

## Blue Shield TotalDual Plan (HMO D-SNP)

# 2021 Formulary

(List of Covered Drugs)

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

Formulary ID 21408, Version **24**

This formulary was updated on **11/22/2021**. For more recent information or other questions, please contact Blue Shield of California Customer Care, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30, or visit [blueshieldca.com/medFormulary2021](https://blueshieldca.com/medFormulary2021).

**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 Blue Shield of California. When it refers to “plan” or “our plan,” it means Blue Shield TotalDual Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of **11/22/2021**. 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, 2022 and from time to time during the year.



## What is the Blue Shield TotalDual Plan Formulary?

A formulary is a list of covered drugs selected by Blue Shield TotalDual 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. Blue Shield TotalDual Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a 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 Blue Shield TotalDual Plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - o If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue Shield TotalDual Plan Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - o If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue Shield TotalDual Plan?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **11/22/2021**. To get updated information about the drugs covered by Blue Shield TotalDual Plan, please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, the changes will be posted on our website at [blueshieldca.com/medFormulary2021](https://blueshieldca.com/medFormulary2021).

## How do I use the Formulary?

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

### **Medical Condition**

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 2. 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 81. 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?

Blue Shield TotalDual 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 cost less than brand name drugs.

## 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:** Blue Shield TotalDual Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue Shield TotalDual Plan before you fill your prescriptions. If you don’t get approval, Blue Shield TotalDual Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Shield TotalDual Plan limits the amount of the drug

that Blue Shield TotalDual Plan will cover. For example, our plan provides 18 tablets per 30-day prescription for *sumatriptan* (generic for IMITREX). This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Blue Shield TotalDual 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, Blue Shield TotalDual Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Shield TotalDual 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. 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 Blue Shield TotalDual 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 Blue Shield TotalDual Plan’s formulary?” on page iii 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 Customer Care and ask if your drug is covered.

If you learn that Blue Shield TotalDual Plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by Blue Shield TotalDual Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask Blue Shield TotalDual 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 Blue Shield TotalDual Plan Formulary?**

You can ask Blue Shield TotalDual 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 cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue Shield TotalDual 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, Blue Shield TotalDual 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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Our transition policy applies to members who are stabilized on:

- Part D drugs not on the Blue Shield TotalDual Plan formulary, or
- Part D drugs previously covered by exception upon expiration of the exception, or
- Part D drugs on the Blue Shield TotalDual Plan formulary with a prior authorization, step therapy or a quantity limit requirement, or
- Part D drugs as listed above, where a distinction cannot be made at point of service whether it is a new or ongoing prescription drug

And are members in any of the following scenarios:

- new members following the annual coordinated election period,
- newly eligible members transitioning from other coverage at the beginning of a contract year,

- transitioning individuals who switch from one Blue Shield plan to another after the beginning of a contract year,
- members residing in long-term care (LTC) facilities, or
- in some cases, current members affected by formulary changes from one plan year to the next.

Members continuing coverage into a new plan year and experiencing negative formulary changes will have coverage continued for selected drugs in the new plan year, as determined by Blue Shield TotalDual Plan and in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance for Part D drugs. Plan members on drugs that were not selected for automatic continued coverage will be provided a transition process consistent with the transition process required for new members beginning in the new plan year. The transition policy will be extended across plan years if a member enrolls in a plan with an effective enrollment date of either November 1 or December 1 and needs access to a transition supply.

During the transitional stage, members may talk to their prescribers to decide whether they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug, if it is not on our formulary or has restrictions such as step therapy or prior authorization. Members may contact Blue Shield TotalDual Plan Customer Care for assistance in initiating a prior authorization or exception request. Prior authorization or exception request forms are available on our website at [blueshieldca.com/medFormulary2021](https://blueshieldca.com/medFormulary2021) (select “prior authorization forms”), and are also provided upon request to members and prescribers, via mail, email or fax.

Per our transition policy, in conjunction with network pharmacies, a temporary supply of non-formulary Part D drugs or formulary drugs with coverage restrictions will be provided in order to prevent interruptions in continuing therapy. This temporary supply also provides sufficient time for members to work with their prescribers to switch to a therapeutically equivalent formulary medication, or to complete a formulary exception request based on medical necessity. Requests for prior authorization of formulary drugs are reviewed against the CMS approved coverage criteria and formulary exception requests are reviewed for medical necessity by Blue Shield pharmacy technicians, pharmacists and/or physicians. If a formulary exception request is denied, we will provide the prescriber a list of appropriate therapeutic alternatives. A letter will also be sent to you providing instructions on how to appeal the decision.

The transitional supply is a one-time, 30-day temporary supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication) of the non-formulary drug at a retail pharmacy during the first 90 days of new membership beginning on your effective date of coverage in Blue Shield TotalDual Plan. Refills may be provided for transition prescriptions dispensed for less than the written amount, due to a plan quantity limit edit for safety or drug utilization edits that are based on approved product labeling, and for up to a total of a 30-day supply. If you are affected by a negative formulary change from one year to the next, we will provide up to a 30-day temporary supply of the non-formulary drug, if you need a refill for the drug during the first 90 days of the new plan year.

Retail and LTC pharmacies have the ability to provide a point-of-sale override for coverage of a transition supply of a drug that is non-formulary, requires prior authorization or step therapy unless the drug is subject to review for Part B vs. Part D determination, limits to prevent coverage of non-Part D drugs or limits that promote safe utilization of a Part D drug. We will cover a 30-day supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication). The cost-sharing for low-income subsidy (LIS)

eligible members for a temporary supply of drugs provided under the transition process will not exceed the statutory maximum co-payment amounts for LIS eligible members. For all other members (non-LIS members), we will apply the same cost-sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception and the same cost-sharing for formulary drugs subject to utilization management edits provided during the transition that would apply once the utilization management criteria are met. Members will not be required to pay additional cost-sharing associated with multiple fills of lesser quantities of Part D drugs based upon quantity limits for safety once the originally prescribed doses of Part D drugs have been determined to be medically necessary after an exception process has been completed.

After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will send written notice within 3 business days of the transitional fill after we cover the temporary supply. This notice will contain an explanation of the temporary nature of the transition supply received, instructions for working with us and the prescriber to identify appropriate therapeutic alternatives that are on our formulary, an explanation of your right to request a formulary exception, and a description of the procedures for requesting a formulary exception. If a transition supply has been provided once and you are currently in the process of receiving a coverage determination, the transition supply may be extended by one additional 30-day prescription fill beyond the initial 30-day supply, unless you present with a prescription written for less than 30 days. The extension of the transition period is on a case-by-case basis, to the extent that your exception request or appeal has not been processed by the end of the minimum day transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).

If you are a resident of a long-term-care facility (like a nursing home), we will cover supplies of Part D drugs in increments of 14 days or less for a temporary 31-day transition supply unless the prescription is written for fewer days during the first 90 days you are enrolled in our Plan, beginning on your effective date of coverage.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out-of-network access.

## **For more information**

For more detailed information about your Blue Shield TotalDual Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Blue Shield TotalDual 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 (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

## Blue Shield TotalDual Plan Formulary

The formulary below provides coverage information about the drugs covered by Blue Shield TotalDual Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 81.

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

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

Copayments/Coinsurance in the Initial Coverage Stage for members of Blue Shield TotalDual Plan in San Diego County\*:

| TIER                              | SUPPLY                                                                                                   | COST SHARE      |
|-----------------------------------|----------------------------------------------------------------------------------------------------------|-----------------|
| <b>1: Preferred Generic Drugs</b> | Standard retail cost-sharing (in-network) (30-day supply)                                                | \$0 Copay       |
|                                   | Standard retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 100-day supply) | \$0 Copay       |
| <b>2: Generic Drugs</b>           | Standard retail cost-sharing (in-network) (30-day supply)                                                | 25% coinsurance |
|                                   | Standard retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)  | 25% coinsurance |
| <b>3: Preferred Brand Drugs</b>   | Standard retail cost-sharing (in-network) (30-day supply)                                                | 25% coinsurance |
|                                   | Standard retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)  | 25% coinsurance |



| TIER                           | SUPPLY                                                                                                   | COST SHARE                                               |
|--------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>4: Non-Preferred Drugs</b>  | Standard retail cost-sharing (in-network) (30-day supply)                                                | 25% coinsurance                                          |
|                                | Standard retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)  | 25% coinsurance                                          |
| <b>5: Specialty Tier Drugs</b> | Standard retail cost-sharing (in-network) (30-day supply)                                                | 25% coinsurance                                          |
|                                | Standard retail cost-sharing (in-network), or the plan's mail service cost-sharing (up to 90-day supply) | A long-term supply is not available for drugs in Tier 5. |

- Cost-sharing for drugs obtained from out-of-network pharmacies (30-day supply) is the same as the in-network standard retail cost-sharing (30-day supply).
- Cost-sharing for drugs on Tiers 1 through 5 obtained from network long-term care pharmacies (31- day supply) is the same as the in-network standard retail cost-sharing (30-day supply).

\* Please refer to your Low Income Subsidy rider for the exact cost that applies to you.

## LEGEND

| TIER | NAME                    |
|------|-------------------------|
| 1    | Preferred Generic Drugs |
| 2    | Generic Drugs           |
| 3    | Preferred Brand Drugs   |
| 4    | Non-Preferred Drugs     |
| 5    | Specialty Tier Drugs    |

| SYMBOL | NAME                    | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                       |
|--------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QL     | Quantity Limit          | This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.                                                                                                                                           |
| PA     | Prior Authorization     | Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination"                                         |
| ST     | Step Therapy            | Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).                                                                                                                                                                                                                                      |
| LA     | Limited Access          | This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Customer Care number at (800) 776-4466 [TTY 711], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30. |
| NDS    | Non-Extended Day Supply | Medication is NOT available for long-term supply.                                                                                                                                                                                                                                                                                                                 |

| DRUG NAME                                                                                                                      | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <b>ANALGESICS</b>                                                                                                              |           |                     |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>                                                                                    |           |                     |
| <i>celecoxib (cap 50 mg, cap 100 mg, cap 200 mg)</i>                                                                           | TIER 2    | QL (2 PER 1 DAYS)   |
| <i>celecoxib cap 400 mg</i>                                                                                                    | TIER 2    | QL (1 PER 1 DAYS)   |
| <i>diclofenac potassium tab 50 mg</i>                                                                                          | TIER 2    |                     |
| <i>diclofenac sodium (tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg)</i> | TIER 2    |                     |
| <i>diclofenac sodium gel 1%</i>                                                                                                | TIER 3    |                     |
| <i>diflunisal</i>                                                                                                              | TIER 3    |                     |
| <i>etodolac (tab 400 mg, tab 500 mg)</i>                                                                                       | TIER 2    |                     |
| <i>etodolac (tab er 24hr 400 mg, tab er 24hr 500 mg, tab er 24hr 600 mg)</i>                                                   | TIER 4    |                     |
| <i>flurbiprofen tab 100 mg</i>                                                                                                 | TIER 2    |                     |
| <i>ibuprofen (tab 400 mg, tab 600 mg, tab 800 mg)</i>                                                                          | TIER 2    |                     |
| <i>indomethacin (cap 25 mg, cap 50 mg)</i>                                                                                     | TIER 2    | PA                  |
| <i>ketoprofen (25 mg cap, 50 mg cap, cap 50 mg, 75 mg cap, cap 75 mg)</i>                                                      | TIER 2    |                     |
| <i>meloxicam (tab 7.5 mg, tab 15 mg)</i>                                                                                       | TIER 2    |                     |
| <i>nabumetone</i>                                                                                                              | TIER 2    |                     |
| <i>naproxen (tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg)</i>                                             | TIER 2    |                     |
| <i>piroxicam</i>                                                                                                               | TIER 3    |                     |
| <i>sulindac</i>                                                                                                                | TIER 2    |                     |

## OPIOID ANALGESICS, LONG-ACTING

|                                                                                                                                 |        |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------|
| <i>fentanyl (patch 72hr 100 mcg/hr, patch 72hr 12 mcg/hr, patch 72hr 25 mcg/hr, patch 72hr 50 mcg/hr, patch 72hr 75 mcg/hr)</i> | TIER 3 | PA, QL (10 PER 30 OVER TIME), NDS  |
| <i>methadone hcl (10 mg/5ml solution, soln 10 mg/5ml)</i>                                                                       | TIER 4 | PA, QL (450 PER 30 OVER TIME), NDS |
| <i>methadone hcl (10 mg/ml solution, inj 10 mg/ml)</i>                                                                          | TIER 4 | PA, NDS                            |
| METHADONE HCL (5 MG/5ML SOLUTION, SOLN 5 MG/5ML)                                                                                | TIER 4 | PA, QL (900 PER 30 OVER TIME), NDS |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                  | DRUG TIER | REQUIREMENTS/LIMITS                |
|----------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|
| <i>methadone hcl tab 10 mg</i>                                                                                             | TIER 4    | PA, QL (90 PER 30 OVER TIME), NDS  |
| <i>methadone hcl tab 5 mg</i>                                                                                              | TIER 4    | PA, QL (180 PER 30 OVER TIME), NDS |
| <i>morphine sulfate (tab er 60 mg, tab er 100 mg, tab er 200 mg)</i>                                                       | TIER 3    | QL (60 PER 30 OVER TIME), NDS      |
| <i>morphine sulfate tab er 15 mg</i>                                                                                       | TIER 3    | QL (180 PER 30 OVER TIME), NDS     |
| <i>morphine sulfate tab er 30 mg</i>                                                                                       | TIER 3    | QL (90 PER 30 OVER TIME), NDS      |
| OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER, ER 40 MG TB12 DETER) | TIER 4    | PA, QL (2 PER 1 DAYS), NDS         |
| OXYCONTIN (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER)                                                           | TIER 4    | PA, QL (2 PER 1 DAYS), NDS         |

## OPIOID ANALGESICS, SHORT-ACTING

|                                                                                                                                                                                                                                                                    |        |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------|
| <i>acetaminophen w/ codeine (w/ tab 300-15 mg, w/ tab 300-30 mg)</i>                                                                                                                                                                                               | TIER 2 | QL (12 PER 1 DAYS), NDS            |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>                                                                                                                                                                                                                 | TIER 2 | QL (1800 PER 30 OVER TIME), NDS    |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>                                                                                                                                                                                                                      | TIER 2 | QL (6 PER 1 DAYS), NDS             |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>                                                                                                                                                                                                    | TIER 2 | PA, QL (48 PER 30 OVER TIME), NDS  |
| CODEINE SULFATE (30 MG TAB, TAB 30 MG)                                                                                                                                                                                                                             | TIER 2 | QL (168 PER 30 OVER TIME), NDS     |
| <i>codeine sulfate (60 mg tab, tab 60 mg)</i>                                                                                                                                                                                                                      | TIER 2 | QL (84 PER 30 OVER TIME), NDS      |
| CODEINE SULFATE 15 MG TAB                                                                                                                                                                                                                                          | TIER 2 | QL (336 PER 30 OVER TIME), NDS     |
| FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, LOZENGE ON A HANDLE 200 MCG, 400 MCG TAB, LOZENGE ON A HANDLE 400 MCG, 600 MCG TAB, LOZENGE ON A HANDLE 600 MCG, 800 MCG TAB, LOZENGE ON A HANDLE 800 MCG, LOZENGE ON A HANDLE 1200 MCG, LOZENGE ON A HANDLE 1600 MCG) | TIER 5 | PA, QL (120 PER 30 OVER TIME), NDS |
| <i>hydrocodone-acetaminophen (tab 7.5-325 mg, tab 10-325 mg)</i>                                                                                                                                                                                                   | TIER 2 | QL (6 PER 1 DAYS), NDS             |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>                                                                                                                                                                                                              | TIER 3 | QL (2520 PER 30 OVER TIME), NDS    |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>                                                                                                                                                                                                                      | TIER 2 | QL (8 PER 1 DAYS), NDS             |
| <i>hydromorphone hcl liqd 1 mg/ml</i>                                                                                                                                                                                                                              | TIER 4 | QL (675 PER 30 OVER TIME), NDS     |
| <i>hydromorphone hcl tab 2 mg</i>                                                                                                                                                                                                                                  | TIER 3 | QL (154 PER 30 OVER TIME), NDS     |
| <i>hydromorphone hcl tab 4 mg</i>                                                                                                                                                                                                                                  | TIER 3 | QL (84 PER 30 OVER TIME), NDS      |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                              | DRUG TIER | REQUIREMENTS/LIMITS            |
|------------------------------------------------------------------------|-----------|--------------------------------|
| <i>hydromorphone hcl tab 8 mg</i>                                      | TIER 3    | QL (42 PER 30 OVER TIME), NDS  |
| <i>morphine sulfate (15 mg tab, tab 15 mg, 30 mg tab, tab 30 mg)</i>   | TIER 3    | QL (120 PER 30 OVER TIME), NDS |
| <i>morphine sulfate oral soln 10 mg/5ml</i>                            | TIER 3    | QL (630 PER 30 OVER TIME), NDS |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>                | TIER 3    | QL (70 PER 30 OVER TIME), NDS  |
| <i>morphine sulfate oral soln 20 mg/5ml</i>                            | TIER 3    | QL (315 PER 30 OVER TIME), NDS |
| <i>oxycodone hcl (tab 15 mg, tab 30 mg)</i>                            | TIER 3    | QL (56 PER 30 OVER TIME), NDS  |
| <i>oxycodone hcl soln 5 mg/5ml</i>                                     | TIER 3    | QL (840 PER 30 OVER TIME), NDS |
| <i>oxycodone hcl tab 10 mg</i>                                         | TIER 3    | QL (84 PER 30 OVER TIME), NDS  |
| <i>oxycodone hcl tab 20 mg</i>                                         | TIER 3    | QL (120 PER 30 OVER TIME), NDS |
| <i>oxycodone hcl tab 5 mg</i>                                          | TIER 3    | QL (168 PER 30 OVER TIME), NDS |
| <i>oxycodone w/ acetaminophen (w/ tab 2.5-325 mg, w/ tab 5-325 mg)</i> | TIER 3    | QL (168 PER 30 OVER TIME), NDS |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>                        | TIER 3    | QL (84 PER 30 OVER TIME), NDS  |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>                       | TIER 3    | QL (112 PER 30 OVER TIME), NDS |
| <i>tramadol hcl (tab 50 mg, 100 mg tab)</i>                            | TIER 2    | QL (4 PER 1 DAYS), NDS         |
| <i>tramadol-acetaminophen</i>                                          | TIER 2    | QL (112 PER 30 OVER TIME), NDS |

## ANESTHETICS

### LOCAL ANESTHETICS

|                                              |        |                          |
|----------------------------------------------|--------|--------------------------|
| <i>lidocaine hcl (4 % solution, soln 4%)</i> | TIER 2 |                          |
| <i>lidocaine hcl (mouth-throat)</i>          | TIER 2 |                          |
| <i>lidocaine oint 5%</i>                     | TIER 4 | QL (50 PER 30 OVER TIME) |
| <i>lidocaine patch 5%</i>                    | TIER 4 | PA, QL (3 PER 1 DAYS)    |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>   | TIER 3 | QL (30 PER 30 OVER TIME) |
| NAYZILAM                                     | TIER 5 | QL (10 PER 30 OVER TIME) |

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

### ALCOHOL DETERRENTS/ANTI-CRAVING

|                            |        |  |
|----------------------------|--------|--|
| <i>acamprosate calcium</i> | TIER 4 |  |
| <i>disulfiram</i>          | TIER 2 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                            | DRUG TIER | REQUIREMENTS/LIMITS      |
|----------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>OPIOID DEPENDENCE</b>                                                                                             |           |                          |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i>                                                                    | TIER 2    | QL (84 PER 90 OVER TIME) |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i>                                                                    | TIER 2    | QL (21 PER 90 OVER TIME) |
| <i>buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 2-0.5 mg equiv), -naloxone sl film 4-1 mg equiv))</i> | TIER 2    | QL (5 PER 1 DAYS)        |
| <i>buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 8-2 mg equiv), -naloxone sl tab 8-2 mg equiv))</i>    | TIER 2    | QL (3 PER 1 DAYS)        |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>                                                   | TIER 2    | QL (2 PER 1 DAYS)        |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>                                                   | TIER 2    | QL (12 PER 1 DAYS)       |
| ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB)                                                  | TIER 4    | QL (3 PER 1 DAYS)        |
| ZUBSOLV (2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB)                                                                     | TIER 4    | QL (1 PER 1 DAYS)        |
| ZUBSOLV 8.6-2.1 MG SL TAB                                                                                            | TIER 4    | QL (2 PER 1 DAYS)        |
| <b>OPIOID REVERSAL AGENTS</b>                                                                                        |           |                          |
| <i>naloxone hcl (inj 0.4 mg/ml, inj 4 mg/10ml, soln prefilled syringe 2 mg/2ml)</i>                                  | TIER 2    |                          |
| NALOXONE HCL 0.4 MG/ML SOLN CART                                                                                     | TIER 2    | QL (2 PER 30 OVER TIME)  |
| <i>naltrexone hcl</i>                                                                                                | TIER 2    |                          |
| NARCAN                                                                                                               | TIER 3    | QL (2 PER 30 OVER TIME)  |
| <b>SMOKING CESSATION AGENTS</b>                                                                                      |           |                          |
| <i>bupropion hcl (smoking deterrent)</i>                                                                             | TIER 2    | QL (2 PER 1 DAYS)        |
| CHANTIX STARTING MONTH PAK                                                                                           | TIER 4    | QL (60 PER 30 OVER TIME) |
| NICOTROL                                                                                                             | TIER 3    |                          |
| NICOTROL NS                                                                                                          | TIER 4    |                          |
| VARENICLINE TARTRATE                                                                                                 | TIER 4    | QL (2 PER 1 DAYS)        |
| <b>ANTIBACTERIALS</b>                                                                                                |           |                          |
| <b>AMINOGLYCOSIDES</b>                                                                                               |           |                          |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>                                                                   | TIER 4    |                          |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                         | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>gentamicin sulfate cream 0.1%</i>                                                                                                                              | TIER 3    |                     |
| <i>gentamicin sulfate inj 40 mg/ml</i>                                                                                                                            | TIER 4    |                     |
| <i>gentamicin sulfate oint 0.1%</i>                                                                                                                               | TIER 2    |                     |
| <i>neomycin sulfate</i>                                                                                                                                           | TIER 2    |                     |
| <i>paromomycin sulfate</i>                                                                                                                                        | TIER 4    |                     |
| STREPTOMYCIN SULFATE                                                                                                                                              | TIER 4    |                     |
| <i>tobramycin sulfate (for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), 2 gm/50ml solution, 10 mg/ml solution, inj 80 mg/2ml (40 mg/ml) (base equiv))</i> | TIER 4    |                     |

## ANTIBACTERIALS, OTHER

|                                                                               |        |                         |
|-------------------------------------------------------------------------------|--------|-------------------------|
| <i>acetic acid (otic)</i>                                                     | TIER 2 |                         |
| <i>aztreonam</i>                                                              | TIER 5 |                         |
| <i>clindamycin hcl</i>                                                        | TIER 2 |                         |
| <i>clindamycin palmitate hydrochloride</i>                                    | TIER 3 |                         |
| <i>clindamycin phosphate</i>                                                  | TIER 4 |                         |
| <i>clindamycin phosphate in d5w</i>                                           | TIER 4 |                         |
| CLINDAMYCIN PHOSPHATE IN NAACL                                                | TIER 4 |                         |
| <i>clindamycin phosphate swab 1%</i>                                          | TIER 2 |                         |
| <i>clindamycin phosphate vaginal</i>                                          | TIER 2 |                         |
| <i>colistimethate sodium</i>                                                  | TIER 4 |                         |
| <i>daptomycin (350 mg recon soln, for iv soln 350 mg, for iv soln 500 mg)</i> | TIER 5 |                         |
| <i>fosfomycin tromethamine</i>                                                | TIER 4 | QL (1 PER 30 OVER TIME) |
| <i>linezolid for susp 100 mg/5ml</i>                                          | TIER 5 | PA                      |
| LINEZOLID IN SODIUM CHLORIDE                                                  | TIER 5 |                         |
| <i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>                               | TIER 5 |                         |
| <i>linezolid tab 600 mg</i>                                                   | TIER 4 | PA                      |
| <i>methenamine hippurate</i>                                                  | TIER 2 |                         |
| <i>metronidazole (tab 250 mg, tab 500 mg)</i>                                 | TIER 2 |                         |
| <i>metronidazole (topical) (cream, lotion)</i>                                | TIER 3 |                         |
| METRONIDAZOLE 5 MG/ML SOLUTION                                                | TIER 4 |                         |
| <i>metronidazole gel 0.75%</i>                                                | TIER 2 |                         |
| <i>metronidazole gel 1%</i>                                                   | TIER 4 |                         |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                                                                                                                                                                     | DRUG TIER | REQUIREMENTS/LIMITS         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>metronidazole in nacl (0.74% soln 500 mg/100ml, 0.79% soln 500 mg/100ml)</i>                                                                                                                                                                                                                               | TIER 4    |                             |
| <i>metronidazole vaginal</i>                                                                                                                                                                                                                                                                                  | TIER 3    |                             |
| <i>nitrofurantoin macrocrystal</i>                                                                                                                                                                                                                                                                            | TIER 2    |                             |
| <i>nitrofurantoin monohyd macro</i>                                                                                                                                                                                                                                                                           | TIER 2    |                             |
| ORBACTIV                                                                                                                                                                                                                                                                                                      | TIER 5    | PA, QL (9 PER 30 OVER TIME) |
| SYNERCID                                                                                                                                                                                                                                                                                                      | TIER 5    |                             |
| <i>tigecycline (50 mg recon soln, for iv soln 50 mg)</i>                                                                                                                                                                                                                                                      | TIER 5    |                             |
| TRIMETHOPRIM (100 MG TAB, TAB 100 MG)                                                                                                                                                                                                                                                                         | TIER 2    |                             |
| VANCOMYCIN HCL (1.25 GM RECON SOLN, 1.5 GM RECON SOLN, CAP 125 MG (BASE EQUIVALENT), CAP 250 MG (BASE EQUIVALENT), FOR IV SOLN 1 GM (BASE EQUIVALENT), FOR IV SOLN 10 GM (BASE EQUIVALENT), 250 MG RECON SOLN, FOR IV SOLN 500 MG (BASE EQUIVALENT), 750 MG RECON SOLN, FOR IV SOLN 750 MG (BASE EQUIVALENT)) | TIER 4    |                             |
| XIFAXAN 200 MG TAB                                                                                                                                                                                                                                                                                            | TIER 5    | PA, QL (9 PER 30 OVER TIME) |
| XIFAXAN 550 MG TAB                                                                                                                                                                                                                                                                                            | TIER 5    | PA, QL (3 PER 1 DAYS)       |

## BETA-LACTAM, CEPHALOSPORINS

|                                                                                                                                         |        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|--|
| <i>cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, cap 250 mg, 375 mg/5ml recon susp, 500 mg cap, cap 500 mg)</i>   | TIER 2 |  |
| <i>cefadroxil (1 gm tab, cap 500 mg, tab 1 gm)</i>                                                                                      | TIER 2 |  |
| <i>cefadroxil (susp 250 mg/5ml, susp 500 mg/5ml)</i>                                                                                    | TIER 3 |  |
| CEFAZOLIN SODIUM (1 GM RECON SOLN, FOR INJ 1 GM, FOR INJ 10 GM, 20 GM RECON SOLN, 100 GM RECON SOLN, 300 GM RECON SOLN, FOR INJ 500 MG) | TIER 4 |  |
| <i>cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>                                                                  | TIER 2 |  |
| <i>cefepime hcl (inj 1 gm, inj 2 gm)</i>                                                                                                | TIER 4 |  |
| <i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i>                                                                  | TIER 4 |  |
| <i>cefotaxime sodium (1 gm recon soln, for inj 1 gm)</i>                                                                                | TIER 4 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



| DRUG NAME                                                                                                     | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>cefotetan disodium (inj 1 gm, inj 2 gm)</i>                                                                | TIER 4    |                     |
| <i>cefoxitin sodium</i>                                                                                       | TIER 4    |                     |
| <i>cefpodoxime proxetil (for susp 50 mg/5ml, for susp 100 mg/5ml, tab 100 mg, tab 200 mg)</i>                 | TIER 4    |                     |
| <i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i>                           | TIER 2    |                     |
| <i>ceftazidime</i>                                                                                            | TIER 4    |                     |
| <i>ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)</i> | TIER 4    |                     |
| <i>cefuroxime axetil</i>                                                                                      | TIER 2    |                     |
| <i>cefuroxime sodium</i>                                                                                      | TIER 4    |                     |
| <i>cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>                          | TIER 2    |                     |
| TAZICEF (1 GM RECON SOLN, 6 GM RECON SOLN)                                                                    | TIER 4    |                     |
| TEFLARO                                                                                                       | TIER 5    |                     |

## BETA-LACTAM, PENICILLINS

|                                                                                                                                                                                                                                                                                                   |        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|
| <i>amoxicillin &amp; pot clavulanate (for susp 200-28.5 mg/5ml, for susp 250-62.5 mg/5ml, for susp 400-57 mg/5ml, for susp 600-42.9 mg/5ml, tab 250-125 mg, tab 500-125 mg, tab 875-125 mg)</i>                                                                                                   | TIER 2 |  |
| <i>amoxicillin (125 mg chew tab, (trihydrate) cap 250 mg, (trihydrate) cap 500 mg, (trihydrate) for susp 125 mg/5ml, (trihydrate) for susp 200 mg/5ml, (trihydrate) for susp 250 mg/5ml, 250 mg chew tab, (trihydrate) for susp 400 mg/5ml, (trihydrate) tab 500 mg, (trihydrate) tab 875 mg)</i> | TIER 2 |  |
| AMOXICILLIN-POT CLAVULANATE                                                                                                                                                                                                                                                                       | TIER 2 |  |
| AMPICILLIN                                                                                                                                                                                                                                                                                        | TIER 2 |  |
| <i>ampicillin &amp; sulbactam sodium</i>                                                                                                                                                                                                                                                          | TIER 4 |  |
| AMPICILLIN SODIUM (1 GM RECON SOLN, FOR INJ 1 GM, 2 GM RECON SOLN, FOR INJ 2 GM, 125 MG RECON SOLN, FOR INJ 250 MG, FOR INJ 500 MG, FOR IV SOLN 2 GM, FOR IV SOLN 10 GM)                                                                                                                          | TIER 4 |  |
| AMPICILLIN-SULBACTAM SODIUM                                                                                                                                                                                                                                                                       | TIER 4 |  |
| BICILLIN L-A                                                                                                                                                                                                                                                                                      | TIER 4 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                            | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>dicloxacillin sodium</i>                                                                          | TIER 2    |                     |
| NAFCILLIN SODIUM (1 GM RECON SOLN, FOR INJ 1 GM, 2 GM RECON SOLN, FOR INJ 2 GM)                      | TIER 4    |                     |
| <i>nafcillin sodium for iv soln 10 gm</i>                                                            | TIER 5    |                     |
| <i>penicillin g potassium</i>                                                                        | TIER 4    |                     |
| PENICILLIN G SODIUM                                                                                  | TIER 4    |                     |
| <i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i> | TIER 2    |                     |
| PFIZERPEN                                                                                            | TIER 4    |                     |
| <i>piperacillin sodium-tazobactam sodium</i>                                                         | TIER 4    |                     |

## CARBAPENEMS

|                                                                                                          |        |  |
|----------------------------------------------------------------------------------------------------------|--------|--|
| <i>ertapenem sodium</i>                                                                                  | TIER 4 |  |
| <i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)</i> | TIER 4 |  |
| <i>meropenem</i>                                                                                         | TIER 4 |  |

## MACROLIDES

|                                                                                                                    |        |  |
|--------------------------------------------------------------------------------------------------------------------|--------|--|
| <i>azithromycin (for susp 100 mg/5ml, for susp 200 mg/5ml, tab 250 mg, tab 500 mg, tab 600 mg)</i>                 | TIER 2 |  |
| AZITHROMYCIN 1 GM PACKET                                                                                           | TIER 3 |  |
| <i>azithromycin iv for soln 500 mg</i>                                                                             | TIER 4 |  |
| CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)                                                      | TIER 4 |  |
| <i>clarithromycin (tab 250 mg, tab 500 mg)</i>                                                                     | TIER 2 |  |
| <i>clarithromycin tab er 24hr 500 mg</i>                                                                           | TIER 3 |  |
| E.E.S. 400                                                                                                         | TIER 4 |  |
| ERYTHROCIN LACTOBIONATE                                                                                            | TIER 4 |  |
| <i>erythromycin base (base 250 mg cp dr part, tab 250 mg, tab 500 mg, w/ delayed release particles cap 250 mg)</i> | TIER 4 |  |
| ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB                                                                             | TIER 4 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                        | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <b>QUINOLONES</b>                                                                                                |           |                     |
| BESIVANCE                                                                                                        | TIER 3    |                     |
| CILOXAN 0.3 % OINTMENT                                                                                           | TIER 4    |                     |
| <i>ciprofloxacin (susp 250 mg/5ml (5%) (5 gm/100ml), susp 500 mg/5ml (10%) (10 gm/100ml))</i>                    | TIER 4    |                     |
| <i>ciprofloxacin 200 mg/100ml in d5w</i>                                                                         | TIER 4    |                     |
| <i>ciprofloxacin hcl (100 mg tab, tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))</i> | TIER 2    |                     |
| <i>ciprofloxacin hcl (ophth)</i>                                                                                 | TIER 2    |                     |
| <i>levofloxacin (tab 250 mg, tab 500 mg, tab 750 mg)</i>                                                         | TIER 2    |                     |
| <i>levofloxacin in d5w ( soln 500 mg/100ml, soln 750 mg/150ml)</i>                                               | TIER 4    |                     |
| <i>levofloxacin iv soln 25 mg/ml</i>                                                                             | TIER 4    |                     |
| <i>levofloxacin oral soln 25 mg/ml</i>                                                                           | TIER 3    |                     |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i>                                                                  | TIER 4    |                     |
| OFLOXACIN (300 MG TAB, TAB 400 MG)                                                                               | TIER 2    |                     |
| <b>SULFONAMIDES</b>                                                                                              |           |                     |
| <i>sulfacetamide sodium (acne)</i>                                                                               | TIER 3    |                     |
| SULFADIAZINE                                                                                                     | TIER 3    |                     |
| <i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>                         | TIER 2    |                     |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>                                                       | TIER 4    |                     |
| <b>TETRACYCLINES</b>                                                                                             |           |                     |
| <i>doxycycline (monohydrate) (cap 50 mg, cap 100 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>                       | TIER 2    |                     |
| <i>doxycycline hyclate (cap 50 mg, cap 100 mg, tab 20 mg, tab 100 mg)</i>                                        | TIER 2    |                     |
| <i>doxycycline hyclate for inj 100 mg</i>                                                                        | TIER 4    |                     |
| <i>minocycline hcl (cap 50 mg, cap 75 mg, cap 100 mg)</i>                                                        | TIER 2    |                     |
| <i>minocycline hcl (tab 50 mg, tab 75 mg, tab 100 mg)</i>                                                        | TIER 4    |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME               | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------|-----------|---------------------|
| <i>tetracycline hcl</i> | TIER 4    |                     |

## ANTICONVULSANTS

### ANTICONVULSANTS, OTHER

|                                                                                                                                   |        |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------|
| BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)                                                                 | TIER 5 | ST, QL (2 PER 1 DAYS)                            |
| BRIVIACT 10 MG/ML SOLUTION                                                                                                        | TIER 4 | ST, QL (20 PER 1 DAYS)                           |
| DIACOMIT (250 MG CAP, 250 MG PACKET)                                                                                              | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)  |
| DIACOMIT (500 MG CAP, 500 MG PACKET)                                                                                              | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)  |
| <i>divalproex sodium</i>                                                                                                          | TIER 2 |                                                  |
| EPIDIOLEX                                                                                                                         | TIER 5 | PA - FOR NEW STARTS ONLY, LA                     |
| <i>felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)</i>                                                                        | TIER 4 |                                                  |
| FINTEPLA                                                                                                                          | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (12 PER 1 DAYS) |
| FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)                                                                      | TIER 5 | ST, QL (1 PER 1 DAYS)                            |
| FYCOMPA 0.5 MG/ML SUSPENSION                                                                                                      | TIER 4 | ST, QL (24 PER 1 DAYS)                           |
| FYCOMPA 2 MG TAB                                                                                                                  | TIER 4 | ST, QL (3 PER 1 DAYS)                            |
| <i>lamotrigine (tab 25 mg, tab 100 mg, tab 150 mg, tab 200 mg, tab chewable dispersible 5 mg, tab chewable dispersible 25 mg)</i> | TIER 2 |                                                  |
| <i>levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg)</i>                                       | TIER 2 |                                                  |
| <i>levetiracetam tab er 24hr 500 mg</i>                                                                                           | TIER 2 | QL (6 PER 1 DAYS)                                |
| <i>levetiracetam tab er 24hr 750 mg</i>                                                                                           | TIER 2 | QL (4 PER 1 DAYS)                                |
| SPRITAM (250 MG TAB, 500 MG TAB)                                                                                                  | TIER 4 | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)      |
| SPRITAM 1000 MG TAB                                                                                                               | TIER 4 | PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)      |
| SPRITAM 750 MG TAB                                                                                                                | TIER 4 | PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)      |
| <i>topiramate (cap er 24hr 100 mg, cap er 24hr 150 mg, cap er 24hr 200 mg, cap er 24hr 25 mg, cap er 24hr 50 mg)</i>              | TIER 4 | PA - FOR NEW STARTS ONLY                         |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                | DRUG TIER | REQUIREMENTS/LIMITS                                |
|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|
| <i>topiramate (sprinkle cap 15 mg, sprinkle cap 25 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i> | TIER 2    |                                                    |
| <i>valproate sodium inj 100 mg/ml</i>                                                                    | TIER 4    |                                                    |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>                                                | TIER 2    |                                                    |
| <i>valproic acid</i>                                                                                     | TIER 2    |                                                    |
| XCOPRI (150 MG TAB, 200 MG TAB)                                                                          | TIER 5    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)        |
| XCOPRI (250 MG DAILY DOSE)                                                                               | TIER 5    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)        |
| XCOPRI (350 MG DAILY DOSE)                                                                               | TIER 5    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)        |
| XCOPRI (50 MG TAB, 100 MG TAB)                                                                           | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)        |
| XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)                           | TIER 5    | PA - FOR NEW STARTS ONLY, QL (28 PER 28 OVER TIME) |
| XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK                                                                | TIER 4    | PA - FOR NEW STARTS ONLY, QL (28 PER 28 OVER TIME) |

## CALCIUM CHANNEL MODIFYING AGENTS

|                                                   |        |
|---------------------------------------------------|--------|
| CELONTIN                                          | TIER 3 |
| <i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i> | TIER 2 |

## GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

|                                            |        |                                              |
|--------------------------------------------|--------|----------------------------------------------|
| <i>clobazam suspension 2.5 mg/ml</i>       | TIER 4 | PA - FOR NEW STARTS ONLY, QL (16 PER 1 DAYS) |
| <i>clobazam tab 10 mg</i>                  | TIER 4 | PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)  |
| <i>clobazam tab 20 mg</i>                  | TIER 4 | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)  |
| DIAZEPAM 10 MG GEL                         | TIER 4 | QL (20 PER 30 OVER TIME)                     |
| DIAZEPAM 2.5 MG GEL                        | TIER 4 | QL (5 PER 30 OVER TIME)                      |
| DIAZEPAM 20 MG GEL                         | TIER 4 | QL (40 PER 30 OVER TIME)                     |
| <i>gabapentin (tab 600 mg, tab 800 mg)</i> | TIER 2 | QL (4 PER 1 DAYS)                            |
| <i>gabapentin cap 100 mg</i>               | TIER 2 | QL (12 PER 1 DAYS)                           |
| <i>gabapentin cap 300 mg</i>               | TIER 2 | QL (8 PER 1 DAYS)                            |
| <i>gabapentin cap 400 mg</i>               | TIER 2 | QL (6 PER 1 DAYS)                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                | DRUG TIER | REQUIREMENTS/LIMITS                             |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------|
| <i>gabapentin oral soln 250 mg/5ml</i>                                                                                                   | TIER 3    | QL (72 PER 1 DAYS)                              |
| <i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i> | TIER 2    | PA - FOR NEW STARTS ONLY                        |
| <i>primidone</i>                                                                                                                         | TIER 2    |                                                 |
| SYMPAZAN                                                                                                                                 | TIER 5    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)     |
| <i>tiagabine hcl</i>                                                                                                                     | TIER 4    | PA - FOR NEW STARTS ONLY                        |
| VALTOCO 10 MG DOSE                                                                                                                       | TIER 5    | QL (10 PER 30 DAYS)                             |
| VALTOCO 15 MG DOSE                                                                                                                       | TIER 5    | QL (10 PER 30 DAYS)                             |
| VALTOCO 20 MG DOSE                                                                                                                       | TIER 5    | QL (10 PER 30 DAYS)                             |
| VALTOCO 5 MG DOSE                                                                                                                        | TIER 5    | QL (10 PER 30 DAYS)                             |
| <i>vigabatrin</i>                                                                                                                        | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS) |

## SODIUM CHANNEL AGENTS

|                                                                                                                                                                                             |        |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|
| APTOM (200 MG TAB, 400 MG TAB)                                                                                                                                                              | TIER 5 | ST, QL (1 PER 1 DAYS)  |
| APTOM (600 MG TAB, 800 MG TAB)                                                                                                                                                              | TIER 5 | ST, QL (2 PER 1 DAYS)  |
| <i>carbamazepine (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)</i> | TIER 2 |                        |
| DILANTIN (30 MG CAP, 100 MG CAP)                                                                                                                                                            | TIER 3 |                        |
| DILANTIN INFATABS                                                                                                                                                                           | TIER 3 |                        |
| <i>oxcarbazepine (tab 150 mg, tab 300 mg, tab 600 mg)</i>                                                                                                                                   | TIER 2 |                        |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>                                                                                                                                             | TIER 4 |                        |
| PEGANONE                                                                                                                                                                                    | TIER 4 |                        |
| PHENYTEK                                                                                                                                                                                    | TIER 4 |                        |
| <i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>                                                                                                                                          | TIER 2 |                        |
| <i>phenytoin sodium extended</i>                                                                                                                                                            | TIER 2 |                        |
| <i>rufinamide susp 40 mg/ml</i>                                                                                                                                                             | TIER 5 | ST, QL (80 PER 1 DAYS) |
| <i>rufinamide tab 200 mg</i>                                                                                                                                                                | TIER 4 | ST, QL (16 PER 1 DAYS) |
| <i>rufinamide tab 400 mg</i>                                                                                                                                                                | TIER 4 | ST, QL (8 PER 1 DAYS)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                   | DRUG TIER | REQUIREMENTS/LIMITS      |
|---------------------------------------------|-----------|--------------------------|
| VIMPAT (100 MG TAB, 150 MG TAB, 200 MG TAB) | TIER 5    | ST, QL (2 PER 1 DAYS)    |
| VIMPAT 10 MG/ML SOLUTION                    | TIER 4    | ST, QL (40 PER 1 DAYS)   |
| VIMPAT 200 MG/20ML SOLUTION                 | TIER 4    | PA - FOR NEW STARTS ONLY |
| VIMPAT 50 MG TAB                            | TIER 4    | ST, QL (2 PER 1 DAYS)    |
| <i>zonisamide</i>                           | TIER 2    |                          |

## ANTIDEMENTIA AGENTS

### ANTIDEMENTIA AGENTS, OTHER

|                    |        |
|--------------------|--------|
| ERGOLOID MESYLATES | TIER 4 |
|--------------------|--------|

### CHOLINESTERASE INHIBITORS

|                                                                |        |                          |
|----------------------------------------------------------------|--------|--------------------------|
| <i>donepezil hydrochloride (tab 5 mg, tab 10 mg)</i>           | TIER 2 |                          |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i> | TIER 2 |                          |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i>  | TIER 2 |                          |
| <i>rivastigmine</i>                                            | TIER 4 | QL (30 PER 30 OVER TIME) |
| <i>rivastigmine tartrate</i>                                   | TIER 2 |                          |

### N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

|                                                                                                                                                 |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <i>memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, tab 28 x 5 mg &amp; 21 x 10 mg titration pack)</i> | TIER 3 |
| <i>memantine hcl (tab 5 mg, tab 10 mg)</i>                                                                                                      | TIER 2 |
| <i>memantine hcl oral solution 2 mg/ml</i>                                                                                                      | TIER 4 |

## ANTIDEPRESSANTS

### ANTIDEPRESSANTS, OTHER

|                                                               |        |                   |
|---------------------------------------------------------------|--------|-------------------|
| <i>bupropion hcl (tab 100 mg, tab er 12hr 100 mg)</i>         | TIER 2 | QL (4 PER 1 DAYS) |
| <i>bupropion hcl (tab er 12hr 150 mg, tab er 24hr 150 mg)</i> | TIER 2 | QL (3 PER 1 DAYS) |
| <i>bupropion hcl tab 75 mg</i>                                | TIER 2 | QL (6 PER 1 DAYS) |
| <i>bupropion hcl tab er 12hr 200 mg</i>                       | TIER 2 | QL (2 PER 1 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                               | DRUG TIER | REQUIREMENTS/LIMITS                         |
|-----------------------------------------|-----------|---------------------------------------------|
| <i>bupropion hcl tab er 24hr 300 mg</i> | TIER 2    | QL (1 PER 1 DAYS)                           |
| LYBALVI                                 | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS) |
| MAPROTILINE HCL                         | TIER 2    |                                             |
| <i>mirtazapine</i>                      | TIER 2    |                                             |

## MONOAMINE OXIDASE INHIBITORS

|                                |        |                          |
|--------------------------------|--------|--------------------------|
| EMSAM                          | TIER 5 | PA - FOR NEW STARTS ONLY |
| MARPLAN                        | TIER 3 |                          |
| <i>phenelzine sulfate</i>      | TIER 2 |                          |
| <i>tranylcypromine sulfate</i> | TIER 4 |                          |

## SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

|                                                                                                                              |        |                                                    |
|------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|
| <i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i> | TIER 2 |                                                    |
| DESVENLAFAXINE ER                                                                                                            | TIER 4 | ST, QL (1 PER 1 DAYS)                              |
| <i>desvenlafaxine succinate (tab er 24hr 25 mg equiv), tab er 24hr 50 mg equiv)</i>                                          | TIER 4 | QL (1 PER 1 DAYS)                                  |
| <i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>                                                              | TIER 4 | QL (4 PER 1 DAYS)                                  |
| <i>escitalopram oxalate (soln 5 mg/5ml equiv), tab 5 mg equiv), tab 10 mg equiv), tab 20 mg equiv))</i>                      | TIER 2 |                                                    |
| FETZIMA                                                                                                                      | TIER 4 | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)        |
| FETZIMA TITRATION                                                                                                            | TIER 4 | PA - FOR NEW STARTS ONLY, QL (28 PER 30 OVER TIME) |
| <i>fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml)</i>                                                  | TIER 2 |                                                    |
| FLUOXETINE HCL (PMDD) ((PMDD) 10 MG CAP, (PMDD) 20 MG CAP)                                                                   | TIER 2 |                                                    |
| FLUOXETINE HCL 90 MG CAP DR                                                                                                  | TIER 4 | QL (4 PER 28 OVER TIME)                            |
| <i>fluvoxamine maleate (tab 25 mg, tab 50 mg, tab 100 mg)</i>                                                                | TIER 2 |                                                    |
| NEFAZODONE HCL (50 MG TAB, TAB 50 MG, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB, TAB 250 MG)                            | TIER 2 |                                                    |
| <i>paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>                                                           | TIER 2 |                                                    |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



| DRUG NAME                                                                                                                                     | DRUG TIER | REQUIREMENTS/LIMITS          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>                                                                                        | TIER 4    | QL (30 PER 1 DAYS)           |
| PAXIL 10 MG/5ML SUSPENSION                                                                                                                    | TIER 4    | QL (30 PER 1 DAYS)           |
| <i>sertraline hcl (tab 25 mg, tab 50 mg, tab 100 mg)</i>                                                                                      | TIER 2    |                              |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i>                                                                                  | TIER 3    |                              |
| <i>trazodone hcl (tab 50 mg, tab 100 mg, tab 150 mg)</i>                                                                                      | TIER 2    |                              |
| <i>trazodone hcl tab 300 mg</i>                                                                                                               | TIER 3    |                              |
| TRINTELLIX                                                                                                                                    | TIER 4    | ST, QL (1 PER 1 DAYS)        |
| <i>venlafaxine hcl (cap er 24hr 150 mg equivalent), cap er 24hr 37.5 mg equivalent))</i>                                                      | TIER 2    | QL (2 PER 1 DAYS)            |
| <i>venlafaxine hcl (tab 25 mg equivalent), tab 37.5 mg equivalent), tab 50 mg equivalent), tab 75 mg equivalent), tab 100 mg equivalent))</i> | TIER 2    |                              |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>                                                                                    | TIER 2    | QL (3 PER 1 DAYS)            |
| VIIBRYD                                                                                                                                       | TIER 4    | ST, QL (1 PER 1 DAYS)        |
| VIIBRYD STARTER PACK                                                                                                                          | TIER 4    | ST, QL (30 PER 30 OVER TIME) |

## TRICYCLICS

|                                                                                                           |        |                          |
|-----------------------------------------------------------------------------------------------------------|--------|--------------------------|
| <i>amitriptyline hcl</i>                                                                                  | TIER 2 | PA - FOR NEW STARTS ONLY |
| AMOXAPINE                                                                                                 | TIER 2 |                          |
| <i>clomipramine hcl</i>                                                                                   | TIER 4 | PA - FOR NEW STARTS ONLY |
| <i>desipramine hcl</i>                                                                                    | TIER 2 |                          |
| <i>doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, conc 10 mg/ml, 150 mg cap)</i>    | TIER 2 | PA - FOR NEW STARTS ONLY |
| <i>imipramine hcl</i>                                                                                     | TIER 2 | PA - FOR NEW STARTS ONLY |
| <i>nortriptyline hcl (10 mg/5ml solution, cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, soln 10 mg/5ml)</i> | TIER 2 |                          |
| <i>nortriptyline oral solution (unit dose)</i>                                                            | TIER 2 |                          |
| <i>protriptyline hcl</i>                                                                                  | TIER 4 |                          |
| <i>trimipramine maleate</i>                                                                               | TIER 4 | PA - FOR NEW STARTS ONLY |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                  | DRUG TIER | REQUIREMENTS/LIMITS                                      |
|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>ANTIEMETICS</b>                                                                                         |           |                                                          |
| <b>ANTIEMETICS, OTHER</b>                                                                                  |           |                                                          |
| <i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>                                                              | TIER 2    |                                                          |
| <i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) equiv), tab 5 mg equivalent), tab 10 mg equivalent))</i> | TIER 2    |                                                          |
| <i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>                                                    | TIER 4    |                                                          |
| <i>perphenazine</i>                                                                                        | TIER 2    |                                                          |
| <i>prochlorperazine</i>                                                                                    | TIER 2    |                                                          |
| <i>prochlorperazine edisylate inj 10 mg/2ml</i>                                                            | TIER 4    |                                                          |
| <i>prochlorperazine maleate</i>                                                                            | TIER 2    |                                                          |
| <i>promethazine hcl (tab 12.5 mg, tab 25 mg, tab 50 mg)</i>                                                | TIER 2    | PA                                                       |
| <i>scopolamine</i>                                                                                         | TIER 4    | PA                                                       |
| <b>EMETOGENIC THERAPY ADJUNCTS</b>                                                                         |           |                                                          |
| <i>aprepitant (capsule 80 mg, capsule 125 mg, capsule therapy pack 80 &amp; 125 mg)</i>                    | TIER 4    | PA - Part B vs D Determination                           |
| <i>aprepitant capsule 40 mg</i>                                                                            | TIER 4    | PA, QL (1 PER 30 OVER TIME)                              |
| <i>dronabinol</i>                                                                                          | TIER 4    | PA, QL (6 PER 1 DAYS)                                    |
| <i>granisetron hcl (0.1 mg/ml solution, inj 1 mg/ml, inj 4 mg/4ml (1 mg/ml))</i>                           | TIER 4    | PA - Part B vs D Determination                           |
| <i>granisetron hcl tab 1 mg</i>                                                                            | TIER 3    | PA - Part B vs D Determination, QL (2 PER 1 DAYS)        |
| <i>ondansetron</i>                                                                                         | TIER 2    | PA - Part B vs D Determination, QL (3 PER 1 DAYS)        |
| <i>ondansetron hcl (24 mg tab, tab 24 mg)</i>                                                              | TIER 2    | PA - Part B vs D Determination, QL (15 PER 30 OVER TIME) |
| <i>ondansetron hcl (tab 4 mg, tab 8 mg)</i>                                                                | TIER 2    | PA - Part B vs D Determination, QL (3 PER 1 DAYS)        |
| <i>ondansetron hcl oral soln 4 mg/5ml</i>                                                                  | TIER 2    | PA - Part B vs D Determination, QL (30 PER 1 DAYS)       |
| <b>ANTIFUNGALS</b>                                                                                         |           |                                                          |
| ABELCET                                                                                                    | TIER 4    | PA - Part B vs D Determination                           |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                | DRUG TIER | REQUIREMENTS/LIMITS            |
|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| AMBISOME                                                                                                 | TIER 5    | PA - Part B vs D Determination |
| AMPHOTERICIN B                                                                                           | TIER 4    | PA - Part B vs D Determination |
| <i>caspofungin acetate (50 mg recon soln, for iv soln 50 mg, 70 mg recon soln, for iv soln 70 mg)</i>    | TIER 5    | PA                             |
| <i>ciclopirox olamine (cream equiv), susp equiv))</i>                                                    | TIER 2    |                                |
| <i>clotrimazole</i>                                                                                      | TIER 2    |                                |
| <i>clotrimazole (topical) (cream, soln)</i>                                                              | TIER 2    |                                |
| CRESEMBA                                                                                                 | TIER 5    | PA                             |
| <i>econazole nitrate</i>                                                                                 | TIER 4    |                                |
| <i>fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i> | TIER 2    |                                |
| <i>fluconazole in dextrose</i>                                                                           | TIER 4    |                                |
| <i>fluconazole in nacl</i>                                                                               | TIER 4    |                                |
| <i>flucytosine</i>                                                                                       | TIER 5    |                                |
| <i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>                                              | TIER 4    |                                |
| <i>griseofulvin ultramicrosize</i>                                                                       | TIER 4    |                                |
| <i>itraconazole cap 100 mg</i>                                                                           | TIER 4    | PA                             |
| <i>ketoconazole</i>                                                                                      | TIER 2    |                                |
| <i>ketoconazole (topical) (cream, shampoo)</i>                                                           | TIER 2    |                                |
| <i>micafungin sodium (soln 50 mg, soln 100 mg)</i>                                                       | TIER 5    |                                |
| MICONAZOLE 3                                                                                             | TIER 2    |                                |
| <i>nystatin (mouth-throat)</i>                                                                           | TIER 2    |                                |
| <i>nystatin (topical)</i>                                                                                | TIER 2    |                                |
| <i>nystatin tab 500000 unit</i>                                                                          | TIER 2    |                                |
| <i>posaconazole</i>                                                                                      | TIER 5    | PA, QL (3 PER 1 DAYS)          |
| <i>terbinafine hcl</i>                                                                                   | TIER 2    | QL (1 PER 1 DAYS)              |
| <i>terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)</i>                                        | TIER 2    |                                |
| <i>voriconazole (tab 50 mg, tab 200 mg)</i>                                                              | TIER 4    | PA                             |
| <i>voriconazole for inj 200 mg</i>                                                                       | TIER 5    |                                |
| <i>voriconazole for susp 40 mg/ml</i>                                                                    | TIER 5    | PA                             |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                                                         | DRUG TIER | REQUIREMENTS/LIMITS         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| <b>ANTIGOUT AGENTS</b>                                                                                                                                                                            |           |                             |
| <i>allopurinol</i>                                                                                                                                                                                | TIER 2    |                             |
| COLCHICINE (0.6 MG CAP, TAB 0.6 MG)                                                                                                                                                               | TIER 3    | QL (4 PER 1 DAYS)           |
| <i>colchicine w/ probenecid</i>                                                                                                                                                                   | TIER 2    |                             |
| COLCRYS                                                                                                                                                                                           | TIER 3    | QL (4 PER 1 DAYS)           |
| KRYSTEXXA                                                                                                                                                                                         | TIER 5    | PA, LA                      |
| <i>probenecid</i>                                                                                                                                                                                 | TIER 2    |                             |
| <b>ANTIMIGRAINE AGENTS</b>                                                                                                                                                                        |           |                             |
| <b>ERGOT ALKALOIDS</b>                                                                                                                                                                            |           |                             |
| <i>dihydroergotamine mesylate inj 1 mg/ml</i>                                                                                                                                                     | TIER 4    | PA                          |
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>                                                                                                                                             | TIER 5    | PA, QL (8 PER 30 OVER TIME) |
| MIGERGOT                                                                                                                                                                                          | TIER 4    | QL (20 PER 30 OVER TIME)    |
| <b>PROPHYLACTIC</b>                                                                                                                                                                               |           |                             |
| AIMOVIG                                                                                                                                                                                           | TIER 3    | PA, QL (1 PER 28 OVER TIME) |
| AIMOVIG (140 MG DOSE)                                                                                                                                                                             | TIER 3    | PA, QL (1 PER 28 OVER TIME) |
| <i>timolol maleate (tab 5 mg, 10 mg tab, tab 10 mg, tab 20 mg)</i>                                                                                                                                | TIER 2    |                             |
| <b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>                                                                                                                                                          |           |                             |
| <i>naratriptan hcl</i>                                                                                                                                                                            | TIER 2    | QL (18 PER 30 OVER TIME)    |
| <i>rizatriptan benzoate</i>                                                                                                                                                                       | TIER 2    | QL (24 PER 30 OVER TIME)    |
| <i>sumatriptan</i>                                                                                                                                                                                | TIER 4    | QL (18 PER 30 OVER TIME)    |
| SUMATRIPTAN SUCCINATE (INJ 6 MG/0.5ML, SOLUTION AUTO-INJECTOR 4 MG/0.5ML, SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML SOLN PRSYR, SOLUTION AUTO-INJECTOR 6 MG/0.5ML, SOLUTION CARTRIDGE 6 MG/0.5ML) | TIER 4    | QL (8 PER 30 OVER TIME)     |
| <i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>                                                                                                                                   | TIER 2    | QL (18 PER 30 OVER TIME)    |
| <i>zolmitriptan (orally disintegrating tab 2.5 mg, orally disintegrating tab 5 mg, tab 2.5 mg, tab 5 mg)</i>                                                                                      | TIER 4    | QL (18 PER 30 OVER TIME)    |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                           | DRUG TIER | REQUIREMENTS/LIMITS            |
|-------------------------------------------------------------------------------------|-----------|--------------------------------|
| <b>ANTIMYASTHENIC AGENTS</b>                                                        |           |                                |
| <b>PARASYMPATHOMIMETICS</b>                                                         |           |                                |
| GUANIDINE HCL                                                                       | TIER 2    |                                |
| <i>pyridostigmine bromide tab 60 mg</i>                                             | TIER 2    | QL (25 PER 1 DAYS)             |
| <b>ANTIMYCOBACTERIALS</b>                                                           |           |                                |
| <b>ANTIMYCOBACTERIALS, OTHER</b>                                                    |           |                                |
| <i>dapsone (tab 25 mg, tab 100 mg)</i>                                              | TIER 3    |                                |
| <i>rifabutin</i>                                                                    | TIER 4    |                                |
| <b>ANTITUBERCULARS</b>                                                              |           |                                |
| CAPASTAT SULFATE                                                                    | TIER 4    |                                |
| <i>ethambutol hcl</i>                                                               | TIER 2    |                                |
| ISONIAZID (50 MG/5ML SYRUP, 100 MG TAB, TAB 100 MG, TAB 300 MG)                     | TIER 2    |                                |
| ISONIAZID 100 MG/ML SOLUTION                                                        | TIER 4    |                                |
| PASER                                                                               | TIER 4    |                                |
| PRIFTIN                                                                             | TIER 3    |                                |
| <i>pyrazinamide</i>                                                                 | TIER 2    |                                |
| <i>rifampin (cap 150 mg, cap 300 mg)</i>                                            | TIER 2    |                                |
| <i>rifampin for inj 600 mg</i>                                                      | TIER 4    |                                |
| RIFATER                                                                             | TIER 4    |                                |
| SIRTURO 100 MG TAB                                                                  | TIER 5    | PA, QL (24 PER 28 OVER TIME)   |
| SIRTURO 20 MG TAB                                                                   | TIER 5    | PA, QL (120 PER 28 OVER TIME)  |
| TRECATOR                                                                            | TIER 4    |                                |
| <b>ANTINEOPLASTICS</b>                                                              |           |                                |
| <b>ALKYLATING AGENTS</b>                                                            |           |                                |
| CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, CAP 25 MG, 50 MG CAP, 50 MG TAB, CAP 50 MG) | TIER 3    | PA - Part B vs D Determination |
| GLEOSTINE (40 MG CAP, 100 MG CAP)                                                   | TIER 5    |                                |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME           | DRUG TIER | REQUIREMENTS/LIMITS                                    |
|---------------------|-----------|--------------------------------------------------------|
| GLEOSTINE 10 MG CAP | TIER 4    |                                                        |
| LEUKERAN            | TIER 4    |                                                        |
| MATULANE            | TIER 5    | LA                                                     |
| VALCHLOR            | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 OVER TIME) |

## ANTIANDROGENS

|                                       |        |                                                 |
|---------------------------------------|--------|-------------------------------------------------|
| <i>abiraterone acetate tab 250 mg</i> | TIER 5 | PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)     |
| <i>abiraterone acetate tab 500 mg</i> | TIER 5 | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)     |
| <i>bicalutamide</i>                   | TIER 2 |                                                 |
| ERLEADA                               | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS) |
| FLUTAMIDE (125 MG CAP, CAP 125 MG)    | TIER 3 |                                                 |
| <i>nilutamide</i>                     | TIER 5 | QL (1 PER 1 DAYS)                               |
| NUBEQA                                | TIER 5 | PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)     |
| XTANDI (40 MG CAP, 40 MG TAB)         | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS) |
| XTANDI 80 MG TAB                      | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS) |

## ANTIANGIOGENIC AGENTS

|                                   |        |                                                 |
|-----------------------------------|--------|-------------------------------------------------|
| POMALYST                          | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS) |
| REVLIMID                          | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS) |
| THALOMID (150 MG CAP, 200 MG CAP) | TIER 5 | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)     |
| THALOMID (50 MG CAP, 100 MG CAP)  | TIER 5 | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)     |

## ANTIESTROGENS/MODIFIERS

|                                                          |        |                          |
|----------------------------------------------------------|--------|--------------------------|
| EMCYT                                                    | TIER 4 |                          |
| <i>fulvestrant (250 mg/5ml solution, inj 250 mg/5ml)</i> | TIER 5 |                          |
| SOLTAMOX                                                 | TIER 4 | PA - FOR NEW STARTS ONLY |
| <i>tamoxifen citrate</i>                                 | TIER 2 |                          |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                | DRUG TIER | REQUIREMENTS/LIMITS                                    |
|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| <i>toremifene citrate</i>                                                                                | TIER 5    |                                                        |
| <b>ANTIMETABOLITES</b>                                                                                   |           |                                                        |
| DROXIA                                                                                                   | TIER 3    |                                                        |
| <i>hydroxyurea</i>                                                                                       | TIER 2    |                                                        |
| INQOVI                                                                                                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (5 PER 28 OVER TIME)  |
| <i>mercaptopurine</i>                                                                                    | TIER 2    |                                                        |
| PURIXAN                                                                                                  | TIER 5    | PA - FOR NEW STARTS ONLY, LA                           |
| TABLOID                                                                                                  | TIER 3    |                                                        |
| <b>ANTINEOPLASTICS, OTHER</b>                                                                            |           |                                                        |
| AYVAKIT                                                                                                  | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| BRUKINSA                                                                                                 | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| EXKIVITY                                                                                                 | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| FOTIVDA                                                                                                  | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (21 PER 28 OVER TIME) |
| IDHIFA                                                                                                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| INREBIC                                                                                                  | TIER 5    | PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)            |
| KISQALI FEMARA (400 MG DOSE)                                                                             | TIER 5    | PA - FOR NEW STARTS ONLY, QL (70 PER 28 OVER TIME)     |
| KISQALI FEMARA (600 MG DOSE)                                                                             | TIER 5    | PA - FOR NEW STARTS ONLY, QL (91 PER 28 OVER TIME)     |
| KISQALI FEMARA(200 MG DOSE)                                                                              | TIER 5    | PA - FOR NEW STARTS ONLY, QL (49 PER 28 OVER TIME)     |
| KOSELUGO 10 MG CAP                                                                                       | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)        |
| KOSELUGO 25 MG CAP                                                                                       | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| <i>leucovorin calcium (inj 100 mg, inj 350 mg)</i>                                                       | TIER 4    |                                                        |
| <i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>                                    | TIER 2    |                                                        |
| <i>levoleucovorin calcium (for inj 50 mg equ), soln pf 175 mg/17.5ml equ), soln pf 250 mg/25ml equ))</i> | TIER 4    | PA - FOR NEW STARTS ONLY                               |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                  | DRUG TIER | REQUIREMENTS/LIMITS                                     |
|--------------------------------------------|-----------|---------------------------------------------------------|
| LONSURF 15-6.14 MG TAB                     | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (100 PER 28 OVER TIME) |
| LONSURF 20-8.19 MG TAB                     | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (80 PER 28 OVER TIME)  |
| LUMAKRAS                                   | TIER 5    | PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)             |
| LYSODREN                                   | TIER 5    |                                                         |
| NINLARO                                    | TIER 5    | PA - FOR NEW STARTS ONLY, QL (3 PER 21 OVER TIME)       |
| ONUREG                                     | TIER 5    | PA - FOR NEW STARTS ONLY, QL (14 PER 28 OVER TIME)      |
| QINLOCK                                    | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)         |
| RETEVMO 40 MG CAP                          | TIER 5    | PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)             |
| RETEVMO 80 MG CAP                          | TIER 5    | PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)             |
| ROZLYTREK 100 MG CAP                       | TIER 5    | PA - FOR NEW STARTS ONLY, QL (5 PER 1 DAYS)             |
| ROZLYTREK 200 MG CAP                       | TIER 5    | PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)             |
| SYNRIBO                                    | TIER 5    | PA - Part B vs D Determination                          |
| TABRECTA                                   | TIER 5    | PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)             |
| TAZVERIK                                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)         |
| WELIREG                                    | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)         |
| XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (20 PER 28 OVER TIME)  |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (8 PER 28 OVER TIME)   |
| XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK  | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (8 PER 28 OVER TIME)   |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK  | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 28 OVER TIME)   |
| XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (16 PER 28 OVER TIME)  |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (8 PER 28 OVER TIME)   |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



| DRUG NAME                                 | DRUG TIER | REQUIREMENTS/LIMITS                                    |
|-------------------------------------------|-----------|--------------------------------------------------------|
| XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (12 PER 28 OVER TIME) |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 28 OVER TIME)  |
| XPOVIO (60 MG TWICE WEEKLY)               | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (24 PER 28 OVER TIME) |
| XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (16 PER 28 OVER TIME) |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (8 PER 28 OVER TIME)  |
| XPOVIO (80 MG TWICE WEEKLY)               | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (32 PER 28 OVER TIME) |
| ZOLINZA                                   | TIER 5    | PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)            |

## AROMATASE INHIBITORS, 3RD GENERATION

|                    |        |
|--------------------|--------|
| <i>anastrozole</i> | TIER 2 |
| <i>exemestane</i>  | TIER 2 |
| <i>letrozole</i>   | TIER 2 |

## ENZYME INHIBITORS

|         |        |                                                 |
|---------|--------|-------------------------------------------------|
| GAVRETO | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS) |
|---------|--------|-------------------------------------------------|

## MOLECULAR TARGET INHIBITORS

|                                  |        |                                                        |
|----------------------------------|--------|--------------------------------------------------------|
| AFINITOR 10 MG TAB               | TIER 5 | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)            |
| AFINITOR DISPERZ                 | TIER 5 | PA - FOR NEW STARTS ONLY                               |
| ALECENSA                         | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)        |
| ALUNBRIG (90 MG TAB, 180 MG TAB) | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| ALUNBRIG 30 MG TAB               | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| ALUNBRIG 90 & 180 MG TAB THPK    | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 OVER TIME) |
| BALVERSA 3 MG TAB                | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)        |
| BALVERSA 4 MG TAB                | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| BALVERSA 5 MG TAB                | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                             | DRUG TIER | REQUIREMENTS/LIMITS                                    |
|-----------------------------------------------------------------------|-----------|--------------------------------------------------------|
| BOSULIF (400 MG TAB, 500 MG TAB)                                      | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)            |
| BOSULIF 100 MG TAB                                                    | TIER 5    | PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)            |
| BRAFTOVI 50 MG CAP                                                    | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| BRAFTOVI 75 MG CAP                                                    | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)        |
| CABOMETYX                                                             | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| CALQUENCE                                                             | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| CAPRELSA 100 MG TAB                                                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| CAPRELSA 300 MG TAB                                                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| COMETRIQ (100 MG DAILY DOSE)                                          | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| COMETRIQ (140 MG DAILY DOSE)                                          | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| COMETRIQ (60 MG DAILY DOSE)                                           | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)        |
| COPIKTRA                                                              | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (56 PER 28 OVER TIME) |
| COTELLIC                                                              | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (63 PER 28 OVER TIME) |
| DAURISMO 100 MG TAB                                                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| DAURISMO 25 MG TAB                                                    | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)        |
| ERIVEDGE                                                              | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| <i>erlotinib hcl (tab 100 mg equivalent), tab 150 mg equivalent))</i> | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)            |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i>                      | TIER 5    | PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)            |
| <i>everolimus (tab 2.5 mg, tab 5 mg)</i>                              | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)            |
| <i>everolimus (tab 7.5 mg, tab 10 mg)</i>                             | TIER 5    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)            |
| <i>everolimus (tab susp 2 mg, tab susp 3 mg, tab susp 5 mg)</i>       | TIER 5    | PA - FOR NEW STARTS ONLY                               |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                 | DRUG TIER | REQUIREMENTS/LIMITS                                    |
|-----------------------------------------------------------|-----------|--------------------------------------------------------|
| FARYDAK                                                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (6 PER 21 OVER TIME)  |
| GILOTRIF                                                  | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| IBRANCE                                                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (21 PER 28 OVER TIME) |
| ICLUSIG (10 MG TAB, 30 MG TAB, 45 MG TAB)                 | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| ICLUSIG 15 MG TAB                                         | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i>     | TIER 5    | PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)            |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i>     | TIER 5    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)            |
| IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB) | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| IMBRUVICA 140 MG CAP                                      | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| INLYTA 1 MG TAB                                           | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)        |
| INLYTA 5 MG TAB                                           | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| IRESSA                                                    | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| JAKAFI                                                    | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| KISQALI (200 MG DOSE)                                     | TIER 5    | PA - FOR NEW STARTS ONLY, QL (21 PER 28 OVER TIME)     |
| KISQALI (400 MG DOSE)                                     | TIER 5    | PA - FOR NEW STARTS ONLY, QL (42 PER 28 OVER TIME)     |
| KISQALI (600 MG DOSE)                                     | TIER 5    | PA - FOR NEW STARTS ONLY, QL (63 PER 28 OVER TIME)     |
| <i>lapatinib ditosylate</i>                               | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)        |
| LENVIMA (10 MG DAILY DOSE)                                | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| LENVIMA (12 MG DAILY DOSE)                                | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)        |
| LENVIMA (14 MG DAILY DOSE)                                | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| LENVIMA (18 MG DAILY DOSE)                                | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)        |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                         | DRUG TIER | REQUIREMENTS/LIMITS                                    |
|-----------------------------------|-----------|--------------------------------------------------------|
| LENVIMA (20 MG DAILY DOSE)        | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| LENVIMA (24 MG DAILY DOSE)        | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)        |
| LENVIMA (4 MG DAILY DOSE)         | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| LENVIMA (8 MG DAILY DOSE)         | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| LORBRENA 100 MG TAB               | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| LORBRENA 25 MG TAB                | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)        |
| LYNPARZA (100 MG TAB, 150 MG TAB) | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| MEKINIST 0.5 MG TAB               | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)        |
| MEKINIST 2 MG TAB                 | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| MEKTOVI                           | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)        |
| NERLYNX                           | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)        |
| NEXAVAR                           | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| ODOMZO                            | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| PEMAZYRE                          | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (14 PER 21 OVER TIME) |
| PIQRAY (200 MG DAILY DOSE)        | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)            |
| PIQRAY (250 MG DAILY DOSE)        | TIER 5    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)            |
| PIQRAY (300 MG DAILY DOSE)        | TIER 5    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)            |
| RUBRACA                           | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| RYDAPT                            | TIER 5    | PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)            |
| SPRYCEL (100 MG TAB, 140 MG TAB)  | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)            |
| SPRYCEL (70 MG TAB, 80 MG TAB)    | TIER 5    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)            |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                | DRUG TIER | REQUIREMENTS/LIMITS                                    |
|--------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| SPRYCEL 20 MG TAB                                                        | TIER 5    | PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)            |
| SPRYCEL 50 MG TAB                                                        | TIER 5    | PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)            |
| STIVARGA                                                                 | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| <i>sunitinib malate (cap 37.5 mg equivalent), cap 50 mg equivalent))</i> | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)            |
| <i>sunitinib malate cap 12.5 mg (base equivalent)</i>                    | TIER 5    | PA - FOR NEW STARTS ONLY, QL (7 PER 1 DAYS)            |
| <i>sunitinib malate cap 25 mg (base equivalent)</i>                      | TIER 5    | PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)            |
| TAFINLAR                                                                 | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| TAGRISSE                                                                 | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| TALZENNA 0.25 MG CAP                                                     | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)        |
| TALZENNA 1 MG CAP                                                        | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)        |
| TASIGNA                                                                  | TIER 5    | PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)            |
| TEPMETKO                                                                 | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| TIBSOVO                                                                  | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |
| TRUSELTIQ (100MG DAILY DOSE)                                             | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (21 PER 28 OVER TIME) |
| TRUSELTIQ (125MG DAILY DOSE)                                             | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (42 PER 28 OVER TIME) |
| TRUSELTIQ (50MG DAILY DOSE)                                              | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (42 PER 28 OVER TIME) |
| TRUSELTIQ (75MG DAILY DOSE)                                              | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (63 PER 28 OVER TIME) |
| TUKYSA                                                                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| TURALIO                                                                  | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| UKONIQ                                                                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)        |
| VENCLEXTA 10 MG TAB                                                      | TIER 3    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)        |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                  | DRUG TIER | REQUIREMENTS/LIMITS                                     |
|----------------------------|-----------|---------------------------------------------------------|
| VENCLEXTA 100 MG TAB       | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)         |
| VENCLEXTA 50 MG TAB        | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)         |
| VENCLEXTA STARTING PACK    | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (84 PER 365 OVER TIME) |
| VERZENIO                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)         |
| VITRAKVI 100 MG CAP        | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)         |
| VITRAKVI 20 MG/ML SOLUTION | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (10 PER 1 DAYS)        |
| VITRAKVI 25 MG CAP         | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)         |
| VIZIMPRO                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)         |
| VOTRIENT                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)         |
| XALKORI                    | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)         |
| XOSPATA                    | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)         |
| ZEJULA                     | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)         |
| ZELBORAF                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)         |
| ZYDELIG                    | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)         |
| ZYKADIA 150 MG TAB         | TIER 5    | PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)             |

## RETINOIDS

|                                 |        |                                                    |
|---------------------------------|--------|----------------------------------------------------|
| <i>bexarotene</i>               | TIER 5 | PA - FOR NEW STARTS ONLY, QL (10 PER 1 DAYS)       |
| PANRETIN                        | TIER 5 | PA - FOR NEW STARTS ONLY                           |
| TARGRETIN 1 % GEL               | TIER 5 | PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME) |
| <i>tretinoin (chemotherapy)</i> | TIER 5 |                                                    |

## TREATMENT ADJUNCTS

|              |        |  |
|--------------|--------|--|
| <i>mesna</i> | TIER 4 |  |
|--------------|--------|--|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                 | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------|-----------|---------------------|
| MESNEX 100 MG/ML SOLUTION | TIER 4    |                     |
| MESNEX 400 MG TAB         | TIER 5    |                     |

## ANTIPARASITICS

### ANTHELMINTHICS

|                            |        |                           |
|----------------------------|--------|---------------------------|
| <i>albendazole</i>         | TIER 4 |                           |
| <i>ivermectin tab 3 mg</i> | TIER 3 | QL (16 PER 365 OVER TIME) |
| <i>praziquantel</i>        | TIER 3 |                           |

### ANTIPROTOZOALS

|                                                                       |        |                                |
|-----------------------------------------------------------------------|--------|--------------------------------|
| ALINIA                                                                | TIER 4 | PA, QL (180 PER 3 OVER TIME)   |
| <i>atovaquone</i>                                                     | TIER 5 | PA                             |
| <i>atovaquone-proguanil hcl</i>                                       | TIER 3 |                                |
| BENZNIDAZOLE 100 MG TAB                                               | TIER 4 | QL (240 PER 365 OVER TIME)     |
| BENZNIDAZOLE 12.5 MG TAB                                              | TIER 4 | QL (720 PER 365 OVER TIME)     |
| CHLOROQUINE PHOSPHATE (500 MG TAB, TAB 500 MG)                        | TIER 2 | QL (25 PER 30 OVER TIME)       |
| <i>chloroquine phosphate tab 250 mg</i>                               | TIER 2 | QL (50 PER 30 OVER TIME)       |
| COARTEM                                                               | TIER 4 | QL (24 PER 2 OVER TIME)        |
| HYDROXYCHLOROQUINE SULFATE 100 MG TAB                                 | TIER 2 | QL (4 PER 1 DAYS)              |
| HYDROXYCHLOROQUINE SULFATE 300 MG TAB                                 | TIER 2 | QL (2 PER 1 DAYS)              |
| HYDROXYCHLOROQUINE SULFATE 400 MG TAB                                 | TIER 2 | QL (1 PER 1 DAYS)              |
| <i>hydroxychloroquine sulfate tab 200 mg</i>                          | TIER 2 | QL (3 PER 1 DAYS)              |
| KRINTAFEL                                                             | TIER 4 | QL (4 PER 28 OVER TIME)        |
| <i>mefloquine hcl</i>                                                 | TIER 2 |                                |
| <i>nitazoxanide</i>                                                   | TIER 5 | PA, QL (6 PER 3 OVER TIME)     |
| <i>pentamidine isethionate for nebulization soln 300 mg</i>           | TIER 4 | PA - Part B vs D Determination |
| <i>pentamidine isethionate for soln 300 mg</i>                        | TIER 3 |                                |
| <i>primaquine phosphate (26.3 base) mg tab, tab 26.3 mg mg base))</i> | TIER 3 |                                |
| <i>pyrimethamine</i>                                                  | TIER 5 | PA                             |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME              | DRUG TIER | REQUIREMENTS/LIMITS   |
|------------------------|-----------|-----------------------|
| <i>quinine sulfate</i> | TIER 3    | PA, QL (6 PER 1 DAYS) |

## ANTIPARKINSON AGENTS

### ANTICHOLINERGICS

|                                                                      |        |
|----------------------------------------------------------------------|--------|
| <i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>         | TIER 2 |
| <i>benztropine mesylate inj 1 mg/ml</i>                              | TIER 4 |
| <i>trihexyphenidyl hcl (oral soln 0.4 mg/ml, tab 2 mg, tab 5 mg)</i> | TIER 2 |

### ANTIPARKINSON AGENTS, OTHER

|                                                                                 |        |                   |
|---------------------------------------------------------------------------------|--------|-------------------|
| <i>amantadine hcl (cap 100 mg, soln 50 mg/5ml, syrup 50 mg/5ml, tab 100 mg)</i> | TIER 2 |                   |
| CARBIDOPA-LEVODOPA-ENTACAPONE                                                   | TIER 4 |                   |
| <i>entacapone</i>                                                               | TIER 3 | QL (8 PER 1 DAYS) |

### DOPAMINE AGONISTS

|                                                                                                               |        |        |
|---------------------------------------------------------------------------------------------------------------|--------|--------|
| APOKYN                                                                                                        | TIER 5 | PA, LA |
| <i>bromocriptine mesylate</i>                                                                                 | TIER 2 |        |
| <i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i> | TIER 2 |        |
| <i>ropinirole hydrochloride (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg, tab 5 mg)</i>   | TIER 2 |        |

### DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

|                                                                                                             |        |
|-------------------------------------------------------------------------------------------------------------|--------|
| <i>carbidopa</i>                                                                                            | TIER 5 |
| <i>carbidopa-levodopa (tab 10-100 mg, tab 25-100 mg, tab 25-250 mg, tab er 25-100 mg, tab er 50-200 mg)</i> | TIER 2 |

### MONOAMINE OXIDASE B (MAO-B) INHIBITORS

|                                                      |        |                   |
|------------------------------------------------------|--------|-------------------|
| <i>rasagiline mesylate</i>                           | TIER 4 | QL (1 PER 1 DAYS) |
| <i>selegiline hcl (5 mg tab, cap 5 mg, tab 5 mg)</i> | TIER 2 |                   |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



| DRUG NAME                                                                                                                                            | DRUG TIER | REQUIREMENTS/LIMITS                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <b>ANTIPSYCHOTICS</b>                                                                                                                                |           |                                                     |
| <b>1ST GENERATION/TYPICAL</b>                                                                                                                        |           |                                                     |
| <i>chlorpromazine hcl (inj 25 mg/ml, tab 10 mg, tab 25 mg, 30 mg/ml conc, 50 mg/2ml solution, tab 50 mg, 100 mg/ml conc, tab 100 mg, tab 200 mg)</i> | TIER 4    |                                                     |
| <i>fluphenazine decanoate</i>                                                                                                                        | TIER 4    |                                                     |
| <i>fluphenazine hcl (tab 1 mg, 2.5 mg/5ml elixir, 2.5 mg/ml solution, tab 2.5 mg, 5 mg/ml conc, tab 5 mg, tab 10 mg)</i>                             | TIER 4    |                                                     |
| <i>haloperidol</i>                                                                                                                                   | TIER 2    |                                                     |
| <i>haloperidol decanoate</i>                                                                                                                         | TIER 3    |                                                     |
| <i>haloperidol lactate</i>                                                                                                                           | TIER 3    |                                                     |
| <i>loxapine succinate</i>                                                                                                                            | TIER 2    |                                                     |
| MOLINDONE HCL 10 MG TAB                                                                                                                              | TIER 4    | QL (8 PER 1 DAYS)                                   |
| MOLINDONE HCL 25 MG TAB                                                                                                                              | TIER 4    | QL (9 PER 1 DAYS)                                   |
| MOLINDONE HCL 5 MG TAB                                                                                                                               | TIER 4    | QL (12 PER 1 DAYS)                                  |
| PIMOZIDE                                                                                                                                             | TIER 3    |                                                     |
| <i>thioridazine hcl</i>                                                                                                                              | TIER 2    | PA - FOR NEW STARTS ONLY                            |
| <i>thiothixene</i>                                                                                                                                   | TIER 2    |                                                     |
| <i>trifluoperazine hcl</i>                                                                                                                           | TIER 2    |                                                     |
| <b>2ND GENERATION/ATYPICAL</b>                                                                                                                       |           |                                                     |
| ABILIFY MAINTENA                                                                                                                                     | TIER 5    | PA - FOR NEW STARTS ONLY                            |
| <i>aripiprazole (tab 10 mg, tab 15 mg)</i>                                                                                                           | TIER 5    | QL (2 PER 1 DAYS)                                   |
| <i>aripiprazole (tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>                                                                                     | TIER 2    | QL (1 PER 1 DAYS)                                   |
| <i>aripiprazole oral solution 1 mg/ml</i>                                                                                                            | TIER 4    | QL (25 PER 1 DAYS)                                  |
| <i>aripiprazole tab 2 mg</i>                                                                                                                         | TIER 2    | QL (4 PER 1 DAYS)                                   |
| <i>aripiprazole tab 5 mg</i>                                                                                                                         | TIER 2    | QL (2 PER 1 DAYS)                                   |
| ARISTADA                                                                                                                                             | TIER 5    | PA - FOR NEW STARTS ONLY                            |
| ARISTADA INITIO                                                                                                                                      | TIER 5    | PA - FOR NEW STARTS ONLY, QL (2.4 PER 42 OVER TIME) |
| <i>asenapine maleate</i>                                                                                                                             | TIER 4    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)         |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                         | DRUG TIER | REQUIREMENTS/LIMITS                                  |
|---------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| CAPLYTA                                                                                           | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)          |
| FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)                                                             | TIER 4    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)          |
| FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)                                                 | TIER 5    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)          |
| FANAPT TITRATION PACK                                                                             | TIER 4    | PA - FOR NEW STARTS ONLY, QL (8 PER 30 OVER TIME)    |
| INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR                                                           | TIER 5    | PA - FOR NEW STARTS ONLY, QL (3.5 PER 180 OVER TIME) |
| INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR                                                             | TIER 5    | PA - FOR NEW STARTS ONLY, QL (5 PER 180 OVER TIME)   |
| INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR                                                          | TIER 5    | PA - FOR NEW STARTS ONLY, QL (0.75 PER 28 OVER TIME) |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR                                                              | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)    |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR                                                           | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1.5 PER 28 OVER TIME)  |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR                                                           | TIER 4    | PA - FOR NEW STARTS ONLY, QL (0.25 PER 28 OVER TIME) |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR                                                            | TIER 5    | PA - FOR NEW STARTS ONLY, QL (0.5 PER 28 OVER TIME)  |
| INVEGA TRINZA                                                                                     | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 30 OVER TIME)    |
| LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB)                                                          | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)          |
| LATUDA (80 MG TAB, 120 MG TAB)                                                                    | TIER 5    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)          |
| NUPLAZID (10 MG TAB, 34 MG CAP)                                                                   | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)      |
| NUPLAZID 17 MG TAB                                                                                | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)      |
| <i>olanzapine</i>                                                                                 | TIER 2    |                                                      |
| <i>paliperidone (tab er 24hr 1.5 mg, tab er 24hr 3 mg, tab er 24hr 9 mg)</i>                      | TIER 4    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)          |
| <i>paliperidone tab er 24hr 6 mg</i>                                                              | TIER 4    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)          |
| PERSERIS                                                                                          | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)    |
| <i>quetiapine fumarate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg)</i> | TIER 2    |                                                      |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                                                               | DRUG TIER | REQUIREMENTS/LIMITS                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------|
| <i>quetiapine fumarate (tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg)</i>                                                                          | TIER 3    |                                                   |
| REXULTI                                                                                                                                                                                                 | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)       |
| RISPERDAL CONSTA (25 MG, 37.5 MG, 50 MG)                                                                                                                                                                | TIER 5    |                                                   |
| RISPERDAL CONSTA 12.5 MG SRER                                                                                                                                                                           | TIER 4    |                                                   |
| <i>risperidone (0.25 mg tab disp, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg)</i> | TIER 4    |                                                   |
| <i>risperidone (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)</i>                                                                                                                    | TIER 2    |                                                   |
| <i>risperidone soln 1 mg/ml</i>                                                                                                                                                                         | TIER 3    |                                                   |
| SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)                                                                                                                        | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)       |
| VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)                                                                                                                                                    | TIER 5    | PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)       |
| VRAYLAR 1.5 & 3 MG CAP THPK                                                                                                                                                                             | TIER 4    | PA - FOR NEW STARTS ONLY, QL (7 PER 30 OVER TIME) |
| <i>ziprasidone hcl</i>                                                                                                                                                                                  | TIER 2    |                                                   |
| <i>ziprasidone mesylate</i>                                                                                                                                                                             | TIER 4    |                                                   |
| ZYPREXA RELPREVV                                                                                                                                                                                        | TIER 4    | PA - FOR NEW STARTS ONLY                          |

## TREATMENT-RESISTANT

|                                                                                                                                   |        |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------|
| CLOZAPINE (12.5 MG TAB DISP, ORALLY DISINTEGRATING TAB 25 MG, ORALLY DISINTEGRATING TAB 100 MG, 150 MG TAB DISP, 200 MG TAB DISP) | TIER 4 |                                              |
| <i>clozapine (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>                                                                   | TIER 2 |                                              |
| VERSACLOZ                                                                                                                         | TIER 5 | PA - FOR NEW STARTS ONLY, QL (18 PER 1 DAYS) |

## ANTISPASTICITY AGENTS

|                           |        |                   |
|---------------------------|--------|-------------------|
| <i>baclofen tab 10 mg</i> | TIER 2 | QL (8 PER 1 DAYS) |
| <i>baclofen tab 20 mg</i> | TIER 2 | QL (4 PER 1 DAYS) |
| <i>baclofen tab 5 mg</i>  | TIER 2 | QL (3 PER 1 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                          | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------|-----------|---------------------|
| <i>dantrolene sodium (cap 25 mg, cap 50 mg, cap 100 mg)</i>        | TIER 3    |                     |
| <i>tizanidine hcl (tab 2 mg equivalent), tab 4 mg equivalent))</i> | TIER 2    |                     |

## ANTIVIRALS

### ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

|                                                          |        |                         |
|----------------------------------------------------------|--------|-------------------------|
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> | TIER 5 | QL (18 PER 1 DAYS)      |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i>   | TIER 5 | QL (2 PER 1 DAYS)       |
| ZIRGAN                                                   | TIER 4 | QL (5 PER 30 OVER TIME) |

### ANTI-HEPATITIS B (HBV) AGENTS

|                               |        |                    |
|-------------------------------|--------|--------------------|
| <i>adefovir dipivoxil</i>     | TIER 5 | QL (1 PER 1 DAYS)  |
| BARACLUDE 0.05 MG/ML SOLUTION | TIER 5 | QL (21 PER 1 DAYS) |
| <i>entecavir</i>              | TIER 5 | QL (1 PER 1 DAYS)  |
| EPIVIR HBV 5 MG/ML SOLUTION   | TIER 3 |                    |
| <i>lamivudine (hbv)</i>       | TIER 3 |                    |
| VEMLIDY                       | TIER 5 | QL (1 PER 1 DAYS)  |

### ANTI-HEPATITIS C (HCV) AGENTS

|                                                             |        |                       |
|-------------------------------------------------------------|--------|-----------------------|
| EPCLUSA (150-37.5 MG PACKET, 200-50 MG TAB, 400-100 MG TAB) | TIER 5 | PA, QL (1 PER 1 DAYS) |
| EPCLUSA 200-50 MG PACKET                                    | TIER 5 | PA, QL (2 PER 1 DAYS) |
| HARVONI (33.75-150 MG PACKET, 45-200 MG TAB, 90-400 MG TAB) | TIER 5 | PA, QL (1 PER 1 DAYS) |
| HARVONI 45-200 MG PACKET                                    | TIER 5 | PA, QL (2 PER 1 DAYS) |
| LEDIPASVIR-SOFOSBUVIR                                       | TIER 5 | PA, QL (1 PER 1 DAYS) |
| MAVYRET 100-40 MG TAB                                       | TIER 5 | PA, QL (3 PER 1 DAYS) |
| MAVYRET 50-20 MG PACKET                                     | TIER 5 | PA, QL (6 PER 1 DAYS) |
| PEGINTRON                                                   | TIER 5 |                       |
| <i>ribavirin (hepatitis c)</i>                              | TIER 2 |                       |
| SOFOSBUVIR-VELPATASVIR                                      | TIER 5 | PA, QL (1 PER 1 DAYS) |
| VOSEVI                                                      | TIER 5 | PA, QL (1 PER 1 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                            | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------|-----------|---------------------|
| <b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b> |           |                     |
| BIKTARVY                                             | TIER 5    | QL (1 PER 1 DAYS)   |
| DOVATO                                               | TIER 5    | QL (1 PER 1 DAYS)   |
| GENVOYA                                              | TIER 5    | QL (1 PER 1 DAYS)   |
| ISENTRESS 100 MG CHEW TAB                            | TIER 5    | QL (6 PER 1 DAYS)   |
| ISENTRESS 100 MG PACKET                              | TIER 3    | QL (2 PER 1 DAYS)   |
| ISENTRESS 25 MG CHEW TAB                             | TIER 3    | QL (6 PER 1 DAYS)   |
| ISENTRESS 400 MG TAB                                 | TIER 5    | QL (4 PER 1 DAYS)   |
| ISENTRESS HD                                         | TIER 5    | QL (2 PER 1 DAYS)   |
| JULUCA                                               | TIER 5    | QL (1 PER 1 DAYS)   |
| STRIBILD                                             | TIER 5    | QL (1 PER 1 DAYS)   |
| TIVICAY (25 MG TAB, 50 MG TAB)                       | TIER 5    | QL (2 PER 1 DAYS)   |
| TIVICAY 10 MG TAB                                    | TIER 4    | QL (2 PER 1 DAYS)   |
| TIVICAY PD                                           | TIER 4    | QL (5 PER 1 DAYS)   |

## ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

|                                                              |        |                    |
|--------------------------------------------------------------|--------|--------------------|
| COMPLERA                                                     | TIER 5 | QL (1 PER 1 DAYS)  |
| DELSTRIGO                                                    | TIER 5 | QL (1 PER 1 DAYS)  |
| EDURANT                                                      | TIER 5 | QL (2 PER 1 DAYS)  |
| <i>efavirenz cap 200 mg</i>                                  | TIER 4 | QL (3 PER 1 DAYS)  |
| <i>efavirenz cap 50 mg</i>                                   | TIER 4 | QL (6 PER 1 DAYS)  |
| <i>efavirenz tab 600 mg</i>                                  | TIER 5 | QL (1 PER 1 DAYS)  |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | TIER 5 | QL (1 PER 1 DAYS)  |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>    | TIER 5 | QL (1 PER 1 DAYS)  |
| <i>etravirine tab 100 mg</i>                                 | TIER 5 | QL (4 PER 1 DAYS)  |
| <i>etravirine tab 200 mg</i>                                 | TIER 5 | QL (2 PER 1 DAYS)  |
| INTELENCE 25 MG TAB                                          | TIER 4 | QL (12 PER 1 DAYS) |
| NEVIRAPINE 50 MG/5ML SUSPENSION                              | TIER 4 | QL (40 PER 1 DAYS) |
| NEVIRAPINE ER                                                | TIER 4 | QL (3 PER 1 DAYS)  |
| <i>nevirapine tab 200 mg</i>                                 | TIER 2 | QL (2 PER 1 DAYS)  |
| <i>nevirapine tab er 24hr 100 mg</i>                         | TIER 4 | QL (3 PER 1 DAYS)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                            | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------|-----------|---------------------|
| <i>nevirapine tab er 24hr 400 mg</i> | TIER 4    | QL (1 PER 1 DAYS)   |
| ODEFSEY                              | TIER 5    | QL (1 PER 1 DAYS)   |
| PIFELTRO                             | TIER 5    | QL (2 PER 1 DAYS)   |
| RESCRIPTOR 100 MG TAB                | TIER 4    | QL (12 PER 1 DAYS)  |
| RESCRIPTOR 200 MG TAB                | TIER 4    | QL (6 PER 1 DAYS)   |

## ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

|                                                                                                                                                          |        |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------|
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i>                                                                                                       | TIER 4 | QL (30 PER 1 DAYS) |
| <i>abacavir sulfate tab 300 mg (base equiv)</i>                                                                                                          | TIER 2 | QL (2 PER 1 DAYS)  |
| <i>abacavir sulfate-lamivudine</i>                                                                                                                       | TIER 4 | QL (1 PER 1 DAYS)  |
| <i>abacavir sulfate-lamivudine-zidovudine</i>                                                                                                            | TIER 5 | QL (2 PER 1 DAYS)  |
| CIMDUO                                                                                                                                                   | TIER 5 | QL (1 PER 1 DAYS)  |
| DESCOVY                                                                                                                                                  | TIER 5 | QL (1 PER 1 DAYS)  |
| DIDANOSINE (200 MG CAP DR, DELAYED RELEASE CAPSULE 200 MG, 250 MG CAP DR, DELAYED RELEASE CAPSULE 250 MG, 400 MG CAP DR, DELAYED RELEASE CAPSULE 400 MG) | TIER 2 | QL (1 PER 1 DAYS)  |
| <i>emtricitabine</i>                                                                                                                                     | TIER 4 | QL (1 PER 1 DAYS)  |
| <i>emtricitabine-tenofovir disoproxil fumarate</i>                                                                                                       | TIER 5 | QL (1 PER 1 DAYS)  |
| EMTRIVA 10 MG/ML SOLUTION                                                                                                                                | TIER 4 | QL (24 PER 1 DAYS) |
| <i>lamivudine oral soln 10 mg/ml</i>                                                                                                                     | TIER 3 | QL (30 PER 1 DAYS) |
| <i>lamivudine tab 150 mg</i>                                                                                                                             | TIER 3 | QL (2 PER 1 DAYS)  |
| <i>lamivudine tab 300 mg</i>                                                                                                                             | TIER 3 | QL (1 PER 1 DAYS)  |
| <i>lamivudine-zidovudine</i>                                                                                                                             | TIER 4 | QL (2 PER 1 DAYS)  |
| STAVUDINE (15 MG CAP, CAP 15 MG, 20 MG CAP, CAP 20 MG, 30 MG CAP, CAP 30 MG, 40 MG CAP, CAP 40 MG)                                                       | TIER 2 | QL (2 PER 1 DAYS)  |
| TEMIXYS                                                                                                                                                  | TIER 5 | QL (1 PER 1 DAYS)  |
| <i>tenofovir disoproxil fumarate</i>                                                                                                                     | TIER 4 | QL (1 PER 1 DAYS)  |
| TRIUMEQ                                                                                                                                                  | TIER 5 | QL (1 PER 1 DAYS)  |
| VIDEX 2 GM RECON SOLN                                                                                                                                    | TIER 3 |                    |
| VIDEX EC 125 MG CAP DR                                                                                                                                   | TIER 3 | QL (1 PER 1 DAYS)  |
| VIREAD (200 MG TAB, 250 MG TAB)                                                                                                                          | TIER 5 | QL (1 PER 1 DAYS)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                        | DRUG TIER | REQUIREMENTS/LIMITS       |
|----------------------------------|-----------|---------------------------|
| VIREAD 150 MG TAB                | TIER 5    | QL (2 PER 1 DAYS)         |
| VIREAD 40 MG/GM POWDER           | TIER 5    | QL (240 PER 30 OVER TIME) |
| ZERIT 1 MG/ML RECON SOLN         | TIER 3    | QL (80 PER 1 DAYS)        |
| <i>zidovudine cap 100 mg</i>     | TIER 2    | QL (6 PER 1 DAYS)         |
| <i>zidovudine syrup 10 mg/ml</i> | TIER 2    | QL (60 PER 1 DAYS)        |
| <i>zidovudine tab 300 mg</i>     | TIER 2    | QL (2 PER 1 DAYS)         |

## ANTI-HIV AGENTS, OTHER

|                                   |        |                                                         |
|-----------------------------------|--------|---------------------------------------------------------|
| CABENUVA 400 & 600 MG/2ML SUSP    | TIER 5 | PA - Part B vs D Determination, QL (4 PER 30 OVER TIME) |
| CABENUVA 600 & 900 MG/3ML SUSP    | TIER 5 | PA - Part B vs D Determination, QL (6 PER 30 OVER TIME) |
| FUZEON                            | TIER 5 | QL (60 PER 30 OVER TIME)                                |
| RUKOBIA                           | TIER 5 | QL (2 PER 1 DAYS)                                       |
| SELZENTRY (75 MG TAB, 150 MG TAB) | TIER 5 | QL (2 PER 1 DAYS)                                       |
| SELZENTRY 20 MG/ML SOLUTION       | TIER 5 | QL (60 PER 1 DAYS)                                      |
| SELZENTRY 25 MG TAB               | TIER 3 | QL (8 PER 1 DAYS)                                       |
| SELZENTRY 300 MG TAB              | TIER 5 | QL (4 PER 1 DAYS)                                       |
| TYBOST                            | TIER 3 | QL (1 PER 1 DAYS)                                       |

## ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

|                                                                 |        |                    |
|-----------------------------------------------------------------|--------|--------------------|
| APTIVUS 100 MG/ML SOLUTION                                      | TIER 5 | QL (10 PER 1 DAYS) |
| APTIVUS 250 MG CAP                                              | TIER 5 | QL (4 PER 1 DAYS)  |
| <i>atazanavir sulfate (cap 150 mg equiv), cap 200 mg equiv)</i> | TIER 4 | QL (2 PER 1 DAYS)  |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i>               | TIER 4 | QL (1 PER 1 DAYS)  |
| CRIXIVAN 200 MG CAP                                             | TIER 3 | QL (9 PER 1 DAYS)  |
| CRIXIVAN 400 MG CAP                                             | TIER 3 | QL (6 PER 1 DAYS)  |
| EVOTAZ                                                          | TIER 5 | QL (1 PER 1 DAYS)  |
| <i>fosamprenavir calcium</i>                                    | TIER 5 | QL (4 PER 1 DAYS)  |
| INVIRASE 200 MG CAP                                             | TIER 5 | QL (10 PER 1 DAYS) |
| INVIRASE 500 MG TAB                                             | TIER 5 | QL (4 PER 1 DAYS)  |
| LEXIVA 50 MG/ML SUSPENSION                                      | TIER 4 | QL (56 PER 1 DAYS) |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>    | TIER 4 | QL (13 PER 1 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------|-----------|---------------------|
| <i>lopinavir-ritonavir tab 100-25 mg</i> | TIER 4    | QL (10 PER 1 DAYS)  |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | TIER 4    | QL (4 PER 1 DAYS)   |
| NORVIR (100 MG CAP, 100 MG PACKET)       | TIER 4    | QL (12 PER 1 DAYS)  |
| NORVIR 80 MG/ML SOLUTION                 | TIER 4    | QL (15 PER 1 DAYS)  |
| PREZCOBIX                                | TIER 5    | QL (1 PER 1 DAYS)   |
| PREZISTA 100 MG/ML SUSPENSION            | TIER 5    | QL (12 PER 1 DAYS)  |
| PREZISTA 150 MG TAB                      | TIER 3    | QL (8 PER 1 DAYS)   |
| PREZISTA 600 MG TAB                      | TIER 5    | QL (2 PER 1 DAYS)   |
| PREZISTA 75 MG TAB                       | TIER 3    | QL (2 PER 1 DAYS)   |
| PREZISTA 800 MG TAB                      | TIER 5    | QL (1 PER 1 DAYS)   |
| REYATAZ 50 MG PACKET                     | TIER 5    | QL (8 PER 1 DAYS)   |
| <i>ritonavir</i>                         | TIER 3    | QL (12 PER 1 DAYS)  |
| SYMTUZA                                  | TIER 5    | QL (1 PER 1 DAYS)   |
| VIRACEPT 250 MG TAB                      | TIER 5    | QL (9 PER 1 DAYS)   |
| VIRACEPT 625 MG TAB                      | TIER 5    | QL (4 PER 1 DAYS)   |

## ANTI-INFLUENZA AGENTS

|                                                            |        |                             |
|------------------------------------------------------------|--------|-----------------------------|
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i>        | TIER 2 | QL (120 PER 180 OVER TIME)  |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i>        | TIER 2 | QL (42 PER 180 OVER TIME)   |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i>        | TIER 2 | QL (60 PER 180 OVER TIME)   |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | TIER 4 | QL (1080 PER 365 OVER TIME) |
| RELENZA DISKHALER                                          | TIER 3 | QL (60 PER 180 OVER TIME)   |
| RIMANTADINE HCL                                            | TIER 2 |                             |
| XOFLUZA (40 MG DOSE)                                       | TIER 4 | QL (2 PER 30 OVER TIME)     |
| XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK                    | TIER 4 | QL (1 PER 30 OVER TIME)     |
| XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK                    | TIER 4 | QL (2 PER 30 OVER TIME)     |

## ANTIHERPETIC AGENTS

|                                                       |        |                                |
|-------------------------------------------------------|--------|--------------------------------|
| <i>acyclovir (cap 200 mg, tab 400 mg, tab 800 mg)</i> | TIER 2 |                                |
| <i>acyclovir sodium iv soln 50 mg/ml</i>              | TIER 4 | PA - Part B vs D Determination |
| <i>acyclovir susp 200 mg/5ml</i>                      | TIER 4 |                                |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



| DRUG NAME                                         | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------|-----------|---------------------|
| <i>famciclovir</i>                                | TIER 3    |                     |
| <i>trifluridine (1 % solution, ophth soln 1%)</i> | TIER 2    |                     |
| <i>valacyclovir hcl</i>                           | TIER 2    |                     |

## ANXIOLYTICS

### ANXIOLYTICS, OTHER

|                      |        |    |
|----------------------|--------|----|
| <i>buspirone hcl</i> | TIER 2 |    |
| <i>meprobamate</i>   | TIER 4 | PA |

### BENZODIAZEPINES

|                                                                                                                                         |        |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|
| <i>alprazolam (tab 0.25 mg, tab 0.5 mg, tab 1 mg)</i>                                                                                   | TIER 2 | QL (4 PER 1 DAYS)      |
| <i>alprazolam tab 2 mg</i>                                                                                                              | TIER 2 | QL (5 PER 1 DAYS)      |
| <i>chlordiazepoxide hcl cap 10 mg</i>                                                                                                   | TIER 2 | PA, QL (30 PER 1 DAYS) |
| <i>chlordiazepoxide hcl cap 25 mg</i>                                                                                                   | TIER 2 | PA, QL (12 PER 1 DAYS) |
| <i>chlordiazepoxide hcl cap 5 mg</i>                                                                                                    | TIER 2 | PA, QL (60 PER 1 DAYS) |
| <i>clonazepam (orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, tab 0.5 mg)</i> | TIER 2 | QL (40 PER 1 DAYS)     |
| <i>clonazepam (orally disintegrating tab 1 mg, tab 1 mg)</i>                                                                            | TIER 2 | QL (20 PER 1 DAYS)     |
| <i>clonazepam (orally disintegrating tab 2 mg, tab 2 mg)</i>                                                                            | TIER 2 | QL (10 PER 1 DAYS)     |
| <i>clorazepate dipotassium tab 15 mg</i>                                                                                                | TIER 2 | QL (6 PER 1 DAYS)      |
| <i>clorazepate dipotassium tab 3.75 mg</i>                                                                                              | TIER 2 | QL (24 PER 1 DAYS)     |
| <i>clorazepate dipotassium tab 7.5 mg</i>                                                                                               | TIER 2 | QL (12 PER 1 DAYS)     |
| <i>diazepam (conc 5 mg/ml, tab 5 mg)</i>                                                                                                | TIER 2 | QL (12 PER 1 DAYS)     |
| <i>diazepam oral soln 1 mg/ml</i>                                                                                                       | TIER 2 | QL (60 PER 1 DAYS)     |
| <i>diazepam tab 10 mg</i>                                                                                                               | TIER 2 | QL (6 PER 1 DAYS)      |
| <i>diazepam tab 2 mg</i>                                                                                                                | TIER 2 | QL (30 PER 1 DAYS)     |
| <i>lorazepam tab 0.5 mg</i>                                                                                                             | TIER 2 | QL (20 PER 1 DAYS)     |
| <i>lorazepam tab 1 mg</i>                                                                                                               | TIER 2 | QL (10 PER 1 DAYS)     |
| <i>lorazepam tab 2 mg</i>                                                                                                               | TIER 2 | QL (5 PER 1 DAYS)      |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                   | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <b>BIPOLAR AGENTS</b>                                                                                                                       |           |                     |
| <b>MOOD STABILIZERS</b>                                                                                                                     |           |                     |
| LITHIUM                                                                                                                                     | TIER 2    |                     |
| <i>lithium carbonate (150 mg cap, cap 150 mg, 300 mg cap, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg, 600 mg cap)</i> | TIER 2    |                     |
| <b>BLOOD GLUCOSE REGULATORS</b>                                                                                                             |           |                     |
| <b>ANTIDIABETIC AGENTS</b>                                                                                                                  |           |                     |
| <i>acarbose</i>                                                                                                                             | TIER 2    |                     |
| <i>glimepiride</i>                                                                                                                          | TIER 1    |                     |
| <i>glipizide</i>                                                                                                                            | TIER 1    |                     |
| <i>glipizide-metformin hcl</i>                                                                                                              | TIER 1    |                     |
| <i>glyburide</i>                                                                                                                            | TIER 1    | PA                  |
| <i>glyburide micronized</i>                                                                                                                 | TIER 1    | PA                  |
| <i>glyburide-metformin</i>                                                                                                                  | TIER 1    | PA                  |
| GLYXAMBI                                                                                                                                    | TIER 3    | QL (1 PER 1 DAYS)   |
| INVOKAMET (50-1000 MG TAB, 150-1000 MG TAB, 150-500 MG TAB)                                                                                 | TIER 3    | QL (2 PER 1 DAYS)   |
| INVOKAMET 50-500 MG TAB                                                                                                                     | TIER 3    | QL (4 PER 1 DAYS)   |
| INVOKAMET XR                                                                                                                                | TIER 3    | QL (2 PER 1 DAYS)   |
| INVOKANA 100 MG TAB                                                                                                                         | TIER 3    | QL (2 PER 1 DAYS)   |
| INVOKANA 300 MG TAB                                                                                                                         | TIER 3    | QL (1 PER 1 DAYS)   |
| JANUMET                                                                                                                                     | TIER 3    | QL (2 PER 1 DAYS)   |
| JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)                                                                                   | TIER 3    | QL (1 PER 1 DAYS)   |
| JANUMET XR 50-1000 MG TAB ER 24H                                                                                                            | TIER 3    | QL (2 PER 1 DAYS)   |
| JANUVIA                                                                                                                                     | TIER 3    | QL (1 PER 1 DAYS)   |
| JARDIANCE                                                                                                                                   | TIER 3    | QL (1 PER 1 DAYS)   |
| JENTADUETO                                                                                                                                  | TIER 3    | QL (2 PER 1 DAYS)   |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H                                                                                                        | TIER 3    | QL (2 PER 1 DAYS)   |
| JENTADUETO XR 5-1000 MG TAB ER 24H                                                                                                          | TIER 3    | QL (1 PER 1 DAYS)   |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                          | DRUG TIER | REQUIREMENTS/LIMITS            |
|----------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <i>metformin hcl (tab 500 mg, tab 850 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)</i> | TIER 1    |                                |
| <i>miglitol</i>                                                                                    | TIER 4    | QL (3 PER 1 DAYS)              |
| <i>nateglinide</i>                                                                                 | TIER 2    |                                |
| OZEMPIC (0.25 OR 0.5 MG/DOSE)                                                                      | TIER 3    | QL (1.5 PER 28 OVER TIME)      |
| OZEMPIC (1 MG/DOSE)                                                                                | TIER 3    | QL (3 PER 28 OVER TIME)        |
| <i>pioglitazone hcl</i>                                                                            | TIER 2    |                                |
| <i>repaglinide</i>                                                                                 | TIER 2    |                                |
| RYBELSUS                                                                                           | TIER 3    | QL (1 PER 1 DAYS)              |
| SYMLINPEN 120                                                                                      | TIER 5    | PA, QL (10.8 PER 28 OVER TIME) |
| SYMLINPEN 60                                                                                       | TIER 5    | PA, QL (12 PER 28 OVER TIME)   |
| SYNJARDY                                                                                           | TIER 3    | QL (2 PER 1 DAYS)              |
| SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)                 | TIER 3    | QL (2 PER 1 DAYS)              |
| SYNJARDY XR 25-1000 MG TAB ER 24H                                                                  | TIER 3    | QL (1 PER 1 DAYS)              |
| TRADJENTA                                                                                          | TIER 3    | QL (1 PER 1 DAYS)              |
| TRULICITY                                                                                          | TIER 3    | QL (2 PER 30 OVER TIME)        |
| VICTOZA                                                                                            | TIER 3    | QL (9 PER 30 OVER TIME)        |

## GLYCEMIC AGENTS

|                        |        |                         |
|------------------------|--------|-------------------------|
| BAQSIMI ONE PACK       | TIER 3 | QL (2 PER 30 OVER TIME) |
| BAQSIMI TWO PACK       | TIER 3 | QL (2 PER 30 OVER TIME) |
| <i>diazoxide</i>       | TIER 2 |                         |
| GLUCAGEN HYPOKIT       | TIER 3 | QL (2 PER 2 OVER TIME)  |
| <i>glucagon (rdna)</i> | TIER 3 | QL (2 PER 2 OVER TIME)  |
| GLUCAGON EMERGENCY     | TIER 3 | QL (2 PER 2 OVER TIME)  |

## INSULINS

|                           |        |  |
|---------------------------|--------|--|
| HUMALOG                   | TIER 3 |  |
| HUMALOG KWIKPEN           | TIER 3 |  |
| HUMALOG MIX 50/50         | TIER 3 |  |
| HUMALOG MIX 50/50 KWIKPEN | TIER 3 |  |
| HUMALOG MIX 75/25         | TIER 3 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                      | DRUG TIER | REQUIREMENTS/LIMITS      |
|--------------------------------|-----------|--------------------------|
| HUMALOG MIX 75/25 KWIKPEN      | TIER 3    |                          |
| HUMULIN R U-500 (CONCENTRATED) | TIER 5    |                          |
| LANTUS                         | TIER 3    | QL (40 PER 30 OVER TIME) |
| LANTUS SOLOSTAR                | TIER 3    | QL (45 PER 30 OVER TIME) |
| NOVOLOG                        | TIER 3    |                          |
| NOVOLOG 70/30 FLEXPEN RELION   | TIER 3    |                          |
| NOVOLOG FLEXPEN                | TIER 3    |                          |
| NOVOLOG FLEXPEN RELION         | TIER 3    |                          |
| NOVOLOG MIX 70/30              | TIER 3    |                          |
| NOVOLOG MIX 70/30 FLEXPEN      | TIER 3    |                          |
| NOVOLOG MIX 70/30 RELION       | TIER 3    |                          |
| NOVOLOG PENFILL                | TIER 3    |                          |
| NOVOLOG RELION                 | TIER 3    |                          |
| TOUJEO MAX SOLOSTAR            | TIER 3    | QL (18 PER 28 OVER TIME) |
| TOUJEO SOLOSTAR                | TIER 3    | QL (18 PER 28 OVER TIME) |

## BLOOD PRODUCTS AND MODIFIERS

### ANTICOAGULANTS

|                                                                         |        |                           |
|-------------------------------------------------------------------------|--------|---------------------------|
| ELIQUIS 2.5 MG TAB                                                      | TIER 3 |                           |
| ELIQUIS 5 MG TAB                                                        | TIER 3 | QL (60 PER 30 DAYS)       |
| ELIQUIS DVT/PE STARTER PACK                                             | TIER 3 | QL (74 PER 180 OVER TIME) |
| <i>enoxaparin sodium (inj 100 mg/ml, inj 150 mg/ml, inj 300 mg/3ml)</i> | TIER 3 | QL (60 PER 30 OVER TIME)  |
| <i>enoxaparin sodium (inj 80 mg/0.8ml, inj 120 mg/0.8ml)</i>            | TIER 3 | QL (48 PER 30 OVER TIME)  |
| <i>enoxaparin sodium inj 30 mg/0.3ml</i>                                | TIER 3 | QL (18 PER 30 OVER TIME)  |
| <i>enoxaparin sodium inj 40 mg/0.4ml</i>                                | TIER 3 | QL (24 PER 30 OVER TIME)  |
| <i>enoxaparin sodium inj 60 mg/0.6ml</i>                                | TIER 3 | QL (36 PER 30 OVER TIME)  |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>                 | TIER 5 | QL (24 PER 30 OVER TIME)  |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>                | TIER 4 | QL (15 PER 30 OVER TIME)  |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>                  | TIER 5 | QL (12 PER 30 OVER TIME)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                          | DRUG TIER | REQUIREMENTS/LIMITS            |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>                                                                                           | TIER 5    | QL (18 PER 30 OVER TIME)       |
| <i>heparin sodium (porcine) ((porcine) inj 1000 unit/ml, (porcine) inj 5000 unit/ml, (porcine) inj 10000 unit/ml, (porcine) inj 20000 unit/ml)</i> | TIER 2    | PA - Part B vs D Determination |
| PRADAXA                                                                                                                                            | TIER 4    | QL (2 PER 1 DAYS)              |
| <i>warfarin sodium</i>                                                                                                                             | TIER 2    |                                |
| XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)                                                                                                          | TIER 3    | QL (1 PER 1 DAYS)              |
| XARELTO 2.5 MG TAB                                                                                                                                 | TIER 3    | QL (2 PER 1 DAYS)              |
| XARELTO STARTER PACK                                                                                                                               | TIER 3    | QL (51 PER 180 OVER TIME)      |
| ZONTIVITY                                                                                                                                          | TIER 4    | QL (1 PER 1 DAYS)              |

## BLOOD PRODUCTS AND MODIFIERS, OTHER

|                                                                                                                                                                                                                                                                       |        |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------|
| <i>anagrelide hcl</i>                                                                                                                                                                                                                                                 | TIER 2 |                           |
| ARANESP (ALBUMIN FREE) (FREE) 10 MCG/0.4ML SOLN PRSYR, FREE) 25 MCG/0.42ML SOLN PRSYR, FREE) 25 MCG/ML SOLUTION, FREE) 40 MCG/0.4ML SOLN PRSYR, FREE) 40 MCG/ML SOLUTION, FREE) 60 MCG/0.3ML SOLN PRSYR, FREE) 60 MCG/ML SOLUTION)                                    | TIER 4 | PA                        |
| ARANESP (ALBUMIN FREE) (FREE) 100 MCG/0.5ML SOLN PRSYR, FREE) 100 MCG/ML SOLUTION, FREE) 150 MCG/0.3ML SOLN PRSYR, FREE) 200 MCG/0.4ML SOLN PRSYR, FREE) 200 MCG/ML SOLUTION, FREE) 300 MCG/0.6ML SOLN PRSYR, FREE) 300 MCG/ML SOLUTION, FREE) 500 MCG/ML SOLN PRSYR) | TIER 5 | PA                        |
| LEUKINE                                                                                                                                                                                                                                                               | TIER 5 | PA                        |
| MOZOBIL                                                                                                                                                                                                                                                               | TIER 5 | PA, LA                    |
| NEULASTA                                                                                                                                                                                                                                                              | TIER 5 | PA                        |
| NEULASTA ONPRO                                                                                                                                                                                                                                                        | TIER 5 | PA                        |
| PROMACTA (12.5 MG PACKET, 12.5 MG TAB)                                                                                                                                                                                                                                | TIER 5 | PA, LA, QL (1 PER 1 DAYS) |
| PROMACTA (25 MG TAB, 50 MG TAB)                                                                                                                                                                                                                                       | TIER 5 | PA, LA, QL (3 PER 1 DAYS) |
| PROMACTA 25 MG PACKET                                                                                                                                                                                                                                                 | TIER 5 | PA, LA, QL (6 PER 1 DAYS) |
| PROMACTA 75 MG TAB                                                                                                                                                                                                                                                    | TIER 5 | PA, LA, QL (2 PER 1 DAYS) |
| RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)                                                                                                                                        | TIER 4 | PA                        |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                       | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------|-----------|---------------------|
| RETACRIT 40000 UNIT/ML SOLUTION | TIER 5    | PA                  |
| ZARXIO                          | TIER 5    | PA                  |

## HEMOSTASIS AGENTS

|                                                         |        |                   |
|---------------------------------------------------------|--------|-------------------|
| <i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> | TIER 4 |                   |
| <i>tranexamic acid tab 650 mg</i>                       | TIER 3 | QL (1 PER 1 DAYS) |

## PLATELET MODIFYING AGENTS

|                                                       |        |                                                 |
|-------------------------------------------------------|--------|-------------------------------------------------|
| <i>aspirin-dipyridamole</i>                           | TIER 4 |                                                 |
| BRILINTA                                              | TIER 3 | QL (2 PER 1 DAYS)                               |
| CABLIVI                                               | TIER 5 | PA, LA, QL (1 PER 1 DAYS)                       |
| <i>cilostazol</i>                                     | TIER 2 |                                                 |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i>   | TIER 2 | QL (1 PER 1 DAYS)                               |
| <i>dipyridamole (tab 25 mg, tab 50 mg, tab 75 mg)</i> | TIER 2 | PA                                              |
| OXBRYTA                                               | TIER 5 | PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS) |
| TAVALISSE                                             | TIER 5 | PA, LA, QL (2 PER 1 DAYS)                       |

## CARDIOVASCULAR AGENTS

### ALPHA-ADRENERGIC AGONISTS

|                                                                    |        |                               |
|--------------------------------------------------------------------|--------|-------------------------------|
| <i>clonidine</i>                                                   | TIER 4 |                               |
| <i>clonidine hcl</i>                                               | TIER 2 |                               |
| <i>droxidopa cap 100 mg</i>                                        | TIER 5 | PA, QL (252 PER 90 OVER TIME) |
| <i>droxidopa cap 200 mg</i>                                        | TIER 5 | PA, QL (120 PER 30 OVER TIME) |
| <i>droxidopa cap 300 mg</i>                                        | TIER 5 | PA, QL (84 PER 90 OVER TIME)  |
| <i>guanfacine hcl</i>                                              | TIER 2 |                               |
| <i>methyldopa (250 mg tab, tab 250 mg, 500 mg tab, tab 500 mg)</i> | TIER 2 |                               |
| <i>midodrine hcl</i>                                               | TIER 2 |                               |

### ALPHA-ADRENERGIC BLOCKING AGENTS

|                           |        |  |
|---------------------------|--------|--|
| <i>doxazosin mesylate</i> | TIER 2 |  |
| <i>prazosin hcl</i>       | TIER 2 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                             | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------|-----------|---------------------|
| <i>terazosin hcl</i>                                                  | TIER 2    |                     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                            |           |                     |
| <i>candesartan cilexetil</i>                                          | TIER 2    |                     |
| EPROSARTAN MESYLATE                                                   | TIER 1    | QL (1 PER 1 DAYS)   |
| <i>irbesartan</i>                                                     | TIER 1    |                     |
| <i>losartan potassium</i>                                             | TIER 1    |                     |
| <i>olmesartan medoxomil</i>                                           | TIER 2    |                     |
| <i>telmisartan</i>                                                    | TIER 1    |                     |
| <i>valsartan</i>                                                      | TIER 1    |                     |
| <b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>                 |           |                     |
| <i>benazepril hcl</i>                                                 | TIER 1    |                     |
| <i>captopril</i>                                                      | TIER 1    |                     |
| <i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i> | TIER 1    |                     |
| <i>fosinopril sodium</i>                                              | TIER 1    |                     |
| <i>lisinopril</i>                                                     | TIER 1    |                     |
| <i>moexipril hcl</i>                                                  | TIER 1    |                     |
| <i>perindopril erbumine</i>                                           | TIER 1    |                     |
| <i>quinapril hcl</i>                                                  | TIER 1    |                     |
| <i>ramipril</i>                                                       | TIER 1    |                     |
| <i>trandolapril</i>                                                   | TIER 1    |                     |
| <b>ANTIARRHYTHMICS</b>                                                |           |                     |
| <i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>            | TIER 2    |                     |
| <i>disopyramide phosphate</i>                                         | TIER 4    |                     |
| <i>dofetilide</i>                                                     | TIER 4    |                     |
| <i>flecainide acetate</i>                                             | TIER 2    |                     |
| <i>mexiletine hcl</i>                                                 | TIER 2    |                     |
| MULTAQ                                                                | TIER 4    | QL (2 PER 1 DAYS)   |
| <i>propafenone hcl (tab 150 mg, tab 225 mg, tab 300 mg)</i>           | TIER 2    |                     |
| <i>quinidine gluconate tab er 324 mg</i>                              | TIER 4    |                     |
| QUINIDINE SULFATE                                                     | TIER 2    |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                    | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------|-----------|---------------------|
| <i>sotalol hcl</i>           | TIER 2    |                     |
| <i>sotalol hcl (afib/af)</i> | TIER 2    |                     |

## BETA-ADRENERGIC BLOCKING AGENTS

|                                                                                                                                                              |        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|
| <i>acebutolol hcl</i>                                                                                                                                        | TIER 2 |  |
| <i>atenolol</i>                                                                                                                                              | TIER 1 |  |
| <i>betaxolol hcl</i>                                                                                                                                         | TIER 2 |  |
| <i>bisoprolol fumarate</i>                                                                                                                                   | TIER 2 |  |
| <i>carvedilol</i>                                                                                                                                            | TIER 1 |  |
| <i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>                                                                                                    | TIER 2 |  |
| <i>metoprolol succinate</i>                                                                                                                                  | TIER 2 |  |
| <i>metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>                                                                        | TIER 1 |  |
| <i>nadolol</i>                                                                                                                                               | TIER 1 |  |
| <i>nebivolol hcl</i>                                                                                                                                         | TIER 3 |  |
| <i>pindolol</i>                                                                                                                                              | TIER 1 |  |
| <i>propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)</i> | TIER 2 |  |

## CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

|                                               |        |                            |
|-----------------------------------------------|--------|----------------------------|
| <i>amlodipine besylate</i>                    | TIER 1 |                            |
| <i>felodipine</i>                             | TIER 2 |                            |
| <i>nicardipine hcl (cap 20 mg, cap 30 mg)</i> | TIER 2 |                            |
| <i>nifedipine</i>                             | TIER 2 |                            |
| <i>nimodipine</i>                             | TIER 4 |                            |
| NYMALIZE 6 MG/ML SOLUTION                     | TIER 5 | QL (1260 PER 21 OVER TIME) |

## CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

|                                                                                                                                                                                          |        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|
| <i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg)</i> | TIER 2 |  |
| <i>diltiazem hcl coated beads</i>                                                                                                                                                        | TIER 2 |  |
| <i>diltiazem hcl extended release beads</i>                                                                                                                                              | TIER 2 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



| DRUG NAME                                                                                            | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>verapamil hcl (cap er 24hr 100 mg, cap er 24hr 200 mg, cap er 24hr 300 mg)</i>                    | TIER 4    |                     |
| <i>verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg)</i>                    | TIER 3    |                     |
| <i>verapamil hcl (tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)</i> | TIER 2    |                     |
| VERAPAMIL HCL ER                                                                                     | TIER 4    |                     |

## CARDIOVASCULAR AGENTS, OTHER

|                                                            |        |                        |
|------------------------------------------------------------|--------|------------------------|
| <i>acetazolamide (tab 125 mg, tab 250 mg)</i>              | TIER 2 |                        |
| <i>aliskiren fumarate</i>                                  | TIER 3 | PA                     |
| <i>amiloride &amp; hydrochlorothiazide</i>                 | TIER 2 |                        |
| <i>amlodipine besylate-benazepril hcl</i>                  | TIER 1 |                        |
| <i>amlodipine besylate-olmesartan medoxomil</i>            | TIER 2 |                        |
| <i>amlodipine besylate-valsartan</i>                       | TIER 1 |                        |
| <i>amlodipine-valsartan-hydrochlorothiazide</i>            | TIER 2 |                        |
| <i>atenolol &amp; chlorthalidone</i>                       | TIER 1 |                        |
| <i>benazepril &amp; hydrochlorothiazide</i>                | TIER 1 |                        |
| BENAZEPRIL-HYDROCHLOROTHIAZIDE                             | TIER 1 |                        |
| <i>bisoprolol &amp; hydrochlorothiazide</i>                | TIER 2 |                        |
| <i>candesartan cilexetil-hydrochlorothiazide</i>           | TIER 2 |                        |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE                              | TIER 1 |                        |
| CORLANOR (5 MG TAB, 7.5 MG TAB)                            | TIER 4 | PA, QL (2 PER 1 DAYS)  |
| CORLANOR 5 MG/5ML SOLUTION                                 | TIER 4 | PA, QL (20 PER 1 DAYS) |
| <i>digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml)</i> | TIER 4 |                        |
| <i>digoxin tab 125 mcg (0.125 mg)</i>                      | TIER 2 | QL (1 PER 1 DAYS)      |
| <i>digoxin tab 250 mcg (0.25 mg)</i>                       | TIER 2 | PA, QL (1 PER 1 DAYS)  |
| <i>enalapril maleate &amp; hydrochlorothiazide</i>         | TIER 1 |                        |
| ENTRESTO                                                   | TIER 3 | QL (2 PER 1 DAYS)      |
| <i>fosinopril sodium &amp; hydrochlorothiazide</i>         | TIER 1 |                        |
| <i>irbesartan-hydrochlorothiazide</i>                      | TIER 1 |                        |
| <i>lisinopril &amp; hydrochlorothiazide</i>                | TIER 1 |                        |
| <i>losartan potassium &amp; hydrochlorothiazide</i>        | TIER 1 |                        |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                  | DRUG TIER | REQUIREMENTS/LIMITS       |
|------------------------------------------------------------|-----------|---------------------------|
| <i>metoprolol &amp; hydrochlorothiazide</i>                | TIER 2    |                           |
| METOPROLOL-HYDROCHLOROTHIAZIDE                             | TIER 2    |                           |
| <i>metirosine</i>                                          | TIER 5    |                           |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> | TIER 2    |                           |
| <i>olmesartan medoxomil-hydrochlorothiazide</i>            | TIER 2    |                           |
| <i>pentoxifylline</i>                                      | TIER 2    |                           |
| PROPRANOLOL-HCTZ                                           | TIER 2    |                           |
| <i>quinapril-hydrochlorothiazide</i>                       | TIER 1    |                           |
| <i>ranolazine</i>                                          | TIER 3    | PA, QL (2 PER 1 DAYS)     |
| <i>spironolactone &amp; hydrochlorothiazide</i>            | TIER 2    |                           |
| TEKTURN HCT                                                | TIER 3    | PA                        |
| <i>telmisartan-hydrochlorothiazide</i>                     | TIER 1    |                           |
| <i>triamterene &amp; hydrochlorothiazide</i>               | TIER 2    |                           |
| <i>valsartan-hydrochlorothiazide</i>                       | TIER 1    |                           |
| VYNDAMAX                                                   | TIER 5    | PA, LA, QL (1 PER 1 DAYS) |

## DIURETICS, LOOP

|                                                          |        |
|----------------------------------------------------------|--------|
| <i>bumetanide (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>       | TIER 2 |
| <i>bumetanide inj 0.25 mg/ml</i>                         | TIER 4 |
| <i>furosemide (8 mg/ml solution, oral soln 10 mg/ml)</i> | TIER 2 |
| <i>furosemide (tab 20 mg, tab 40 mg, tab 80 mg)</i>      | TIER 1 |
| <i>furosemide inj 10 mg/ml</i>                           | TIER 4 |
| <i>torsemide</i>                                         | TIER 2 |

## DIURETICS, POTASSIUM-SPARING

|                       |        |
|-----------------------|--------|
| <i>amiloride hcl</i>  | TIER 2 |
| <i>eplerenone</i>     | TIER 4 |
| <i>spironolactone</i> | TIER 2 |

## DIURETICS, THIAZIDE

|                                         |        |
|-----------------------------------------|--------|
| CHLOROTHIAZIDE (500 MG TAB, TAB 500 MG) | TIER 2 |
|-----------------------------------------|--------|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                  | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------|-----------|---------------------|
| <i>chlorthalidone</i>      | TIER 2    |                     |
| <i>hydrochlorothiazide</i> | TIER 1    |                     |
| <i>indapamide</i>          | TIER 2    |                     |
| <i>metolazone</i>          | TIER 2    |                     |

## DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES

|                                                                                          |        |
|------------------------------------------------------------------------------------------|--------|
| <i>fenofibrate (tab 40 mg, tab 48 mg, tab 54 mg, tab 120 mg, tab 145 mg, tab 160 mg)</i> | TIER 2 |
| <i>fenofibrate micronized (cap 67 mg, cap 134 mg, cap 200 mg)</i>                        | TIER 2 |
| <i>gemfibrozil</i>                                                                       | TIER 2 |

## DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS

|                                                                          |        |
|--------------------------------------------------------------------------|--------|
| <i>atorvastatin calcium</i>                                              | TIER 1 |
| <i>fluvastatin sodium (cap 20 mg equivalent), cap 40 mg equivalent))</i> | TIER 1 |
| <i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>           | TIER 2 |
| <i>lovastatin</i>                                                        | TIER 1 |
| <i>pravastatin sodium</i>                                                | TIER 1 |
| <i>rosuvastatin calcium</i>                                              | TIER 1 |
| <i>simvastatin</i>                                                       | TIER 1 |

## DYSLIPIDEMICS, OTHER

|                                                                                                              |        |                           |
|--------------------------------------------------------------------------------------------------------------|--------|---------------------------|
| <i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>                                                | TIER 2 |                           |
| <i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>                                          | TIER 2 |                           |
| <i>colesevelam hcl</i>                                                                                       | TIER 4 |                           |
| <i>colestipol hcl (granule packets 5 gm, granules 5 gm, tab 1 gm)</i>                                        | TIER 2 |                           |
| <i>ezetimibe</i>                                                                                             | TIER 3 |                           |
| <i>ezetimibe-simvastatin</i>                                                                                 | TIER 2 |                           |
| <i>icosapent ethyl</i>                                                                                       | TIER 4 |                           |
| JUXTAPID                                                                                                     | TIER 5 | PA, LA, QL (1 PER 1 DAYS) |
| <i>niacin (antihyperlipidemic) (tab er 750 mg (antihyperlipidemic), tab er 1000 mg (antihyperlipidemic))</i> | TIER 4 | QL (2 PER 1 DAYS)         |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                        | DRUG TIER | REQUIREMENTS/LIMITS           |
|--------------------------------------------------|-----------|-------------------------------|
| NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB            | TIER 3    |                               |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i> | TIER 4    | QL (4 PER 1 DAYS)             |
| NIACOR                                           | TIER 3    |                               |
| <i>omega-3-acid ethyl esters</i>                 | TIER 4    |                               |
| REPATHA                                          | TIER 4    | PA, QL (2 PER 28 OVER TIME)   |
| REPATHA PUSHTRONEX SYSTEM                        | TIER 4    | PA, QL (3.5 PER 28 OVER TIME) |
| REPATHA SURECLICK                                | TIER 4    | PA, QL (2 PER 28 OVER TIME)   |
| VASCEPA 0.5 GM CAP                               | TIER 4    |                               |

## VASODILATORS, DIRECT-ACTING ARTERIAL

|                                                                      |        |
|----------------------------------------------------------------------|--------|
| <i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i> | TIER 2 |
| <i>minoxidil</i>                                                     | TIER 2 |

## VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

|                                                                                                               |        |                              |
|---------------------------------------------------------------------------------------------------------------|--------|------------------------------|
| <i>isosorbide dinitrate</i>                                                                                   | TIER 2 |                              |
| ISOSORBIDE DINITRATE ER                                                                                       | TIER 2 |                              |
| <i>isosorbide mononitrate</i>                                                                                 | TIER 2 |                              |
| NITRO-BID                                                                                                     | TIER 3 |                              |
| <i>nitroglycerin (patch 24hr 0.1 mg/hr, patch 24hr 0.2 mg/hr, patch 24hr 0.4 mg/hr, patch 24hr 0.6 mg/hr)</i> | TIER 2 |                              |
| <i>nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg)</i>                                            | TIER 3 |                              |
| NITROSTAT                                                                                                     | TIER 3 |                              |
| RECTIV                                                                                                        | TIER 4 | PA, QL (30 PER 30 OVER TIME) |

## CENTRAL NERVOUS SYSTEM AGENTS

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

|                                                                                                                                                        |        |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------|
| <i>amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg)</i> | TIER 4 | QL (2 PER 1 DAYS) |
| <i>amphetamine-dextroamphetamine (tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg)</i>                                                                      | TIER 2 | QL (4 PER 1 DAYS) |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>                                                                                                       | TIER 2 | QL (5 PER 1 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                 | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------|-----------|---------------------|
| <i>amphetamine-dextroamphetamine tab 20 mg</i>                            | TIER 2    | QL (3 PER 1 DAYS)   |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>                            | TIER 2    | QL (2 PER 1 DAYS)   |
| <i>dextroamphetamine sulfate (cap er 24hr 10 mg, tab 5 mg, tab 10 mg)</i> | TIER 2    | QL (6 PER 1 DAYS)   |
| <i>dextroamphetamine sulfate (cap er 24hr 15 mg, tab 15 mg)</i>           | TIER 2    | QL (4 PER 1 DAYS)   |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg</i>                         | TIER 2    | QL (12 PER 1 DAYS)  |
| <i>dextroamphetamine sulfate tab 20 mg</i>                                | TIER 2    | QL (3 PER 1 DAYS)   |
| <i>dextroamphetamine sulfate tab 30 mg</i>                                | TIER 2    | QL (2 PER 1 DAYS)   |

## ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

|                                                                              |        |                    |
|------------------------------------------------------------------------------|--------|--------------------|
| <i>atomoxetine hcl (cap 10 mg equiv), cap 18 mg equiv, cap 25 mg equiv)</i>  | TIER 3 | QL (4 PER 1 DAYS)  |
| <i>atomoxetine hcl (cap 60 mg equiv), cap 80 mg equiv, cap 100 mg equiv)</i> | TIER 3 | QL (1 PER 1 DAYS)  |
| <i>atomoxetine hcl cap 40 mg (base equiv)</i>                                | TIER 3 | QL (2 PER 1 DAYS)  |
| <i>clonidine hcl (adhd)</i>                                                  | TIER 3 |                    |
| <i>dexmethylphenidate hcl (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>              | TIER 2 | QL (2 PER 1 DAYS)  |
| <i>guanfacine hcl (adhd)</i>                                                 | TIER 3 | QL (1 PER 1 DAYS)  |
| <i>methylphenidate hcl tab 10 mg</i>                                         | TIER 2 | QL (6 PER 1 DAYS)  |
| <i>methylphenidate hcl tab 20 mg</i>                                         | TIER 2 | QL (3 PER 1 DAYS)  |
| <i>methylphenidate hcl tab 5 mg</i>                                          | TIER 2 | QL (12 PER 1 DAYS) |
| <i>methylphenidate hcl tab er 10 mg</i>                                      | TIER 3 | QL (6 PER 1 DAYS)  |
| <i>methylphenidate hcl tab er 20 mg</i>                                      | TIER 3 | QL (3 PER 1 DAYS)  |

## CENTRAL NERVOUS SYSTEM, OTHER

|                                                           |        |                                   |
|-----------------------------------------------------------|--------|-----------------------------------|
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | TIER 3 | PA, QL (48 PER 30 OVER TIME), NDS |
| FIRDAPSE                                                  | TIER 5 | PA, LA, QL (8 PER 1 DAYS)         |
| <i>riluzole</i>                                           | TIER 3 |                                   |
| <i>tetrabenazine tab 12.5 mg</i>                          | TIER 5 | PA, LA, QL (8 PER 1 DAYS)         |
| <i>tetrabenazine tab 25 mg</i>                            | TIER 5 | PA, LA, QL (4 PER 1 DAYS)         |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                   | DRUG TIER | REQUIREMENTS/LIMITS                                |
|-----------------------------------------------------------------------------|-----------|----------------------------------------------------|
| <b>FIBROMYALGIA AGENTS</b>                                                  |           |                                                    |
| DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR)                              | TIER 4    | PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)        |
| DRIZALMA SPRINKLE (40 MG CAP DR, 60 MG CAP DR)                              | TIER 4    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)        |
| <i>duloxetine hcl (cap 20 mg eq), cap 60 mg eq))</i>                        | TIER 2    | QL (2 PER 1 DAYS)                                  |
| <i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>            | TIER 2    | QL (3 PER 1 DAYS)                                  |
| <i>pregabalin (cap 200 mg, cap 225 mg, cap 300 mg)</i>                      | TIER 3    | QL (2 PER 1 DAYS)                                  |
| <i>pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg)</i> | TIER 3    | QL (3 PER 1 DAYS)                                  |
| <i>pregabalin soln 20 mg/ml</i>                                             | TIER 3    | QL (30 PER 1 DAYS)                                 |
| SAVELLA                                                                     | TIER 3    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)        |
| SAVELLA TITRATION PACK                                                      | TIER 3    | PA - FOR NEW STARTS ONLY, QL (55 PER 28 OVER TIME) |

## MULTIPLE SCLEROSIS AGENTS

|                                                           |        |                                 |
|-----------------------------------------------------------|--------|---------------------------------|
| AUBAGIO                                                   | TIER 5 | PA, LA, QL (1 PER 1 DAYS)       |
| AVONEX                                                    | TIER 5 | PA, QL (4 PER 28 OVER TIME)     |
| AVONEX PEN                                                | TIER 5 | PA, QL (4 PER 28 OVER TIME)     |
| AVONEX PREFILLED                                          | TIER 5 | PA, QL (4 PER 28 OVER TIME)     |
| BETASERON                                                 | TIER 5 | PA, QL (15 PER 30 OVER TIME)    |
| <i>dalfampridine</i>                                      | TIER 3 | PA, QL (2 PER 1 DAYS)           |
| <i>dimethyl fumarate</i>                                  | TIER 5 | PA, QL (2 PER 1 DAYS)           |
| EXTAVIA                                                   | TIER 5 | PA, QL (15 PER 30 OVER TIME)    |
| GILENYA 0.5 MG CAP                                        | TIER 5 | PA, QL (1 PER 1 DAYS)           |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> | TIER 5 | PA, QL (30 PER 30 OVER TIME)    |
| PLEGRIDY                                                  | TIER 5 | PA, LA                          |
| PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PEN          | TIER 5 | PA, LA                          |
| PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR        | TIER 5 | PA, LA, QL (1 PER 28 OVER TIME) |
| REBIF                                                     | TIER 5 | PA, QL (6 PER 28 OVER TIME)     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                     | DRUG TIER | REQUIREMENTS/LIMITS         |
|-------------------------------|-----------|-----------------------------|
| REBIF REBIDOSE                | TIER 5    | PA, QL (6 PER 28 OVER TIME) |
| REBIF REBIDOSE TITRATION PACK | TIER 5    | PA, QL (4 PER 28 OVER TIME) |
| REBIF TITRATION PACK          | TIER 5    | PA, QL (4 PER 28 OVER TIME) |
| TYSABRI                       | TIER 5    | PA, LA                      |

## DENTAL AND ORAL AGENTS

|                                               |        |                                |
|-----------------------------------------------|--------|--------------------------------|
| <i>chlorhexidine gluconate (mouth-throat)</i> | TIER 2 |                                |
| KEPIVANCE                                     | TIER 5 | PA - Part B vs D Determination |
| <i>pilocarpine hcl (oral)</i>                 | TIER 2 |                                |
| <i>triamcinolone acetonide (mouth)</i>        | TIER 3 |                                |

## DERMATOLOGICAL AGENTS

### ACNE AND ROSACEA AGENTS

|                                                                                 |        |    |
|---------------------------------------------------------------------------------|--------|----|
| <i>acitretin</i>                                                                | TIER 4 |    |
| <i>adapalene gel 0.1%</i>                                                       | TIER 4 |    |
| <i>isotretinoin (cap 10 mg, cap 20 mg, cap 30 mg, cap 40 mg)</i>                | TIER 4 |    |
| <i>tazarotene cream 0.1%</i>                                                    | TIER 4 |    |
| TAZORAC 0.05 % CREAM                                                            | TIER 4 |    |
| <i>tretinoin (cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%)</i> | TIER 2 | PA |

### DERMATITIS AND PRURITUS AGENTS

|                                                                                         |        |  |
|-----------------------------------------------------------------------------------------|--------|--|
| <i>alclometasone dipropionate oint 0.05%</i>                                            | TIER 2 |  |
| <i>betamethasone dipropionate (topical) (cream, lotion)</i>                             | TIER 2 |  |
| BETAMETHASONE DIPROPIONATE AUG                                                          | TIER 4 |  |
| <i>betamethasone dipropionate augmented oint 0.05%</i>                                  | TIER 4 |  |
| <i>betamethasone valerate (cream equivalent), lotion equivalent), oint equivalent))</i> | TIER 2 |  |
| <i>clobetasol propionate (cream, soln)</i>                                              | TIER 2 |  |
| <i>clobetasol propionate emollient base</i>                                             | TIER 2 |  |
| <i>clobetasol propionate gel 0.05%</i>                                                  | TIER 4 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                       | DRUG TIER | REQUIREMENTS/LIMITS           |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>clobetasol propionate oint 0.05%</i>                                                                                         | TIER 3    |                               |
| <i>desonide (cream, oint)</i>                                                                                                   | TIER 2    | ST                            |
| <i>desoximetasone (cream, oint)</i>                                                                                             | TIER 4    |                               |
| <i>fluocinolone acetonide (cream 0.01%, cream 0.025%, oint 0.025%)</i>                                                          | TIER 2    |                               |
| <i>fluocinolone acetonide (oil (body oil), oil (scalp oil), soln)</i>                                                           | TIER 4    |                               |
| <i>fluocinonide (cream, gel, oint, soln)</i>                                                                                    | TIER 2    |                               |
| <i>fluocinonide emulsified base</i>                                                                                             | TIER 2    |                               |
| <i>fluticasone propionate (cream 0.05%, oint 0.005%)</i>                                                                        | TIER 2    |                               |
| <i>halobetasol propionate (cream, oint)</i>                                                                                     | TIER 2    | QL (200 PER 28 OVER TIME)     |
| <i>hydrocortisone (rectal)</i>                                                                                                  | TIER 2    |                               |
| <i>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>                                         | TIER 2    |                               |
| HYDROCORTISONE BUTYRATE (0.1 % SOLUTION, SOLN 0.1%)                                                                             | TIER 4    | ST                            |
| <i>hydrocortisone valerate cream 0.2%</i>                                                                                       | TIER 2    | ST                            |
| <i>lactic acid (ammonium lactate) (lactate) cream, lactate) lotion)</i>                                                         | TIER 2    |                               |
| <i>mometasone furoate solution 0.1% (lotion)</i>                                                                                | TIER 2    |                               |
| <i>selenium sulfide lotion 2.5%</i>                                                                                             | TIER 2    |                               |
| <i>tacrolimus (topical)</i>                                                                                                     | TIER 3    | ST, QL (100 PER 30 OVER TIME) |
| <i>triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)</i> | TIER 2    |                               |
| <i>triamcinolone acetonide lotion 0.025%</i>                                                                                    | TIER 3    |                               |

## DERMATOLOGICAL AGENTS, OTHER

|                                                                            |        |                                |
|----------------------------------------------------------------------------|--------|--------------------------------|
| <i>calcipotriene (cream, oint)</i>                                         | TIER 4 |                                |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i>                               | TIER 3 |                                |
| <i>clotrimazole w/ betamethasone (w/ cream 1-0.05%, w/ lotion 1-0.05%)</i> | TIER 2 |                                |
| <i>diclofenac sodium (actinic keratoses)</i>                               | TIER 5 | PA, QL (300 PER 365 OVER TIME) |
| DUOBRII                                                                    | TIER 5 | PA, QL (200 PER 28 OVER TIME)  |
| FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION)                                  | TIER 2 |                                |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



| DRUG NAME                     | DRUG TIER | REQUIREMENTS/LIMITS         |
|-------------------------------|-----------|-----------------------------|
| <i>fluorouracil (topical)</i> | TIER 2    |                             |
| <i>imiquimod cream 5%</i>     | TIER 2    | QL (24 PER 30 OVER TIME)    |
| <i>nystatin-triamcinolone</i> | TIER 4    |                             |
| <i>podofilox</i>              | TIER 2    |                             |
| REGRANEX                      | TIER 5    | PA, QL (15 PER 2 OVER TIME) |
| SANTYL                        | TIER 3    | QL (180 PER 30 OVER TIME)   |
| <i>silver sulfadiazine</i>    | TIER 2    |                             |
| TOLAK                         | TIER 3    |                             |

## PEDICULICIDES/SCABICIDES

|                   |        |  |
|-------------------|--------|--|
| LINDANE           | TIER 4 |  |
| <i>malathion</i>  | TIER 4 |  |
| <i>permethrin</i> | TIER 2 |  |

## TOPICAL ANTI-INFECTIVES

|                                                            |        |                              |
|------------------------------------------------------------|--------|------------------------------|
| <i>acyclovir oint 5%</i>                                   | TIER 4 | PA, QL (30 PER 30 OVER TIME) |
| <i>ciclopirox solution 8%</i>                              | TIER 2 |                              |
| <i>clindamycin phosphate (topical) (gel, lotion, soln)</i> | TIER 2 |                              |
| ERY                                                        | TIER 3 |                              |
| <i>erythromycin (acne aid) (gel, soln)</i>                 | TIER 2 |                              |
| <i>erythromycin pads 2%</i>                                | TIER 3 |                              |
| <i>mupirocin</i>                                           | TIER 2 |                              |
| SULFAMYLON 85 MG/GM CREAM                                  | TIER 4 |                              |

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### ELECTROLYTE/MINERAL REPLACEMENT

|                                        |        |                                |
|----------------------------------------|--------|--------------------------------|
| <i>*amino acid infusion 15%***</i>     | TIER 4 | PA - Part B vs D Determination |
| AMINO ACID 10 % SOLUTION               | TIER 4 | PA - Part B vs D Determination |
| <i>amino acid electrolyte infusion</i> | TIER 4 | PA - Part B vs D Determination |
| AMINOSYN                               | TIER 4 | PA - Part B vs D Determination |
| AMINOSYN II                            | TIER 4 | PA - Part B vs D Determination |
| AMINOSYN-HBC                           | TIER 4 | PA - Part B vs D Determination |
| AMINOSYN-PF                            | TIER 4 | PA - Part B vs D Determination |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                                                                              | DRUG TIER | REQUIREMENTS/LIMITS             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|
| AMINOSYN-RF                                                                                                                                                                                                            | TIER 4    | PA - Part B vs D Determination  |
| AMINOSYN/ELECTROLYTES                                                                                                                                                                                                  | TIER 4    | PA - Part B vs D Determination  |
| CARBAGLU                                                                                                                                                                                                               | TIER 5    | PA, LA                          |
| CRYSVITA 10 MG/ML SOLUTION                                                                                                                                                                                             | TIER 5    | PA, LA, QL (2 PER 28 OVER TIME) |
| CRYSVITA 20 MG/ML SOLUTION                                                                                                                                                                                             | TIER 5    | PA, LA, QL (8 PER 28 OVER TIME) |
| CRYSVITA 30 MG/ML SOLUTION                                                                                                                                                                                             | TIER 5    | PA, LA, QL (6 PER 28 OVER TIME) |
| FREAMINE III                                                                                                                                                                                                           | TIER 4    | PA - Part B vs D Determination  |
| HEPATAMINE                                                                                                                                                                                                             | TIER 4    | PA - Part B vs D Determination  |
| INTRALIPID                                                                                                                                                                                                             | TIER 4    | PA - Part B vs D Determination  |
| KCL IN DEXTROSE-NACL                                                                                                                                                                                                   | TIER 4    |                                 |
| NORMOSOL-M IN D5W                                                                                                                                                                                                      | TIER 4    |                                 |
| NUTRILIPID                                                                                                                                                                                                             | TIER 4    | PA - Part B vs D Determination  |
| <i>potassium chloride (cap er 8, cap er 10, tab er 8 (600 mg), tab er 10, tab er 20 (1500 mg))</i>                                                                                                                     | TIER 2    |                                 |
| POTASSIUM CHLORIDE (INJ 2 MEQ/ML, 10 MEQ/100ML SOLUTION, INJ 10 MEQ/100ML, ORAL SOLN 10% (20 MEQ/15ML), 20 MEQ/100ML SOLUTION, INJ 20 MEQ/100ML, ORAL SOLN 20% (40 MEQ/15ML), 40 MEQ/100ML SOLUTION, INJ 40 MEQ/100ML) | TIER 4    |                                 |
| POTASSIUM CHLORIDE ER                                                                                                                                                                                                  | TIER 2    |                                 |
| <i>potassium chloride in dextrose &amp; sodium chloride (20 meq/l (0.1)0.2% inj, 20 meq/l (0.1)0.33% inj, 20 meq/l (0.1)0.4inj, 20 meq/l (0.1)0.9% inj)</i>                                                            | TIER 4    |                                 |
| <i>potassium chloride in nacl (kcl 20 meq/l (0.15%)0.9% inj, kcl 40 meq/l (0.3%)0.9% inj, potassium chloride40-0.9 meq/l-% solution)</i>                                                                               | TIER 4    |                                 |
| <i>potassium chloride microencapsulated crystals er</i>                                                                                                                                                                | TIER 2    |                                 |
| <i>potassium citrate (alkalinizer) (tab er 5 (540 mg), tab er 10 (1080 mg))</i>                                                                                                                                        | TIER 2    |                                 |
| <i>potassium citrate tab er 15 meq (1620 mg)</i>                                                                                                                                                                       | TIER 3    |                                 |
| PREMASOL                                                                                                                                                                                                               | TIER 4    | PA - Part B vs D Determination  |
| <i>sodium chloride (0.9 % solution, inj 2.5 meq/ml (14.6%), iv soln 0.45%, iv soln 0.9%, iv soln 3%, iv soln 5%, preservative free (pf) inj 0.9%)</i>                                                                  | TIER 4    |                                 |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                            | DRUG TIER | REQUIREMENTS/LIMITS            |
|----------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <i>sodium fluoride (chew tab 0.25 mg f 0.55 mg naf), chew tab 0.5 mg f 1.1 mg naf), chew tab 1 mg f 2.2 mg naf))</i> | TIER 2    |                                |
| SYNTHAMIN 17                                                                                                         | TIER 4    | PA - Part B vs D Determination |
| TRAVASOL                                                                                                             | TIER 4    | PA - Part B vs D Determination |
| TROPHAMINE 10 % SOLUTION                                                                                             | TIER 4    | PA - Part B vs D Determination |

## ELECTROLYTE/MINERAL/METAL MODIFIERS

|                                                                                                                                      |        |                       |
|--------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------|
| <i>deferasirox (tab 90 mg, tab 180 mg, tab 360 mg, tab for oral susp 125 mg, tab for oral susp 250 mg, tab for oral susp 500 mg)</i> | TIER 5 |                       |
| <i>deferiprone</i>                                                                                                                   | TIER 5 | PA, LA                |
| FERRIPROX (100 MG/ML SOLUTION, 1000 MG TAB)                                                                                          | TIER 5 | PA, LA                |
| FERRIPROX TWICE-A-DAY                                                                                                                | TIER 5 | PA, LA                |
| <i>trientine hcl</i>                                                                                                                 | TIER 5 | PA, QL (8 PER 1 DAYS) |

## PHOSPHATE BINDERS

|                                           |        |                        |
|-------------------------------------------|--------|------------------------|
| AURYXIA                                   | TIER 5 | PA, QL (12 PER 1 DAYS) |
| <i>calcium acetate (phosphate binder)</i> | TIER 2 |                        |
| <i>sevelamer carbonate tab 800 mg</i>     | TIER 2 |                        |

## POTASSIUM BINDERS

|                                                                                     |        |  |
|-------------------------------------------------------------------------------------|--------|--|
| <i>sodium polystyrene sulfonate (*sodium powder**, sodium oral susp 15 gm/60ml)</i> | TIER 2 |  |
| SPS                                                                                 | TIER 2 |  |
| VELTASSA                                                                            | TIER 3 |  |

## VITAMINS

|                                       |        |  |
|---------------------------------------|--------|--|
| <i>dextrose (inj 5%, inj 10%)</i>     | TIER 4 |  |
| <i>dextrose in lactated ringers</i>   | TIER 4 |  |
| <i>dextrose w/ sodium chloride</i>    | TIER 4 |  |
| DEXTROSE-NACL                         | TIER 4 |  |
| KCL-LACTATED RINGERS-D5W              | TIER 4 |  |
| <i>lactated ringer's</i>              | TIER 4 |  |
| <i>lactated ringer's (irrigation)</i> | TIER 2 |  |
| LACTATED RINGERS                      | TIER 4 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                             | DRUG TIER | REQUIREMENTS/LIMITS            |
|---------------------------------------------------------------------------------------|-----------|--------------------------------|
| <i>levocarnitine tab 330 mg</i>                                                       | TIER 2    |                                |
| NEONATAL PLUS                                                                         | TIER 3    |                                |
| <i>potassium chloride in dextrose (20 meq/l (0.15%)5% inj, 40-5 meq/l-% solution)</i> | TIER 4    |                                |
| <i>prenatal vitamins</i>                                                              | TIER 3    |                                |
| <i>ringer's</i>                                                                       | TIER 4    |                                |
| <i>ringer's irrigation</i>                                                            | TIER 2    |                                |
| SMOFLIPID                                                                             | TIER 4    | PA - Part B vs D Determination |
| TPN ELECTROLYTES                                                                      | TIER 4    | PA - Part B vs D Determination |

## GASTROINTESTINAL AGENTS

### ANTI-CONSTIPATION AGENTS

|                                                                 |        |                   |
|-----------------------------------------------------------------|--------|-------------------|
| AMITIZA                                                         | TIER 3 | QL (2 PER 1 DAYS) |
| <i>lactulose (encephalopathy)</i>                               | TIER 2 |                   |
| <i>lactulose solution 10 gm/15ml</i>                            | TIER 2 |                   |
| LINZESS                                                         | TIER 3 | QL (1 PER 1 DAYS) |
| MOVANTIK                                                        | TIER 3 | QL (1 PER 1 DAYS) |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | TIER 2 |                   |
| RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION)            | TIER 5 | PA                |
| SUPREP BOWEL PREP KIT                                           | TIER 3 |                   |

### ANTI-DIARRHEAL AGENTS

|                                  |        |    |
|----------------------------------|--------|----|
| <i>alosetron hcl</i>             | TIER 5 | PA |
| <i>diphenoxylate w/ atropine</i> | TIER 2 |    |
| DIPHENOXYLATE-ATROPINE           | TIER 2 |    |
| <i>loperamide hcl</i>            | TIER 2 |    |

### ANTISPASMODICS, GASTROINTESTINAL

|                                               |        |    |
|-----------------------------------------------|--------|----|
| <i>dicyclomine hcl (cap 10 mg, tab 20 mg)</i> | TIER 2 | PA |
| <i>glycopyrrolate (tab 1 mg, tab 2 mg)</i>    | TIER 2 |    |

### GASTROINTESTINAL AGENTS, OTHER

|        |        |        |
|--------|--------|--------|
| GATTEX | TIER 5 | PA, LA |
|--------|--------|--------|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                               | DRUG TIER | REQUIREMENTS/LIMITS              |
|---------------------------------------------------------|-----------|----------------------------------|
| GAVILYTE-C                                              | TIER 2    |                                  |
| MYALEPT                                                 | TIER 5    | PA, LA, QL (60 PER 30 OVER TIME) |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> | TIER 2    |                                  |
| <i>ursodiol (cap 300 mg, tab 250 mg, tab 500 mg)</i>    | TIER 2    |                                  |

## HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

|                                                             |        |  |
|-------------------------------------------------------------|--------|--|
| <i>cimetidine</i>                                           | TIER 2 |  |
| CIMETIDINE HCL (300 MG/5ML SOLUTION, SOLN 300 MG/5ML)       | TIER 2 |  |
| <i>famotidine (tab 20 mg, tab 40 mg)</i>                    | TIER 2 |  |
| NIZATIDINE (150 MG CAP, CAP 150 MG, 300 MG CAP, CAP 300 MG) | TIER 2 |  |

## PROTECTANTS

|                            |        |  |
|----------------------------|--------|--|
| <i>misoprostol</i>         | TIER 2 |  |
| <i>sucralfate tab 1 gm</i> | TIER 2 |  |

## PROTON PUMP INHIBITORS

|                                                                      |        |  |
|----------------------------------------------------------------------|--------|--|
| <i>lansoprazole (cap 15 mg, cap 30 mg)</i>                           | TIER 2 |  |
| <i>omeprazole</i>                                                    | TIER 2 |  |
| <i>pantoprazole sodium (ec tab 20 mg equiv), ec tab 40 mg equiv)</i> | TIER 2 |  |
| <i>rabeprazole sodium ec tab 20 mg</i>                               | TIER 3 |  |

## GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

|                                     |        |                                    |
|-------------------------------------|--------|------------------------------------|
| ALDURAZyme                          | TIER 5 | PA - Part B vs D Determination, LA |
| ARALAST NP                          | TIER 5 | PA - Part B vs D Determination, LA |
| BYLVAY (PELLETS) 200 MCG CAP SPRINK | TIER 5 | PA, LA, QL (30 PER 1 DAYS)         |
| BYLVAY (PELLETS) 600 MCG CAP SPRINK | TIER 5 | PA, LA, QL (10 PER 1 DAYS)         |
| BYLVAY 1200 MCG CAP                 | TIER 5 | PA, LA, QL (5 PER 1 DAYS)          |
| BYLVAY 400 MCG CAP                  | TIER 5 | PA, LA, QL (15 PER 1 DAYS)         |
| CERDELGA                            | TIER 5 | PA, LA, QL (2 PER 1 DAYS)          |
| CEREZYME                            | TIER 5 | PA, LA                             |
| CHOLBAM 250 MG CAP                  | TIER 5 | PA, QL (5 PER 1 DAYS)              |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                 | DRUG TIER | REQUIREMENTS/LIMITS                |
|---------------------------------------------------------------------------|-----------|------------------------------------|
| CHOLBAM 50 MG CAP                                                         | TIER 5    | PA, QL (4 PER 1 DAYS)              |
| CREON                                                                     | TIER 3    |                                    |
| <i>cromolyn sodium (mastocytosis)</i>                                     | TIER 4    |                                    |
| CYSTADANE                                                                 | TIER 5    | LA                                 |
| CYSTAGON                                                                  | TIER 4    | PA, LA                             |
| CYSTARAN                                                                  | TIER 5    | PA, LA, QL (60 PER 28 OVER TIME)   |
| FABRAZYME 35 MG RECON SOLN                                                | TIER 5    | PA - Part B vs D Determination, LA |
| LUMIZYME                                                                  | TIER 5    | PA - Part B vs D Determination, LA |
| <i>miglustat</i>                                                          | TIER 5    | PA, LA, QL (3 PER 1 DAYS)          |
| NAGLAZYME                                                                 | TIER 5    | PA - Part B vs D Determination, LA |
| <i>nitisinone</i>                                                         | TIER 5    | PA                                 |
| NITYR                                                                     | TIER 5    | PA, LA                             |
| PROCYSBI                                                                  | TIER 5    | PA, LA                             |
| PROLASTIN-C                                                               | TIER 5    | PA - Part B vs D Determination, LA |
| RAVICTI                                                                   | TIER 5    | PA, LA, QL (525 PER 30 OVER TIME)  |
| <i>sapropterin dihydrochloride</i>                                        | TIER 5    | PA                                 |
| <i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>   | TIER 5    | PA                                 |
| STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION) | TIER 5    | PA, LA                             |
| STRENSIQ 80 MG/0.8ML SOLUTION                                             | TIER 5    | PA, LA, QL (38.4 PER 28 OVER TIME) |
| VYNDAQEL                                                                  | TIER 5    | PA, LA, QL (4 PER 1 DAYS)          |
| ZENPEP                                                                    | TIER 4    |                                    |

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

|                                                                                                               |        |                   |
|---------------------------------------------------------------------------------------------------------------|--------|-------------------|
| MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)                                                                | TIER 4 |                   |
| <i>oxybutynin chloride (syrup 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)</i> | TIER 2 |                   |
| <i>solifenacin succinate</i>                                                                                  | TIER 3 | QL (1 PER 1 DAYS) |
| <i>tolterodine tartrate</i>                                                                                   | TIER 2 | ST                |
| <i>tropium chloride tab 20 mg</i>                                                                             | TIER 2 |                   |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                           | DRUG TIER | REQUIREMENTS/LIMITS                         |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------|
| <b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>                                                                                          |           |                                             |
| <i>alfuzosin hcl</i>                                                                                                                | TIER 2    |                                             |
| <i>dutasteride</i>                                                                                                                  | TIER 4    | QL (1 PER 1 DAYS)                           |
| <i>finasteride</i>                                                                                                                  | TIER 2    |                                             |
| <i>tamsulosin hcl</i>                                                                                                               | TIER 2    |                                             |
| <b>GENITOURINARY AGENTS, OTHER</b>                                                                                                  |           |                                             |
| <i>bethanechol chloride</i>                                                                                                         | TIER 2    |                                             |
| <i>penicillamine tab 250 mg</i>                                                                                                     | TIER 5    | PA                                          |
| THIOLA EC                                                                                                                           | TIER 5    | PA, LA                                      |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>                                                                   |           |                                             |
| ACTHAR                                                                                                                              | TIER 5    | PA, LA                                      |
| <i>alclometasone dipropionate cream 0.05%</i>                                                                                       | TIER 2    |                                             |
| <i>betamethasone dipropionate augmented cream 0.05%</i>                                                                             | TIER 3    |                                             |
| <i>betamethasone dipropionate augmented lotion 0.05%</i>                                                                            | TIER 4    |                                             |
| <i>betamethasone dipropionate oint 0.05%</i>                                                                                        | TIER 3    |                                             |
| CORTISONE ACETATE                                                                                                                   | TIER 4    |                                             |
| DEXAMETHASONE (0.5 MG/5ML SOLUTION, ELIXIR 0.5 MG/5ML, TAB 0.5 MG, TAB 0.75 MG, 1 MG TAB, TAB 1.5 MG, 2 MG TAB, TAB 4 MG, TAB 6 MG) | TIER 2    |                                             |
| <i>dexamethasone sodium phosphate (inj 4 mg/ml, inj 20 mg/5ml, inj 120 mg/30ml)</i>                                                 | TIER 4    |                                             |
| <i>dexamethasone sodium phosphate (sod preservative free inj 10 mg/ml, sodium inj 10 mg/ml, sodium inj 100 mg/10ml)</i>             | TIER 4    | PA - Part B vs D Determination              |
| <i>fludrocortisone acetate</i>                                                                                                      | TIER 2    |                                             |
| HEMADY                                                                                                                              | TIER 4    | PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS) |
| <i>hydrocortisone butyrate oint 0.1%</i>                                                                                            | TIER 4    | ST                                          |
| <i>hydrocortisone valerate oint 0.2%</i>                                                                                            | TIER 2    |                                             |
| KORLYM                                                                                                                              | TIER 5    | PA, LA, QL (4 PER 1 DAYS)                   |
| <i>methylprednisolone</i>                                                                                                           | TIER 2    |                                             |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                            | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>methylprednisolone acetate (inj susp 40 mg/ml, inj susp 80 mg/ml)</i>                                             | TIER 4    |                     |
| <i>methylprednisolone sod succ (inj 40 mg equiv), inj 125 mg equiv))</i>                                             | TIER 4    |                     |
| <i>mometasone furoate (cream, oint)</i>                                                                              | TIER 2    |                     |
| <i>prednisolone (15 mg/5ml solution, syrup 15 mg/5ml (usp solution equivalent))</i>                                  | TIER 2    |                     |
| PREDNISOLONE SODIUM PHOSPHATE (SOD PHOSPH ORAL SOLN 6.7 MG/5ML (5 MG/5ML BASE), SODIUM PHOSPHATE 25 MG/5ML SOLUTION) | TIER 2    |                     |
| <i>prednisone (tab 1 mg, tab 2.5 mg, 5 mg/5ml solution, tab 5 mg, tab 10 mg, tab 20 mg, tab 50 mg)</i>               | TIER 2    |                     |
| PREDNISONE INTENSOL                                                                                                  | TIER 3    |                     |

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

|                                                                                 |        |                                  |
|---------------------------------------------------------------------------------|--------|----------------------------------|
| <i>desmopressin acetate (inj 4 mcg/ml, preservative free (pf) inj 4 mcg/ml)</i> | TIER 4 |                                  |
| <i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>                            | TIER 2 |                                  |
| <i>desmopressin acetate spray</i>                                               | TIER 4 |                                  |
| <i>desmopressin acetate spray refrigerated</i>                                  | TIER 4 |                                  |
| EGRIFTA                                                                         | TIER 5 | PA, LA, QL (60 PER 30 OVER TIME) |
| EGRIFTA SV                                                                      | TIER 5 | PA, LA, QL (30 PER 30 OVER TIME) |
| INCRELEX                                                                        | TIER 5 | PA, LA                           |
| NORDITROPIN FLEXPOR                                                             | TIER 5 | PA                               |
| SEROSTIM                                                                        | TIER 5 | PA, LA                           |

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

### ANABOLIC STEROIDS

|                    |        |    |
|--------------------|--------|----|
| ANADROL-50         | TIER 5 |    |
| <i>oxandrolone</i> | TIER 3 | PA |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



| DRUG NAME                                                                                                                                                    | DRUG TIER | REQUIREMENTS/LIMITS           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <b>ANDROGENS</b>                                                                                                                                             |           |                               |
| ANDRODERM                                                                                                                                                    | TIER 3    | PA, QL (1 PER 1 DAYS)         |
| <i>danazol</i>                                                                                                                                               | TIER 4    |                               |
| TESTOSTERONE (12.5 MG/ACT (1%) GEL, TD GEL 12.5 MG/ACT (1%), 25 MG/2.5GM (1%) GEL, TD GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%) GEL, TD GEL 50 MG/5GM (1%))       | TIER 3    | PA, QL (300 PER 30 OVER TIME) |
| TESTOSTERONE CYPIONATE (100 MG/ML SOLUTION, IM INJ IN OIL 100 MG/ML, 200 MG/ML SOLUTION, IM INJ IN OIL 200 MG/ML)                                            | TIER 2    |                               |
| <i>testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)</i>                                                                                  | TIER 4    | QL (5 PER 30 OVER TIME)       |
| <b>ESTROGENS</b>                                                                                                                                             |           |                               |
| COMBIPATCH                                                                                                                                                   | TIER 3    | PA, QL (8 PER 28 OVER TIME)   |
| DEPO-ESTRADIOL                                                                                                                                               | TIER 4    |                               |
| <i>desogestrel &amp; ethinyl estradiol</i>                                                                                                                   | TIER 2    |                               |
| <i>desogestrel-ethinyl estradiol (biphasic)</i>                                                                                                              | TIER 2    |                               |
| <i>desogestrel-ethinyl estradiol (triphasic)</i>                                                                                                             | TIER 2    |                               |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                                                                                                          | TIER 3    |                               |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                                                                                                          | TIER 2    |                               |
| <i>estradiol &amp; norethindrone acetate</i>                                                                                                                 | TIER 2    | PA                            |
| <i>estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr (37.5 mcg/24hr), patch 0.05 mg/24hr, patch 0.06 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)</i> | TIER 2    | PA, QL (8 PER 28 OVER TIME)   |
| <i>estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr, patch 0.05 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)</i>                                     | TIER 2    | PA, QL (16 PER 28 OVER TIME)  |
| <i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>                                                                                                            | TIER 2    | PA                            |
| <i>estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)</i>                                                                                                       | TIER 2    |                               |
| ESTRING                                                                                                                                                      | TIER 3    | QL (1 PER 84 OVER TIME)       |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>                                                                                          | TIER 2    |                               |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>                                                                                          | TIER 3    |                               |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                 | DRUG TIER | REQUIREMENTS/LIMITS     |
|---------------------------------------------------------------------------|-----------|-------------------------|
| <i>etonogestrel-ethinyl estradiol</i>                                     | TIER 2    | QL (1 PER 28 OVER TIME) |
| <i>levonorgestrel &amp; eth estradiol</i>                                 | TIER 2    |                         |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>   | TIER 2    |                         |
| <i>levonorgestrel-eth estradiol (triphasic)</i>                           | TIER 2    |                         |
| MENEST                                                                    | TIER 4    | PA                      |
| <i>norethin acet &amp; estrad-fe (tab 1 mg-20 mcg, tab 1.5 mg-30 mcg)</i> | TIER 2    |                         |
| <i>norethindrone &amp; eth estradiol (tab 0.4 mcg, tab 1 mcg)</i>         | TIER 2    |                         |
| <i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>            | TIER 3    |                         |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>    | TIER 2    |                         |
| <i>norethindrone acet &amp; eth estra</i>                                 | TIER 2    |                         |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>         | TIER 2    | PA                      |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>             | TIER 4    | PA                      |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>         | TIER 2    |                         |
| <i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>          | TIER 3    |                         |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>        | TIER 2    |                         |
| <i>norgestimate-ethinyl estradiol</i>                                     | TIER 2    |                         |
| <i>norgestrel &amp; ethinyl estradiol</i>                                 | TIER 2    |                         |
| PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB) | TIER 3    | PA                      |
| PREMARIN 0.625 MG/GM CREAM                                                | TIER 3    |                         |
| PREMPHASE                                                                 | TIER 3    | PA                      |
| PREMPRO                                                                   | TIER 3    | PA, QL (1 PER 1 DAYS)   |

## PROGESTINS

|                                                   |        |  |
|---------------------------------------------------|--------|--|
| DEPO-PROVERA 400 MG/ML SUSPENSION                 | TIER 4 |  |
| HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION | TIER 5 |  |
| <i>medroxyprogesterone acetate</i>                | TIER 2 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                      | DRUG TIER | REQUIREMENTS/LIMITS      |
|----------------------------------------------------------------|-----------|--------------------------|
| <i>medroxyprogesterone acetate (contraceptive)</i>             | TIER 4    |                          |
| <i>megestrol acetate (appetite)</i>                            | TIER 4    | PA                       |
| <i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i> | TIER 2    | PA - FOR NEW STARTS ONLY |
| <i>norethindrone (contraceptive)</i>                           | TIER 2    |                          |
| <i>norethindrone acetate</i>                                   | TIER 2    |                          |
| <i>progesterone (cap 100 mg, cap 200 mg)</i>                   | TIER 2    |                          |

## SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

|                       |        |                       |
|-----------------------|--------|-----------------------|
| OSPHENA               | TIER 4 | PA, QL (1 PER 1 DAYS) |
| <i>raloxifene hcl</i> | TIER 2 | QL (1 PER 1 DAYS)     |

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

|                                                                                                                                                                                      |        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|
| <i>levothyroxine sodium (tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg)</i> | TIER 2 |  |
| <i>liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)</i>                                                                                                                       | TIER 2 |  |
| SYNTHROID                                                                                                                                                                            | TIER 3 |  |

## HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

|                            |        |                          |
|----------------------------|--------|--------------------------|
| <i>cabergoline</i>         | TIER 2 | QL (16 PER 30 OVER TIME) |
| FIRMAGON                   | TIER 4 |                          |
| FIRMAGON (240 MG DOSE)     | TIER 5 |                          |
| <i>leuprolide acetate</i>  | TIER 5 |                          |
| LUPRON DEPOT (1-MONTH)     | TIER 5 |                          |
| LUPRON DEPOT (3-MONTH)     | TIER 5 |                          |
| LUPRON DEPOT (4-MONTH)     | TIER 5 |                          |
| LUPRON DEPOT (6-MONTH)     | TIER 5 |                          |
| LUPRON DEPOT-PED (1-MONTH) | TIER 5 |                          |
| LUPRON DEPOT-PED (3-MONTH) | TIER 5 |                          |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                                        | DRUG TIER | REQUIREMENTS/LIMITS                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------|
| <i>octreotide acetate (50 mcg/ml soln prsyr, inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml soln prsyr, inj 100 mcg/ml (0.1 mg/ml), 200 mcg/ml solution, inj 200 mcg/ml (0.2 mg/ml))</i> | TIER 4    | PA                                              |
| OCTREOTIDE ACETATE (500 MCG/ML SOLN PRSYR, INJ 500 MCG/ML (0.5 MG/ML), 1000 MCG/ML SOLUTION, INJ 1000 MCG/ML (1 MG/ML))                                                          | TIER 5    | PA                                              |
| ORGOVYX                                                                                                                                                                          | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS) |
| SANDOSTATIN LAR DEPOT                                                                                                                                                            | TIER 5    | PA                                              |
| SIGNIFOR                                                                                                                                                                         | TIER 5    | PA, LA, QL (60 PER 30 OVER TIME)                |
| SOMATULINE DEPOT                                                                                                                                                                 | TIER 5    | PA - FOR NEW STARTS ONLY                        |
| SOMAVERT                                                                                                                                                                         | TIER 5    | PA, QL (1 PER 1 DAYS)                           |
| SYNAREL                                                                                                                                                                          | TIER 5    |                                                 |

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

### ANTITHYROID AGENTS

|                         |        |
|-------------------------|--------|
| <i>methimazole</i>      | TIER 2 |
| <i>propylthiouracil</i> | TIER 2 |

## IMMUNOLOGICAL AGENTS

### ANGIOEDEMA AGENTS

|                          |        |                              |
|--------------------------|--------|------------------------------|
| BERINERT                 | TIER 5 | PA, LA                       |
| CINRYZE                  | TIER 5 | PA, LA                       |
| HAEGARDA                 | TIER 5 | PA, LA                       |
| <i>icatibant acetate</i> | TIER 5 | PA, QL (36 PER 60 OVER TIME) |
| RUCONEST                 | TIER 5 | PA, LA                       |

### IMMUNOGLOBULINS

|                        |        |        |
|------------------------|--------|--------|
| BIVIGAM                | TIER 5 | PA, LA |
| FLEBOGAMMA DIF         | TIER 5 | PA     |
| GAMMAGARD              | TIER 5 | PA     |
| GAMMAGARD S/D LESS IGA | TIER 5 | PA     |
| GAMMAKED               | TIER 5 | PA     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                             | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION) | TIER 5    | PA, LA              |
| GAMMAPLEX 10 GM/200ML SOLUTION                                                                                        | TIER 5    | PA                  |
| GAMUNEX-C                                                                                                             | TIER 5    | PA                  |
| HIZENTRA                                                                                                              | TIER 5    | PA, LA              |
| PRIVIGEN                                                                                                              | TIER 5    | PA                  |
| VARIZIG                                                                                                               | TIER 5    |                     |

## IMMUNOLOGICAL AGENTS, OTHER

|                                                                             |        |                                 |
|-----------------------------------------------------------------------------|--------|---------------------------------|
| ARCALYST                                                                    | TIER 5 | PA, LA                          |
| BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)                       | TIER 5 | PA, LA, QL (4 PER 28 OVER TIME) |
| ILARIS (150 MG RECON SOLN, 150 MG/ML SOLUTION)                              | TIER 5 | PA, LA                          |
| STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR) | TIER 5 | PA                              |
| TALTZ                                                                       | TIER 5 | PA, LA, QL (1 PER 28 OVER TIME) |
| XELJANZ (5 MG TAB, 10 MG TAB)                                               | TIER 5 | PA, QL (2 PER 1 DAYS)           |
| XELJANZ 1 MG/ML SOLUTION                                                    | TIER 5 | PA, QL (10 PER 1 DAYS)          |
| XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)    | TIER 5 | PA, LA                          |

## IMMUNOSTIMULANTS

|                                                                                                                                              |        |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------|
| ACTIMMUNE                                                                                                                                    | TIER 5 | PA - FOR NEW STARTS ONLY, LA |
| INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN) | TIER 5 | LA                           |
| PEGASYS 180 MCG/0.5ML SOLN PRSYR                                                                                                             | TIER 5 | PA, QL (2 PER 30 OVER TIME)  |
| PEGASYS 180 MCG/ML SOLUTION                                                                                                                  | TIER 5 | PA, QL (4 PER 30 OVER TIME)  |
| PEGASYS PROCLICK 180 MCG/0.5ML SOLN A-INJ                                                                                                    | TIER 5 | PA, QL (2 PER 30 OVER TIME)  |
| SYLATRON (200 MCG KIT, 300 MCG KIT)                                                                                                          | TIER 5 |                              |
| SYLATRON 600 MCG KIT                                                                                                                         | TIER 5 | LA                           |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                                      | DRUG TIER | REQUIREMENTS/LIMITS            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <b>IMMUNOSUPPRESSANTS</b>                                                                                                                                                      |           |                                |
| AZATHIOPRINE SODIUM                                                                                                                                                            | TIER 4    | PA - Part B vs D Determination |
| <i>azathioprine tab 50 mg</i>                                                                                                                                                  | TIER 2    | PA - Part B vs D Determination |
| <i>cyclosporine (cap 25 mg, cap 100 mg)</i>                                                                                                                                    | TIER 4    | PA - Part B vs D Determination |
| <i>cyclosporine iv soln 50 mg/ml</i>                                                                                                                                           | TIER 2    | PA - Part B vs D Determination |
| <i>cyclosporine modified (for microemulsion) (cap 25 mg, cap 50 mg, cap 100 mg, oral soln 100 mg/ml)</i>                                                                       | TIER 3    | PA - Part B vs D Determination |
| ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)                                                                                   | TIER 5    | PA                             |
| ENBREL SURECLICK                                                                                                                                                               | TIER 5    | PA                             |
| ENVARUSUS XR                                                                                                                                                                   | TIER 4    | PA - FOR NEW STARTS ONLY       |
| <i>everolimus (immunosuppressant) (tab 0.25 mg, tab 0.5 mg, tab 0.75 mg)</i>                                                                                                   | TIER 5    | PA - FOR NEW STARTS ONLY       |
| HUMIRA                                                                                                                                                                         | TIER 5    | PA                             |
| HUMIRA PEDIATRIC CROHNS START                                                                                                                                                  | TIER 5    | PA                             |
| HUMIRA PEN                                                                                                                                                                     | TIER 5    | PA                             |
| HUMIRA PEN-CD/UC/HS STARTER                                                                                                                                                    | TIER 5    | PA                             |
| HUMIRA PEN-PEDIATRIC UC START                                                                                                                                                  | TIER 5    | PA                             |
| HUMIRA PEN-PS/UV/ADOL HS START                                                                                                                                                 | TIER 5    | PA                             |
| HUMIRA PEN-PSOR/UVEIT STARTER                                                                                                                                                  | TIER 5    | PA                             |
| <i>leflunomide</i>                                                                                                                                                             | TIER 2    |                                |
| METHOTREXATE SODIUM (FOR INJ 1 GM, INJ 50 MG/2ML (25 MG/ML), INJ PF 50 MG/2ML (25 MG/ML), 250 MG/10ML SOLUTION, INJ PF 250 MG/10ML (25 MG/ML), INJ PF 1000 MG/40ML (25 MG/ML)) | TIER 2    | PA - Part B vs D Determination |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i>                                                                                                                             | TIER 2    |                                |
| <i>mycophenolate mofetil (cap 250 mg, tab 500 mg)</i>                                                                                                                          | TIER 2    | PA - Part B vs D Determination |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i>                                                                                                                           | TIER 5    | PA - Part B vs D Determination |
| <i>mycophenolate mofetil hcl</i>                                                                                                                                               | TIER 4    | PA - Part B vs D Determination |
| <i>mycophenolate sodium</i>                                                                                                                                                    | TIER 4    | PA - Part B vs D Determination |
| PROGRAF 0.2 MG PACKET                                                                                                                                                          | TIER 4    | PA - FOR NEW STARTS ONLY       |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                          | DRUG TIER | REQUIREMENTS/LIMITS                             |
|----------------------------------------------------|-----------|-------------------------------------------------|
| PROGRAF 1 MG PACKET                                | TIER 5    | PA - FOR NEW STARTS ONLY                        |
| REZUROCK                                           | TIER 5    | PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS) |
| SANDIMMUNE 100 MG/ML SOLUTION                      | TIER 4    | PA - Part B vs D Determination                  |
| <i>sirolimus (oral soln 1 mg/ml, tab 2 mg)</i>     | TIER 5    | PA - Part B vs D Determination                  |
| <i>sirolimus (tab 0.5 mg, tab 1 mg)</i>            | TIER 4    | PA - Part B vs D Determination                  |
| <i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i> | TIER 2    | PA - Part B vs D Determination                  |
| XATMEP                                             | TIER 4    | PA - FOR NEW STARTS ONLY                        |
| XELJANZ XR                                         | TIER 5    | PA, QL (1 PER 1 DAYS)                           |
| ZORTRESS 1 MG TAB                                  | TIER 5    | PA - FOR NEW STARTS ONLY                        |

## VACCINES

|                               |        |                                |
|-------------------------------|--------|--------------------------------|
| ACTHIB                        | TIER 3 |                                |
| ADACEL                        | TIER 3 |                                |
| BCG VACCINE                   | TIER 3 |                                |
| BEXSERO                       | TIER 3 |                                |
| BOOSTRIX                      | TIER 3 |                                |
| DAPTACEL                      | TIER 3 |                                |
| DIPHThERIA-TETANUS TOXOIDS DT | TIER 3 |                                |
| ENGRIX-B                      | TIER 3 | PA - Part B vs D Determination |
| GARDASIL 9                    | TIER 3 |                                |
| HAVRIX                        | TIER 3 |                                |
| HIBERIX                       | TIER 3 |                                |
| IMOVAX RABIES                 | TIER 3 |                                |
| INFANRIX                      | TIER 3 |                                |
| IPOL                          | TIER 3 |                                |
| IXIARO                        | TIER 4 |                                |
| KINRIX                        | TIER 3 |                                |
| M-M-R II                      | TIER 3 |                                |
| MENACTRA                      | TIER 3 |                                |
| MENQUADFI                     | TIER 3 |                                |
| MENVEO                        | TIER 3 |                                |
| PEDIARIX                      | TIER 3 |                                |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME     | DRUG TIER | REQUIREMENTS/LIMITS            |
|---------------|-----------|--------------------------------|
| PEDVAX HIB    | TIER 3    |                                |
| PROQUAD       | TIER 3    |                                |
| QUADRACEL     | TIER 3    |                                |
| RABAVERT      | TIER 3    |                                |
| RECOMBIVAX HB | TIER 3    | PA - Part B vs D Determination |
| ROTARIX       | TIER 3    |                                |
| ROTATEQ       | TIER 3    |                                |
| SHINGRIX      | TIER 3    | QL (2 PER 365 OVER TIME)       |
| TDVAX         | TIER 3    |                                |
| TENIVAC       | TIER 3    |                                |
| TICOVAC       | TIER 3    |                                |
| TRUMENBA      | TIER 3    |                                |
| TWINRIX       | TIER 3    | PA - Part B vs D Determination |
| TYPHIM VI     | TIER 4    |                                |
| VAQTA         | TIER 3    |                                |
| VARIVAX       | TIER 3    |                                |
| YF-VAX        | TIER 4    |                                |
| ZOSTAVAX      | TIER 4    | QL (1 PER 365 OVER TIME)       |

## INFLAMMATORY BOWEL DISEASE AGENTS

### AMINOSALICYLATES

|                                              |        |                   |
|----------------------------------------------|--------|-------------------|
| <i>balsalazide disodium</i>                  | TIER 2 |                   |
| <i>mesalamine cap er 24hr 0.375 gm</i>       | TIER 3 | QL (4 PER 1 DAYS) |
| <i>mesalamine enema 4 gm</i>                 | TIER 2 |                   |
| <i>mesalamine suppos 1000 mg</i>             | TIER 5 |                   |
| <i>mesalamine tab delayed release 1.2 gm</i> | TIER 4 | QL (4 PER 1 DAYS) |
| <i>sulfasalazine</i>                         | TIER 2 |                   |

### GLUCOCORTICOIDS

|                                                      |        |                       |
|------------------------------------------------------|--------|-----------------------|
| <i>budesonide delayed release particles cap 3 mg</i> | TIER 4 | PA, QL (3 PER 1 DAYS) |
| <i>budesonide tab er 24hr 9 mg</i>                   | TIER 5 | PA, QL (1 PER 1 DAYS) |
| <i>hydrocortisone</i>                                | TIER 2 |                       |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



| DRUG NAME                           | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------|-----------|---------------------|
| <i>hydrocortisone (intrarectal)</i> | TIER 3    |                     |

## METABOLIC BONE DISEASE AGENTS

|                                                                                                                      |        |                                                     |
|----------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------|
| <i>alendronate sodium (5 mg tab, tab 5 mg, tab 10 mg, tab 35 mg, 40 mg tab, tab 70 mg)</i>                           | TIER 1 |                                                     |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i>                                                                   | TIER 2 | QL (3.7 PER 30 OVER TIME)                           |
| <i>calcitriol (cap 0.25 mcg, cap 0.5 mcg)</i>                                                                        | TIER 2 | PA - Part B vs D Determination                      |
| CALCITRIOL 1 MCG/ML SOLUTION                                                                                         | TIER 4 | PA - Part B vs D Determination                      |
| <i>calcitriol oral soln 1 mcg/ml</i>                                                                                 | TIER 3 | PA - Part B vs D Determination                      |
| <i>cinacalcet hcl (tab 60 mg equiv), tab 90 mg equiv))</i>                                                           | TIER 5 | PA - Part B vs D Determination                      |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i>                                                                         | TIER 4 | PA - Part B vs D Determination                      |
| <i>doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg, inj 4 mcg/2ml (2 mcg/ml))</i>                               | TIER 4 | PA - Part B vs D Determination                      |
| ETIDRONATE DISODIUM 200 MG TAB                                                                                       | TIER 3 |                                                     |
| <i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>                                                         | TIER 4 | PA                                                  |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i>                                                               | TIER 2 |                                                     |
| NATPARA                                                                                                              | TIER 5 | PA, LA, QL (2 PER 28 OVER TIME)                     |
| <i>paricalcitol (cap 1 mcg, cap 2 mcg, cap 4 mcg)</i>                                                                | TIER 3 | PA - Part B vs D Determination                      |
| <i>paricalcitol (soln 2 mcg/ml, soln 5 mcg/ml)</i>                                                                   | TIER 4 | PA - Part B vs D Determination                      |
| PROLIA                                                                                                               | TIER 4 | PA                                                  |
| <i>risedronate sodium (tab 5 mg, tab 35 mg, tab 150 mg, tab delayed release 35 mg)</i>                               | TIER 4 |                                                     |
| TYMLOS                                                                                                               | TIER 5 | PA, QL (1.56 PER 28 OVER TIME)                      |
| XGEVA                                                                                                                | TIER 5 | PA - FOR NEW STARTS ONLY, QL (1.7 PER 28 OVER TIME) |
| <i>zoledronic acid (4 mg recon soln, 4 mg/100ml solution, inj conc for iv infusion 4 mg/5ml, iv soln 5 mg/100ml)</i> | TIER 4 | PA - Part B vs D Determination                      |

## MISCELLANEOUS THERAPEUTIC AGENTS

|                  |        |  |
|------------------|--------|--|
| ALCOH-WIPE       | TIER 2 |  |
| ALCOHOL 70% PADS | TIER 2 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                  | DRUG TIER | REQUIREMENTS/LIMITS        |
|--------------------------------------------|-----------|----------------------------|
| BIOGUARD GAUZE SPONGES 2"X2" PAD           | TIER 2    |                            |
| ESSENTRA WIPES 9X9"                        | TIER 2    |                            |
| INSULIN PEN NEEDLES                        | TIER 2    |                            |
| INSULIN SYRINGE 0.3 ML                     | TIER 2    |                            |
| INSULIN SYRINGE 0.5 ML                     | TIER 2    |                            |
| INSULIN SYRINGE 1 ML                       | TIER 2    |                            |
| <i>methylergonovine maleate tab 0.2 mg</i> | TIER 4    |                            |
| RUZURGI                                    | TIER 5    | PA, LA, QL (10 PER 1 DAYS) |
| <i>water for irrigation, sterile</i>       | TIER 2    |                            |

## OPHTHALMIC AGENTS

### OPHTHALMIC AGENTS, OTHER

|                                                                  |        |                           |
|------------------------------------------------------------------|--------|---------------------------|
| ATROPINE SULFATE 1 % SOLUTION                                    | TIER 2 |                           |
| <i>bacitracin-poly-neomycin-hc</i>                               | TIER 2 |                           |
| <i>bacitracin-polymyxin b (ophth)</i>                            | TIER 2 |                           |
| COMBIGAN                                                         | TIER 3 |                           |
| DORZOLAMIDE HCL-TIMOLOL MAL                                      | TIER 2 |                           |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> | TIER 2 |                           |
| <i>neomycin-bacitracin zn-polymyxin</i>                          | TIER 2 |                           |
| <i>neomycin-polymy-dexameth (oint, susp)</i>                     | TIER 2 |                           |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN                                    | TIER 2 |                           |
| RESTASIS                                                         | TIER 3 | QL (60 PER 30 OVER TIME)  |
| RESTASIS MULTIDOSE                                               | TIER 3 | QL (5.5 PER 30 OVER TIME) |
| <i>sulfacetamide sod-prednisolone</i>                            | TIER 2 |                           |
| SULFACETAMIDE-PREDNISOLONE                                       | TIER 2 |                           |
| <i>tobramycin-dexamethasone</i>                                  | TIER 2 |                           |

### OPHTHALMIC ANTI-ALLERGY AGENTS

|                                                          |        |  |
|----------------------------------------------------------|--------|--|
| <i>azelastine hcl (ophth)</i>                            | TIER 2 |  |
| <i>cromolyn sodium (ophth)</i>                           | TIER 2 |  |
| <i>olopatadine hcl ophth soln 0.1% (base equivalent)</i> | TIER 2 |  |
| <i>olopatadine hcl ophth soln 0.2% (base equivalent)</i> | TIER 3 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                      | DRUG TIER | REQUIREMENTS/LIMITS       |
|----------------------------------------------------------------|-----------|---------------------------|
| <b>OPHTHALMIC ANTI-INFECTIVES</b>                              |           |                           |
| BACITRACIN 500 UNIT/GM OINTMENT                                | TIER 4    |                           |
| <i>erythromycin (ophth)</i>                                    | TIER 2    |                           |
| GENTAK                                                         | TIER 2    |                           |
| <i>gentamicin sulfate (ophth)</i>                              | TIER 2    |                           |
| <i>levofloxacin (ophth)</i>                                    | TIER 3    |                           |
| <i>moxifloxacin hcl (ophth)</i>                                | TIER 2    |                           |
| NATACYN                                                        | TIER 3    |                           |
| <i>ofloxacin (ophth)</i>                                       | TIER 2    |                           |
| <i>polymyxin b-trimethoprim</i>                                | TIER 2    |                           |
| <i>sulfacetamide sodium (ophth)</i>                            | TIER 2    |                           |
| SULFACETAMIDE SODIUM 10 % OINTMENT                             | TIER 2    |                           |
| <i>tobramycin (ophth)</i>                                      | TIER 2    |                           |
| <b>OPHTHALMIC ANTI-INFLAMMATORIES</b>                          |           |                           |
| ALREX                                                          | TIER 3    |                           |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION                  | TIER 2    |                           |
| <i>diclofenac sodium (ophth)</i>                               | TIER 2    |                           |
| <i>fluorometholone (ophth)</i>                                 | TIER 3    |                           |
| <i>flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)</i> | TIER 2    |                           |
| ILEVRO                                                         | TIER 3    | QL (1.7 PER 30 OVER TIME) |
| <i>ketorolac tromethamine (ophth)</i>                          | TIER 2    |                           |
| <i>loteprednol etabonate ophth susp 0.5%</i>                   | TIER 3    |                           |
| PREDNISOLONE ACETATE                                           | TIER 2    |                           |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION                     | TIER 2    |                           |
| PROLENSA                                                       | TIER 3    |                           |
| <b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>              |           |                           |
| <i>betaxolol hcl (ophth)</i>                                   | TIER 2    |                           |
| CARTEOLOL HCL                                                  | TIER 2    |                           |
| <i>carteolol hcl (ophth)</i>                                   | TIER 2    |                           |
| <i>levobunolol hcl (0.5 % solution, ophth soln 0.5%)</i>       | TIER 2    |                           |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                             | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------|-----------|---------------------|
| METIPRANOLOL                                                                                          | TIER 2    |                     |
| TIMOLOL MALEATE (0.25 % GEL F SOLN, 0.5 % GEL F SOLN)                                                 | TIER 2    |                     |
| <i>timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, soln 0.25%, soln 0.5%)</i> | TIER 2    |                     |

## OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

|                                              |        |  |
|----------------------------------------------|--------|--|
| <i>acetazolamide cap er 12hr 500 mg</i>      | TIER 4 |  |
| ALPHAGAN P 0.1 % SOLUTION                    | TIER 3 |  |
| <i>apraclonidine hcl</i>                     | TIER 3 |  |
| AZOPT                                        | TIER 3 |  |
| <i>brimonidine tartrate ophth soln 0.15%</i> | TIER 3 |  |
| <i>brimonidine tartrate ophth soln 0.2%</i>  | TIER 2 |  |
| <i>brinzolamide</i>                          | TIER 3 |  |
| <i>dorzolamide hcl ophth soln 2%</i>         | TIER 2 |  |
| <i>methazolamide</i>                         | TIER 4 |  |
| PHOSPHOLINE IODIDE                           | TIER 4 |  |
| <i>pilocarpine hcl</i>                       | TIER 2 |  |

## OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

|                                                          |        |                    |
|----------------------------------------------------------|--------|--------------------|
| <i>latanoprost (0.005 % solution, ophth soln 0.005%)</i> | TIER 2 |                    |
| LUMIGAN                                                  | TIER 3 | QL (5 PER 30 DAYS) |
| <i>travoprost</i>                                        | TIER 3 | QL (5 PER 30 DAYS) |

## OTIC AGENTS

|                                     |        |  |
|-------------------------------------|--------|--|
| CIPROFLOXACIN HCL 0.2 % SOLUTION    | TIER 4 |  |
| <i>ciprofloxacin-dexamethasone</i>  | TIER 4 |  |
| COLY-MYCIN S                        | TIER 3 |  |
| CORTISPORIN-TC                      | TIER 3 |  |
| DERMOTIC                            | TIER 3 |  |
| <i>hydrocortisone w/acetic acid</i> | TIER 3 |  |
| <i>neomycin-polymyxin-hc (otic)</i> | TIER 2 |  |
| <i>ofloxacin (otic)</i>             | TIER 2 |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                          | DRUG TIER | REQUIREMENTS/LIMITS            |
|--------------------------------------------------------------------|-----------|--------------------------------|
| <b>RESPIRATORY TRACT/PULMONARY AGENTS</b>                          |           |                                |
| <b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>                |           |                                |
| <i>budesonide (inhalation)</i>                                     | TIER 2    | PA - Part B vs D Determination |
| FLOVENT DISKUS (50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA) | TIER 3    | QL (60 PER 30 DAYS)            |
| FLOVENT DISKUS 250 MCG/BLIST AER POW BA                            | TIER 3    | QL (240 PER 30 DAYS)           |
| FLOVENT HFA 110 MCG/ACT AEROSOL                                    | TIER 3    | QL (24 PER 30 OVER TIME)       |
| FLOVENT HFA 220 MCG/ACT AEROSOL                                    | TIER 3    | QL (24 PER 30 DAYS)            |
| FLOVENT HFA 44 MCG/ACT AEROSOL                                     | TIER 3    | QL (22 PER 30 OVER TIME)       |
| FLUNISOLIDE                                                        | TIER 2    | ST, QL (50 PER 30 OVER TIME)   |
| <i>fluticasone propionate (nasal)</i>                              | TIER 2    | QL (16 PER 30 OVER TIME)       |
| PULMICORT FLEXHALER 180 MCG/ACT AER POW BA                         | TIER 4    | QL (2 PER 30 DAYS)             |
| PULMICORT FLEXHALER 90 MCG/ACT AER POW BA                          | TIER 4    | QL (2 PER 30 OVER TIME)        |
| QVAR REDIHALER                                                     | TIER 3    | QL (21.2 PER 30 DAYS)          |
| <b>ANTI-HISTAMINES</b>                                             |           |                                |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>             | TIER 2    | QL (30 PER 25 OVER TIME)       |
| <i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>          | TIER 3    | QL (30 PER 25 OVER TIME)       |
| <i>cyproheptadine hcl tab 4 mg</i>                                 | TIER 2    | PA                             |
| <i>hydroxyzine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>           | TIER 2    | PA                             |
| <i>levocetirizine dihydrochloride tab 5 mg</i>                     | TIER 2    |                                |
| <i>promethazine hcl (inj 25 mg/ml, inj 50 mg/ml)</i>               | TIER 4    | PA                             |
| <i>promethazine hcl syrup 6.25 mg/5ml</i>                          | TIER 2    | PA                             |
| <b>ANTILEUKOTRIENES</b>                                            |           |                                |
| <i>montelukast sodium</i>                                          | TIER 2    | QL (1 PER 1 DAYS)              |
| <i>zafirlukast</i>                                                 | TIER 2    | QL (2 PER 1 DAYS)              |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                  | DRUG TIER | REQUIREMENTS/LIMITS            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <b>BRONCHODILATORS, ANTICHOLINERGIC</b>                                                                                                                    |           |                                |
| ATROVENT HFA                                                                                                                                               | TIER 3    | QL (25.8 PER 30 OVER TIME)     |
| INCRUSE ELLIPTA                                                                                                                                            | TIER 3    | QL (30 PER 30 DAYS)            |
| <i>ipratropium bromide</i>                                                                                                                                 | TIER 2    | PA - Part B vs D Determination |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>                                                                                                 | TIER 2    | QL (30 PER 30 OVER TIME)       |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>                                                                                                 | TIER 2    | QL (45 PER 30 OVER TIME)       |
| SPIRIVA HANDIHALER                                                                                                                                         | TIER 3    | QL (30 PER 30 DAYS)            |
| SPIRIVA RESPIMAT                                                                                                                                           | TIER 3    | QL (4 PER 30 DAYS)             |
| <b>BRONCHODILATORS, SYMPATHOMIMETIC</b>                                                                                                                    |           |                                |
| <i>albuterol 90mcg hfa inhaler (generic proair)</i>                                                                                                        | TIER 2    | QL (17 PER 30 OVER TIME)       |
| <i>albuterol 90mg hfa inhaler (generic proair)</i>                                                                                                         | TIER 2    | QL (17 PER 30 OVER TIME)       |
| <i>albuterol 90mg hfa inhaler (generic proventil)</i>                                                                                                      | TIER 2    | QL (13.4 PER 30 OVER TIME)     |
| ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)                                                                                                              | TIER 2    | QL (36 PER 30 OVER TIME)       |
| <i>albuterol sulfate (soln nebu 0.083% (2.5 mg/3ml), soln nebu 0.5% (5 mg/ml), soln nebu 0.63 mg/3ml (base equiv), soln nebu 1.25 mg/3ml (base equiv))</i> | TIER 2    | PA - Part B vs D Determination |
| <i>albuterol sulfate (tab 2 mg, tab 4 mg)</i>                                                                                                              | TIER 4    |                                |
| <i>epinephrine (anaphylaxis) (solution 0.15 mg/0.3ml (1:2000), solution 0.3 mg/0.3ml (1:1000))</i>                                                         | TIER 2    | QL (24 PER 365 OVER TIME)      |
| EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)                                                                                                             | TIER 2    | QL (24 PER 365 OVER TIME)      |
| <i>levalbuterol hcl (soln nebu 0.31 mg/3ml equiv), soln nebu 0.63 mg/3ml equiv), soln nebu 1.25 mg/3ml equiv), soln nebu conc 1.25 mg/0.5ml equiv))</i>    | TIER 2    | PA                             |
| LEVALBUTEROL TARTRATE                                                                                                                                      | TIER 3    | QL (30 PER 30 OVER TIME)       |
| SEREVENT DISKUS                                                                                                                                            | TIER 3    | QL (60 PER 30 DAYS)            |
| STRIVERDI RESPIMAT                                                                                                                                         | TIER 3    | QL (4 PER 30 DAYS)             |
| <i>terbutaline sulfate (tab 2.5 mg, tab 5 mg)</i>                                                                                                          | TIER 2    |                                |
| <i>terbutaline sulfate inj 1 mg/ml</i>                                                                                                                     | TIER 4    |                                |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                    | DRUG TIER | REQUIREMENTS/LIMITS                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------|
| <b>CYSTIC FIBROSIS AGENTS</b>                                                                                                                |           |                                                               |
| CAYSTON                                                                                                                                      | TIER 5    | PA, LA, QL (84 PER 28 OVER TIME)                              |
| KALYDECO                                                                                                                                     | TIER 5    | PA, LA, QL (2 PER 1 DAYS)                                     |
| PULMOZYME                                                                                                                                    | TIER 5    | PA - Part B vs D Determination, QL (150 PER 30 OVER TIME)     |
| SYMDEKO                                                                                                                                      | TIER 5    | PA, LA, QL (2 PER 1 DAYS)                                     |
| TOBI PODHALER                                                                                                                                | TIER 5    | PA, LA, QL (224 PER 28 OVER TIME)                             |
| <i>tobramycin nebu soln 300 mg/4ml</i>                                                                                                       | TIER 5    | PA, QL (224 PER 28 OVER TIME)                                 |
| <i>tobramycin nebu soln 300 mg/5ml</i>                                                                                                       | TIER 5    | PA, QL (280 PER 56 OVER TIME)                                 |
| TRIKAFTA                                                                                                                                     | TIER 5    | PA, LA, QL (3 PER 1 DAYS)                                     |
| <b>MAST CELL STABILIZERS</b>                                                                                                                 |           |                                                               |
| <i>cromolyn sodium</i>                                                                                                                       | TIER 3    | PA - Part B vs D Determination                                |
| <b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>                                                                                         |           |                                                               |
| DALIRESP 250 MCG TAB                                                                                                                         | TIER 4    | PA, QL (28 PER 180 OVER TIME)                                 |
| DALIRESP 500 MCG TAB                                                                                                                         | TIER 4    | PA, QL (1 PER 1 DAYS)                                         |
| <i>theophylline (tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i> | TIER 2    |                                                               |
| THEOPHYLLINE ER                                                                                                                              | TIER 2    |                                                               |
| <i>theophylline soln 80 mg/15ml</i>                                                                                                          | TIER 3    |                                                               |
| <b>PULMONARY ANTIHYPERTENSIVES</b>                                                                                                           |           |                                                               |
| ADEMPAS                                                                                                                                      | TIER 5    | PA, LA, QL (3 PER 1 DAYS)                                     |
| <i>ambrisentan</i>                                                                                                                           | TIER 5    | PA, LA, QL (1 PER 1 DAYS)                                     |
| <i>bosentan tab 125 mg</i>                                                                                                                   | TIER 5    | PA, LA, QL (2 PER 1 DAYS)                                     |
| <i>bosentan tab 62.5 mg</i>                                                                                                                  | TIER 5    | PA, LA, QL (4 PER 1 DAYS)                                     |
| OPSUMIT                                                                                                                                      | TIER 5    | PA, LA, QL (1 PER 1 DAYS)                                     |
| <i>sildenafil citrate for suspension 10 mg/ml</i>                                                                                            | TIER 5    | PA, QL (6 PER 1 DAYS)                                         |
| <i>sildenafil citrate tab 20 mg</i>                                                                                                          | TIER 2    | PA, QL (3 PER 1 DAYS)                                         |
| <i>tadalafil (pulmonary hypertension)</i>                                                                                                    | TIER 5    | PA, QL (2 PER 1 DAYS)                                         |
| TRACLEER 32 MG TAB SOL                                                                                                                       | TIER 5    | PA, LA, QL (4 PER 1 DAYS)                                     |
| VENTAVIS 10 MCG/ML SOLUTION                                                                                                                  | TIER 5    | PA - Part B vs D Determination, LA, QL (270 PER 30 OVER TIME) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                   | DRUG TIER | REQUIREMENTS/LIMITS                                          |
|-----------------------------|-----------|--------------------------------------------------------------|
| VENTAVIS 20 MCG/ML SOLUTION | TIER 5    | PA - Part B vs D Determination, LA, QL (90 PER 30 OVER TIME) |

## PULMONARY FIBROSIS AGENTS

|                                  |        |                           |
|----------------------------------|--------|---------------------------|
| ESBRIET (267 MG CAP, 267 MG TAB) | TIER 5 | PA, LA, QL (9 PER 1 DAYS) |
| ESBRIET 801 MG TAB               | TIER 5 | PA, LA, QL (3 PER 1 DAYS) |
| OFEV                             | TIER 5 | PA, LA, QL (2 PER 1 DAYS) |

## RESPIRATORY TRACT AGENTS, OTHER

|                                                                                                                             |        |                                 |
|-----------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------|
| <i>acetylcysteine</i>                                                                                                       | TIER 2 | PA - Part B vs D Determination  |
| ANORO ELLIPTA                                                                                                               | TIER 3 | QL (60 PER 30 DAYS)             |
| BEVESPI AEROSPHERE                                                                                                          | TIER 3 | QL (10.7 PER 28 DAYS)           |
| COMBIVENT RESPIMAT                                                                                                          | TIER 3 | QL (4 PER 30 OVER TIME)         |
| FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)                     | TIER 2 | QL (1 PER 30 DAYS)              |
| <i>fluticasone-salmeterol (aer powder ba 100-50 mcg/dose, aer powder ba 250-50 mcg/dose, aer powder ba 500-50 mcg/dose)</i> | TIER 2 | QL (60 PER 30 DAYS)             |
| <i>ipratropium-albuterol</i>                                                                                                | TIER 2 | PA - Part B vs D Determination  |
| NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)                                                                         | TIER 5 | PA, LA, QL (3 PER 28 DAYS)      |
| NUCALA 100 MG RECON SOLN                                                                                                    | TIER 5 | PA, LA, QL (3 PER 28 OVER TIME) |
| <i>ribavirin</i>                                                                                                            | TIER 5 | PA - Part B vs D Determination  |
| TRELEGY ELLIPTA 100-62.5-25 MCG/INH AER POW BA                                                                              | TIER 3 | QL (60 PER 30 DAYS)             |
| TRELEGY ELLIPTA 200-62.5-25 MCG/INH AER POW BA                                                                              | TIER 3 | QL (60 PER 30 OVER TIME)        |

## SKELETAL MUSCLE RELAXANTS

|                                                  |        |                       |
|--------------------------------------------------|--------|-----------------------|
| <i>carisoprodol tab 350 mg</i>                   | TIER 2 | PA, QL (4 PER 1 DAYS) |
| <i>cyclobenzaprine hcl (tab 5 mg, tab 10 mg)</i> | TIER 2 | PA                    |
| <i>methocarbamol (tab 500 mg, tab 750 mg)</i>    | TIER 2 | PA                    |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



| DRUG NAME                           | DRUG TIER | REQUIREMENTS/LIMITS               |
|-------------------------------------|-----------|-----------------------------------|
| <b>SLEEP DISORDER AGENTS</b>        |           |                                   |
| <b>SLEEP PROMOTING AGENTS</b>       |           |                                   |
| <i>estazolam</i>                    | TIER 2    | QL (1 PER 1 DAYS)                 |
| HETLIOZ                             | TIER 5    | PA, LA, QL (1 PER 1 DAYS)         |
| <i>ramelteon</i>                    | TIER 2    | QL (1 PER 1 DAYS)                 |
| <i>temazepam cap 15 mg</i>          | TIER 2    | QL (2 PER 1 DAYS)                 |
| <i>temazepam cap 30 mg</i>          | TIER 2    | QL (1 PER 1 DAYS)                 |
| <i>triazolam tab 0.125 mg</i>       | TIER 2    | QL (4 PER 1 DAYS)                 |
| <i>triazolam tab 0.25 mg</i>        | TIER 2    | QL (2 PER 1 DAYS)                 |
| <i>zaleplon cap 10 mg</i>           | TIER 2    | QL (2 PER 1 DAYS)                 |
| <i>zaleplon cap 5 mg</i>            | TIER 2    | QL (4 PER 1 DAYS)                 |
| <i>zolpidem tartrate tab 10 mg</i>  | TIER 2    | QL (1 PER 1 DAYS)                 |
| <i>zolpidem tartrate tab 5 mg</i>   | TIER 2    | QL (2 PER 1 DAYS)                 |
| <b>WAKEFULNESS PROMOTING AGENTS</b> |           |                                   |
| <i>modafinil tab 100 mg</i>         | TIER 3    | QL (3 PER 1 DAYS)                 |
| <i>modafinil tab 200 mg</i>         | TIER 3    | QL (2 PER 1 DAYS)                 |
| XYREM                               | TIER 5    | PA, LA, QL (540 PER 30 OVER TIME) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

# Index of Drugs

## A

|                                                        |       |                                                  |    |
|--------------------------------------------------------|-------|--------------------------------------------------|----|
| abacavir sulfate.....                                  | 37    | ALCOHOL 70% PADS.....                            | 72 |
| abacavir sulfate-lamivudine.....                       | 37    | ALDURAZYME.....                                  | 60 |
| abacavir sulfate-lamivudine-zidovudine....             | 37    | ALECENSA.....                                    | 24 |
| ABELCET.....                                           | 17    | alendronate sodium.....                          | 72 |
| ABILIFY MAINTENA.....                                  | 32    | alfuzosin hcl.....                               | 62 |
| abiraterone acetate.....                               | 21    | ALINIA.....                                      | 30 |
| acamprosate calcium.....                               | 4     | aliskiren fumarate.....                          | 48 |
| acarbose.....                                          | 41    | allopurinol.....                                 | 19 |
| acebutolol hcl.....                                    | 47    | alosetron hcl.....                               | 59 |
| acetaminophen w/ codeine.....                          | 3     | ALPHAGAN P.....                                  | 75 |
| acetazolamide.....                                     | 48,75 | alprazolam.....                                  | 40 |
| acetic acid (otic).....                                | 6     | ALREX.....                                       | 74 |
| acetylcysteine.....                                    | 79    | ALUNBRIG.....                                    | 24 |
| acitretin.....                                         | 54    | amantadine hcl.....                              | 31 |
| ACTHAR.....                                            | 62    | AMBISOME.....                                    | 18 |
| ACTHIB.....                                            | 70    | ambrisentan.....                                 | 78 |
| ACTIMMUNE.....                                         | 68    | amikacin sulfate.....                            | 5  |
| acyclovir.....                                         | 39    | amiloride & hydrochlorothiazide.....             | 48 |
| acyclovir sodium.....                                  | 39    | amiloride hcl.....                               | 49 |
| acyclovir topical.....                                 | 56    | AMINO ACID.....                                  | 56 |
| ADACEL.....                                            | 70    | amino acid electrolyte infusion.....             | 56 |
| adapalene.....                                         | 54    | amino acid infusion.....                         | 56 |
| adefovir dipivoxil.....                                | 35    | AMINOSYN.....                                    | 56 |
| ADEMPAS.....                                           | 78    | AMINOSYN II.....                                 | 56 |
| AFINITOR.....                                          | 24    | AMINOSYN-HBC.....                                | 56 |
| AFINITOR DISPERZ.....                                  | 24    | AMINOSYN-PF.....                                 | 56 |
| AIMOVIG.....                                           | 19    | AMINOSYN-RF.....                                 | 57 |
| AIMOVIG (140 MG DOSE).....                             | 19    | AMINOSYN/ELECTROLYTES.....                       | 57 |
| albendazole.....                                       | 30    | amiodarone hcl.....                              | 46 |
| albuterol 90mcg hfa inhaler (generic<br>proair).....   | 77    | AMITIZA.....                                     | 59 |
| albuterol 90mg hfa inhaler (generic proair) .          | 77    | amitriptyline hcl.....                           | 16 |
| albuterol 90mg hfa inhaler (generic<br>proventil)..... | 77    | amlodipine besylate.....                         | 47 |
| ALBUTEROL 90MG HFA INHALER (GENERIC<br>VENTOLIN).....  | 77    | amlodipine besylate-benazepril hcl.....          | 48 |
| albuterol sulfate.....                                 | 77    | amlodipine besylate-olmesartan<br>medoxomil..... | 48 |
| alclometasone dipropionate.....                        | 54,62 | amlodipine besylate-valsartan.....               | 48 |
| ALCOH-WIPE.....                                        | 72    | amlodipine-valsartan-hydrochlorothiazide..       | 48 |
|                                                        |       | AMOXAPINE.....                                   | 16 |
|                                                        |       | amoxicillin.....                                 | 8  |
|                                                        |       | amoxicillin & pot clavulanate.....               | 8  |
|                                                        |       | AMOXICILLIN-POT CLAVULANATE.....                 | 8  |

|                                         |       |
|-----------------------------------------|-------|
| amphetamine-dextroamphetamine . . . . . | 51,52 |
| AMPHOTERICIN B . . . . .                | 18    |
| AMPICILLIN . . . . .                    | 8     |
| ampicillin & sulbactam sodium . . . . . | 8     |
| AMPICILLIN SODIUM . . . . .             | 8     |
| AMPICILLIN-SULBACTAM SODIUM . . . . .   | 8     |
| ANADROL-50 . . . . .                    | 63    |
| anagrelide hcl . . . . .                | 44    |
| anastrozole . . . . .                   | 24    |
| ANDRODERM . . . . .                     | 64    |
| ANORO ELLIPTA . . . . .                 | 79    |
| APOKYN . . . . .                        | 31    |
| apraclonidine hcl . . . . .             | 75    |
| aprepitant . . . . .                    | 17    |
| APTIOM . . . . .                        | 13    |
| APTIVUS . . . . .                       | 38    |
| ARALAST NP . . . . .                    | 60    |
| ARANESP (ALBUMIN FREE) . . . . .        | 44    |
| ARCALYST . . . . .                      | 68    |
| aripiprazole . . . . .                  | 32    |
| ARISTADA . . . . .                      | 32    |
| ARISTADA INITIO . . . . .               | 32    |
| asenapine maleate . . . . .             | 32    |
| aspirin-dipyridamole . . . . .          | 45    |
| atazanavir sulfate . . . . .            | 38    |
| atenolol . . . . .                      | 47    |
| atenolol & chlorthalidone . . . . .     | 48    |
| atomoxetine hcl . . . . .               | 52    |
| atorvastatin calcium . . . . .          | 50    |
| atovaquone . . . . .                    | 30    |
| atovaquone-proguanil hcl . . . . .      | 30    |
| ATROPINE SULFATE . . . . .              | 73    |
| ATROVENT HFA . . . . .                  | 77    |
| AUBAGIO . . . . .                       | 53    |
| AURYXIA . . . . .                       | 58    |
| AVONEX . . . . .                        | 53    |
| AVONEX PEN . . . . .                    | 53    |
| AVONEX PREFILLED . . . . .              | 53    |
| AYVAKIT . . . . .                       | 22    |
| azathioprine . . . . .                  | 69    |
| AZATHIOPRINE SODIUM . . . . .           | 69    |

|                                  |    |
|----------------------------------|----|
| azelastine hcl . . . . .         | 76 |
| azelastine hcl (ophth) . . . . . | 73 |
| azithromycin . . . . .           | 9  |
| AZITHROMYCIN . . . . .           | 9  |
| AZOPT . . . . .                  | 75 |
| aztreonam . . . . .              | 6  |

## B

|                                                   |       |
|---------------------------------------------------|-------|
| BACITRACIN . . . . .                              | 74    |
| bacitracin-poly-neomycin-hc . . . . .             | 73    |
| bacitracin-polymyxin b (ophth) . . . . .          | 73    |
| baclofen . . . . .                                | 34    |
| balsalazide disodium . . . . .                    | 71    |
| BALVERSA . . . . .                                | 24    |
| BAQSIMI ONE PACK . . . . .                        | 42    |
| BAQSIMI TWO PACK . . . . .                        | 42    |
| BARACLUDE . . . . .                               | 35    |
| BCG VACCINE . . . . .                             | 70    |
| benazepril & hydrochlorothiazide . . . . .        | 48    |
| benazepril hcl . . . . .                          | 46    |
| BENAZEPRIL-HYDROCHLOROTHIAZIDE . . . . .          | 48    |
| BENLYSTA . . . . .                                | 68    |
| BENZNIDAZOLE . . . . .                            | 30    |
| benztropine mesylate . . . . .                    | 31    |
| BERINERT . . . . .                                | 67    |
| BESIVANCE . . . . .                               | 10    |
| betamethasone dipropionate (topical) . . . . .    | 54,62 |
| BETAMETHASONE DIPROPIONATE AUG . . . . .          | 54    |
| betamethasone dipropionate<br>augmented . . . . . | 54,62 |
| betamethasone valerate . . . . .                  | 54    |
| BETASERON . . . . .                               | 53    |
| betaxolol hcl . . . . .                           | 47    |
| betaxolol hcl (ophth) . . . . .                   | 74    |
| bethanechol chloride . . . . .                    | 62    |
| BEVESPI AEROSPHERE . . . . .                      | 79    |
| bexarotene . . . . .                              | 29    |
| BEXSERO . . . . .                                 | 70    |
| bicalutamide . . . . .                            | 21    |
| BICILLIN L-A . . . . .                            | 8     |
| BIKTARVY . . . . .                                | 36    |

|                                                 |       |
|-------------------------------------------------|-------|
| BIOGUARD GAUZE SPONGES                          | 73    |
| bisoprolol & hydrochlorothiazide                | 48    |
| bisoprolol fumarate                             | 47    |
| BIVIGAM                                         | 67    |
| BOOSTRIX                                        | 70    |
| bosentan                                        | 78    |
| BOSULIF                                         | 25    |
| BRAFTOVI                                        | 25    |
| BRILINTA                                        | 45    |
| brimonidine tartrate                            | 75    |
| brinzolamide                                    | 75    |
| BRIVIACT                                        | 11    |
| bromocriptine mesylate                          | 31    |
| BRUKINSA                                        | 22    |
| budesonide                                      | 71    |
| budesonide (inhalation)                         | 76    |
| bumetanide                                      | 49    |
| buprenorphine hcl                               | 5     |
| buprenorphine hcl-naloxone hcl dihydrate        | 5     |
| bupropion hcl                                   | 14,15 |
| bupropion hcl (smoking deterrent)               | 5     |
| bupirone hcl                                    | 40    |
| butalbital-acetaminophen-caffeine               | 52    |
| butalbital-acetaminophen-caffeine w/<br>codeine | 3     |
| BYLVAY                                          | 60    |
| BYLVAY (PELLETS)                                | 60    |

## C

|                                           |    |
|-------------------------------------------|----|
| CABENUVA                                  | 38 |
| cabergoline                               | 66 |
| CABLIVI                                   | 45 |
| CABOMETYX                                 | 25 |
| calcipotriene                             | 55 |
| calcitonin (salmon)                       | 72 |
| calcitriol                                | 72 |
| CALCITRIOL                                | 72 |
| calcium acetate (phosphate binder)        | 58 |
| CALQUENCE                                 | 25 |
| candesartan cilexetil                     | 46 |
| candesartan cilexetil-hydrochlorothiazide | 48 |

|                                        |    |
|----------------------------------------|----|
| CAPASTAT SULFATE                       | 20 |
| CAPLYTA                                | 33 |
| CAPRELSA                               | 25 |
| captopril                              | 46 |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE          | 48 |
| CARBAGLU                               | 57 |
| carbamazepine                          | 13 |
| carbidopa                              | 31 |
| carbidopa-levodopa                     | 31 |
| CARBIDOPA-LEVODOPA-ENTACAPONE          | 31 |
| carisoprodol                           | 79 |
| CARTEOLOL HCL                          | 74 |
| carteolol hcl (ophth)                  | 74 |
| carvedilol                             | 47 |
| caspofungin acetate                    | 18 |
| CAYSTON                                | 78 |
| cefaclor                               | 7  |
| cefadroxil                             | 7  |
| CEFAZOLIN SODIUM                       | 7  |
| cefdinir                               | 7  |
| cefepime hcl                           | 7  |
| cefixime                               | 7  |
| cefotaxime sodium                      | 7  |
| cefotetan disodium                     | 8  |
| cefoxitin sodium                       | 8  |
| cefpodoxime proxetil                   | 8  |
| cefprozil                              | 8  |
| ceftazidime                            | 8  |
| ceftriaxone sodium                     | 8  |
| cefuroxime axetil                      | 8  |
| cefuroxime sodium                      | 8  |
| celecoxib                              | 2  |
| CELONTIN                               | 12 |
| cephalexin                             | 8  |
| CERDELGA                               | 60 |
| CEREZYME                               | 60 |
| CHANTIX STARTING MONTH PAK             | 5  |
| chlordiazepoxide hcl                   | 40 |
| chlorhexidine gluconate (mouth-throat) | 54 |
| CHLOROQUINE PHOSPHATE                  | 30 |
| chloroquine phosphate                  | 30 |

|                                           |       |                                                |    |
|-------------------------------------------|-------|------------------------------------------------|----|
| CHLOROTHIAZIDE.....                       | 49    | clotrimazole.....                              | 18 |
| chlorpromazine hcl.....                   | 32    | clotrimazole (topical).....                    | 18 |
| chlorthalidone.....                       | 50    | clotrimazole w/ betamethasone.....             | 55 |
| CHOLBAM.....                              | 60,61 | CLOZAPINE.....                                 | 34 |
| cholestyramine.....                       | 50    | clozapine.....                                 | 34 |
| cholestyramine light.....                 | 50    | COARTEM.....                                   | 30 |
| ciclopirox.....                           | 56    | CODEINE SULFATE.....                           | 3  |
| ciclopirox olamine.....                   | 18    | codeine sulfate.....                           | 3  |
| cilostazol.....                           | 45    | COLCHICINE.....                                | 19 |
| CILOXAN.....                              | 10    | colchicine w/ probenecid.....                  | 19 |
| CIMDUO.....                               | 37    | COLCRYS.....                                   | 19 |
| cimetidine.....                           | 60    | colesevelam hcl.....                           | 50 |
| CIMETIDINE HCL.....                       | 60    | colestipol hcl.....                            | 50 |
| cinacalcet hcl.....                       | 72    | colistimethate sodium.....                     | 6  |
| CINRYZE.....                              | 67    | COLY-MYCIN S.....                              | 75 |
| ciprofloxacin.....                        | 10    | COMBIGAN.....                                  | 73 |
| ciprofloxacin hcl.....                    | 10    | COMBIPATCH.....                                | 64 |
| CIPROFLOXACIN HCL.....                    | 75    | COMBIVENT RESPIMAT.....                        | 79 |
| ciprofloxacin hcl (ophth).....            | 10    | COMETRIQ (100 MG DAILY DOSE).....              | 25 |
| ciprofloxacin in d5w.....                 | 10    | COMETRIQ (140 MG DAILY DOSE).....              | 25 |
| ciprofloxacin-dexamethasone.....          | 75    | COMETRIQ (60 MG DAILY DOSE).....               | 25 |
| citalopram hydrobromide.....              | 15    | COMPLERA.....                                  | 36 |
| CLARITHROMYCIN.....                       | 9     | COPIKTRA.....                                  | 25 |
| clarithromycin.....                       | 9     | CORLANOR.....                                  | 48 |
| clindamycin hcl.....                      | 6     | CORTISONE ACETATE.....                         | 62 |
| clindamycin palmitate hydrochloride.....  | 6     | CORTISPORIN-TC.....                            | 75 |
| clindamycin phosphate.....                | 6     | COTELLIC.....                                  | 25 |
| clindamycin phosphate (topical).....      | 6,56  | CREON.....                                     | 61 |
| clindamycin phosphate in d5w.....         | 6     | CRESEMBA.....                                  | 18 |
| CLINDAMYCIN PHOSPHATE IN NACL.....        | 6     | CRIVAN.....                                    | 38 |
| clindamycin phosphate vaginal.....        | 6     | cromolyn sodium.....                           | 78 |
| clobazam.....                             | 12    | cromolyn sodium (mastocytosis).....            | 61 |
| clobetasol propionate.....                | 54,55 | cromolyn sodium (ophth).....                   | 73 |
| clobetasol propionate emollient base..... | 54    | CRYSVITA.....                                  | 57 |
| clomipramine hcl.....                     | 16    | cyclobenzaprine hcl.....                       | 79 |
| clonazepam.....                           | 40    | CYCLOPHOSPHAMIDE.....                          | 20 |
| clonidine.....                            | 45    | cyclosporine.....                              | 69 |
| clonidine hcl.....                        | 45    | cyclosporine modified (for microemulsion)..... | 69 |
| clonidine hcl (adhd).....                 | 52    | cyproheptadine hcl.....                        | 76 |
| clopidogrel bisulfate.....                | 45    | CYSTADANE.....                                 | 61 |
| clorazepate dipotassium.....              | 40    | CYSTAGON.....                                  | 61 |

CYSTARAN.....61

## D

dalfampridine.....53

DALIRESP.....78

danazol.....64

dantrolene sodium.....35

dapsone.....20

DAPTACEL.....70

daptomycin.....6

DAURISMO.....25

deferasirox.....58

deferiprone.....58

DELSTRIGO.....36

DEPO-ESTRADIOL.....64

DEPO-PROVERA.....65

DERMOTIC.....75

DESCOVY.....37

desipramine hcl.....16

desmopressin acetate.....63

desmopressin acetate spray.....63

desmopressin acetate spray refrigerated...63

desogestrel & ethinyl estradiol.....64

desogestrel-ethinyl estradiol (biphasic)....64

desogestrel-ethinyl estradiol (triphasic)....64

desonide.....55

desoximetasone.....55

DESVENLAFAXINE ER.....15

desvenlafaxine succinate.....15

DEXAMETHASONE.....62

dexamethasone sodium phosphate.....62

DEXAMETHASONE SODIUM PHOSPHATE.....74

dexmethylphenidate hcl.....52

dextroamphetamine sulfate.....52

dextrose.....58

dextrose in lactated ringers.....58

dextrose w/ sodium chloride.....58

DEXTROSE-NACL.....58

DIACOMIT.....11

DIAZEPAM.....12

diazepam.....40

diazoxide.....42

diclofenac potassium.....2

diclofenac sodium.....2

diclofenac sodium (actinic keratoses).....55

diclofenac sodium (ophth).....74

diclofenac sodium (topical).....2

dicloxacillin sodium.....9

dicyclomine hcl.....59

DIDANOSINE.....37

diflunisal.....2

digoxin.....48

dihydroergotamine mesylate.....19

DILANTIN.....13

DILANTIN INFATABS.....13

diltiazem hcl.....47

diltiazem hcl coated beads.....47

diltiazem hcl extended release beads.....47

dimethyl fumarate.....53

diphenoxylate w/ atropine.....59

DIPHENOXYLATE-ATROPINE.....59

DIPHThERIA-TETANUS TOXOIDS DT.....70

dipyridamole.....45

disopyramide phosphate.....46

disulfiram.....4

divalproex sodium.....11

dofetilide.....46

donepezil hydrochloride.....14

donepezil hydrochloride orally disintegrating

tab 10 mg.....14

donepezil hydrochloride orally disintegrating

tab 5 mg.....14

dorzolamide hcl.....75

DORZOLAMIDE HCL-TIMOLOL MAL.....73

dorzolamide hcl-timolol maleate.....73

DOVATO.....36

doxazosin mesylate.....45

doxepin hcl.....16

doxercalciferol.....72

doxycycline (monohydrate).....10

doxycycline hyclate.....10

DRIZALMA SPRINKLE.....53

|                                     |    |
|-------------------------------------|----|
| dronabinol.....                     | 17 |
| drospirenone-ethinyl estradiol..... | 64 |
| DROXIA.....                         | 22 |
| droxidopa.....                      | 45 |
| duloxetine hcl.....                 | 53 |
| DUOBRII.....                        | 55 |
| dutasteride.....                    | 62 |

## E

|                                                            |    |
|------------------------------------------------------------|----|
| E.E.S. 400.....                                            | 9  |
| econazole nitrate.....                                     | 18 |
| EDURANT.....                                               | 36 |
| efavirenz.....                                             | 36 |
| efavirenz-emtricitabine-tenofovir disoproxil fumarate..... | 36 |
| efavirenz-lamivudine-tenofovir disoproxil fumarate.....    | 36 |
| EGRIFTA.....                                               | 63 |
| EGRIFTA SV.....                                            | 63 |
| ELIQUIS.....                                               | 43 |
| ELIQUIS DVT/PE STARTER PACK.....                           | 43 |
| EMCYT.....                                                 | 21 |
| EMSAM.....                                                 | 15 |
| emtricitabine.....                                         | 37 |
| emtricitabine-tenofovir disoproxil fumarate.....           | 37 |
| EMTRIVA.....                                               | 37 |
| enalapril maleate.....                                     | 46 |
| enalapril maleate & hydrochlorothiazide... ..              | 48 |
| ENBREL.....                                                | 69 |
| ENBREL SURECLICK.....                                      | 69 |
| ENGERIX-B.....                                             | 70 |
| enoxaparin sodium.....                                     | 43 |
| entacapone.....                                            | 31 |
| entecavir.....                                             | 35 |
| ENTRESTO.....                                              | 48 |
| ENVARUS XR.....                                            | 69 |
| EPCLUSA.....                                               | 35 |
| EPIDIOLEX.....                                             | 11 |
| epinephrine (anaphylaxis).....                             | 77 |
| EPINEPHRINE AUTOINJECTOR (GENERIC ADRENAClick) .....       | 77 |

|                                        |    |
|----------------------------------------|----|
| EPIVIR HBV.....                        | 35 |
| eplerenone.....                        | 49 |
| EPROSARTAN MESYLATE.....               | 46 |
| ERGOLOID MESYLATES.....                | 14 |
| ERIVEDGE.....                          | 25 |
| ERLEADA.....                           | 21 |
| erlotinib hcl.....                     | 25 |
| ertapenem sodium.....                  | 9  |
| ERY.....                               | 56 |
| ERYTHROCIN LACTOBIONATE.....           | 9  |
| erythromycin (acne aid).....           | 56 |
| erythromycin (ophth).....              | 74 |
| erythromycin base.....                 | 9  |
| ERYTHROMYCIN ETHYLSUCCINATE.....       | 9  |
| ESBRIET.....                           | 79 |
| escitalopram oxalate.....              | 15 |
| ESSENTRA WIPES 9X9".....               | 73 |
| estazolam.....                         | 80 |
| estradiol.....                         | 64 |
| estradiol & norethindrone acetate..... | 64 |
| estradiol vaginal.....                 | 64 |
| ESTRING.....                           | 64 |
| ethambutol hcl.....                    | 20 |
| ethosuximide.....                      | 12 |
| ethynodiol diacet & eth estrad.....    | 64 |
| ETIDRONATE DISODIUM.....               | 72 |
| etodolac.....                          | 2  |
| etonogestrel-ethinyl estradiol.....    | 65 |
| etravirine.....                        | 36 |
| everolimus.....                        | 25 |
| everolimus (immunosuppressant).....    | 69 |
| EVOTAZ.....                            | 38 |
| exemestane.....                        | 24 |
| EXKIVITY.....                          | 22 |
| EXTAVIA.....                           | 53 |
| ezetimibe.....                         | 50 |
| ezetimibe-simvastatin.....             | 50 |

## F

|                  |    |
|------------------|----|
| FABRAZYME.....   | 61 |
| famciclovir..... | 40 |

|                                   |    |                                             |       |
|-----------------------------------|----|---------------------------------------------|-------|
| famotidine.....                   | 60 | flurbiprofen sodium.....                    | 74    |
| FANAPT.....                       | 33 | FLUTAMIDE.....                              | 21    |
| FANAPT TITRATION PACK.....        | 33 | fluticasone propionate.....                 | 55    |
| FARYDAK.....                      | 26 | fluticasone propionate (nasal).....         | 76    |
| felbamate.....                    | 11 | FLUTICASONE-SALMETEROL.....                 | 79    |
| felodipine.....                   | 47 | fluticasone-salmeterol.....                 | 79    |
| fenofibrate.....                  | 50 | fluvastatin sodium.....                     | 50    |
| fenofibrate micronized.....       | 50 | fluvoxamine maleate.....                    | 15    |
| fentanyl.....                     | 2  | fondaparinux sodium.....                    | 43,44 |
| FENTANYL CITRATE.....             | 3  | fosamprenavir calcium.....                  | 38    |
| FERRIPROX.....                    | 58 | fosfomycin tromethamine.....                | 6     |
| FERRIPROX TWICE-A-DAY.....        | 58 | fosinopril sodium.....                      | 46    |
| FETZIMA.....                      | 15 | fosinopril sodium & hydrochlorothiazide.... | 48    |
| FETZIMA TITRATION.....            | 15 | FOTIVDA.....                                | 22    |
| finasteride.....                  | 62 | FREAMINE III.....                           | 57    |
| FINTEPLA.....                     | 11 | fulvestrant.....                            | 21    |
| FIRDAPSE.....                     | 52 | furosemide.....                             | 49    |
| FIRMAGON.....                     | 66 | FUZEON.....                                 | 38    |
| FIRMAGON (240 MG DOSE).....       | 66 | FYCOMPA.....                                | 11    |
| FLEBOGAMMA DIF.....               | 67 |                                             |       |
| flecainide acetate.....           | 46 | <b>G</b>                                    |       |
| FLOVENT DISKUS.....               | 76 | gabapentin.....                             | 12,13 |
| FLOVENT HFA.....                  | 76 | GAMMAGARD.....                              | 67    |
| fluconazole.....                  | 18 | GAMMAGARD S/D LESS IGA.....                 | 67    |
| fluconazole in dextrose.....      | 18 | GAMMAKED.....                               | 67    |
| fluconazole in nacl.....          | 18 | GAMMAPLEX.....                              | 68    |
| flucytosine.....                  | 18 | GAMUNEX-C.....                              | 68    |
| fludrocortisone acetate.....      | 62 | GARDASIL 9.....                             | 70    |
| FLUNISOLIDE.....                  | 76 | GATTEX.....                                 | 59    |
| fluocinolone acetonide.....       | 55 | GAVILYTE-C.....                             | 60    |
| fluocinonide.....                 | 55 | GAVRETO.....                                | 24    |
| fluocinonide emulsified base..... | 55 | gemfibrozil.....                            | 50    |
| fluorometholone (ophth).....      | 74 | GENTAK.....                                 | 74    |
| FLUOROURACIL.....                 | 55 | gentamicin sulfate.....                     | 6     |
| fluorouracil (topical).....       | 56 | gentamicin sulfate (ophth).....             | 74    |
| fluoxetine hcl.....               | 15 | gentamicin sulfate (topical).....           | 6     |
| FLUOXETINE HCL.....               | 15 | GENVOYA.....                                | 36    |
| FLUOXETINE HCL (PMDD).....        | 15 | GILENYA.....                                | 53    |
| fluphenazine decanoate.....       | 32 | GILOTTRIF.....                              | 26    |
| fluphenazine hcl.....             | 32 | glatiramer acetate.....                     | 53    |
| flurbiprofen.....                 | 2  | GLEOSTINE.....                              | 20,21 |



|                             |    |
|-----------------------------|----|
| glimepiride                 | 41 |
| glipizide                   | 41 |
| glipizide-metformin hcl     | 41 |
| GLUCAGEN HYPOKIT            | 42 |
| glucagon (rdna)             | 42 |
| GLUCAGON EMERGENCY          | 42 |
| glyburide                   | 41 |
| glyburide micronized        | 41 |
| glyburide-metformin         | 41 |
| glycopyrrolate              | 59 |
| GLYXAMBI                    | 41 |
| granisetron hcl             | 17 |
| griseofulvin microsize      | 18 |
| griseofulvin ultramicrosize | 18 |
| guanfacine hcl              | 45 |
| guanfacine hcl (adhd)       | 52 |
| GUANIDINE HCL               | 20 |

## H

|                               |    |
|-------------------------------|----|
| HAEGARDA                      | 67 |
| halobetasol propionate        | 55 |
| haloperidol                   | 32 |
| haloperidol decanoate         | 32 |
| haloperidol lactate           | 32 |
| HARVONI                       | 35 |
| HAVRIX                        | 70 |
| HEMADY                        | 62 |
| heparin sodium (porcine)      | 44 |
| HEPATAMINE                    | 57 |
| HETLIOZ                       | 80 |
| HIBERIX                       | 70 |
| HIZENTRA                      | 68 |
| HUMALOG                       | 42 |
| HUMALOG KWIKPEN               | 42 |
| HUMALOG MIX 50/50             | 42 |
| HUMALOG MIX 50/50 KWIKPEN     | 42 |
| HUMALOG MIX 75/25             | 42 |
| HUMALOG MIX 75/25 KWIKPEN     | 43 |
| HUMIRA                        | 69 |
| HUMIRA PEDIATRIC CROHNS START | 69 |
| HUMIRA PEN                    | 69 |

|                                |       |
|--------------------------------|-------|
| HUMIRA PEN-CD/UC/HS STARTER    | 69    |
| HUMIRA PEN-PEDIATRIC UC START  | 69    |
| HUMIRA PEN-PS/UV/ADOL HS START | 69    |
| HUMIRA PEN-PSOR/UVEIT STARTER  | 69    |
| HUMULIN R U-500 (CONCENTRATED) | 43    |
| hydralazine hcl                | 51    |
| hydrochlorothiazide            | 50    |
| hydrocodone-acetaminophen      | 3     |
| hydrocortisone                 | 71    |
| hydrocortisone (intrarectal)   | 72    |
| hydrocortisone (rectal)        | 55    |
| hydrocortisone (topical)       | 55    |
| HYDROCORTISONE BUTYRATE        | 55    |
| hydrocortisone butyrate        | 62    |
| hydrocortisone valerate        | 55,62 |
| hydrocortisone w/acetic acid   | 75    |
| hydromorphone hcl              | 3,4   |
| HYDROXYCHLOROQUINE SULFATE     | 30    |
| hydroxychloroquine sulfate     | 30    |
| HYDROXYPROGESTERONE CAPROATE   | 65    |
| hydroxyurea                    | 22    |
| hydroxyzine hcl                | 76    |

## I

|                     |    |
|---------------------|----|
| ibandronate sodium  | 72 |
| IBRANCE             | 26 |
| ibuprofen           | 2  |
| icatibant acetate   | 67 |
| ICLUSIG             | 26 |
| icosapent ethyl     | 50 |
| IDHIFA              | 22 |
| ILARIS              | 68 |
| ILEVRO              | 74 |
| imatinib mesylate   | 26 |
| IMBRUVICA           | 26 |
| imipenem-cilastatin | 9  |
| imipramine hcl      | 16 |
| imiquimod           | 56 |
| IMOVAX RABIES       | 70 |
| INCRELEX            | 63 |
| INCRUSE ELLIPTA     | 77 |

|                                     |    |
|-------------------------------------|----|
| indapamide.....                     | 50 |
| indomethacin.....                   | 2  |
| INFANRIX.....                       | 70 |
| INLYTA.....                         | 26 |
| INQOVI.....                         | 22 |
| INREBIC.....                        | 22 |
| INSULIN PEN NEEDLES.....            | 73 |
| INSULIN SYRINGE 0.3 ML.....         | 73 |
| INSULIN SYRINGE 0.5 ML.....         | 73 |
| INSULIN SYRINGE 1 ML.....           | 73 |
| INTELENCE.....                      | 36 |
| INTRALIPID.....                     | 57 |
| INTRON A.....                       | 68 |
| INVEGA HAFYERA.....                 | 33 |
| INVEGA SUSTENNA.....                | 33 |
| INVEGA TRINZA.....                  | 33 |
| INVIRASE.....                       | 38 |
| INVOKAMET.....                      | 41 |
| INVOKAMET XR.....                   | 41 |
| INVOKANA.....                       | 41 |
| IPOL.....                           | 70 |
| ipratropium bromide.....            | 77 |
| ipratropium bromide (nasal).....    | 77 |
| ipratropium-albuterol.....          | 79 |
| irbesartan.....                     | 46 |
| irbesartan-hydrochlorothiazide..... | 48 |
| IRESSA.....                         | 26 |
| ISENTRESS.....                      | 36 |
| ISENTRESS HD.....                   | 36 |
| ISONIAZID.....                      | 20 |
| isosorbide dinitrate.....           | 51 |
| ISOSORBIDE DINITRATE ER.....        | 51 |
| isosorbide mononitrate.....         | 51 |
| isotretinoin.....                   | 54 |
| itraconazole.....                   | 18 |
| ivermectin.....                     | 30 |
| IXIARO.....                         | 70 |

## J

|              |    |
|--------------|----|
| JAKAFI.....  | 26 |
| JANUMET..... | 41 |

|                    |    |
|--------------------|----|
| JANUMET XR.....    | 41 |
| JANUVIA.....       | 41 |
| JARDIANCE.....     | 41 |
| JENTADUETO.....    | 41 |
| JENTADUETO XR..... | 41 |
| JULUCA.....        | 36 |
| JUXTAPID.....      | 50 |

## K

|                                     |    |
|-------------------------------------|----|
| KALYDECO.....                       | 78 |
| KCL IN DEXTROSE-NACL.....           | 57 |
| KCL-LACTATED RINGERS-D5W.....       | 58 |
| KEPIVANCE.....                      | 54 |
| ketoconazole.....                   | 18 |
| ketoconazole (topical).....         | 18 |
| ketoprofen.....                     | 2  |
| ketorolac tromethamine (ophth)..... | 74 |
| KINRIX.....                         | 70 |
| KISQALI (200 MG DOSE).....          | 26 |
| KISQALI (400 MG DOSE).....          | 26 |
| KISQALI (600 MG DOSE).....          | 26 |
| KISQALI FEMARA (400 MG DOSE).....   | 22 |
| KISQALI FEMARA (600 MG DOSE).....   | 22 |
| KISQALI FEMARA(200 MG DOSE).....    | 22 |
| KORLYM.....                         | 62 |
| KOSELUGO.....                       | 22 |
| KRINTAFEL.....                      | 30 |
| KRYSTEXXA.....                      | 19 |

## L

|                                     |    |
|-------------------------------------|----|
| labetalol hcl.....                  | 47 |
| lactated ringer's.....              | 58 |
| lactated ringer's (irrigation)..... | 58 |
| LACTATED RINGERS.....               | 58 |
| lactic acid (ammonium lactate)..... | 55 |
| lactulose.....                      | 59 |
| lactulose (encephalopathy).....     | 59 |
| lamivudine.....                     | 37 |
| lamivudine (hbv).....               | 35 |
| lamivudine-zidovudine.....          | 37 |
| lamotrigine.....                    | 11 |

|                                                |    |                                            |       |
|------------------------------------------------|----|--------------------------------------------|-------|
| lansoprazole.....                              | 60 | linezolid.....                             | 6     |
| LANTUS.....                                    | 43 | LINEZOLID IN SODIUM CHLORIDE.....          | 6     |
| LANTUS SOLOSTAR.....                           | 43 | LINZESS.....                               | 59    |
| lapatinib ditosylate.....                      | 26 | liothyronine sodium.....                   | 66    |
| latanoprost.....                               | 75 | lisinopril.....                            | 46    |
| LATUDA.....                                    | 33 | lisinopril & hydrochlorothiazide.....      | 48    |
| LEDIPASVIR-SOFOSBUVIR.....                     | 35 | LITHIUM.....                               | 41    |
| leflunomide.....                               | 69 | lithium carbonate.....                     | 41    |
| LENVIMA (10 MG DAILY DOSE).....                | 26 | LONSURF.....                               | 23    |
| LENVIMA (12 MG DAILY DOSE).....                | 26 | loperamide hcl.....                        | 59    |
| LENVIMA (14 MG DAILY DOSE).....                | 26 | lopinavir-ritonavir.....                   | 38,39 |
| LENVIMA (18 MG DAILY DOSE).....                | 26 | lorazepam.....                             | 40    |
| LENVIMA (20 MG DAILY DOSE).....                | 27 | LORBRENA.....                              | 27    |
| LENVIMA (24 MG DAILY DOSE).....                | 27 | losartan potassium.....                    | 46    |
| LENVIMA (4 MG DAILY DOSE).....                 | 27 | losartan potassium & hydrochlorothiazide.. | 48    |
| LENVIMA (8 MG DAILY DOSE).....                 | 27 | loteprednol etabonate.....                 | 74    |
| letrozole.....                                 | 24 | lovastatin.....                            | 50    |
| leucovorin calcium.....                        | 22 | loxapine succinate.....                    | 32    |
| LEUKERAN.....                                  | 21 | LUMAKRAS.....                              | 23    |
| LEUKINE.....                                   | 44 | LUMIGAN.....                               | 75    |
| leuprolide acetate.....                        | 66 | LUMIZYME.....                              | 61    |
| levabuterol hcl.....                           | 77 | LUPRON DEPOT (1-MONTH).....                | 66    |
| LEVALBUTEROL TARTRATE.....                     | 77 | LUPRON DEPOT (3-MONTH).....                | 66    |
| levetiracetam.....                             | 11 | LUPRON DEPOT (4-MONTH).....                | 66    |
| levobunolol hcl.....                           | 74 | LUPRON DEPOT (6-MONTH).....                | 66    |
| levocarnitine (metabolic modifiers).....       | 59 | LUPRON DEPOT-PED (1-MONTH).....            | 66    |
| levocetirizine dihydrochloride.....            | 76 | LUPRON DEPOT-PED (3-MONTH).....            | 66    |
| levofloxacin.....                              | 10 | LYBALVI.....                               | 15    |
| levofloxacin (ophth).....                      | 74 | LYNPARZA.....                              | 27    |
| levofloxacin in d5w.....                       | 10 | LYSODREN.....                              | 23    |
| levoleucovorin calcium.....                    | 22 |                                            |       |
| levonorgestrel & eth estradiol.....            | 65 | <b>M</b>                                   |       |
| levonorgestrel-eth estradiol (triphasic).....  | 65 | M-M-R II.....                              | 70    |
| levonorgestrel-ethinyl estradiol (91-day)..... | 65 | malathion.....                             | 56    |
| levothyroxine sodium.....                      | 66 | MAPROTILINE HCL.....                       | 15    |
| LEXIVA.....                                    | 38 | MARPLAN.....                               | 15    |
| lidocaine.....                                 | 4  | MATULANE.....                              | 21    |
| lidocaine hcl.....                             | 4  | MAVYRET.....                               | 35    |
| lidocaine hcl (mouth-throat).....              | 4  | meclizine hcl.....                         | 17    |
| lidocaine-prilocaine.....                      | 4  | medroxyprogesterone acetate.....           | 65    |
| LINDANE.....                                   | 56 |                                            |       |

|                                                     |     |                                |       |
|-----------------------------------------------------|-----|--------------------------------|-------|
| medroxyprogesterone acetate<br>(contraceptive)..... | 66  | metronidazole.....             | 6     |
| mefloquine hcl.....                                 | 30  | METRONIDAZOLE.....             | 6     |
| megestrol acetate.....                              | 66  | metronidazole (topical).....   | 6     |
| megestrol acetate (appetite).....                   | 66  | metronidazole in nacl.....     | 7     |
| MEKINIST.....                                       | 27  | metronidazole vaginal.....     | 7     |
| MEKTOVI.....                                        | 27  | metyrosine.....                | 49    |
| meloxicam.....                                      | 2   | mexiletine hcl.....            | 46    |
| memantine hcl.....                                  | 14  | micafungin sodium.....         | 18    |
| MENACTRA.....                                       | 70  | MICONAZOLE 3.....              | 18    |
| MENEST.....                                         | 65  | midodrine hcl.....             | 45    |
| MENQUADFI.....                                      | 70  | MIGERGOT.....                  | 19    |
| MENVEO.....                                         | 70  | miglitol.....                  | 42    |
| meprobamate.....                                    | 40  | miglustat.....                 | 61    |
| mercaptopurine.....                                 | 22  | minocycline hcl.....           | 10    |
| meropenem.....                                      | 9   | minoxidil.....                 | 51    |
| mesalamine.....                                     | 71  | mirtazapine.....               | 15    |
| mesna.....                                          | 29  | misoprostol.....               | 60    |
| MESNEX.....                                         | 30  | modafinil.....                 | 80    |
| metformin hcl.....                                  | 42  | moexipril hcl.....             | 46    |
| methadone hcl.....                                  | 2,3 | MOLINDONE HCL.....             | 32    |
| METHADONE HCL.....                                  | 2   | mometasone furoate.....        | 55,63 |
| methazolamide.....                                  | 75  | montelukast sodium.....        | 76    |
| methenamine hippurate.....                          | 6   | morphine sulfate.....          | 3,4   |
| methimazole.....                                    | 67  | MOVANTIK.....                  | 59    |
| methocarbamol.....                                  | 79  | moxifloxacin hcl.....          | 10    |
| METHOTREXATE SODIUM.....                            | 69  | moxifloxacin hcl (ophth).....  | 74    |
| methotrexate sodium.....                            | 69  | MOZOBIL.....                   | 44    |
| methyldopa.....                                     | 45  | MULTAQ.....                    | 46    |
| methylergonovine maleate.....                       | 73  | mupirocin.....                 | 56    |
| methylphenidate hcl.....                            | 52  | MYALEPT.....                   | 60    |
| methylprednisolone.....                             | 62  | mycophenolate mofetil.....     | 69    |
| methylprednisolone acetate.....                     | 63  | mycophenolate mofetil hcl..... | 69    |
| methylprednisolone sod succ.....                    | 63  | mycophenolate sodium.....      | 69    |
| METIPRANOLOL.....                                   | 75  | MYRBETRIQ.....                 | 61    |
| metoclopramide hcl.....                             | 17  |                                |       |
| metolazone.....                                     | 50  | <b>N</b>                       |       |
| metoprolol & hydrochlorothiazide.....               | 49  | nabumetone.....                | 2     |
| metoprolol succinate.....                           | 47  | nadolol.....                   | 47    |
| metoprolol tartrate.....                            | 47  | NAFCILLIN SODIUM.....          | 9     |
| METOPROLOL-HYDROCHLOROTHIAZIDE.....                 | 49  | nafcillin sodium.....          | 9     |
|                                                     |     | NAGLAZYME.....                 | 61    |

|                                       |       |                                                                                     |    |
|---------------------------------------|-------|-------------------------------------------------------------------------------------|----|
| naloxone hcl.....                     | 5     | NITROSTAT.....                                                                      | 51 |
| NALOXONE HCL.....                     | 5     | NITYR.....                                                                          | 61 |
| naltrexone hcl.....                   | 5     | NIZATIDINE.....                                                                     | 60 |
| naproxen.....                         | 2     | NORDITROPIN FLEXPEN.....                                                            | 63 |
| naratriptan hcl.....                  | 19    | norethin acet & estrad-fe.....                                                      | 65 |
| NARCAN.....                           | 5     | norethindrone & eth estradiol.....                                                  | 65 |
| NATACYN.....                          | 74    | norethindrone & ethinyl estradiol-fe.....                                           | 65 |
| nateglinide.....                      | 42    | norethindrone (contraceptive).....                                                  | 66 |
| NATPARA.....                          | 72    | norethindrone acet & eth estra.....                                                 | 65 |
| NAYZILAM.....                         | 4     | norethindrone acetate.....                                                          | 66 |
| nebivolol hcl.....                    | 47    | norethindrone acetate-ethinyl estradiol.....                                        | 65 |
| NEFAZODONE HCL.....                   | 15    | norethindrone-eth estradiol (triphasic).....                                        | 65 |
| neomycin sulfate.....                 | 6     | norgestimate-ethinyl estradiol.....                                                 | 65 |
| neomycin-bacitracin zn-polymyxin..... | 73    | norgestimate-ethinyl estradiol (triphasic).....                                     | 65 |
| neomycin-polymy-dexameth.....         | 73    | norgestrel & ethinyl estradiol.....                                                 | 65 |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN.....    | 73    | NORMOSOL-M IN D5W.....                                                              | 57 |
| neomycin-polymyxin-hc (otic).....     | 75    | nortriptyline hcl.....                                                              | 16 |
| NEONATAL PLUS.....                    | 59    | nortriptyline oral solution (unit dose).....                                        | 16 |
| NERLYNX.....                          | 27    | NORVIR.....                                                                         | 39 |
| NEULASTA.....                         | 44    | NOVOLOG.....                                                                        | 43 |
| NEULASTA ONPRO.....                   | 44    | NOVOLOG 70/30 FLEXPEN RELION.....                                                   | 43 |
| NEVIRAPINE.....                       | 36    | NOVOLOG FLEXPEN.....                                                                | 43 |
| nevirapine.....                       | 36,37 | NOVOLOG FLEXPEN RELION.....                                                         | 43 |
| NEVIRAPINE ER.....                    | 36    | NOVOLOG MIX 70/30.....                                                              | 43 |
| NEXAVAR.....                          | 27    | NOVOLOG MIX 70/30 FLEXPEN.....                                                      | 43 |
| niacin (antihyperlipidemic).....      | 50,51 | NOVOLOG MIX 70/30 RELION.....                                                       | 43 |
| NIACIN (ANTHYPERLIPIDEMIC).....       | 51    | NOVOLOG PENFILL.....                                                                | 43 |
| NIACOR.....                           | 51    | NOVOLOG RELION.....                                                                 | 43 |
| nicardipine hcl.....                  | 47    | NUBEQA.....                                                                         | 21 |
| NICOTROL.....                         | 5     | NUCALA.....                                                                         | 79 |
| NICOTROL NS.....                      | 5     | NUPLAZID.....                                                                       | 33 |
| nifedipine.....                       | 47    | NUTRILIPID.....                                                                     | 57 |
| nilutamide.....                       | 21    | NYMALIZE.....                                                                       | 47 |
| nimodipine.....                       | 47    | nystatin.....                                                                       | 18 |
| NINLARO.....                          | 23    | nystatin (mouth-throat).....                                                        | 18 |
| nitazoxanide.....                     | 30    | nystatin (topical).....                                                             | 18 |
| nitisinone.....                       | 61    | nystatin-triamcinolone.....                                                         | 56 |
| NITRO-BID.....                        | 51    |                                                                                     |    |
| nitrofurantoin macrocrystal.....      | 7     |  |    |
| nitrofurantoin monohyd macro.....     | 7     | octreotide acetate.....                                                             | 67 |
| nitroglycerin.....                    | 51    | OCTREOTIDE ACETATE.....                                                             | 67 |

|                                                         |    |
|---------------------------------------------------------|----|
| ODEFSEY                                                 | 37 |
| ODOMZO                                                  | 27 |
| OFEV                                                    | 79 |
| OFLOXACIN                                               | 10 |
| ofloxacin (ophth)                                       | 74 |
| ofloxacin (otic)                                        | 75 |
| olanzapine                                              | 33 |
| olmesartan medoxomil                                    | 46 |
| olmesartan medoxomil-amlodipine-<br>hydrochlorothiazide | 49 |
| olmesartan medoxomil-hydrochlorothiazide                | 49 |
| olopatadine hcl                                         | 73 |
| omega-3-acid ethyl esters                               | 51 |
| omeprazole                                              | 60 |
| ondansetron                                             | 17 |
| ondansetron hcl                                         | 17 |
| ONUREG                                                  | 23 |
| OPSUMIT                                                 | 78 |
| ORBACTIV                                                | 7  |
| ORGOVYX                                                 | 67 |
| oseltamivir phosphate                                   | 39 |
| OSPHERA                                                 | 66 |
| oxandrolone                                             | 63 |
| OXBRYTA                                                 | 45 |
| oxcarbazepine                                           | 13 |
| oxybutynin chloride                                     | 61 |
| oxycodone hcl                                           | 4  |
| OXYCODONE HCL ER                                        | 3  |
| oxycodone w/ acetaminophen                              | 4  |
| OXYCONTIN                                               | 3  |
| OZEMPIC (0.25 OR 0.5 MG/DOSE)                           | 42 |
| OZEMPIC (1 MG/DOSE)                                     | 42 |

## P

|                     |       |
|---------------------|-------|
| paliperidone        | 33    |
| PANRETIN            | 29    |
| pantoprazole sodium | 60    |
| paricalcitol        | 72    |
| paromomycin sulfate | 6     |
| paroxetine hcl      | 15,16 |
| PASER               | 20    |

|                                                             |    |
|-------------------------------------------------------------|----|
| PAXIL                                                       | 16 |
| PEDIARIX                                                    | 70 |
| PEDVAX HIB                                                  | 71 |
| peg 3350-kcl-sod bicarb-sod chloride-sod<br>sulfate         | 60 |
| peg 3350-potassium chloride-sod<br>bicarbonate-sod chloride | 59 |
| PEGANONE                                                    | 13 |
| PEGASYS                                                     | 68 |
| PEGASYS PROCLICK                                            | 68 |
| PEGINTRON                                                   | 35 |
| PEMAZYRE                                                    | 27 |
| penicillamine                                               | 62 |
| penicillin g potassium                                      | 9  |
| PENICILLIN G SODIUM                                         | 9  |
| penicillin v potassium                                      | 9  |
| pentamidine isethionate                                     | 30 |
| pentoxifylline                                              | 49 |
| perindopril erbumine                                        | 46 |
| permethrin                                                  | 56 |
| perphenazine                                                | 17 |
| PERSERIS                                                    | 33 |
| PFIZERPEN                                                   | 9  |
| phenelzine sulfate                                          | 15 |
| phenobarbital                                               | 13 |
| PHENYTEK                                                    | 13 |
| phenytoin                                                   | 13 |
| phenytoin sodium extended                                   | 13 |
| PHOSPHOLINE IODIDE                                          | 75 |
| PIFELTRO                                                    | 37 |
| pilocarpine hcl                                             | 75 |
| pilocarpine hcl (oral)                                      | 54 |
| PIMOZIDE                                                    | 32 |
| pindolol                                                    | 47 |
| pioglitazone hcl                                            | 42 |
| piperacillin sodium-tazobactam sodium                       | 9  |
| PIQRAY (200 MG DAILY DOSE)                                  | 27 |
| PIQRAY (250 MG DAILY DOSE)                                  | 27 |
| PIQRAY (300 MG DAILY DOSE)                                  | 27 |
| piroxicam                                                   | 2  |
| PLEGRIDY                                                    | 53 |

|                                                          |       |                                    |       |
|----------------------------------------------------------|-------|------------------------------------|-------|
| PLEGRIDY STARTER PACK.....                               | 53    | PROCYSBI.....                      | 61    |
| podofilox.....                                           | 56    | progesterone.....                  | 66    |
| polymyxin b-trimethoprim.....                            | 74    | PROGRAF.....                       | 69,70 |
| POMALYST.....                                            | 21    | PROLASTIN-C.....                   | 61    |
| posaconazole.....                                        | 18    | PROLENSA.....                      | 74    |
| potassium chloride.....                                  | 57    | PROLIA.....                        | 72    |
| POTASSIUM CHLORIDE.....                                  | 57    | PROMACTA.....                      | 44    |
| POTASSIUM CHLORIDE ER.....                               | 57    | promethazine hcl.....              | 17,76 |
| potassium chloride in dextrose.....                      | 59    | propafenone hcl.....               | 46    |
| potassium chloride in dextrose & sodium<br>chloride..... | 57    | propranolol hcl.....               | 47    |
| potassium chloride in nacl.....                          | 57    | PROPRANOLOL-HCTZ.....              | 49    |
| potassium chloride microencapsulated<br>crystals er..... | 57    | propylthiouracil.....              | 67    |
| potassium citrate (alkalinizer).....                     | 57    | PROQUAD.....                       | 71    |
| PRADAXA.....                                             | 44    | protriptyline hcl.....             | 16    |
| pramipexole dihydrochloride.....                         | 31    | PULMICORT FLEXHALER.....           | 76    |
| pravastatin sodium.....                                  | 50    | PULMOZYME.....                     | 78    |
| praziquantel.....                                        | 30    | PURIXAN.....                       | 22    |
| prazosin hcl.....                                        | 45    | pyrazinamide.....                  | 20    |
| prednisolone.....                                        | 63    | pyridostigmine bromide.....        | 20    |
| PREDNISOLONE ACETATE.....                                | 74    | pyrimethamine.....                 | 30    |
| PREDNISOLONE SODIUM PHOSPHATE.....                       | 63,74 | <b>Q</b>                           |       |
| prednisone.....                                          | 63    | QINLOCK.....                       | 23    |
| PREDNISONE INTENSOL.....                                 | 63    | QUADRACEL.....                     | 71    |
| pregabalin.....                                          | 53    | quetiapine fumarate.....           | 33,34 |
| PREMARIN.....                                            | 65    | quinapril hcl.....                 | 46    |
| PREMASOL.....                                            | 57    | quinapril-hydrochlorothiazide..... | 49    |
| PREMPHASE.....                                           | 65    | quinidine gluconate.....           | 46    |
| PREMPRO.....                                             | 65    | QUINIDINE SULFATE.....             | 46    |
| prenatal vitamins.....                                   | 59    | quinine sulfate.....               | 31    |
| PREZCOBIX.....                                           | 39    | QVAR REDHALER.....                 | 76    |
| PREZISTA.....                                            | 39    | <b>R</b>                           |       |
| PRIFTIN.....                                             | 20    | RABAVERT.....                      | 71    |
| primaquine phosphate.....                                | 30    | rabeprazole sodium.....            | 60    |
| primidone.....                                           | 13    | raloxifene hcl.....                | 66    |
| PRIVIGEN.....                                            | 68    | ramelteon.....                     | 80    |
| probenecid.....                                          | 19    | ramipril.....                      | 46    |
| prochlorperazine.....                                    | 17    | ranolazine.....                    | 49    |
| prochlorperazine edisylate.....                          | 17    | rasagiline mesylate.....           | 31    |
| prochlorperazine maleate.....                            | 17    | RAVICTI.....                       | 61    |

|                                    |       |
|------------------------------------|-------|
| REBIF.....                         | 53    |
| REBIF REBIDOSE.....                | 54    |
| REBIF REBIDOSE TITRATION PACK..... | 54    |
| REBIF TITRATION PACK.....          | 54    |
| RECOMBIVAX HB.....                 | 71    |
| RECTIV.....                        | 51    |
| REGRANEX.....                      | 56    |
| RELENZA DISKHALER.....             | 39    |
| RELISTOR.....                      | 59    |
| repaglinide.....                   | 42    |
| REPATHA.....                       | 51    |
| REPATHA PUSHTRONEX SYSTEM.....     | 51    |
| REPATHA SURECLICK.....             | 51    |
| RESCRIPTOR.....                    | 37    |
| RESTASIS.....                      | 73    |
| RESTASIS MULTIDOSE.....            | 73    |
| RETACRIT.....                      | 44,45 |
| RETEVMO.....                       | 23    |
| REVLIMID.....                      | 21    |
| REXULTI.....                       | 34    |
| REYATAZ.....                       | 39    |
| REZUROCK.....                      | 70    |
| ribavirin.....                     | 79    |
| ribavirin (hepatitis c).....       | 35    |
| rifabutin.....                     | 20    |
| rifampin.....                      | 20    |
| RIFATER.....                       | 20    |
| riluzole.....                      | 52    |
| RIMANTADINE HCL.....               | 39    |
| ringer's.....                      | 59    |
| ringer's irrigation.....           | 59    |
| risedronate sodium.....            | 72    |
| RISPERDAL CONSTA.....              | 34    |
| risperidone.....                   | 34    |
| ritonavir.....                     | 39    |
| rivastigmine.....                  | 14    |
| rivastigmine tartrate.....         | 14    |
| rizatriptan benzoate.....          | 19    |
| ropinirole hydrochloride.....      | 31    |
| rosuvastatin calcium.....          | 50    |
| ROTARIX.....                       | 71    |

|                 |    |
|-----------------|----|
| ROTATEQ.....    | 71 |
| ROZLYTREK.....  | 23 |
| RUBRACA.....    | 27 |
| RUCONEST.....   | 67 |
| rufinamide..... | 13 |
| RUKOBIA.....    | 38 |
| RUZURGI.....    | 73 |
| RYBELSUS.....   | 42 |
| RYDAPT.....     | 27 |

## S

|                                                |    |
|------------------------------------------------|----|
| SANDIMMUNE.....                                | 70 |
| SANDOSTATIN LAR DEPOT.....                     | 67 |
| SANTYL.....                                    | 56 |
| sapropterin dihydrochloride.....               | 61 |
| SAVELLA.....                                   | 53 |
| SAVELLA TITRATION PACK.....                    | 53 |
| scopolamine.....                               | 17 |
| SECUADO.....                                   | 34 |
| selegiline hcl.....                            | 31 |
| selenium sulfide.....                          | 55 |
| SELZENTRY.....                                 | 38 |
| SEREVENT DISKUS.....                           | 77 |
| SEROSTIM.....                                  | 63 |
| sertraline hcl.....                            | 16 |
| sevelamer carbonate.....                       | 58 |
| SHINGRIX.....                                  | 71 |
| SIGNIFOR.....                                  | 67 |
| sildenafil citrate (pulmonary hypertension) .. | 78 |
| silver sulfadiazine.....                       | 56 |
| simvastatin.....                               | 50 |
| sirolimus.....                                 | 70 |
| SIRTURO.....                                   | 20 |
| SMOFLIPID.....                                 | 59 |
| sodium chloride.....                           | 57 |
| sodium fluoride.....                           | 58 |
| sodium phenylbutyrate.....                     | 61 |
| sodium polystyrene sulfonate.....              | 58 |
| SOFOSBUVIR-VELPATASVIR.....                    | 35 |
| solifenacin succinate.....                     | 61 |
| SOLTAMOX.....                                  | 21 |



|                                           |       |                                         |    |
|-------------------------------------------|-------|-----------------------------------------|----|
| SOMATULINE DEPOT.....                     | 67    | SYNERCID.....                           | 7  |
| SOMAVERT.....                             | 67    | SYNJARDY.....                           | 42 |
| sotalol hcl.....                          | 47    | SYNJARDY XR.....                        | 42 |
| sotalol hcl (afib/af).....                | 47    | SYNRIBO.....                            | 23 |
| SPIRIVA HANDIHALER.....                   | 77    | SYNTHAMIN 17.....                       | 58 |
| SPIRIVA RESPIMAT.....                     | 77    | SYNTHROID.....                          | 66 |
| spironolactone.....                       | 49    |                                         |    |
| spironolactone & hydrochlorothiazide..... | 49    | <b>T</b>                                |    |
| SPRITAM.....                              | 11    | TABLOID.....                            | 22 |
| SPRYCEL.....                              | 27,28 | TABRECTA.....                           | 23 |
| SPS.....                                  | 58    | tacrolimus.....                         | 70 |
| STAVUDINE.....                            | 37    | tacrolimus (topical).....               | 55 |
| STELARA.....                              | 68    | tadalafil (pulmonary hypertension)..... | 78 |
| STIVARGA.....                             | 28    | TAFINLAR.....                           | 28 |
| STRENSIQ.....                             | 61    | TAGRISSO.....                           | 28 |
| STREPTOMYCIN SULFATE.....                 | 6     | TALTZ.....                              | 68 |
| STRIBILD.....                             | 36    | TALZENNA.....                           | 28 |
| STRIVERDI RESPIMAT.....                   | 77    | tamoxifen citrate.....                  | 21 |
| sucralfate.....                           | 60    | tamsulosin hcl.....                     | 62 |
| sulfacetamide sod-prednisolone.....       | 73    | TARGRETIN.....                          | 29 |
| SULFACETAMIDE SODIUM.....                 | 74    | TASIGNA.....                            | 28 |
| sulfacetamide sodium (acne).....          | 10    | TAVALISSE.....                          | 45 |
| sulfacetamide sodium (ophth).....         | 74    | tazarotene.....                         | 54 |
| SULFACETAMIDE-PREDNISOLONE.....           | 73    | TAZICEF.....                            | 8  |
| SULFADIAZINE.....                         | 10    | TAZORAC.....                            | 54 |
| sulfamethoxazole-trimethoprim.....        | 10    | TAZVERIK.....                           | 23 |
| SULFAMYLON.....                           | 56    | TDVAX.....                              | 71 |
| sulfasalazine.....                        | 71    | TEFLARO.....                            | 8  |
| sulindac.....                             | 2     | TEKTURNA HCT.....                       | 49 |
| sumatriptan.....                          | 19    | telmisartan.....                        | 46 |
| SUMATRIPTAN SUCCINATE.....                | 19    | telmisartan-hydrochlorothiazide.....    | 49 |
| sumatriptan succinate.....                | 19    | temazepam.....                          | 80 |
| sunitinib malate.....                     | 28    | TEMIXYS.....                            | 37 |
| SUPREP BOWEL PREP KIT.....                | 59    | TENIVAC.....                            | 71 |
| SYLATRON.....                             | 68    | tenofovir disoproxil fumarate.....      | 37 |
| SYMDEKO.....                              | 78    | TEPMETKO.....                           | 28 |
| SYMLINPEN 120.....                        | 42    | terazosin hcl.....                      | 46 |
| SYMLINPEN 60.....                         | 42    | terbinafine hcl.....                    | 18 |
| SYMPAZAN.....                             | 13    | terbutaline sulfate.....                | 77 |
| SYMTUZA.....                              | 39    | terconazole vaginal.....                | 18 |
| SYNAREL.....                              | 67    | TESTOSTERONE.....                       | 64 |

|                               |       |                                        |    |
|-------------------------------|-------|----------------------------------------|----|
| TESTOSTERONE CYPIONATE.....   | 64    | travoprost.....                        | 75 |
| testosterone enanthate.....   | 64    | trazodone hcl.....                     | 16 |
| tetrabenazine.....            | 52    | TRECATOR.....                          | 20 |
| tetracycline hcl.....         | 11    | TRELEGY ELLIPTA.....                   | 79 |
| THALOMID.....                 | 21    | tretinoin.....                         | 54 |
| theophylline.....             | 78    | tretinoin (chemotherapy).....          | 29 |
| THEOPHYLLINE ER.....          | 78    | triamcinolone acetonide (mouth).....   | 54 |
| THIOLA EC.....                | 62    | triamcinolone acetonide (topical)..... | 55 |
| thioridazine hcl.....         | 32    | triamterene & hydrochlorothiazide..... | 49 |
| thiothixene.....              | 32    | triazolam.....                         | 80 |
| tiagabine hcl.....            | 13    | trientine hcl.....                     | 58 |
| TIBSOVO.....                  | 28    | trifluoperazine hcl.....               | 32 |
| TICOVAC.....                  | 71    | trifluridine.....                      | 40 |
| tigecycline.....              | 7     | trihexyphenidyl hcl.....               | 31 |
| timolol maleate.....          | 19    | TRIKAFTA.....                          | 78 |
| TIMOLOL MALEATE.....          | 75    | TRIMETHOPRIM.....                      | 7  |
| timolol maleate (ophth).....  | 75    | trimipramine maleate.....              | 16 |
| TIVICAY.....                  | 36    | TRINTELLIX.....                        | 16 |
| TIVICAY PD.....               | 36    | TRIUMEQ.....                           | 37 |
| tizanidine hcl.....           | 35    | TROPHAMINE.....                        | 58 |
| TOBI PODHALER.....            | 78    | tropium chloride.....                  | 61 |
| tobramycin.....               | 78    | TRULICITY.....                         | 42 |
| tobramycin (ophth).....       | 74    | TRUMENBA.....                          | 71 |
| tobramycin sulfate.....       | 6     | TRUSELTIQ (100MG DAILY DOSE).....      | 28 |
| tobramycin-dexamethasone..... | 73    | TRUSELTIQ (125MG DAILY DOSE).....      | 28 |
| TOLAK.....                    | 56    | TRUSELTIQ (50MG DAILY DOSE).....       | 28 |
| tolterodine tartrate.....     | 61    | TRUSELTIQ (75MG DAILY DOSE).....       | 28 |
| topiramate.....               | 11,12 | TUKYSA.....                            | 28 |
| toremifene citrate.....       | 22    | TURALIO.....                           | 28 |
| torsemide.....                | 49    | TWINRIX.....                           | 71 |
| TOUJEO MAX SOLOSTAR.....      | 43    | TYBOST.....                            | 38 |
| TOUJEO SOLOSTAR.....          | 43    | TYMLOS.....                            | 72 |
| TPN ELECTROLYTES.....         | 59    | TYPHIM VI.....                         | 71 |
| TRACLEER.....                 | 78    | TYSABRI.....                           | 54 |
| TRADJENTA.....                | 42    |                                        |    |
| tramadol hcl.....             | 4     | <b>U</b>                               |    |
| tramadol-acetaminophen.....   | 4     | UKONIQ.....                            | 28 |
| trandolapril.....             | 46    | ursodiol.....                          | 60 |
| tranexamic acid.....          | 45    |                                        |    |
| tranylcypromine sulfate.....  | 15    | <b>V</b>                               |    |
| TRAVASOL.....                 | 58    | valacyclovir hcl.....                  | 40 |

|                                    |       |
|------------------------------------|-------|
| VALCHLOR.....                      | 21    |
| valganciclovir hcl.....            | 35    |
| valproate sodium.....              | 12    |
| valproic acid.....                 | 12    |
| valsartan.....                     | 46    |
| valsartan-hydrochlorothiazide..... | 49    |
| VALTOCO 10 MG DOSE.....            | 13    |
| VALTOCO 15 MG DOSE.....            | 13    |
| VALTOCO 20 MG DOSE.....            | 13    |
| VALTOCO 5 MG DOSE.....             | 13    |
| VANCOMYCIN HCL.....                | 7     |
| VAQTA.....                         | 71    |
| VARENICLINE TARTRATE.....          | 5     |
| VARIVAX.....                       | 71    |
| VARIZIG.....                       | 68    |
| VASCEPA.....                       | 51    |
| VELTASSA.....                      | 58    |
| VEMLIDY.....                       | 35    |
| VENCLEXTA.....                     | 28,29 |
| VENCLEXTA STARTING PACK.....       | 29    |
| venlafaxine hcl.....               | 16    |
| VENTAVIS.....                      | 78,79 |
| verapamil hcl.....                 | 48    |
| VERAPAMIL HCL ER.....              | 48    |
| VERSACLOZ.....                     | 34    |
| VERZENIO.....                      | 29    |
| VICTOZA.....                       | 42    |
| VIDEX.....                         | 37    |
| VIDEX EC.....                      | 37    |
| vigabatrin.....                    | 13    |
| VIIBRYD.....                       | 16    |
| VIIBRYD STARTER PACK.....          | 16    |
| VIMPAT.....                        | 14    |
| VIRACEPT.....                      | 39    |
| VIREAD.....                        | 37,38 |
| VITRAKVI.....                      | 29    |
| VIZIMPRO.....                      | 29    |
| voriconazole.....                  | 18    |
| VOSEVI.....                        | 35    |
| VOTRIENT.....                      | 29    |
| VRAYLAR.....                       | 34    |

|               |    |
|---------------|----|
| VYNDAMAX..... | 49 |
| VYNDAQEL..... | 61 |

## W

|                                    |    |
|------------------------------------|----|
| warfarin sodium.....               | 44 |
| water for irrigation, sterile..... | 73 |
| WELIREG.....                       | 23 |

## X

|                                  |    |
|----------------------------------|----|
| XALKORI.....                     | 29 |
| XARELTO.....                     | 44 |
| XARELTO STARTER PACK.....        | 44 |
| XATMEP.....                      | 70 |
| XCOPRI.....                      | 12 |
| XCOPRI (250 MG DAILY DOSE).....  | 12 |
| XCOPRI (350 MG DAILY DOSE).....  | 12 |
| XELJANZ.....                     | 68 |
| XELJANZ XR.....                  | 70 |
| XGEVA.....                       | 72 |
| XIFAXAN.....                     | 7  |
| XOFLUZA (40 MG DOSE).....        | 39 |
| XOFLUZA (80 MG DOSE).....        | 39 |
| XOLAIR.....                      | 68 |
| XOSPATA.....                     | 29 |
| XPOVIO (100 MG ONCE WEEKLY)..... | 23 |
| XPOVIO (40 MG ONCE WEEKLY).....  | 23 |
| XPOVIO (40 MG TWICE WEEKLY)..... | 23 |
| XPOVIO (60 MG ONCE WEEKLY).....  | 24 |
| XPOVIO (60 MG TWICE WEEKLY)..... | 24 |
| XPOVIO (80 MG ONCE WEEKLY).....  | 24 |
| XPOVIO (80 MG TWICE WEEKLY)..... | 24 |
| XTANDI.....                      | 21 |
| XYREM.....                       | 80 |

## Y

|             |    |
|-------------|----|
| YF-VAX..... | 71 |
|-------------|----|

## Z

|                  |    |
|------------------|----|
| zafirlukast..... | 76 |
| zaleplon.....    | 80 |
| ZARXIO.....      | 45 |

|                           |    |
|---------------------------|----|
| ZEJULA.....               | 29 |
| ZELBORAF.....             | 29 |
| ZENPEP.....               | 61 |
| ZERIT.....                | 38 |
| zidovudine.....           | 38 |
| ziprasidone hcl.....      | 34 |
| ziprasidone mesylate..... | 34 |
| ZIRGAN.....               | 35 |
| zoledronic acid.....      | 72 |
| ZOLINZA.....              | 24 |
| zolmitriptan.....         | 19 |
| zolpidem tartrate.....    | 80 |
| zonisamide.....           | 14 |
| ZONTIVITY.....            | 44 |
| ZORTRESS.....             | 70 |
| ZOSTAVAX.....             | 71 |
| ZUBSOLV.....              | 5  |
| ZYDELIG.....              | 29 |
| ZYKADIA.....              | 29 |
| ZYPREXA RELPREVV.....     | 34 |

## Discrimination is Against the Law

Blue Shield of California complies with applicable state laws and federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

Blue Shield of California provides:

- Aids and services at no cost to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with:

Blue Shield of California  
Civil Rights Coordinator  
P.O. Box 629007  
El Dorado Hills, CA 95762-9007  
Phone: (844) 831-4133 (TTY: 711)  
Fax: (844) 696-6070  
Email: [BlueShieldCivilRightsCoordinator@blueshieldca.com](mailto:BlueShieldCivilRightsCoordinator@blueshieldca.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Y0118\_20\_525A\_C 07312020

## Multi-Language Insert

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-776-4466 (TTY: 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-776-4466 (TTY: 711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-776-4466 (TTY: 711)。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-776-4466 (TTY: 711).

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-776-4466 (TTY: 711).

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-776-4466 (TTY: 711) 번으로 전화해 주십시오.

**Հայերեն (Armenian):** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-776-4466 (TTY (հեռատիպ)՝ 711).

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-776-4466 (TTY: 711) تماس بگیرید.

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-776-4466 (телетайп: 711).

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-776-4466 (TTY: 711) まで、お電話にてご連絡ください。

**العربية (Arabic):** ملحوظة: إذا كنت تتحدث ذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-776-4466-1 (رقم هاتف الصم والبكم: 711).

**ਪੰਜਾਬੀ (Punjabi):** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-776-4466 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**ខ្មែរ (Cambodian):** ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-776-4466 (TTY: 711)។

Y0118\_20\_525B\_C 07312020

**Hmoob (Hmong):** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-776-4466 (TTY: 711).

**हिंदी (Hindi):** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-776-4466 (TTY: 711) पर कॉल करें।

**ภาษาไทย (Thai):** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-776-4466 (TTY: 711).

**ພາສາລາວ (Lao):** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-776-4466 (TTY: 711).

This formulary was updated on **11/22/2021** . For more recent information or other questions, please contact Blue Shield of California Customer Care, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30, or visit [blueshieldca.com/medFormulary2021](https://blueshieldca.com/medFormulary2021).

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad. Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻 狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

Blue Shield of California is an independent member of the Blue Shield Association.