier 1 | B/D                           |
| ADMELOG SOLOSTAR SOPN 100unit/ml          | Tier 1 |                               |
| ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY       | Tier 1 | PA                            |
| CEQUR EXT WR MIS INSERTER                 | Tier 1 | QL (2 inserters / year), PA   |
| CEQUR SIMPL KIT 1U EXTND                  | Tier 1 | QL (8 patches / 24 days), PA  |
| CEQUR SIMPL KIT 2U EXTND                  | Tier 1 | QL (10 patches / 30 days), PA |
| CEQUR SIMPL KIT PATCH 2U (3-DAY)          | Tier 1 | QL (10 patches / 30 days), PA |
| CEQUR SIMPL KIT PATCH 2U (4-DAY)          | Tier 1 | QL (8 patches / 24 days), PA  |
| CEQUR SIMPL MIS INSERTER                  | Tier 1 | QL (2 inserters / year), PA   |
| FIASP SOLN 100unit/ml                     | Tier 1 | B/D                           |
| FIASP FLEXTOUCH SOPN 100unit/ml           | Tier 1 |                               |
| FIASP PENFILL SOCT 100unit/ml             | Tier 1 |                               |
| FIASP PUMPCART SOCT 100unit/ml            | Tier 1 | B/D                           |
| GAUZE PADS 2" X 2"                        | Tier 1 | PA                            |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | Tier 1 | B/D                           |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml   | Tier 1 |                               |
| INSULIN PEN NEEDLES: EMBECTA-BD           | Tier 1 | PA                            |
| INSULIN SAFETY NEEDLES: EMBECTA-BD        | Tier 1 | PA                            |
| INSULIN SYRINGES: EMBECTA-BD              | Tier 1 | PA                            |
| LANTUS SOLN 100unit/ml                    | Tier 1 |                               |
| LANTUS SOLOSTAR SOPN 100unit/ml           | Tier 1 |                               |
| NOVOLIN INJ 70/30                         | Tier 1 | (brand RELION not covered)    |
| NOVOLIN INJ 70/30 FP                      | Tier 1 | (brand RELION not covered)    |

| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---------------------------------------------------|------------------|---------------------------------|
| NOVOLIN N SUSP 100unit/ml                         | Tier 1           | (brand RELION not covered)      |
| NOVOLIN N FLEXPEN SUPN 100unit/ml                 | Tier 1           | (brand RELION not covered)      |
| NOVOLIN R SOLN 100unit/ml                         | Tier 1           | B/D; (brand RELION not covered) |
| NOVOLIN R FLEXPEN SOPN 100unit/ml                 | Tier 1           | (brand RELION not covered)      |
| NOVOLOG SOLN 100unit/ml                           | Tier 1           | B/D                             |
| NOVOLOG FLEXPEN SOPN 100unit/ml                   | Tier 1           |                                 |
| NOVOLOG FLEXPEN RELION SOPN 100unit/ml            | Tier 1           |                                 |
| NOVOLOG MIX INJ 70/30                             | Tier 1           | (brand RELION not covered)      |
| NOVOLOG MIX INJ FLEXPEN                           | Tier 1           | (brand RELION not covered)      |
| NOVOLOG PENFILL SOCT 100unit/ml                   | Tier 1           |                                 |
| NOVOLOG RELION SOLN 100unit/ml                    | Tier 1           | B/D                             |
| OMNIPOD5 LIB KIT INTRO                            | Tier 1           | QL (1 kit / year), PA           |
| OMNIPOD5 LIB MIS PODS                             | Tier 1           | QL (15 pods / 30 days), PA      |
| OMNIPOD 5 DX KIT INT G7G6                         | Tier 1           | QL (1 kit / year), PA           |
| OMNIPOD 5 DX MIS POD G7G6                         | Tier 1           | QL (15 pods / 30 days), PA      |
| OMNIPOD DASH KIT INTRO                            | Tier 1           | QL (1 kit / year), PA           |
| OMNIPOD DASH MIS PODS                             | Tier 1           | QL (15 pods / 30 days), PA      |
| SOLIQUA INJ 100/33                                | Tier 1           | QL (5 pens / 25 days)           |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml               | Tier 1           |                                 |
| TOUJEO SOLOSTAR SOPN 300unit/ml                   | Tier 1           |                                 |
| XULTOPHY INJ 100/3.6                              | Tier 1           | QL (5 pens / 30 days)           |
| <b>CALCIUM REGULATORS</b>                         |                  |                                 |
| <i>alendronate sodium</i> SOLN 70mg/75ml          | Tier 1           | ST                              |
| <i>alendronate sodium</i> TABS 10mg, 35mg, 70mg   | Tier 1           |                                 |
| BILDYOS SOSY 60mg/ml                              | Tier 1           | QL (1 syringe / 180 days), NM   |
| BONSITY SOPN 560mcg/2.24ml                        | Tier 1           | QL (1 pen / 28 days), NM, PA    |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act | Tier 1           | B/D                             |
| <i>ibandronate sodium</i> TABS 150mg              | Tier 1           | B/D                             |
| OSPOMYV SOSY 60mg/ml                              | Tier 1           | QL (1 syringe / 180 days), NM   |
| PAMIDRONATE DISODIUM SOLN 6mg/ml                  | Tier 1           | B/D                             |

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>                      |
|-------------------------------------------------------|------------------|-------------------------------------------------|
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml | Tier 1           | B/D                                             |
| PROLIA SOSY 60mg/ml                                   | Tier 1           | QL (1 syringe / 180 days), NM                   |
| <i>risedronate sodium</i> TABS 5mg, 35mg, 150mg       | Tier 1           |                                                 |
| <i>risedronate sodium</i> TBEC 35mg                   | Tier 1           | ST                                              |
| <i>teriparatide</i> SOPN 560mcg/2.24ml                | Tier 1           | QL (1 pen / 28 days), NM, PA                    |
| TERIPARATIDE SOPN 560mcg/2.24ml                       | Tier 1           | QL (1 pen / 28 days), NM, PA; (ALVOGEN product) |
| TYMLOS SOPN 3120mcg/1.56ml                            | Tier 1           | QL (1 pen / 30 days), NM, PA                    |
| WYOST SOLN 120mg/1.7ml                                | Tier 1           | NM, PA                                          |
| XTRENBO SOLN 120mg/1.7ml                              | Tier 1           | NM, PA                                          |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml   | Tier 1           | B/D, NM                                         |

### **CHELATING AGENTS**

|                                                                      |        |        |
|----------------------------------------------------------------------|--------|--------|
| CHEMET CAPS 100mg                                                    | Tier 1 |        |
| <i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg | Tier 1 | NM, PA |
| <i>kionex</i> SUSP 15gm/60ml                                         | Tier 1 |        |
| LOKELMA PACK 5gm, 10gm                                               | Tier 1 |        |
| <i>penicillamine</i> TABS 250mg                                      | Tier 1 | NM     |
| <i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml                   | Tier 1 |        |
| <i>sodium polystyrene sulfonate powder</i>                           | Tier 1 |        |
| <i>sps</i> SUSP 15gm/60ml                                            | Tier 1 |        |
| <i>sps rectal</i> SUSP 15gm/60ml                                     | Tier 1 |        |
| <i>trientine hcl</i> CAPS 250mg                                      | Tier 1 | NM, PA |

### **CONTRACEPTIVES**

|                           |        |  |
|---------------------------|--------|--|
| <i>afirmelle</i>          | Tier 1 |  |
| <i>altavera</i>           | Tier 1 |  |
| <i>alyacen 1/35</i>       | Tier 1 |  |
| <i>alyacen 7/7/7</i>      | Tier 1 |  |
| <i>amethyst</i>           | Tier 1 |  |
| <i>apri</i>               | Tier 1 |  |
| <i>aranelle</i>           | Tier 1 |  |
| <i>ashlyna</i>            | Tier 1 |  |
| <i>aubra eq</i>           | Tier 1 |  |
| <i>aurovela 1/20</i>      | Tier 1 |  |
| <i>aurovela 24 fe</i>     | Tier 1 |  |
| <i>aurovela fe 1.5/30</i> | Tier 1 |  |
| <i>aurovela fe 1/20</i>   | Tier 1 |  |
| <i>aviane</i>             | Tier 1 |  |

| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------|------------------|----------------------------|
| <i>ayuna</i>                                                                 | Tier 1           |                            |
| <i>azurette</i>                                                              | Tier 1           |                            |
| <i>balziva</i>                                                               | Tier 1           |                            |
| <i>blisovi 24 fe</i>                                                         | Tier 1           |                            |
| <i>blisovi fe 1.5/30</i>                                                     | Tier 1           |                            |
| <i>blisovi fe 1/20</i>                                                       | Tier 1           |                            |
| <i>briellyn</i>                                                              | Tier 1           |                            |
| <i>camila</i> TABS .35mg                                                     | Tier 1           |                            |
| <i>camrese</i>                                                               | Tier 1           |                            |
| <i>camrese lo</i>                                                            | Tier 1           |                            |
| <i>chateal eq</i>                                                            | Tier 1           |                            |
| <i>cryselle</i>                                                              | Tier 1           |                            |
| <i>cyred eq</i>                                                              | Tier 1           |                            |
| <i>dasetta 1/35</i>                                                          | Tier 1           |                            |
| <i>dasetta 7/7/7</i>                                                         | Tier 1           |                            |
| <i>daysee</i>                                                                | Tier 1           |                            |
| <i>deblitane</i> TABS .35mg                                                  | Tier 1           |                            |
| DEPO-SUBQ PROVERA 104 SUSY<br>104mg/0.65ml                                   | Tier 1           |                            |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-<br/>0.02/0.01 mg(21/5)</i> | Tier 1           |                            |
| <i>dolishale</i>                                                             | Tier 1           |                            |
| <i>drospirenone-ethinyl estrad-levomefolate<br/>tab 3-0.02-0.451 mg</i>      | Tier 1           |                            |
| <i>drospirenone-ethinyl estrad-levomefolate<br/>tab 3-0.03-0.451 mg</i>      | Tier 1           |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.02<br/>mg</i>                      | Tier 1           |                            |
| <i>drospirenone-ethinyl estradiol tab 3-0.03<br/>mg</i>                      | Tier 1           |                            |
| <i>elinest</i>                                                               | Tier 1           |                            |
| <i>eluryng</i>                                                               | Tier 1           |                            |
| <i>emzahh</i> TABS .35mg                                                     | Tier 1           |                            |
| <i>enilloring</i>                                                            | Tier 1           |                            |
| <i>enskyce</i>                                                               | Tier 1           |                            |
| <i>errin</i> TABS .35mg                                                      | Tier 1           |                            |
| <i>estarylla</i>                                                             | Tier 1           |                            |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab<br/>1 mg-50 mcg</i>      | Tier 1           |                            |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-<br/>0.015 mg/24hr</i>        | Tier 1           |                            |
| <i>falmina</i>                                                               | Tier 1           |                            |
| <i>feirza 1.5/30</i>                                                         | Tier 1           |                            |
| <i>feirza 1/20</i>                                                           | Tier 1           |                            |
| <i>finzala</i>                                                               | Tier 1           |                            |
| <i>galbriela</i>                                                             | Tier 1           |                            |

| <b>Drug Name</b>                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------|------------------|----------------------------|
| <i>hailey 1.5/30</i>                                                     | Tier 1           |                            |
| <i>hailey 24 fe</i>                                                      | Tier 1           |                            |
| <i>hailey fe 1/20</i>                                                    | Tier 1           |                            |
| <i>heather TABS .35mg</i>                                                | Tier 1           |                            |
| <i>iclevia</i>                                                           | Tier 1           |                            |
| <i>incassia TABS .35mg</i>                                               | Tier 1           |                            |
| <i>introvale</i>                                                         | Tier 1           |                            |
| <i>isibloom</i>                                                          | Tier 1           |                            |
| <i>jaimiess</i>                                                          | Tier 1           |                            |
| <i>jasmiel</i>                                                           | Tier 1           |                            |
| <i>jencycla TABS .35mg</i>                                               | Tier 1           |                            |
| <i>jolessa</i>                                                           | Tier 1           |                            |
| <i>juleber</i>                                                           | Tier 1           |                            |
| <i>junel 1.5/30</i>                                                      | Tier 1           |                            |
| <i>junel 1/20</i>                                                        | Tier 1           |                            |
| <i>junel fe 1.5/30</i>                                                   | Tier 1           |                            |
| <i>junel fe 1/20</i>                                                     | Tier 1           |                            |
| <i>junel fe 24</i>                                                       | Tier 1           |                            |
| <i>kaitlib fe</i>                                                        | Tier 1           |                            |
| <i>kariva</i>                                                            | Tier 1           |                            |
| <i>kelnor 1/35</i>                                                       | Tier 1           |                            |
| <i>kurvelo</i>                                                           | Tier 1           |                            |
| <i>larin 1.5/30</i>                                                      | Tier 1           |                            |
| <i>larin 1/20</i>                                                        | Tier 1           |                            |
| <i>larin 24 fe</i>                                                       | Tier 1           |                            |
| <i>larin fe 1.5/30</i>                                                   | Tier 1           |                            |
| <i>larin fe 1/20</i>                                                     | Tier 1           |                            |
| <i>lessina</i>                                                           | Tier 1           |                            |
| <i>levonest</i>                                                          | Tier 1           |                            |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> | Tier 1           |                            |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>   | Tier 1           |                            |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>  | Tier 1           |                            |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>          | Tier 1           |                            |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>      | Tier 1           |                            |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>       | Tier 1           |                            |
| <i>levora 0.15/30-28</i>                                                 | Tier 1           |                            |
| <i>LILETTA IUD 20.1mcg/day</i>                                           | Tier 1           | NM                         |
| <i>loestrin 1.5/30-21</i>                                                | Tier 1           |                            |
| <i>loestrin 1/20-21</i>                                                  | Tier 1           |                            |
| <i>loestrin fe 1.5/30</i>                                                | Tier 1           |                            |

| <b>Drug Name</b>                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------|------------------|----------------------------|
| <i>loestrin fe 1/20</i>                                                         | Tier 1           |                            |
| <i>lojaimiess</i>                                                               | Tier 1           |                            |
| <i>loryna</i>                                                                   | Tier 1           |                            |
| <i>low-ogestrel</i>                                                             | Tier 1           |                            |
| <i>luizza 1.5/30</i>                                                            | Tier 1           |                            |
| <i>luizza 1/20</i>                                                              | Tier 1           |                            |
| <i>luter</i>                                                                    | Tier 1           |                            |
| <i>lyleq TABS .35mg</i>                                                         | Tier 1           |                            |
| <i>lyza TABS .35mg</i>                                                          | Tier 1           |                            |
| <i>marlissa</i>                                                                 | Tier 1           |                            |
| <i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i> | Tier 1           |                            |
| <i>meleya TABS .35mg</i>                                                        | Tier 1           |                            |
| <i>mibelas 24 fe</i>                                                            | Tier 1           |                            |
| <i>microgestin 1.5/30</i>                                                       | Tier 1           |                            |
| <i>microgestin 1/20</i>                                                         | Tier 1           |                            |
| <i>microgestin fe 1.5/30</i>                                                    | Tier 1           |                            |
| <i>microgestin fe 1/20</i>                                                      | Tier 1           |                            |
| <i>mili</i>                                                                     | Tier 1           |                            |
| <i>mono-lynyah</i>                                                              | Tier 1           |                            |
| <i>necon 0.5/35-28</i>                                                          | Tier 1           |                            |
| <i>NEXPLANON IMPL 68mg</i>                                                      | Tier 1           | NM                         |
| <i>nikki</i>                                                                    | Tier 1           |                            |
| <i>nora-be TABS .35mg</i>                                                       | Tier 1           |                            |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>                 | Tier 1           |                            |
| <i>norethindrone (contraceptive) TABS .35mg</i>                                 | Tier 1           |                            |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>             | Tier 1           |                            |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>                | Tier 1           |                            |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>              | Tier 1           |                            |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>             | Tier 1           |                            |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>             | Tier 1           |                            |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>                  | Tier 1           |                            |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>              | Tier 1           |                            |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>              | Tier 1           |                            |
| <i>norlyroc TABS .35mg</i>                                                      | Tier 1           |                            |

| <b>Drug Name</b>           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------|------------------|----------------------------|
| <i>nortrel 0.5/35 (28)</i> | Tier 1           |                            |
| <i>nortrel 1/35 (21)</i>   | Tier 1           |                            |
| <i>nortrel 1/35 (28)</i>   | Tier 1           |                            |
| <i>nortrel 7/7/7</i>       | Tier 1           |                            |
| <i>nylia 1/35</i>          | Tier 1           |                            |
| <i>nylia 7/7/7</i>         | Tier 1           |                            |
| <i>orquidea TABS .35mg</i> | Tier 1           |                            |
| <i>philith</i>             | Tier 1           |                            |
| <i>pimtrea</i>             | Tier 1           |                            |
| <i>portia-28</i>           | Tier 1           |                            |
| <i>reclipsen</i>           | Tier 1           |                            |
| <i>rivelsa</i>             | Tier 1           |                            |
| <i>rosyrah</i>             | Tier 1           |                            |
| <i>setlakin</i>            | Tier 1           |                            |
| <i>sharobel TABS .35mg</i> | Tier 1           |                            |
| <i>simliya</i>             | Tier 1           |                            |
| <i>simpesse</i>            | Tier 1           |                            |
| <i>sprintec 28</i>         | Tier 1           |                            |
| <i>sronyx</i>              | Tier 1           |                            |
| <i>syeda</i>               | Tier 1           |                            |
| <i>tarina 24 fe</i>        | Tier 1           |                            |
| <i>tarina fe 1/20 eq</i>   | Tier 1           |                            |
| <i>tilia fe</i>            | Tier 1           |                            |
| <i>tri-estarylla</i>       | Tier 1           |                            |
| <i>tri-legest fe</i>       | Tier 1           |                            |
| <i>tri-linyah</i>          | Tier 1           |                            |
| <i>tri-lo-estarylla</i>    | Tier 1           |                            |
| <i>tri-lo-marzia</i>       | Tier 1           |                            |
| <i>tri-lo-mili</i>         | Tier 1           |                            |
| <i>tri-lo-sprintec</i>     | Tier 1           |                            |
| <i>tri-mili</i>            | Tier 1           |                            |
| <i>tri-sprintec</i>        | Tier 1           |                            |
| <i>tri-vylibra</i>         | Tier 1           |                            |
| <i>tri-vylibra lo</i>      | Tier 1           |                            |
| <i>turqoz</i>              | Tier 1           |                            |
| <i>tydemy</i>              | Tier 1           |                            |
| <i>valtya 1/35</i>         | Tier 1           |                            |
| <i>valtya 1/50</i>         | Tier 1           |                            |
| <i>velivet</i>             | Tier 1           |                            |
| <i>vestura</i>             | Tier 1           |                            |
| <i>vienva</i>              | Tier 1           |                            |
| <i>viorele</i>             | Tier 1           |                            |
| <i>vyfemla</i>             | Tier 1           |                            |
| <i>vylibra</i>             | Tier 1           |                            |
| <i>wera</i>                | Tier 1           |                            |

| <b>Drug Name</b>                                                                                                                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>wymzya fe</i>                                                                                                                                                                        | Tier 1           |                            |
| <i>xarah fe</i>                                                                                                                                                                         | Tier 1           |                            |
| <i>xelria fe</i>                                                                                                                                                                        | Tier 1           |                            |
| <i>xulane</i>                                                                                                                                                                           | Tier 1           |                            |
| <i>zafemy</i>                                                                                                                                                                           | Tier 1           |                            |
| <i>zovia 1/35</i>                                                                                                                                                                       | Tier 1           |                            |
| <i>zumandimine</i>                                                                                                                                                                      | Tier 1           |                            |
| <b>ESTROGENS</b>                                                                                                                                                                        |                  |                            |
| <i>abigale</i>                                                                                                                                                                          | Tier 1           |                            |
| <i>abigale lo</i>                                                                                                                                                                       | Tier 1           |                            |
| <i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr                                                                                                          | Tier 1           |                            |
| <i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg | Tier 1           |                            |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>                                                                                                                             | Tier 1           |                            |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>                                                                                                                               | Tier 1           |                            |
| <i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg                                                                                                                                       | Tier 1           |                            |
| <i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml                                                                                                                                 | Tier 1           |                            |
| <i>fyavolv tab 0.5mg-2.5mcg</i>                                                                                                                                                         | Tier 1           |                            |
| <i>fyavolv tab 1mg-5mcg</i>                                                                                                                                                             | Tier 1           |                            |
| <i>jinteli</i>                                                                                                                                                                          | Tier 1           |                            |
| <i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr                                                                                                        | Tier 1           |                            |
| <i>mimvey</i>                                                                                                                                                                           | Tier 1           |                            |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>                                                                                                                       | Tier 1           |                            |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>                                                                                                                           | Tier 1           |                            |
| <i>yuvaferm</i> TABS 10mcg                                                                                                                                                              | Tier 1           |                            |
| <b>GLUCOCORTICOIDS</b>                                                                                                                                                                  |                  |                            |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg                                                                                          | Tier 1           |                            |
| DEXAMETHASONE INTENSOL CONC 1mg/ml                                                                                                                                                      | Tier 1           |                            |

| <b>Drug Name</b>                                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------|
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml | Tier 1           |                                  |
| <i>fludrocortisone acetate</i> TABS .1mg                                                                           | Tier 1           |                                  |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg                                                                         | Tier 1           |                                  |
| <i>hydrocortisone sod succinate</i> SOLR 100mg                                                                     | Tier 1           |                                  |
| <i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg                                                                | Tier 1           | B/D                              |
| <i>methylprednisolone</i> TBPK 4mg                                                                                 | Tier 1           |                                  |
| <i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml                                                            | Tier 1           | B/D                              |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg                                                 | Tier 1           | B/D                              |
| <i>prednisolone</i> SOLN 15mg/5ml                                                                                  | Tier 1           | B/D                              |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml                                              | Tier 1           | B/D                              |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg                                             | Tier 1           | B/D                              |
| <i>prednisone</i> TBPK 5mg, 10mg                                                                                   | Tier 1           |                                  |
| PREDNISONE INTENSOL CONC 5mg/ml                                                                                    | Tier 1           | B/D                              |
| SOLU-CORTEF SOLR 250mg, 500mg, 1000mg                                                                              | Tier 1           |                                  |
| <b>GLUCOSE ELEVATING AGENTS</b>                                                                                    |                  |                                  |
| <i>diazoxide</i> SUSP 50mg/ml                                                                                      | Tier 1           |                                  |
| GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml                                                                    | Tier 1           |                                  |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml                                                                    | Tier 1           |                                  |
| GVOKE KIT SOLN 1mg/0.2ml                                                                                           | Tier 1           |                                  |
| GVOKE PFS SOSY 1mg/0.2ml                                                                                           | Tier 1           |                                  |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml                                                                         | Tier 1           |                                  |
| <b>MISCELLANEOUS</b>                                                                                               |                  |                                  |
| ALDURAZYME SOLN 2.9mg/5ml                                                                                          | Tier 1           | NM, PA                           |
| <i>betaine powder for oral solution</i>                                                                            | Tier 1           | NM                               |
| <i>cabergoline</i> TABS .5mg                                                                                       | Tier 1           |                                  |
| <i>carglumic acid</i> TBSO 200mg                                                                                   | Tier 1           | NM, PA                           |
| CERDELGA CAPS 84mg                                                                                                 | Tier 1           | NM, PA                           |
| CEREZYME SOLR 400unit                                                                                              | Tier 1           | NM, PA                           |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg                                                                              | Tier 1           | B/D, QL (60 tabs / 30 days), NM  |
| <i>cinacalcet hcl</i> TABS 90mg                                                                                    | Tier 1           | B/D, QL (120 tabs / 30 days), NM |
| CYSTAGON CAPS 50mg, 150mg                                                                                          | Tier 1           | NM, PA                           |

| <b>Drug Name</b>                                                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------|
| <i>desmopressin acetate</i> SOLN 4mcg/ml;<br>TABS .1mg, .2mg                                                                       | Tier 1           |                                   |
| <i>desmopressin acetate spray</i> SOLN .01%                                                                                        | Tier 1           |                                   |
| <i>desmopressin acetate spray refrigerated</i><br>SOLN .01%                                                                        | Tier 1           |                                   |
| FABRAZYME SOLR 5mg, 35mg                                                                                                           | Tier 1           | NM, PA                            |
| GENOTROPIN CART 5mg, 12mg                                                                                                          | Tier 1           | NM, PA                            |
| GENOTROPIN MINISQUICK PRSY .2mg,<br>.4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg,<br>1.6mg, 1.8mg, 2mg                                      | Tier 1           | NM, PA                            |
| INCRELEX SOLN 40mg/4ml                                                                                                             | Tier 1           | NM, PA                            |
| <i>javygtor</i> PACK 100mg, 500mg; TABS<br>100mg                                                                                   | Tier 1           | NM, PA                            |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml                                                                                         | Tier 1           | NM, PA                            |
| <i>levocarnitine (metabolic modifiers)</i> SOLN<br>1gm/10ml; TABS 330mg                                                            | Tier 1           | B/D                               |
| LUMIZYME SOLR 50mg                                                                                                                 | Tier 1           | NM, PA                            |
| LUPRON DEPOT-PED (1-MONTH KIT<br>7.5mg, 11.25mg, 15mg                                                                              | Tier 1           | NM, PA                            |
| LUPRON DEPOT-PED (3-MONTH KIT<br>11.25mg, 30mg                                                                                     | Tier 1           | NM, PA                            |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg                                                                                                 | Tier 1           | NM, PA                            |
| <i>mifepristone (hyperglycemia)</i> TABS<br>300mg                                                                                  | Tier 1           | NM, PA                            |
| NAGLAZYME SOLN 1mg/ml                                                                                                              | Tier 1           | NM, PA                            |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg                                                                                        | Tier 1           | NM, PA                            |
| <i>octreotide acetate</i> SOLN 50mcg/ml,<br>100mcg/ml, 200mcg/ml, 500mcg/ml,<br>1000mcg/ml; SOSY 50mcg/ml,<br>100mcg/ml, 500mcg/ml | Tier 1           | NM, PA                            |
| <i>raloxifene hcl</i> TABS 60mg                                                                                                    | Tier 1           |                                   |
| REVCIVI SOLN 2.4mg/1.5ml                                                                                                           | Tier 1           | NM, PA                            |
| REZDIFFRA TABS 60mg, 80mg, 100mg                                                                                                   | Tier 1           | QL (30 tabs / 30 days),<br>NM, PA |
| <i>sapropterin dihydrochloride</i> PACK 100mg,<br>500mg; TABS 100mg                                                                | Tier 1           | NM, PA                            |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml,<br>.9mg/ml                                                                                         | Tier 1           | NM, PA                            |
| <i>sodium phenylbutyrate</i> POWD 3gm/tsp;<br>TABS 500mg                                                                           | Tier 1           | NM, PA                            |
| SOMATULINE DEPOT SOLN 60mg/0.2ml,<br>90mg/0.3ml                                                                                    | Tier 1           | NM, PA                            |
| SOMAVERT SOLR 10mg, 15mg, 20mg,<br>25mg, 30mg                                                                                      | Tier 1           | NM, PA                            |
| SYNAREL SOLN 2mg/ml                                                                                                                | Tier 1           | PA                                |
| <i>tolvaptan</i> TABS 15mg, 30mg                                                                                                   | Tier 1           | NM, PA; (generic of<br>JYNARQUE)  |

| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------|------------------|----------------------------|
| <i>tolvaptan</i> TBPk 15mg                       | Tier 1           | NM, PA                     |
| <i>tolvaptan tab therapy pack 30 &amp; 15 mg</i> | Tier 1           | NM, PA                     |
| <i>tolvaptan tab therapy pack 45 &amp; 15 mg</i> | Tier 1           | NM, PA                     |
| <i>tolvaptan tab therapy pack 60 &amp; 30 mg</i> | Tier 1           | NM, PA                     |
| <i>tolvaptan tab therapy pack 90 &amp; 30 mg</i> | Tier 1           | NM, PA                     |
| <i>zelvysia</i> PACK 100mg, 500mg                | Tier 1           | NM, PA                     |

### **PROGESTINS**

|                                                          |        |    |
|----------------------------------------------------------|--------|----|
| <i>gallifrey</i> TABS 5mg                                | Tier 1 |    |
| <i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg | Tier 1 |    |
| <i>megestrol acetate</i> SUSP 40mg/ml                    | Tier 1 |    |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml       | Tier 1 | PA |
| <i>norethindrone acetate</i> TABS 5mg                    | Tier 1 |    |
| <i>progesterone</i> CAPS 100mg, 200mg                    | Tier 1 |    |

### **THYROID AGENTS**

|                                                                                                                             |        |  |
|-----------------------------------------------------------------------------------------------------------------------------|--------|--|
| <i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | Tier 1 |  |
| <i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg                      | Tier 1 |  |
| <i>liomny</i> TABS 5mcg, 25mcg, 50mcg                                                                                       | Tier 1 |  |
| <i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg                                                                          | Tier 1 |  |
| <i>methimazole</i> TABS 5mg, 10mg                                                                                           | Tier 1 |  |
| <i>propylthiouracil</i> TABS 50mg                                                                                           | Tier 1 |  |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg                   | Tier 1 |  |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg            | Tier 1 |  |

### **VITAMIN D ANALOGS**

|                                           |        |     |
|-------------------------------------------|--------|-----|
| <i>calcitriol</i> CAPS .25mcg, .5mcg      | Tier 1 | B/D |
| <i>calcitriol (oral)</i> SOLN 1mcg/ml     | Tier 1 | B/D |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg | Tier 1 | B/D |

### **GASTROINTESTINAL**

#### **ANTIEMETICS**

|                                                        |        |     |
|--------------------------------------------------------|--------|-----|
| <i>aprepitant</i> CAPS 40mg, 80mg, 125mg               | Tier 1 | B/D |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> | Tier 1 | B/D |
| <i>compro</i> SUPP 25mg                                | Tier 1 |     |

| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                                    |
|------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------|
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg                                            | Tier 1           | B/D, QL (60 caps / 30 days)                                                   |
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml                                        | Tier 1           |                                                                               |
| <i>granisetron hcl</i> TABS 1mg                                                    | Tier 1           | B/D                                                                           |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg                                             | Tier 1           | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg                     | Tier 1           |                                                                               |
| <i>ondansetron</i> TBDP 4mg, 8mg                                                   | Tier 1           | B/D                                                                           |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml                       | Tier 1           |                                                                               |
| <i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg                                 | Tier 1           | B/D                                                                           |
| <i>prochlorperazine</i> SUPP 25mg                                                  | Tier 1           |                                                                               |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml                                    | Tier 1           |                                                                               |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg                                     | Tier 1           |                                                                               |
| <i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg | Tier 1           | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>scopolamine</i> PT72 1mg/3days                                                  | Tier 1           | QL (10 patches / 30 days)                                                     |

### **ANTISPASMODICS**

|                                                            |        |                                      |
|------------------------------------------------------------|--------|--------------------------------------|
| <i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg | Tier 1 | PA; PA applies if 65 years and older |
| <i>glycopyrrolate</i> TABS 1mg                             | Tier 1 | QL (90 tabs / 30 days)               |
| <i>glycopyrrolate</i> TABS 2mg                             | Tier 1 | QL (120 tabs / 30 days)              |

### **H2-RECEPTOR ANTAGONISTS**

|                                                                                       |        |  |
|---------------------------------------------------------------------------------------|--------|--|
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg | Tier 1 |  |
| <i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml                                     | Tier 1 |  |
| <i>nizatidine</i> CAPS 150mg, 300mg                                                   | Tier 1 |  |

### **INFLAMMATORY BOWEL DISEASE**

|                                                     |        |                            |
|-----------------------------------------------------|--------|----------------------------|
| <i>balsalazide disodium</i> CAPS 750mg              | Tier 1 |                            |
| <i>budesonide</i> CPEP 3mg                          | Tier 1 | QL (90 caps / 30 days)     |
| <i>budesonide</i> TB24 9mg                          | Tier 1 | QL (30 tabs / 30 days), PA |
| <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml | Tier 1 |                            |
| <i>mesalamine</i> CP24 .375gm                       | Tier 1 | QL (120 caps / 30 days)    |

| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---------------------------------------------|------------------|---------------------------------|
| <i>mesalamine</i> CPDR 400mg                | Tier 1           | QL (180 caps / 30 days)         |
| <i>mesalamine</i> ENEM 4gm                  | Tier 1           | QL (1680 mL / 28 days)          |
| <i>mesalamine</i> SUPP 1000mg               | Tier 1           | QL (30 suppositories / 30 days) |
| <i>mesalamine</i> TBEC 1.2gm                | Tier 1           | QL (120 tabs / 30 days)         |
| <i>mesalamine w/ cleanser</i> KIT 4gm       | Tier 1           | QL (28 bottles / 28 days)       |
| <i>sulfasalazine</i> TABS 500mg; TBEC 500mg | Tier 1           |                                 |

### **LAXATIVES**

|                                                                     |        |  |
|---------------------------------------------------------------------|--------|--|
| <i>constulose</i> SOLN 10gm/15ml                                    | Tier 1 |  |
| <i>enulose</i> SOLN 10gm/15ml                                       | Tier 1 |  |
| <i>gavilyte-c</i>                                                   | Tier 1 |  |
| <i>gavilyte-g</i>                                                   | Tier 1 |  |
| <i>gavilyte-n/flavor pack</i>                                       | Tier 1 |  |
| <i>generlac</i> SOLN 10gm/15ml                                      | Tier 1 |  |
| <i>lactulose</i> SOLN 10gm/15ml                                     | Tier 1 |  |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml                    | Tier 1 |  |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>       | Tier 1 |  |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                 | Tier 1 |  |
| PLENVU SOL                                                          | Tier 1 |  |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | Tier 1 |  |

### **MISCELLANEOUS**

|                                                      |        |                             |
|------------------------------------------------------|--------|-----------------------------|
| <i>alosetron hcl</i> TABS .5mg, 1mg                  | Tier 1 | QL (60 tabs / 30 days), PA  |
| CREON CAP 3000UNIT                                   | Tier 1 |                             |
| CREON CAP 6000UNIT                                   | Tier 1 |                             |
| CREON CAP 12000UNT                                   | Tier 1 |                             |
| CREON CAP 24000UNT                                   | Tier 1 |                             |
| CREON CAP 36000UNT                                   | Tier 1 |                             |
| <i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml | Tier 1 |                             |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>    | Tier 1 |                             |
| GATTEX KIT 5mg                                       | Tier 1 | NM, PA                      |
| LINZESS CAPS 72mcg, 145mcg, 290mcg                   | Tier 1 | QL (30 caps / 30 days)      |
| <i>loperamide hcl</i> CAPS 2mg                       | Tier 1 |                             |
| <i>lubiprostone</i> CAPS 8mcg, 24mcg                 | Tier 1 | QL (60 caps / 30 days)      |
| <i>misoprostol</i> TABS 100mcg, 200mcg               | Tier 1 |                             |
| MOVANTIK TABS 12.5mg, 25mg                           | Tier 1 | QL (30 tabs / 30 days)      |
| RELISTOR SOLN 12mg/0.6ml                             | Tier 1 | QL (28 vials / 28 days), PA |

| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|-----------------------------------------------|------------------|--------------------------------|
| RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml           | Tier 1           | QL (28 syringes / 28 days), PA |
| <i>sucralfate</i> TABS 1gm                    | Tier 1           |                                |
| <i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg | Tier 1           |                                |
| VOQUEZNA PAK DUAL PAK                         | Tier 1           | QL (2 kits / year), PA         |
| VOQUEZNA PAK TRIP PK                          | Tier 1           | QL (2 kits / year), PA         |
| VOWST CAP                                     | Tier 1           | QL (12 caps / 30 days), NM, PA |
| XERMELO TABS 250mg                            | Tier 1           | QL (84 tabs / 28 days), NM, PA |
| XIFAXAN TABS 550mg                            | Tier 1           | PA                             |
| ZENPEP CAP 3000UNIT                           | Tier 1           |                                |
| ZENPEP CAP 5000UNIT                           | Tier 1           |                                |
| ZENPEP CAP 10000UNIT                          | Tier 1           |                                |
| ZENPEP CAP 15000UNIT                          | Tier 1           |                                |
| ZENPEP CAP 20000UNIT                          | Tier 1           |                                |
| ZENPEP CAP 25000UNIT                          | Tier 1           |                                |
| ZENPEP CAP 40000UNIT                          | Tier 1           |                                |
| ZENPEP CAP 60000UNIT                          | Tier 1           |                                |

### **PROTON PUMP INHIBITORS**

|                                                       |        |                            |
|-------------------------------------------------------|--------|----------------------------|
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg         | Tier 1 | QL (30 caps / 30 days), ST |
| <i>lansoprazole</i> CPDR 15mg, 30mg                   | Tier 1 | QL (60 caps / 30 days)     |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg               | Tier 1 |                            |
| <i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg | Tier 1 |                            |
| <i>rabeprazole sodium</i> TBEC 20mg                   | Tier 1 | QL (30 tabs / 30 days)     |

## **GENITOURINARY**

### **BENIGN PROSTATIC HYPERPLASIA**

|                                                  |        |                            |
|--------------------------------------------------|--------|----------------------------|
| <i>alfuzosin hcl</i> TB24 10mg                   | Tier 1 | QL (30 tabs / 30 days)     |
| <i>dutasteride</i> CAPS .5mg                     | Tier 1 | QL (30 caps / 30 days)     |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg | Tier 1 | QL (30 caps / 30 days)     |
| <i>finasteride</i> TABS 5mg                      | Tier 1 | QL (30 tabs / 30 days)     |
| <i>tadalafil</i> TABS 5mg                        | Tier 1 | QL (30 tabs / 30 days), PA |
| <i>tamsulosin hcl</i> CAPS .4mg                  | Tier 1 | QL (60 caps / 30 days)     |

### **MISCELLANEOUS**

|                                                                  |        |  |
|------------------------------------------------------------------|--------|--|
| <i>acetic acid</i> SOLN .25%                                     | Tier 1 |  |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg           | Tier 1 |  |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg | Tier 1 |  |

### **URINARY ANTISPASMODICS**

|                                            |        |                        |
|--------------------------------------------|--------|------------------------|
| <i>fesoterodine fumarate</i> TB24 4mg, 8mg | Tier 1 | QL (30 tabs / 30 days) |
|--------------------------------------------|--------|------------------------|

| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------|------------------|----------------------------|
| GEMTESA TABS 75mg                           | Tier 1           | QL (30 tabs / 30 days)     |
| MYRBETRIQ SRER 8mg/ml                       | Tier 1           | QL (300 mL / 28 days)      |
| MYRBETRIQ TB24 25mg, 50mg                   | Tier 1           | QL (30 tabs / 30 days)     |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml     | Tier 1           | QL (600 mL / 30 days)      |
| <i>oxybutynin chloride</i> TABS 5mg         | Tier 1           | QL (120 tabs / 30 days)    |
| <i>oxybutynin chloride</i> TB24 5mg         | Tier 1           | QL (30 tabs / 30 days)     |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg  | Tier 1           | QL (60 tabs / 30 days)     |
| <i>solifenacin succinate</i> TABS 5mg, 10mg | Tier 1           | QL (30 tabs / 30 days)     |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg   | Tier 1           | QL (30 caps / 30 days)     |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg   | Tier 1           | QL (60 tabs / 30 days)     |
| <i>trospium chloride</i> TABS 20mg          | Tier 1           | QL (60 tabs / 30 days)     |

### **VAGINAL ANTI-INFECTIVES**

|                                                     |        |  |
|-----------------------------------------------------|--------|--|
| <i>clindamycin phosphate vaginal</i> CREA 2%        | Tier 1 |  |
| <i>metronidazole vaginal</i> GEL .75%               | Tier 1 |  |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg | Tier 1 |  |

### **HEMATOLOGIC**

#### **ANTICOAGULANTS**

|                                                                                                                               |        |                         |
|-------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------|
| <i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg                                                                         | Tier 1 | QL (60 caps / 30 days)  |
| <i>dabigatran etexilate mesylate</i> CAPS 110mg                                                                               | Tier 1 | QL (120 caps / 30 days) |
| ELIQUIS CPSP .15mg                                                                                                            | Tier 1 | QL (56 caps / 21 days)  |
| ELIQUIS TABS 2.5mg                                                                                                            | Tier 1 | QL (60 tabs / 30 days)  |
| ELIQUIS TABS 5mg                                                                                                              | Tier 1 | QL (74 tabs / 30 days)  |
| ELIQUIS TBSO .5mg                                                                                                             | Tier 1 | QL (588 tabs / 29 days) |
| ELIQUIS (1.5MG PACK) 3 X TBSO .5mg                                                                                            | Tier 1 | QL (591 tabs / 29 days) |
| ELIQUIS (2MG PACK) 4 X TBSO .5mg                                                                                              | Tier 1 | QL (592 tabs / 30 days) |
| ELIQUIS STARTER PACK TBPk 5mg                                                                                                 | Tier 1 | QL (74 tabs / 30 days)  |
| <i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | Tier 1 |                         |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml                                               | Tier 1 |                         |
| HEP SOD/NACL INJ 25000UNT                                                                                                     | Tier 1 |                         |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml                                     | Tier 1 | B/D                     |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                                                         | Tier 1 |                         |
| <i>rivaroxaban</i> SUSR 1mg/ml                                                                                                | Tier 1 | QL (620 mL / 30 days)   |
| <i>rivaroxaban</i> TABS 2.5mg                                                                                                 | Tier 1 | QL (60 tabs / 30 days)  |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                                                  | Tier 1 |                         |
| XARELTO TABS 2.5mg                                                                                                            | Tier 1 | QL (60 tabs / 30 days)  |

| <b>Drug Name</b>                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|----------------------------------------------------------------------------------------------|------------------|--------------------------------------|
| XARELTO TABS 10mg, 15mg, 20mg                                                                | Tier 1           | QL (30 tabs / 30 days)               |
| XARELTO STAR TAB 15/20MG                                                                     | Tier 1           | QL (51 tabs / 30 days)               |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                          |                  |                                      |
| FULPHILA SOSY 6mg/0.6ml                                                                      | Tier 1           | QL (2 syringes / 28 days), NM, PA    |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml | Tier 1           | NM, PA                               |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml                                                       | Tier 1           | NM, PA                               |
| <b>MISCELLANEOUS</b>                                                                         |                  |                                      |
| ALVAIZ TABS 9mg, 54mg                                                                        | Tier 1           | QL (60 tabs / 30 days), NM, PA       |
| ALVAIZ TABS 18mg, 36mg                                                                       | Tier 1           | QL (90 tabs / 30 days), NM, PA       |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg                                                         | Tier 1           |                                      |
| BERINERT KIT 500unit                                                                         | Tier 1           | QL (24 boxes / 30 days), NM, PA      |
| <i>cilostazol</i> TABS 50mg, 100mg                                                           | Tier 1           |                                      |
| DOPTELET TABS 20mg                                                                           | Tier 1           | NM, PA                               |
| DOPTELET SPRINKLE CPSP 10mg                                                                  | Tier 1           | NM, PA                               |
| DROXIA CAPS 200mg, 300mg, 400mg                                                              | Tier 1           |                                      |
| HAEGARDA SOLR 2000unit                                                                       | Tier 1           | QL (30 vials / 30 days), NM, PA      |
| HAEGARDA SOLR 3000unit                                                                       | Tier 1           | QL (20 vials / 30 days), NM, PA      |
| <i>icatibant acetate</i> SOSY 30mg/3ml                                                       | Tier 1           | QL (9 syringes / 30 days), NM, PA    |
| <i>l-glutamine (sickle cell)</i> PACK 5gm                                                    | Tier 1           | NM, PA                               |
| <i>pentoxifylline</i> TBCR 400mg                                                             | Tier 1           |                                      |
| <i>sajazir</i> SOSY 30mg/3ml                                                                 | Tier 1           | QL (9 syringes / 30 days), NM, PA    |
| SIKLOS TABS 100mg, 1000mg                                                                    | Tier 1           |                                      |
| TAVNEOS CAPS 10mg                                                                            | Tier 1           | QL (180 caps / 30 days), NM, PA      |
| <i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg                                          | Tier 1           |                                      |
| <b>PLATELET AGGREGATION INHIBITORS</b>                                                       |                  |                                      |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>                                            | Tier 1           |                                      |
| <i>clopidogrel bisulfate</i> TABS 75mg                                                       | Tier 1           |                                      |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg                                                    | Tier 1           | PA; PA applies if 65 years and older |
| <i>prasugrel hcl</i> TABS 5mg, 10mg                                                          | Tier 1           |                                      |
| <i>ticagrelor</i> TABS 60mg, 90mg                                                            | Tier 1           |                                      |

| Drug Name                 | Drug Tier | Requirements/Limits |
|---------------------------|-----------|---------------------|
| <b>IMMUNOLOGIC AGENTS</b> |           |                     |
| <b>AUTOIMMUNE AGENTS</b>  |           |                     |

|                                                |        |                                        |
|------------------------------------------------|--------|----------------------------------------|
| ADALIMUMAB-BWWD SOAJ 40mg/0.4ml                | Tier 1 | QL (6 autoinjectors / 28 days), NM, PA |
| ADALIMUMAB-BWWD SOSY 40mg/0.4ml                | Tier 1 | QL (6 syringes / 28 days), NM, PA      |
| BIMZELX SOAJ 160mg/ml, 320mg/2ml               | Tier 1 | QL (2 pens / 28 days), NM, PA          |
| BIMZELX SOSY 160mg/ml, 320mg/2ml               | Tier 1 | QL (2 syringes / 28 days), NM, PA      |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml          | Tier 1 | QL (4 pens / 28 days), NM, PA          |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml          | Tier 1 | QL (4 syringes / 28 days), NM, PA      |
| EBGLYSS SOAJ 250mg/2ml                         | Tier 1 | QL (20 pens / 365 days), NM, PA        |
| EBGLYSS SOSY 250mg/2ml                         | Tier 1 | QL (20 syringes / 365 days), NM, PA    |
| ENBREL SOLN 25mg/0.5ml                         | Tier 1 | QL (16 vials / 28 days), NM, PA        |
| ENBREL SOSY 25mg/0.5ml                         | Tier 1 | QL (16 syringes / 28 days), NM, PA     |
| ENBREL SOSY 50mg/ml                            | Tier 1 | QL (8 syringes / 28 days), NM, PA      |
| ENBREL MINI SOCT 50mg/ml                       | Tier 1 | QL (8 cartridges / 28 days), NM, PA    |
| ENBREL SURECLICK SOAJ 50mg/ml                  | Tier 1 | QL (8 pens / 28 days), NM, PA          |
| HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml            | Tier 1 | QL (6 syringes / 28 days), NM, PA      |
| HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml | Tier 1 | QL (6 autoinjectors / 28 days), NM, PA |
| HUMIRA PSKT 10mg/0.1ml                         | Tier 1 | QL (2 syringes / 28 days), NM, PA      |
| HUMIRA PSKT 20mg/0.2ml                         | Tier 1 | QL (4 syringes / 28 days), NM, PA      |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml             | Tier 1 | QL (6 syringes / 28 days), NM, PA      |
| HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml         | Tier 1 | QL (6 pens / 28 days), NM, PA          |
| HUMIRA PEN AJKT 80mg/0.8ml                     | Tier 1 | QL (4 pens / 28 days), NM, PA          |
| HUMIRA PEN KIT PS/UV                           | Tier 1 | QL (3 pens / 28 days), NM, PA          |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml      | Tier 1 | QL (3 pens / 28 days), NM, PA          |
| INFLIXIMAB SOLR 100mg                          | Tier 1 | NM, PA                                 |

| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|--------------------------------------------|------------------|------------------------------------|
| KINERET SOSY 100mg/0.67ml                  | Tier 1           | QL (28 syringes / 28 days), NM, PA |
| PYZCHIVA SOAJ 45mg/0.5ml, 90mg/ml          | Tier 1           | QL (1 pen / 28 days), NM, PA       |
| PYZCHIVA SOLN 45mg/0.5ml                   | Tier 1           | QL (1 vial / 28 days), NM, PA      |
| PYZCHIVA SOLN 130mg/26ml                   | Tier 1           | NM, PA                             |
| PYZCHIVA SOSY 45mg/0.5ml, 90mg/ml          | Tier 1           | QL (1 syringe / 28 days), NM, PA   |
| REMICADE SOLR 100mg                        | Tier 1           | NM, PA                             |
| RENFLEXIS SOLR 100mg                       | Tier 1           | NM, PA                             |
| RINVOQ TB24 15mg, 30mg                     | Tier 1           | QL (30 tabs / 30 days), NM, PA     |
| RINVOQ TB24 45mg                           | Tier 1           | QL (168 tabs / year), NM, PA       |
| RINVOQ LQ SOLN 1mg/ml                      | Tier 1           | QL (360 mL / 30 days), NM, PA      |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml      | Tier 1           | QL (1 cartridge / 56 days), NM, PA |
| SKYRIZI SOLN 600mg/10ml                    | Tier 1           | NM, PA                             |
| SKYRIZI SOSY 55mg/0.37ml, 150mg/ml         | Tier 1           | QL (6 syringes / 365 days), NM, PA |
| SKYRIZI PEN SOAJ 150mg/ml                  | Tier 1           | QL (6 pens / 365 days), NM, PA     |
| SOTYKTU TABS 6mg                           | Tier 1           | QL (30 tabs / 30 days), NM, PA     |
| STELARA SOLN 45mg/0.5ml                    | Tier 1           | QL (1 vial / 28 days), NM, PA      |
| STELARA SOLN 130mg/26ml                    | Tier 1           | NM, PA                             |
| STELARA SOSY 45mg/0.5ml, 90mg/ml           | Tier 1           | QL (1 syringe / 28 days), NM, PA   |
| <i>tofacitinib citrate</i> SOLN 1mg/ml     | Tier 1           | QL (480 mL / 24 days), NM, PA      |
| <i>tofacitinib citrate</i> TABS 5mg, 10mg  | Tier 1           | QL (60 tabs / 30 days), NM, PA     |
| <i>tofacitinib citrate</i> TB24 11mg, 22mg | Tier 1           | QL (30 tabs / 30 days), NM, PA     |
| TREMFYA SOAJ 200mg/2ml                     | Tier 1           | QL (2 pens / 28 days), NM, PA      |
| TREMFYA SOLN 200mg/20ml                    | Tier 1           | NM, PA                             |
| TREMFYA SOPN 100mg/ml                      | Tier 1           | QL (1 pen / 28 days), NM, PA       |
| TREMFYA SOSY 100mg/ml                      | Tier 1           | QL (1 syringe / 28 days), NM, PA   |
| TREMFYA SOSY 200mg/2ml                     | Tier 1           | QL (2 syringes / 28 days), NM, PA  |

| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|----------------------------------------------|------------------|-----------------------------------|
| TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml     | Tier 1           | QL (2 pens / 28 days), NM, PA     |
| TREMFYA PEN SOAJ 100mg/ml                    | Tier 1           | QL (1 pen / 28 days), NM, PA      |
| TYENNE SOAJ 162mg/0.9ml                      | Tier 1           | QL (4 pens / 28 days), NM, PA     |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | Tier 1           | NM, PA                            |
| TYENNE SOSY 162mg/0.9ml                      | Tier 1           | QL (4 syringes / 28 days), NM, PA |
| USTEKINUMAB SOLN 45mg/0.5ml                  | Tier 1           | QL (1 vial / 28 days), NM, PA     |
| USTEKINUMAB SOLN 130mg/26ml                  | Tier 1           | NM, PA                            |
| USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml         | Tier 1           | QL (1 syringe / 28 days), NM, PA  |
| VELSIPITY TABS 2mg                           | Tier 1           | QL (30 tabs / 30 days), NM, PA    |
| XELJANZ SOLN 1mg/ml                          | Tier 1           | QL (480 mL / 24 days), NM, PA     |
| XELJANZ TABS 5mg, 10mg                       | Tier 1           | QL (60 tabs / 30 days), NM, PA    |
| XELJANZ XR TB24 11mg, 22mg                   | Tier 1           | QL (30 tabs / 30 days), NM, PA    |
| YESINTEK SOLN 45mg/0.5ml                     | Tier 1           | QL (1 vial / 28 days), NM, PA     |
| YESINTEK SOLN 130mg/26ml                     | Tier 1           | NM, PA                            |
| YESINTEK SOSY 45mg/0.5ml, 90mg/ml            | Tier 1           | QL (1 syringe / 28 days), NM, PA  |

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

|                                              |        |                        |
|----------------------------------------------|--------|------------------------|
| <i>hydroxychloroquine sulfate</i> TABS 200mg | Tier 1 |                        |
| JYLAMVO SOLN 2mg/ml                          | Tier 1 | B/D                    |
| <i>leflunomide</i> TABS 10mg, 20mg           | Tier 1 | QL (30 tabs / 30 days) |
| <i>methotrexate sodium</i> TABS 2.5mg        | Tier 1 |                        |
| XATMEP SOLN 2.5mg/ml                         | Tier 1 | B/D                    |

### ***IMMUNOGLOBULINS***

|                                                                                          |        |         |
|------------------------------------------------------------------------------------------|--------|---------|
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml                                             | Tier 1 | NM, PA  |
| BIVIGAM SOLN 5gm/50ml, 10%                                                               | Tier 1 | NM, PA  |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml                                    | Tier 1 | NM, PA  |
| GAMASTAN INJ                                                                             | Tier 1 | B/D, NM |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | Tier 1 | NM, PA  |
| GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml                                           | Tier 1 | NM, PA  |

| <b>Drug Name</b>                                                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|---------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|
| GAMMAGARD S/D IGA LESS TH SOLR<br>5gm, 10gm                                                                               | Tier 1           | NM, PA                               |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml,<br>10gm/100ml, 20gm/200ml                                                               | Tier 1           | NM, PA                               |
| GAMMAPLEX SOLN 5gm/100ml,<br>5gm/50ml, 10gm/100ml, 10gm/200ml,<br>20gm/200ml, 20gm/400ml                                  | Tier 1           | NM, PA                               |
| GAMUNEX-C SOLN 1gm/10ml,<br>2.5gm/25ml, 5gm/50ml, 10gm/100ml,<br>20gm/200ml, 40gm/400ml                                   | Tier 1           | NM, PA                               |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml,<br>2.5gm/50ml, 5gm/100ml, 5gm/50ml,<br>10gm/100ml, 10gm/200ml, 20gm/200ml,<br>30gm/300ml | Tier 1           | NM, PA                               |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml,<br>5gm/50ml, 10gm/100ml, 20gm/200ml,<br>30gm/300ml                                     | Tier 1           | NM, PA                               |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml,<br>20gm/200ml, 40gm/400ml                                                             | Tier 1           | NM, PA                               |
| <b>IMMUNOMODULATORS</b>                                                                                                   |                  |                                      |
| ACTIMMUNE SOLN 100mcg/0.5ml                                                                                               | Tier 1           | NM, PA                               |
| ARCALYST SOLR 220mg                                                                                                       | Tier 1           | NM, PA                               |
| <b>IMMUNOSUPPRESSANTS</b>                                                                                                 |                  |                                      |
| ASTAGRAF XL CP24 .5mg, 1mg, 5mg                                                                                           | Tier 1           | B/D                                  |
| <i>azathioprine</i> TABS 50mg                                                                                             | Tier 1           | B/D                                  |
| BENLYSTA SOAJ 200mg/ml                                                                                                    | Tier 1           | QL (8 pens / 28 days),<br>NM, PA     |
| BENLYSTA SOLR 120mg, 400mg                                                                                                | Tier 1           | NM, PA                               |
| BENLYSTA SOSY 200mg/ml                                                                                                    | Tier 1           | QL (8 syringes / 28<br>days), NM, PA |
| <i>cyclosporine</i> CAPS 25mg, 100mg                                                                                      | Tier 1           | B/D                                  |
| <i>cyclosporine modified (for microemulsion)</i><br>CAPS 25mg, 50mg, 100mg; SOLN<br>100mg/ml                              | Tier 1           | B/D                                  |
| <i>everolimus (immunosuppressant)</i> TABS<br>.25mg, .5mg, .75mg, 1mg                                                     | Tier 1           | B/D                                  |
| <i>engraf</i> CAPS 25mg, 100mg                                                                                            | Tier 1           | B/D                                  |
| <i>mycophenolate mofetil</i> CAPS 250mg;<br>SUSR 200mg/ml; TABS 500mg                                                     | Tier 1           | B/D                                  |
| <i>mycophenolate sodium</i> TBEC 180mg,<br>360mg                                                                          | Tier 1           | B/D                                  |
| NULOJIX SOLR 250mg                                                                                                        | Tier 1           | B/D                                  |
| PROGRAF PACK .2mg, 1mg                                                                                                    | Tier 1           | B/D                                  |
| REZUROCK TABS 200mg                                                                                                       | Tier 1           | QL (30 tabs / 30 days),<br>NM, PA    |
| <i>sirolimus</i> SOLN 1mg/ml; TABS .5mg,<br>1mg, 2mg                                                                      | Tier 1           | B/D                                  |

| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>tacrolimus</i> CAPS .5mg, 1mg, 5mg; CP24<br>.5mg, 1mg, 5mg                      | Tier 1           | B/D                        |
| <b>VACCINES</b>                                                                    |                  |                            |
| ABRYSVO SOLR 120mcg/0.5ml                                                          | Tier 1           | PA                         |
| ACTHIB INJ                                                                         | Tier 1           |                            |
| ADACEL INJ                                                                         | Tier 1           |                            |
| AREXVY SUSR 120mcg/0.5ml                                                           | Tier 1           | PA                         |
| BCG VACCINE SOLR 50mg                                                              | Tier 1           |                            |
| BEXSERO SUSY .5ml                                                                  | Tier 1           |                            |
| BOOSTRIX INJ                                                                       | Tier 1           |                            |
| DAPTACEL INJ                                                                       | Tier 1           |                            |
| ENGRIX-B SUSP 20mcg/ml; SUSY<br>10mcg/0.5ml, 20mcg/ml                              | Tier 1           | B/D                        |
| GARDASIL 9 SUSP .5ml; SUSY .5ml                                                    | Tier 1           |                            |
| HAVRIX SUSY 720elu/0.5ml, 1440unit/ml                                              | Tier 1           |                            |
| HEPLISAV-B SOSY 20mcg/0.5ml                                                        | Tier 1           | B/D                        |
| HIBERIX SOLR 10mcg                                                                 | Tier 1           |                            |
| IMOVAX RABIES (H.D.C.V.) SUSR<br>2.5unit/ml                                        | Tier 1           | B/D                        |
| INFANRIX INJ                                                                       | Tier 1           |                            |
| IPOL INJ INACTIVE                                                                  | Tier 1           |                            |
| IXIARO INJ                                                                         | Tier 1           |                            |
| JYNNEOS SUSP .5ml                                                                  | Tier 1           | B/D                        |
| KINRIX INJ                                                                         | Tier 1           |                            |
| M-M-R II INJ                                                                       | Tier 1           |                            |
| MENQUADFI SOLN .5ml                                                                | Tier 1           |                            |
| MENVEO INJ                                                                         | Tier 1           |                            |
| MENVEO SOL                                                                         | Tier 1           |                            |
| MRESVIA SUSY 50mcg/0.5ml                                                           | Tier 1           | PA                         |
| PEDIARIX INJ 0.5ML                                                                 | Tier 1           |                            |
| PEDVAXHIB SUSP 7.5mcg/0.5ml                                                        | Tier 1           |                            |
| PENBRAYA INJ                                                                       | Tier 1           |                            |
| PENMENVY INJ                                                                       | Tier 1           |                            |
| PENTACEL INJ                                                                       | Tier 1           |                            |
| PRIORIX INJ                                                                        | Tier 1           |                            |
| PROQUAD INJ                                                                        | Tier 1           |                            |
| QUADRACEL INJ 0.5ML                                                                | Tier 1           |                            |
| RABAVERT INJ                                                                       | Tier 1           | B/D                        |
| RECOMBIVAX HB SUSP 5mcg/0.5ml,<br>10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml,<br>10mcg/ml | Tier 1           | B/D                        |
| ROTARIX SUS                                                                        | Tier 1           |                            |
| ROTATEQ SOL                                                                        | Tier 1           |                            |
| SHINGRIX SUSR 50mcg/0.5ml                                                          | Tier 1           | QL (2 vials per lifetime)  |

| <b>Drug Name</b>                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|------------------------------------------------------------------|------------------|------------------------------|
| SHINGRIX SUSY 50mcg/0.5ml                                        | Tier 1           | QL (2 syringes per lifetime) |
| TENIVAC INJ 5-2LF                                                | Tier 1           | B/D                          |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml                         | Tier 1           |                              |
| TRUMENBA SUSY .5ml                                               | Tier 1           |                              |
| TWINRIX INJ                                                      | Tier 1           |                              |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml                     | Tier 1           |                              |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml | Tier 1           |                              |
| VARIVAX SUSR 1350pfu/0.5ml                                       | Tier 1           |                              |
| VAXCHORA SUS                                                     | Tier 1           |                              |
| VIMKUNYA SUSY 40mcg/0.8ml                                        | Tier 1           |                              |
| VIVOTIF CAP EC                                                   | Tier 1           |                              |
| YF-VAX INJ                                                       | Tier 1           |                              |

## **NUTRITIONAL/SUPPLEMENTS**

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

|                                                                  |        |
|------------------------------------------------------------------|--------|
| D2.5W/NACL INJ 0.45%                                             | Tier 1 |
| D5W/NACL INJ 0.2%                                                | Tier 1 |
| D5W/NACL INJ 0.45%                                               | Tier 1 |
| D10W/NACL INJ 0.2%                                               | Tier 1 |
| D10W/NACL INJ 0.45%                                              | Tier 1 |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i>                    | Tier 1 |
| <i>dextrose 5% in lactated ringers</i>                           | Tier 1 |
| <i>dextrose 5% w/ sodium chloride 0.3%</i>                       | Tier 1 |
| <i>dextrose 5% w/ sodium chloride 0.9%</i>                       | Tier 1 |
| <i>dextrose 5% w/ sodium chloride 0.45%</i>                      | Tier 1 |
| <i>dextrose 5% w/ sodium chloride 0.225%</i>                     | Tier 1 |
| ISOLYTE-P INJ /D5W                                               | Tier 1 |
| ISOLYTE-S INJ PH 7.4                                             | Tier 1 |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> | Tier 1 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>   | Tier 1 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>  | Tier 1 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>                     | Tier 1 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>                    | Tier 1 |
| <i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>                    | Tier 1 |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>                   | Tier 1 |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> | Tier 1 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>    | Tier 1 |

| <b>Drug Name</b>                                                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>                                        | Tier 1           |                            |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>                                                           | Tier 1           |                            |
| <i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>                                                         | Tier 1           |                            |
| KCL/D5W/NACL INJ 0.3/0.9%                                                                             | Tier 1           |                            |
| KCL/D5W/NACL INJ 0.15/0.2                                                                             | Tier 1           |                            |
| LACTATED RIN INJ                                                                                      | Tier 1           |                            |
| <i>lactated ringer's solution</i>                                                                     | Tier 1           |                            |
| <i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>  | Tier 1           |                            |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml                                   | Tier 1           |                            |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>                                            | Tier 1           |                            |
| <i>multiple electrolytes ph 5.5</i>                                                                   | Tier 1           |                            |
| POT CHL 20MEQ/L IN NACL 0.9% INJ                                                                      | Tier 1           |                            |
| POT CHL 20MEQ/L IN NACL 0.45% INJ                                                                     | Tier 1           |                            |
| POT CHL 40MEQ/L IN NACL 0.9% INJ                                                                      | Tier 1           |                            |
| <i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i> | Tier 1           |                            |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>                                         | Tier 1           |                            |
| <i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>                                              | Tier 1           |                            |
| TPN ELECTROL INJ                                                                                      | Tier 1           | B/D                        |
| <b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>                                                    |                  |                            |
| <i>klor-con PACK 20meq</i>                                                                            | Tier 1           |                            |
| <i>klor-con 8 TBCR 8meq</i>                                                                           | Tier 1           |                            |
| KLOR-CON 8 TBCR 8meq                                                                                  | Tier 1           |                            |
| <i>klor-con 10 TBCR 10meq</i>                                                                         | Tier 1           |                            |
| KLOR-CON 10 TBCR 10meq                                                                                | Tier 1           |                            |
| <i>klor-con m10 TBCR 10meq</i>                                                                        | Tier 1           |                            |
| <i>klor-con m15 TBCR 15meq</i>                                                                        | Tier 1           |                            |
| <i>klor-con m20 TBCR 20meq</i>                                                                        | Tier 1           |                            |
| M-NATAL PLUS TAB                                                                                      | Tier 1           |                            |
| <i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>        | Tier 1           |                            |
| <i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>                      | Tier 1           |                            |
| PRENATAL TAB 27-1MG                                                                                   | Tier 1           |                            |
| PRENATAL TAB PLUS                                                                                     | Tier 1           |                            |

| <b>Drug Name</b>                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------|------------------|----------------------------|
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> | Tier 1           |                            |
| WESTAB PLUS TAB 27-1MG                                   | Tier 1           |                            |

#### **IV NUTRITION**

|                                        |        |     |
|----------------------------------------|--------|-----|
| <i>aminosyn ii soln 15%</i>            | Tier 1 | B/D |
| AMINOSYN INJ 10%                       | Tier 1 | B/D |
| AMINOSYN-PF INJ 10%                    | Tier 1 | B/D |
| CLINIMIX INJ 4.25/D5W                  | Tier 1 | B/D |
| CLINIMIX INJ 4.25/D10                  | Tier 1 | B/D |
| CLINIMIX INJ 5%/D15W                   | Tier 1 | B/D |
| CLINIMIX INJ 5%/D20W                   | Tier 1 | B/D |
| CLINIMIX INJ 6/5                       | Tier 1 | B/D |
| CLINIMIX INJ 8/10                      | Tier 1 | B/D |
| CLINIMIX INJ 8/14                      | Tier 1 | B/D |
| <i>clinisol sf 15%</i>                 | Tier 1 | B/D |
| CLINOLIPID EMU 20%                     | Tier 1 | B/D |
| <i>dextrose SOLN 5%, 10%</i>           | Tier 1 |     |
| <i>dextrose SOLN 50%</i>               | Tier 1 | B/D |
| DEXTROSE 10% SOLN 10%                  | Tier 1 |     |
| DEXTROSE 70% SOLN 70%                  | Tier 1 | B/D |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | Tier 1 | B/D |
| NUTRILIPID EMUL 20gm/100ml             | Tier 1 | B/D |
| <i>plenamine</i>                       | Tier 1 | B/D |
| PREMASOL SOL 10%                       | Tier 1 | B/D |
| PROSOL INJ 20%                         | Tier 1 | B/D |
| TRAVASOL INJ 10%                       | Tier 1 | B/D |
| TROPHAMINE INJ 10%                     | Tier 1 | B/D |

#### **OPHTHALMIC**

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

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

| Drug Name                                                           | Drug Tier | Requirements/Limits  |
|---------------------------------------------------------------------|-----------|----------------------|
| <b>ANTI-INFECTIVES</b>                                              |           |                      |
| <i>bacitracin-polymyxin b ophth oint</i>                            | Tier 1    |                      |
| <i>besifloxacin hcl SUSP .6%</i>                                    | Tier 1    |                      |
| BESIVANCE SUSP .6%                                                  | Tier 1    |                      |
| CILOXAN OINT .3%                                                    | Tier 1    |                      |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i>                           | Tier 1    |                      |
| <i>erythromycin (ophth) OINT 5mg/gm</i>                             | Tier 1    |                      |
| <i>gatifloxacin (ophth) SOLN .5%</i>                                | Tier 1    |                      |
| <i>gentamicin sulfate (ophth) SOLN .3%</i>                          | Tier 1    |                      |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i>                            | Tier 1    | QL (12 mL / 30 days) |
| NATACYN SUSP 5%                                                     | Tier 1    |                      |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | Tier 1    |                      |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | Tier 1    |                      |
| <i>ofloxacin (ophth) SOLN .3%</i>                                   | Tier 1    |                      |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>       | Tier 1    |                      |
| <i>sulfacetamide sodium (ophth) SOLN 10%</i>                        | Tier 1    |                      |
| <i>tobramycin (ophth) SOLN .3%</i>                                  | Tier 1    |                      |
| <i>trifluridine SOLN 1%</i>                                         | Tier 1    |                      |
| XDEMYV SOLN .25%                                                    | Tier 1    | NM, PA               |
| ZIRGAN GEL .15%                                                     | Tier 1    |                      |
| <b>ANTI-INFLAMMATORIES</b>                                          |           |                      |
| <i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>              | Tier 1    |                      |
| <i>diclofenac sodium (ophth) SOLN .1%</i>                           | Tier 1    |                      |
| <i>difluprednate EMUL .05%</i>                                      | Tier 1    |                      |
| <i>fluorometholone (ophth) SUSP .1%</i>                             | Tier 1    |                      |
| <i>flurbiprofen sodium SOLN .03%</i>                                | Tier 1    |                      |
| <i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>                 | Tier 1    |                      |
| LOTEMAX OINT .5%                                                    | Tier 1    |                      |
| <i>prednisolone acetate (ophth) SUSP 1%</i>                         | Tier 1    |                      |
| PREDNISOLONE SODIUM PHOSP SOLN 1%                                   | Tier 1    |                      |
| <b>ANTIALLERGICS</b>                                                |           |                      |
| <i>azelastine hcl (ophth) SOLN .05%</i>                             | Tier 1    |                      |
| <i>cromolyn sodium (ophth) SOLN 4%</i>                              | Tier 1    |                      |
| ZERVIAE SOLN .24%                                                   | Tier 1    |                      |
| <b>ANTIGLAUCOMA</b>                                                 |           |                      |
| <i>betaxolol hcl (ophth) SOLN .5%</i>                               | Tier 1    |                      |
| <i>brimonidine tartrate SOLN .2%</i>                                | Tier 1    |                      |
| <i>brinzolamide SUSP 1%</i>                                         | Tier 1    | ST                   |
| <i>carteolol hcl (ophth) SOLN 1%</i>                                | Tier 1    |                      |
| COMBIGAN SOL 0.2/0.5%                                               | Tier 1    |                      |

| <b>Drug Name</b>                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------|------------------|----------------------------|
| <i>dorzolamide hcl</i> SOLN 2%                                | Tier 1           |                            |
| <i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%      | Tier 1           |                            |
| <i>latanoprost</i> SOLN .005%                                 | Tier 1           |                            |
| <i>levobunolol hcl</i> SOLN .5%                               | Tier 1           |                            |
| LUMIGAN SOLN .01%                                             | Tier 1           |                            |
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4%                        | Tier 1           |                            |
| RHOPRESSA SOLN .02%                                           | Tier 1           |                            |
| ROCKLATAN DRO                                                 | Tier 1           |                            |
| SIMBRINZA SUS 1-0.2%                                          | Tier 1           |                            |
| <i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5% | Tier 1           |                            |
| VYZULTA SOLN .024%                                            | Tier 1           |                            |

### **MISCELLANEOUS**

|                                              |        |        |
|----------------------------------------------|--------|--------|
| ATROPINE SULFATE SOLN 1%                     | Tier 1 |        |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1% | Tier 1 |        |
| CYSTADROPS SOLN .37%                         | Tier 1 | NM, PA |
| CYSTARAN SOLN .44%                           | Tier 1 | NM, PA |
| EYSUVIS SUSP .25%                            | Tier 1 |        |
| MIEBO SOLN 1.338gm/ml                        | Tier 1 |        |
| <i>proparacaine hcl</i> SOLN .5%             | Tier 1 |        |
| RESTASIS EMUL .05%                           | Tier 1 |        |
| RESTASIS MULTIDOSE EMUL .05%                 | Tier 1 |        |
| XIIDRA SOLN 5%                               | Tier 1 |        |

### **OTIC**

#### **OTIC AGENTS**

|                                                                   |        |  |
|-------------------------------------------------------------------|--------|--|
| <i>acetic acid (otic)</i> SOLN 2%                                 | Tier 1 |  |
| <i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%             | Tier 1 |  |
| <i>flac</i> OIL .01%                                              | Tier 1 |  |
| <i>fluocinolone acetonide (otic)</i> OIL .01%                     | Tier 1 |  |
| <i>hydrocortisone w/ acetic acid otic soln</i> 1-2%               | Tier 1 |  |
| <i>neomycin-polymyxin-hc otic soln</i> 1%                         | Tier 1 |  |
| <i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1% | Tier 1 |  |
| <i>ofloxacin (otic)</i> SOLN .3%                                  | Tier 1 |  |

### **RESPIRATORY**

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

|                          |        |                            |
|--------------------------|--------|----------------------------|
| ANORO ELLIPT AER 62.5-25 | Tier 1 | QL (60 blisters / 30 days) |
| BEVESPI AER 9-4.8MCG     | Tier 1 | QL (1 inhaler / 30 days)   |
| BREZTRI AERO AER 9MCG    | Tier 1 | QL (1 inhaler / 30 days)   |
| BREZTRI AERO AER 18MCG   | Tier 1 | QL (1 inhaler / 30 days)   |

| <b>Drug Name</b>                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------|------------------|----------------------------|
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)             | Tier 1           | QL (4 inhalers / 28 days)  |
| COMBIVENT AER 20-100                                     | Tier 1           | QL (2 inhalers / 30 days)  |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | Tier 1           | B/D                        |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG                      | Tier 1           | QL (60 blisters / 30 days) |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG                      | Tier 1           | QL (60 blisters / 30 days) |

### **ANTICHOLINERGICS**

|                                                    |        |                            |
|----------------------------------------------------|--------|----------------------------|
| ATROVENT HFA AERS 17mcg/act                        | Tier 1 | QL (2 inhalers / 30 days)  |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh                   | Tier 1 | QL (30 blisters / 30 days) |
| <i>ipratropium bromide SOLN .02%</i>               | Tier 1 | B/D                        |
| <i>ipratropium bromide (nasal) SOLN .03%, .06%</i> | Tier 1 |                            |
| <i>ipratropium bromide hfa AERS 17mcg/act</i>      | Tier 1 | QL (2 inhalers / 30 days)  |
| SPIRIVA RESPIMAT AERS 1.25mcg/act                  | Tier 1 | QL (1 inhaler / 30 days)   |

### **ANTI HISTAMINES**

|                                                             |        |                                                                               |
|-------------------------------------------------------------|--------|-------------------------------------------------------------------------------|
| <i>azelastine hcl SOLN .1%</i>                              | Tier 1 |                                                                               |
| <i>cetirizine hcl SOLN 5mg/5ml</i>                          | Tier 1 | QL (300 mL / 30 days)                                                         |
| <i>cypheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>              | Tier 1 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>diphenhydramine hcl SOLN 50mg/ml</i>                     | Tier 1 |                                                                               |
| <i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>                | Tier 1 | PA; PA applies if 65 years and older                                          |
| <i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i> | Tier 1 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>hydroxyzine pamoate CAPS 25mg, 50mg</i>                  | Tier 1 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>        | Tier 1 | QL (300 mL / 30 days)                                                         |
| <i>levocetirizine dihydrochloride TABS 5mg</i>              | Tier 1 | QL (30 tabs / 30 days)                                                        |

### **BETA AGONISTS**

|                                          |        |                                                    |
|------------------------------------------|--------|----------------------------------------------------|
| <i>albuterol sulfate AERS 108mcg/act</i> | Tier 1 | QL (2 inhalers / 30 days); (generic of Proair HFA) |
|------------------------------------------|--------|----------------------------------------------------|

| <b>Drug Name</b>                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>                            |
|-----------------------------------------------------------------------------|------------------|-------------------------------------------------------|
| <i>albuterol sulfate</i> AERS 108mcg/act                                    | Tier 1           | QL (2 inhalers / 30 days); (generic of Proventil HFA) |
| <i>albuterol sulfate</i> AERS 108mcg/act                                    | Tier 1           | QL (2 inhalers / 30 days); (generic of Ventolin HFA)  |
| <i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml     | Tier 1           | B/D                                                   |
| <i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg                        | Tier 1           |                                                       |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | Tier 1           | B/D                                                   |
| <i>levalbuterol tartrate</i> AERO 45mcg/act                                 | Tier 1           | QL (2 inhalers / 30 days), ST                         |
| SEREVENT DISKUS AEPB 50mcg/dose                                             | Tier 1           | QL (60 inhalations / 30 days)                         |
| <i>terbutaline sulfate</i> TABS 2.5mg, 5mg                                  | Tier 1           |                                                       |
| VENTOLIN HFA AERS 108mcg/act                                                | Tier 1           | QL (2 inhalers / 30 days)                             |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act                           | Tier 1           | QL (6 inhalers / 30 days)                             |

#### **LEUKOTRIENE MODULATORS**

|                                                              |        |  |
|--------------------------------------------------------------|--------|--|
| <i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | Tier 1 |  |
| <i>zafirlukast</i> TABS 10mg, 20mg                           | Tier 1 |  |

#### **MISCELLANEOUS**

|                                                                |        |                                   |
|----------------------------------------------------------------|--------|-----------------------------------|
| <i>acetylcysteine</i> SOLN 10%, 20%                            | Tier 1 | B/D                               |
| ALYFTREK TAB 4-20-50                                           | Tier 1 | QL (84 tabs / 28 days), NM, PA    |
| ALYFTREK TAB 10-50-125                                         | Tier 1 | QL (56 tabs / 28 days), NM, PA    |
| ARALAST NP SOLR 500mg, 1000mg                                  | Tier 1 | NM, PA                            |
| <i>cromolyn sodium</i> NEBU 20mg/2ml                           | Tier 1 | B/D                               |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml  | Tier 1 | (generic of EpiPen)               |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml | Tier 1 | (generic of Adrenaclick)          |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml                               | Tier 1 | QL (1 syringe / 28 days), NM, PA  |
| FASENRA PEN SOAJ 30mg/ml                                       | Tier 1 | QL (1 pen / 28 days), NM, PA      |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg                  | Tier 1 | QL (56 packets / 28 days), NM, PA |
| KALYDECO TABS 150mg                                            | Tier 1 | QL (60 tabs / 30 days), NM, PA    |
| <i>nintedanib esylate</i> CAPS 100mg, 150mg                    | Tier 1 | QL (60 caps / 30 days), NM, PA    |

| <b>Drug Name</b>                                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--------------------------------------------------------------------------------------------------------|------------------|-----------------------------------|
| OFEV CAPS 100mg, 150mg                                                                                 | Tier 1           | QL (60 caps / 30 days), NM, PA    |
| ORKAMBI GRA 75-94MG                                                                                    | Tier 1           | QL (56 packets / 28 days), NM, PA |
| ORKAMBI GRA 100-125                                                                                    | Tier 1           | QL (56 packets / 28 days), NM, PA |
| ORKAMBI GRA 150-188                                                                                    | Tier 1           | QL (56 packets / 28 days), NM, PA |
| ORKAMBI TAB 100-125                                                                                    | Tier 1           | QL (112 tabs / 28 days), NM, PA   |
| ORKAMBI TAB 200-125                                                                                    | Tier 1           | QL (112 tabs / 28 days), NM, PA   |
| <i>pirfenidone</i> CAPS 267mg                                                                          | Tier 1           | QL (270 caps / 30 days), NM, PA   |
| <i>pirfenidone</i> TABS 267mg                                                                          | Tier 1           | QL (270 tabs / 30 days), NM, PA   |
| <i>pirfenidone</i> TABS 534mg, 801mg                                                                   | Tier 1           | QL (90 tabs / 30 days), NM, PA    |
| PROLASTIN-C SOLN 1000mg/20ml                                                                           | Tier 1           | NM, PA                            |
| PULMOZYME SOLN 2.5mg/2.5ml                                                                             | Tier 1           | NM, PA                            |
| <i>roflumilast</i> TABS 250mcg                                                                         | Tier 1           | QL (56 tabs / year)               |
| <i>roflumilast</i> TABS 500mcg                                                                         | Tier 1           | QL (30 tabs / 30 days)            |
| SYMDEKO TAB 50-75MG                                                                                    | Tier 1           | QL (56 tabs / 28 days), NM, PA    |
| SYMDEKO TAB 100-150                                                                                    | Tier 1           | QL (56 tabs / 28 days), NM, PA    |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg | Tier 1           |                                   |
| TRIKAFTA PAK 59.5MG                                                                                    | Tier 1           | QL (56 packs / 28 days), NM, PA   |
| TRIKAFTA PAK 75MG                                                                                      | Tier 1           | QL (56 packs / 28 days), NM, PA   |
| TRIKAFTA TAB 50-25-37.5MG & 75MG                                                                       | Tier 1           | QL (84 tabs / 28 days), NM, PA    |
| TRIKAFTA TAB 100-50-75MG & 150MG                                                                       | Tier 1           | QL (84 tabs / 28 days), NM, PA    |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml                                                                      | Tier 1           | QL (4 pens / 28 days), NM, PA     |
| XOLAIR SOAJ 150mg/ml                                                                                   | Tier 1           | QL (8 pens / 28 days), NM, PA     |
| XOLAIR SOLR 150mg                                                                                      | Tier 1           | QL (8 vials / 28 days), NM, PA    |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml                                                                      | Tier 1           | QL (4 syringes / 28 days), NM, PA |
| XOLAIR SOSY 150mg/ml                                                                                   | Tier 1           | QL (8 syringes / 28 days), NM, PA |

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---------------------------------------------------------------------|------------------|-------------------------------|
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg                                 | Tier 1           | NM, PA                        |
| <b>NASAL STEROIDS</b>                                               |                  |                               |
| <i>flunisolide (nasal)</i> SOLN .025%                               | Tier 1           | QL (3 bottles / 30 days)      |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act                | Tier 1           | QL (1 bottle / 30 days)       |
| XHANCE EXHU 93mcg/act                                               | Tier 1           | QL (32 mL / 30 days), PA      |
| <b>STEROID INHALANTS</b>                                            |                  |                               |
| ALVESCO AERS 80mcg/act                                              | Tier 1           | QL (3 inhalers / 30 days)     |
| ALVESCO AERS 160mcg/act                                             | Tier 1           | QL (2 inhalers / 30 days)     |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act              | Tier 1           | QL (30 inhalations / 30 days) |
| <i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml             | Tier 1           | B/D                           |
| <b>STEROID/BETA-AGONIST COMBINATIONS</b>                            |                  |                               |
| ADVAIR HFA AER 45/21                                                | Tier 1           | QL (1 inhaler / 30 days)      |
| ADVAIR HFA AER 115/21                                               | Tier 1           | QL (1 inhaler / 30 days)      |
| ADVAIR HFA AER 230/21                                               | Tier 1           | QL (1 inhaler / 30 days)      |
| AIRSUPRA AER 90-80MCG                                               | Tier 1           | QL (3 inhalers / 30 days)     |
| BREO ELLIPTA INH 50-25MCG                                           | Tier 1           | QL (60 blisters / 30 days)    |
| BREO ELLIPTA INH 100-25                                             | Tier 1           | QL (60 blisters / 30 days)    |
| BREO ELLIPTA INH 200-25                                             | Tier 1           | QL (60 blisters / 30 days)    |
| <i>breynga</i>                                                      | Tier 1           | QL (3 inhalers / 30 days)     |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>  | Tier 1           | QL (3 inhalers / 30 days)     |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> | Tier 1           | QL (3 inhalers / 30 days)     |
| DULERA AER 50-5MCG                                                  | Tier 1           | QL (3 inhalers / 30 days)     |
| DULERA AER 100-5MCG                                                 | Tier 1           | QL (3 inhalers / 30 days)     |
| DULERA AER 200-5MCG                                                 | Tier 1           | QL (3 inhalers / 30 days)     |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>          | Tier 1           | QL (60 inhalations / 30 days) |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>          | Tier 1           | QL (60 inhalations / 30 days) |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>          | Tier 1           | QL (60 inhalations / 30 days) |

| <b>Drug Name</b>    | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---------------------|------------------|-------------------------------|
| <i>wixela inhub</i> | Tier 1           | QL (60 inhalations / 30 days) |

## TOPICAL

### DERMATOLOGY, ACNE

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

### DERMATOLOGY, ANTIBIOTICS

|                                                        |        |                         |
|--------------------------------------------------------|--------|-------------------------|
| <i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% | Tier 1 | QL (30 gm / 30 days)    |
| <i>mupirocin</i> OINT 2%                               | Tier 1 | QL (220 gm / 30 days)   |
| <i>silver sulfadiazine</i> CREA 1%                     | Tier 1 |                         |
| <i>ssd</i> CREA 1%                                     | Tier 1 |                         |
| <i>SULFAMYLON</i> CREA 85mg/gm                         | Tier 1 | QL (453.6 gm / 30 days) |

### DERMATOLOGY, ANTIFUNGALS

|                                                    |        |                       |
|----------------------------------------------------|--------|-----------------------|
| <i>ciclopirox</i> SHAM 1%                          | Tier 1 | QL (120 mL / 30 days) |
| <i>ciclopirox olamine</i> CREA .77%                | Tier 1 | QL (90 gm / 30 days)  |
| <i>ciclopirox olamine</i> SUSP .77%                | Tier 1 | QL (60 mL / 30 days)  |
| <i>clotrimazole (topical)</i> CREA 1%              | Tier 1 | QL (45 gm / 30 days)  |
| <i>clotrimazole (topical)</i> SOLN 1%              | Tier 1 | QL (60 mL / 30 days)  |
| <i>clotrimazole w/ betamethasone cream</i> 1-0.05% | Tier 1 | QL (45 gm / 30 days)  |
| <i>econazole nitrate</i> CREA 1%                   | Tier 1 | QL (85 gm / 30 days)  |
| <i>ketoconazole (topical)</i> CREA 2%              | Tier 1 | QL (60 gm / 30 days)  |
| <i>ketoconazole (topical)</i> SHAM 2%              | Tier 1 | QL (120 mL / 30 days) |

| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>klayesta</i> POWD 100000unit/gm                                  | Tier 1           | QL (60 gm / 30 days)       |
| <i>nyamyc</i> POWD 100000unit/gm                                    | Tier 1           | QL (60 gm / 30 days)       |
| <i>nystatin (topical)</i> CREA 100000unit/gm;<br>OINT 100000unit/gm | Tier 1           | QL (30 gm / 30 days)       |
| <i>nystatin (topical)</i> POWD 100000unit/gm                        | Tier 1           | QL (60 gm / 30 days)       |
| <i>nystop</i> POWD 100000unit/gm                                    | Tier 1           | QL (60 gm / 30 days)       |
| <i>selenium sulfide</i> LOTN 2.5%                                   | Tier 1           |                            |

### **DERMATOLOGY, ANTIPSORIATICS**

|                                             |        |                              |
|---------------------------------------------|--------|------------------------------|
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg    | Tier 1 | PA                           |
| <i>calcipotriene</i> CREA .005%; OINT .005% | Tier 1 | QL (120 gm / 30 days),<br>PA |
| <i>calcipotriene</i> SOLN .005%             | Tier 1 | QL (120 mL / 30 days),<br>PA |
| <i>calcitrene</i> OINT .005%                | Tier 1 | QL (120 gm / 30 days),<br>PA |
| ENSTILAR AER                                | Tier 1 | QL (120 gm / 30 days),<br>PA |
| PELLIX SOLN .005%                           | Tier 1 | QL (120 mL / 30 days),<br>PA |
| <i>tazarotene</i> CREA .05%, .1%            | Tier 1 | QL (60 gm / 30 days),<br>PA  |

### **DERMATOLOGY, CORTICOSTEROIDS**

|                                                                               |        |                       |
|-------------------------------------------------------------------------------|--------|-----------------------|
| <i>ala-cort</i> CREA 1%                                                       | Tier 1 |                       |
| <i>alclometasone dipropionate</i> CREA .05%;<br>OINT .05%                     | Tier 1 | QL (60 gm / 30 days)  |
| <i>betamethasone dipropionate (topical)</i><br>CREA .05%; OINT .05%           | Tier 1 | QL (120 gm / 30 days) |
| <i>betamethasone dipropionate (topical)</i><br>LOTN .05%                      | Tier 1 | QL (120 mL / 30 days) |
| <i>betamethasone dipropionate augmented</i><br>CREA .05%; GEL .05%; OINT .05% | Tier 1 | QL (120 gm / 30 days) |
| <i>betamethasone dipropionate augmented</i><br>LOTN .05%                      | Tier 1 | QL (120 mL / 30 days) |
| <i>betamethasone valerate</i> CREA .1%; OINT<br>.1%                           | Tier 1 | QL (120 gm / 30 days) |
| <i>betamethasone valerate</i> LOTN .1%                                        | Tier 1 | QL (120 mL / 30 days) |
| <i>clobetasol propionate</i> CREA .05%; GEL<br>.05%; OINT .05%                | Tier 1 | QL (120 gm / 30 days) |
| <i>clobetasol propionate</i> SHAM .05%                                        | Tier 1 | QL (236 mL / 30 days) |
| <i>clobetasol propionate</i> SOLN .05%                                        | Tier 1 | QL (100 mL / 30 days) |
| <i>clobetasol propionate e</i> CREA .05%                                      | Tier 1 | QL (120 gm / 30 days) |
| <i>clodan</i> SHAM .05%                                                       | Tier 1 | QL (236 mL / 30 days) |
| <i>fluocinolone acetonide</i> CREA .01%                                       | Tier 1 | QL (60 gm / 30 days)  |
| <i>fluocinolone acetonide</i> CREA .025%; OINT<br>.025%                       | Tier 1 | QL (120 gm / 30 days) |

| <b>Drug Name</b>                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------|------------------|----------------------------|
| <i>fluocinolone acetonide</i> OIL .01%                                         | Tier 1           | QL (118.28 mL / 30 days)   |
| <i>fluocinolone acetonide</i> SOLN .01%                                        | Tier 1           | QL (60 mL / 30 days)       |
| <i>fluocinonide</i> CREA .05%, .1%                                             | Tier 1           | QL (120 gm / 30 days)      |
| <i>fluocinonide</i> GEL .05%; OINT .05%                                        | Tier 1           | QL (60 gm / 30 days)       |
| <i>fluocinonide</i> SOLN .05%                                                  | Tier 1           | QL (60 mL / 30 days)       |
| <i>fluocinonide emulsified base</i> CREA .05%                                  | Tier 1           | QL (120 gm / 30 days)      |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%                            | Tier 1           |                            |
| <i>halobetasol propionate</i> CREA .05%; OINT .05%                             | Tier 1           | QL (50 gm / 30 days)       |
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%            | Tier 1           |                            |
| <i>hydrocortisone (topical)</i> OINT 1%                                        | Tier 1           | QL (30 gm / 30 days)       |
| <i>hydrocortisone valerate</i> CREA .2%                                        | Tier 1           | QL (60 gm / 30 days)       |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%                         | Tier 1           |                            |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%                  | Tier 1           | QL (454 gm / 30 days)      |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5% | Tier 1           |                            |
| <i>triderm</i> CREA .5%                                                        | Tier 1           | QL (454 gm / 30 days)      |

#### **DERMATOLOGY, LOCAL ANESTHETICS**

|                                            |        |                            |
|--------------------------------------------|--------|----------------------------|
| <i>glydo</i> PRSY 2%                       | Tier 1 | QL (60 mL / 30 days), PA   |
| <i>lidocaine</i> OINT 5%                   | Tier 1 | QL (50 gm / 30 days), PA   |
| <i>lidocaine</i> PTCH 5%                   | Tier 1 | QL (3 patches / 1 day), PA |
| <i>lidocaine hcl</i> PRSY 2%               | Tier 1 | QL (60 mL / 30 days), PA   |
| <i>lidocaine hcl</i> SOLN 4%               | Tier 1 | QL (50 mL / 30 days), PA   |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5% | Tier 1 | B/D, QL (30 gm / 30 days)  |
| <i>lidocan</i> PTCH 5%                     | Tier 1 | QL (3 patches / 1 day), PA |
| <i>tridacaine iii</i> PTCH 5%              | Tier 1 | QL (3 patches / 1 day), PA |

#### **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

|                                              |        |                              |
|----------------------------------------------|--------|------------------------------|
| <i>bexarotene (topical)</i> GEL 1%           | Tier 1 | QL (60 gm / 30 days), NM, PA |
| <i>diclofenac sodium (topical)</i> SOLN 1.5% | Tier 1 | QL (300 mL / 28 days)        |
| <i>doxepin hcl (antipruritic)</i> CREA 5%    | Tier 1 | QL (45 gm / 30 days), PA     |
| EUCRISA OINT 2%                              | Tier 1 | QL (120 gm / 30 days), PA    |

| <b>Drug Name</b>                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|----------------------------------------------------------|------------------|------------------------------|
| <i>fluorouracil (topical)</i> CREA 5%                    | Tier 1           | QL (40 gm / 30 days)         |
| <i>fluorouracil (topical)</i> SOLN 2%, 5%                | Tier 1           | QL (10 mL / 30 days)         |
| <i>hydrocortisone (rectal)</i> CREA 1%, 2.5%             | Tier 1           |                              |
| <i>imiquimod</i> CREA 5%                                 | Tier 1           | QL (24 packets / 30 days)    |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12% | Tier 1           |                              |
| <i>metronidazole (topical)</i> CREA .75%; GEL .75%       | Tier 1           | QL (45 gm / 30 days)         |
| <i>metronidazole (topical)</i> LOTN .75%                 | Tier 1           | QL (59 mL / 30 days)         |
| <i>nitroglycerin (intra-anal)</i> OINT .4%               | Tier 1           | QL (30 gm / 30 days)         |
| PANRETIN GEL .1%                                         | Tier 1           | QL (60 gm / 30 days), PA     |
| <i>pimecrolimus</i> CREA 1%                              | Tier 1           | QL (100 gm / 30 days), PA    |
| <i>podofilox</i> SOLN .5%                                | Tier 1           | QL (7 mL / 28 days)          |
| <i>procto-med hc</i> CREA 2.5%                           | Tier 1           |                              |
| <i>proctocort</i> CREA 1%                                | Tier 1           |                              |
| <i>proctosol hc</i> CREA 2.5%                            | Tier 1           |                              |
| <i>proctozone-hc</i> CREA 2.5%                           | Tier 1           |                              |
| <i>tacrolimus (topical)</i> OINT .03%, .1%               | Tier 1           | QL (100 gm / 30 days), PA    |
| VALCHLOR GEL .016%                                       | Tier 1           | QL (60 gm / 30 days), NM, PA |

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

|                           |        |                      |
|---------------------------|--------|----------------------|
| <i>malathion</i> LOTN .5% | Tier 1 | QL (59 mL / 30 days) |
| <i>permethrin</i> CREA 5% | Tier 1 | QL (60 gm / 30 days) |

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

|                                                      |        |                           |
|------------------------------------------------------|--------|---------------------------|
| SANTYL OINT 250unit/gm                               | Tier 1 | QL (180 gm / 30 days), PA |
| <i>sodium chloride (gu irrigant)</i> SOLN .9%        | Tier 1 |                           |
| <i>water for irrigation, sterile irrigation soln</i> | Tier 1 |                           |

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

|                                                         |        |                             |
|---------------------------------------------------------|--------|-----------------------------|
| <i>cevimeline hcl</i> CAPS 30mg                         | Tier 1 |                             |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | Tier 1 |                             |
| <i>clotrimazole</i> TROC 10mg                           | Tier 1 | QL (150 lozenges / 30 days) |
| <i>kourzeq</i> PSTE .1%                                 | Tier 1 |                             |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2%             | Tier 1 |                             |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml       | Tier 1 |                             |
| <i>periogard</i> SOLN .12%                              | Tier 1 |                             |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg           | Tier 1 |                             |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1%         | Tier 1 |                             |

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| 10-6.25 mg .....                                   | 35 | 2-0.5 mg (base equiv) .....                        | 53     |
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