



# Aetna D-SNP

## 2024 Formulary

### (List of covered drugs)

B2

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

Formulary ID Number: 24024 Version 8

This formulary was updated on 10/01/2023. For more recent information or other questions, please contact Aetna® Medicare Member Services at **1-855-463-0933** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

**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 Aetna. When it refers to “plan” or “our plan,” it means Aetna Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2023. 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, 2024, and from time to time during the year. You will receive notice when necessary.

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## What is the Aetna Medicare Formulary?

A formulary is a list of covered drugs selected by our 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. We will generally cover the drugs listed on our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare 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 we may add or remove drugs on the Drug List during the year, 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 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, or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the mandatory Plan Name’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug. Or 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, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the mandatory Plan Name’s formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available 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 10/01/2023. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

**How do I use the formulary?**

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

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**Medical Condition**

The formulary begins on page 9. The drugs on this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

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**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 94. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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**What are generic drugs?**

Our 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:

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

**QL Quantity Limits.** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.

**ST Step Therapy.** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

**LA Limited Access.** These prescriptions may be available only at certain pharmacies.\*

**MO Mail Order.** For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "MO" in our Drug List.\*

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

**ACS Available from CVS Specialty Pharmacy.** These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services and may be available at other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.

**HRM High Risk Medication.** According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

\*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-855-463-0933 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.

\*\*This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**You can find out if your drug has requirements or limits by looking on the formulary that begins on page 9.** You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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 Aetna Medicare formulary?” on page 6 for information about how to request an exception.

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

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

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Aetna Medicare Formulary?**

You can ask us 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our 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, we will only approve your request for an exception if the alternative drugs included on the plan’s formulary 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 or utilization restriction exception. **When you request a formulary 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.

If you experience a change in your setting of care (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

## **For more information**

For more detailed information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our 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>**.

## Mail-order pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-855-463-0933 (TTY: 711)** 8 a.m. to 8 p.m., E.S.T., 7 days a week, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

## Drug tier copay levels

This 2024 formulary is a listing of brand-name and generic drugs. Aetna Medicare’s 2024 formulary covers most drugs identified by Medicare as Part D drugs.

| <b>Copay tier</b> | <b>Type of drug</b> |
|-------------------|---------------------|
| <b>Tier 1</b>     | Generic             |
| <b>Tier 1</b>     | Brand               |

## Aetna® Medicare Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

|     |                                       |
|-----|---------------------------------------|
| QL  | Quantity Limits                       |
| PA  | Prior Authorization                   |
| ST  | Step Therapy                          |
| LA  | Limited Access*                       |
| MO  | Mail-order Delivery*                  |
| B/D | Part B vs. D Prior Authorization      |
| ACS | Available from CVS Specialty Pharmacy |
| HRM | High Risk Medication                  |

\*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-855-463-0933 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.

\*\*This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.



## Key\*

| Drug name                                      | Drug tier            | Requirements/Limits   |
|--|----------------------|---|
| UPPERCASE = Brand-name prescription drugs      | 1 = Copay tier level | QL = Quantity Limits<br>PA = Prior Authorization<br>ST = Step Therapy<br>LA = Limited Access<br>MO = Mail-order Delivery<br>B/D = Part B vs. Part D<br>ACS = Available from CVS<br>Specialty Pharmacy<br>HRM = High Risk Medication |
| <i>Lowercase italics</i> = Generic medications |                      |   |

| Drug name | Requirements/Limits |
|-----------|---------------------|
|-----------|---------------------|

**ANALGESICS****GOUT**

|                              |                            |
|------------------------------|----------------------------|
| <i>allopurinol tablet</i>    | MO                         |
| <i>colchicine tablet</i>     | QL (120 EA per 30 days) MO |
| <i>febuxostat</i>            | ST MO                      |
| MITIGARE                     | QL (60 EA per 30 days) MO  |
| <i>probenecid</i>            | MO                         |
| <i>probenecid/colchicine</i> | MO                         |

**NSAIDS**

|  |                            |
|--|----------------------------|
| <i>celecoxib capsule 400mg</i>   | QL (30 EA per 30 days) MO  |
| <i>celecoxib capsule 100mg, 200mg, 50mg</i>                              | QL (60 EA per 30 days) MO  |
| <i>diclofenac potassium tablet 50mg</i>                                  | QL (120 EA per 30 days) MO |
| <i>diclofenac sodium dr</i>  | MO                         |
| <i>diclofenac sodium er</i>  | QL (60 EA per 30 days) MO  |
| <i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i> | QL (120 EA per 30 days) MO |
| <i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i> | QL (90 EA per 30 days) MO  |
| <i>diflunisal</i>  | QL (90 EA per 30 days) MO  |
| <i>ec-naproxen tablet delayed release 375mg</i>                          | QL (120 EA per 30 days)    |
| <i>ec-naproxen tablet delayed release 500mg</i>                          | QL (90 EA per 30 days) MO  |
| <i>etodolac er tablet extended release 24 hour 600mg</i>                 | QL (30 EA per 30 days) MO  |
| <i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>          | QL (60 EA per 30 days) MO  |
| <i>etodolac capsule 300mg</i>  | QL (120 EA per 30 days) MO |
| <i>etodolac capsule 200mg</i>  | QL (90 EA per 30 days) MO  |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| <i>etodolac tablet 500mg</i>   |           | QL (60 EA per 30 days) MO        |
| <i>etodolac tablet 400mg</i>   |           | QL (90 EA per 30 days) MO        |
| FENOPROFEN CALCIUM CAPSULE 400MG   |           | QL (240 EA per 30 days) MO       |
| <i>fenoprofen calcium tablet 600mg</i>   |           | QL (150 EA per 30 days) MO       |
| <i>flurbiprofen tablet 100mg</i>   |           | QL (90 EA per 30 days) MO        |
| <i>ibu tablet 400mg, 600mg, 800mg</i>  |           | MO                               |
| <i>ibuprofen tablet 400mg, 600mg, 800mg</i>  |           | MO                               |
| <i>ibuprofen oral suspension</i>   |           | MO                               |
| <i>ketoprofen extended release capsule 200mg</i>   |           | QL (30 EA per 30 days) MO        |
| <i>ketorolac tromethamine tablet 10mg</i>  |           | QL (20 EA per 30 days) PA MO     |
| <i>meloxicam tablet</i>  |           | MO                               |
| <i>nabumetone</i>  |           | MO                               |
| <i>naproxen sodium tablet 275mg, 550mg</i>   |           | MO                               |
| <i>naproxen tablet 250mg, 375mg, 500mg</i>   |           | MO                               |
| <i>naproxen oral suspension</i>  |           | MO                               |
| <i>naproxen tablet delayed release 375mg</i>   |           | QL (120 EA per 30 days) MO       |
| <i>naproxen tablet delayed release 500mg</i>   |           | QL (90 EA per 30 days) MO        |
| <i>oxaprozin</i>   |           | QL (90 EA per 30 days) MO        |
| <i>piroxicam capsule 20mg</i>  |           | QL (30 EA per 30 days) MO        |
| <i>piroxicam capsule 10mg</i>  |           | QL (60 EA per 30 days) MO        |
| <i>sulindac</i>  |           | QL (60 EA per 30 days) MO        |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>  |           |                                  |
| <i>buprenorphine transdermal patch</i>   |           | QL (4 EA per 28 days) PA MO      |
| <i>fentanyl transdermal patch</i>  |           | QL (10 EA per 30 days) PA MO     |
| <i>hydrocodone bitartrate er tablet</i>  |           | QL (30 EA per 30 days) PA MO     |
| HYSINGLA ER  |           | QL (30 EA per 30 days) PA MO     |
| <i>methadone hcl oral concentrate 10mg/ml</i>  |           | QL (90 ML per 30 days) PA<br>MO  |
| METHADONE HCL INJECTION  |           | PA                               |
| <i>methadone hcl oral solution</i>   |           | QL (450 ML per 30 days) PA<br>MO |
| <i>methadone hcl tablet 10mg, 5mg</i>  |           | QL (90 EA per 30 days) PA MO     |
| <i>morphine sulfate er capsule extended release<br/>24 hour (generic Avinza) 120mg, 30mg, 45mg,<br/>60mg, 75mg, 90mg</i>             |           | QL (30 EA per 30 days) MO        |
| <i>morphine sulfate er capsule extended release<br/>24 hour (generic Kadian) 100mg, 10mg, 20mg,<br/>30mg, 40mg, 50mg, 60mg, 80mg</i> |           | QL (60 EA per 30 days) MO        |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits               |
|--|-----------|-----------------------------------|
| <i>morphine sulfate er tablet extended release 30mg, 60mg</i>  |           | QL (60 EA per 30 days) MO         |
| <i>morphine sulfate er tablet extended release 100mg, 200mg</i>  |           | QL (60 EA per 30 days) PA MO      |
| <i>morphine sulfate er tablet extended release 15mg</i>  |           | QL (90 EA per 30 days) MO         |
| MORPHINE SULFATE/SODIUM CHLORIDE   |           | B/D                               |
| <i>tramadol hcl extended release tablet</i>  |           | QL (30 EA per 30 days) MO;<br>HRM |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>   |           |                                   |
| <i>acetaminophen/codeine tablet</i>  |           | QL (180 EA per 30 days) MO        |
| <i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>  |           | QL (2700 ML per 30 days) MO       |
| <i>butorphanol tartrate nasal solution</i>   |           | QL (5 ML per 30 days) MO          |
| <i>butorphanol tartrate injection 1mg/ml</i>   |           |                                   |
| <i>butorphanol tartrate injection 2mg/ml</i>   |           | MO                                |
| CODEINE SULFATE TABLET   |           | QL (180 EA per 30 days) MO        |
| <i>endocet tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>                              |           | QL (180 EA per 30 days)           |
| <i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>                                   |           | QL (120 EA per 30 days) PA<br>MO  |
| <i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i> |           | QL (120 EA per 30 days) PA<br>MO  |
| <i>hydrocodone bitartrate/acetaminophen tablet</i>   |           | QL (180 EA per 30 days) MO        |
| <i>hydrocodone bitartrate/acetaminophen solution</i>   |           | QL (2700 ML per 30 days) MO       |
| <i>hydrocodone/acetaminophen</i>   |           | QL (180 EA per 30 days) MO        |
| <i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>                              |           | QL (150 EA per 30 days) MO        |
| <i>hydromorphone hcl tablet</i>  |           | QL (180 EA per 30 days) MO        |
| <i>hydromorphone hcl liquid</i>  |           | QL (600 ML per 30 days) MO        |
| HYDROMORPHONE HCL INJECTION 4MG/ML   |           | B/D                               |
| HYDROMORPHONE HCL INJECTION 1MG/ML   |           | B/D MO                            |
| <i>hydromorphone hcl injection 10mg/ml</i>   |           | B/D                               |
| HYDROMORPHONE HYDROCHLORIDE INJECTION 1MG/ML, 2MG/ML   |           | B/D                               |
| HYDROMORPHONE HYDROCHLORIDE INJECTION 4MG/ML   |           | B/D MO                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                |
|--|-----------|------------------------------------|
| <i>hydromorphone hydrochloride injection 50mg/5ml</i>  |           | B/D                                |
| <i>hydromorphone hydrochloride injection 2mg/ml</i>  |           | B/D MO                             |
| <i>morphine sulfate tablet 15mg, 30mg</i>  |           | QL (180 EA per 30 days) MO         |
| MORPHINE SULFATE INJECTION 10MG/ML<br>PF VIAL IV OR IM, 2MG/ML, 4MG/ML IV OR<br>IM VIAL AND PREFILLED SYRINGE, 5MG/ML,<br>8MG/ML PF VIAL IV OR IM                        |           | B/D                                |
| <i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/<br/>ml iv only vial and carpject, 4mg/ml iv vial and<br/>prefilled syringe, 50mg/ml, 8mg/ml vial and pf<br/>carpject</i> |           | B/D                                |
| <i>morphine sulfate injection 1mg/ml</i>   |           | B/D MO                             |
| <i>morphine sulfate oral solution 10mg/5ml,<br/>20mg/5ml</i>   |           | QL (900 ML per 30 days) MO         |
| <i>morphine sulfate oral solution 20mg/ml</i>  |           | QL (180 ML per 30 days) MO         |
| <i>oxycodone hcl</i>   |           | QL (180 EA per 30 days) MO         |
| <i>oxycodone hydrochloride capsule</i>   |           | QL (180 EA per 30 days) MO         |
| <i>oxycodone hydrochloride solution</i>  |           | QL (900 ML per 30 days) MO         |
| <i>oxycodone hydrochloride concentrate</i>   |           | QL (180 ML per 30 days) MO         |
| <i>oxycodone hydrochloride tablet 30mg</i>   |           | QL (120 EA per 30 days) MO         |
| <i>oxycodone hydrochloride tablet 10mg, 15mg,<br/>20mg, 5mg</i>  |           | QL (180 EA per 30 days) MO         |
| <i>oxycodone/acetaminophen tablet 10mg;<br/>325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg;<br/>325mg</i>  |           | QL (180 EA per 30 days) MO         |
| <i>tramadol hcl tablet 50mg</i>  |           | QL (240 EA per 30 days) MO;<br>HRM |
| <i>tramadol hydrochloride/acetaminophen</i>  |           | QL (240 EA per 30 days) MO;<br>HRM |

## ANESTHETICS

### LOCAL ANESTHETICS

*lidocaine hcl injection 0.5%, 1%, 1.5% pf, 2% pf,  
4% pf*

*lidocaine hydrochloride pf inj 1%, 2%*

## ANTI-INFECTIVES

### ANTI-INFECTIVES - MISCELLANEOUS

*albendazole* MO

*amikacin sulfate injection 1gm/4ml, 500mg/2ml* MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits            |
|---|-----------|--------------------------------|
| <i>atovaquone oral suspension</i>   |           | PA MO                          |
| <i>aztreonam</i>  |           | MO                             |
| CAYSTON   |           | PA LA; ACS                     |
| <i>chloramphenicol sodium succinate</i>   |           |                                |
| <i>clindamycin hcl capsule 300mg</i>  |           | MO                             |
| <i>clindamycin hcl capsule 150mg, 75mg</i>  |           | MO                             |
| <i>clindamycin palmitate hcl</i>  |           | MO                             |
| <i>clindamycin phosphate/dextrose</i>   |           |                                |
| <i>clindamycin phosphate injection 300mg/2ml, 900mg/60ml, 900mg/6ml</i>                             |           |                                |
| <i>clindamycin phosphate injection 600mg/4ml</i>  |           | MO                             |
| CLINDAMYCIN/SODIUM CHLORIDE   |           |                                |
| <i>colistimethate sodium</i>  |           | PA MO                          |
| <i>dapsone tablet 100mg, 25mg</i>   |           | MO                             |
| DAPTOMYCIN INJECTION 350MG  |           |                                |
| <i>daptomycin injection 500mg</i>   |           |                                |
| EMVERM  |           | QL (12 EA per 365 days) MO     |
| <i>ertapenem</i>  |           | MO                             |
| <i>gentamicin sulfate pediatric</i>   |           | MO                             |
| <i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i> |           |                                |
| <i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>                             |           | MO                             |
| <i>gentamicin sulfate injection 40mg/ml</i>   |           | MO                             |
| <i>imipenem/cilastatin</i>  |           | MO                             |
| <i>gentamicin isotonic/0.9% sodium chloride injection 0.8mg/ml</i>                                  |           |                                |
| <i>ivermectin tablet 3mg</i>  |           | QL (12 EA per 90 days) PA MO   |
| <i>linezolid tablet</i>   |           | QL (56 EA per 28 days) PA MO   |
| <i>linezolid oral suspension reconstituted 100mg/5ml</i>  |           | QL (1800 ML per 30 days) PA MO |
| LINEZOLID INJECTION 600MG/300ML; 0.9%   |           | PA                             |
| <i>linezolid injection 600mg/300ml</i>  |           | PA                             |
| <i>meropenem</i>  |           | MO                             |
| <i>methenamine hippurate</i>  |           | MO                             |
| <i>methenamine mandelate tablet</i>   |           | MO                             |
| <i>metronidazole capsule 375mg</i>  |           | MO                             |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier               | Requirements/Limits |
|---|-------------------------|---------------------|
| <i>metronidazole injection 500mg/100ml</i>                            |                         |                     |
| <i>metronidazole tablet 250mg, 500mg</i>                              | MO                      |                     |
| <i>neomycin sulfate</i>   | MO                      |                     |
| <i>nitazoxanide</i>   | QL (6 EA per 30 days)   | MO                  |
| <i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>               | MO                      |                     |
| <i>nitrofurantoin macrocrystals capsule 25mg</i>                      | MO                      |                     |
| <i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>         | MO                      |                     |
| <i>paromomycin sulfate</i>  |                         |                     |
| <i>pentamidine isethionate inhalation solution reconstituted</i>      | B/D                     | MO                  |
| <i>pentamidine isethionate injection</i>                              | MO                      |                     |
| <i>praziquantel</i>   | MO                      |                     |
| SIVEXTRO INJECTION  |                         |                     |
| SIVEXTRO TABLET   | MO                      |                     |
| <i>streptomycin sulfate</i>   | MO                      |                     |
| <i>sulfadiazine</i>   | MO                      |                     |
| <i>sulfamethoxazole/trimethoprim ds</i>                               | MO                      |                     |
| <i>sulfamethoxazole/trimethoprim suspension, tablet</i>               | MO                      |                     |
| <i>sulfamethoxazole/trimethoprim injection IV 400mg/5ml; 80mg/5ml</i> | MO                      |                     |
| <i>tinidazole</i>   | MO                      |                     |
| <i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>                  |                         |                     |
| <i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>              | MO                      |                     |
| <i>tobramycin sulfate injection 1.2gm</i>                             |                         |                     |
| <i>tobramycin nebulization solution 300mg/5ml</i>                     | QL (280 ML per 56 days) | PA; ACS             |
| <i>trimethoprim tablet 100mg</i>                                      | MO                      |                     |
| VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML             |                         |                     |
| VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML                              |                         |                     |
| <i>vancomycin hcl injection 100gm, 10gm</i>                           |                         |                     |
| <i>vancomycin hydrochloride capsule 125mg</i>                         | QL (120 EA per 30 days) | MO                  |
| <i>vancomycin hydrochloride capsule 250mg</i>                         | QL (240 EA per 30 days) | MO                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits  |
|---|-----------|--|
| VANCOMYCIN HYDROCHLORIDE<br>INJECTION 1.25GM, 1.5GM, 1000MG/200ML,<br>1250MG/250ML, 1500MG/300ML,<br>1750MG/350ML, 500MG/100ML,<br>750MG/150ML<br><i>vancomycin hydrochloride injection 1gm, 5gm,<br/>750mg</i><br><i>vancomycin hydrochloride injection 500mg</i>  |           | MO   |
| <b>ANTIFUNGALS</b>  |           |  |
| ABELCET SUSPENSION INJECTION 5MG/ML<br><i>amphotericin b</i><br><i>amphotericin b liposome</i><br><i>caspofungin acetate</i><br><i>fluconazole in sodium chloride injection 200mg;<br/>100ml, 400mg; 100ml</i><br><i>fluconazole tablet, oral suspension</i><br><i>fluconazole/sodium chloride injection<br/>100mg/50ml</i><br><i>flucytosine capsule 250mg</i><br><i>flucytosine capsule 500mg</i><br><i>griseofulvin microsize</i><br><i>griseofulvin ultramicrosize</i><br><i>itraconazole capsule 200mg</i><br><i>ketoconazole tablet 200mg</i><br><i>micafungin</i><br><i>nystatin tablet 500000unit</i><br><i>posaconazole dr tablet delayed release 100mg</i><br><i>posaconazole oral suspension 40mg/ml</i><br><i>terbinafine hcl tablet 250mg</i><br><i>voriconazole injection</i><br><i>voriconazole oral suspension reconstituted</i><br><i>voriconazole tablet 200mg</i><br><i>voriconazole tablet 50mg</i> |           | B/D<br>B/D MO<br>B/D MO<br><br>MO<br><br>PA MO<br>PA MO<br>MO<br>MO<br>PA MO<br>PA MO<br><br>MO<br>QL (93 EA per 30 days) PA MO<br>QL (630 ML per 30 days) MO<br>QL (90 EA per 365 days) MO<br>PA<br>PA MO<br>QL (120 EA per 30 days) MO<br>QL (480 EA per 30 days) MO |
| <b>ANTIMALARIALS</b>  |           |  |
| <i>atovaquone/proguanil hcl</i><br><i>chloroquine phosphate</i><br>COARTEM<br><i>mefloquine hcl</i><br><i>primaquine phosphate</i>  |           | MO<br>MO<br>MO<br>MO   |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits        |
|--|-----------|----------------------------|
| <i>quinine sulfate capsule 324mg</i>                       |           | PA MO                      |
| <b>ANTIRETROVIRAL AGENTS</b>                               |           |                            |
| <i>abacavir</i>  |           | MO                         |
| APTIVUS  |           | MO                         |
| <i>atazanavir sulfate</i>                                  |           | MO                         |
| <i>darunavir tablet 800mg</i>                              |           | QL (30 EA per 30 days) MO  |
| <i>darunavir tablet 600mg</i>                              |           | QL (60 EA per 30 days) MO  |
| EDURANT  |           | MO                         |
| <i>efavirenz</i>   |           | MO                         |
| <i>emtricitabine</i>                                       |           | MO                         |
| EMTRIVA ORAL SOLUTION                                      |           | MO                         |
| <i>etravirine</i>  |           | MO                         |
| <i>fosamprenavir calcium</i>                               |           | MO                         |
| FUZEON   |           | LA MO                      |
| INTELENCE TABLET 25MG                                      |           |                            |
| ISENTRESS HD   |           | MO                         |
| ISENTRESS PACKET, TABLET                                   |           | MO                         |
| ISENTRESS TABLET CHEWABLE 25MG                             |           | MO                         |
| ISENTRESS TABLET CHEWABLE 100MG                            |           | MO                         |
| <i>lamivudine solution 10mg/ml</i>                         |           | MO                         |
| <i>lamivudine tablet 150mg, 300mg</i>                      |           | MO                         |
| LEXIVA ORAL SUSPENSION                                     |           | MO                         |
| <i>maraviroc</i>   |           | MO                         |
| <i>nevirapine er tablet extended release 24 hour 100mg</i> |           |                            |
| <i>nevirapine er tablet extended release 24 hour 400mg</i> |           | MO                         |
| <i>nevirapine immediate release tablet 200mg</i>           |           | MO                         |
| <i>nevirapine oral suspension 50mg/5ml</i>                 |           | MO                         |
| NORVIR ORAL POWDER PACKET, ORAL SOLUTION                   |           | MO                         |
| PIFELTRO   |           | MO                         |
| PREZISTA ORAL SUSPENSION                                   |           | QL (400 ML per 30 days) MO |
| PREZISTA TABLET 75MG                                       |           | QL (480 EA per 30 days) MO |
| PREZISTA TABLET 150MG                                      |           | QL (240 EA per 30 days) MO |
| REYATAZ ORAL POWDER PACKET                                 |           | MO                         |
| <i>ritonavir</i>   |           | MO                         |
| RUKOBIA  |           | MO                         |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.



| Drug name  | Drug tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| SELZENTRY ORAL SOLUTION  |           | MO                               |
| SELZENTRY TABLET 25MG  |           |                                  |
| SELZENTRY TABLET 75MG  |           |                                  |
| <i>stavudine capsule</i>   |           | MO                               |
| SUNLENCA INJECTION   |           | QL (3 ML per 180 days) LA MO     |
| SUNLENCA TABLET THERAPY PACK (5 TAB<br>PACK) 300MG                                       |           | QL (10 EA per 365 days) LA<br>MO |
| SUNLENCA TABLET THERAPY PACK (4 TAB<br>PACK) 300MG                                       |           | QL (8 EA per 365 days) LA MO     |
| <i>tenofovir disoproxil fumarate</i>   |           | MO                               |
| TIVICAY PD   |           | MO                               |
| TIVICAY TABLET 10MG  |           | MO                               |
| TIVICAY TABLET 25MG, 50MG  |           | MO                               |
| TROGARZO   |           | LA MO                            |
| TYBOST   |           | MO                               |
| VIRACEPT   |           | MO                               |
| VIREAD ORAL POWDER, TABLET 150MG,<br>200MG, 250MG  |           | MO                               |
| <i>zidovudine capsule, syrup</i>   |           | MO                               |
| <i>zidovudine tablet</i>   |           | MO                               |
| <b>ANTIRETROVIRAL COMBINATION AGENTS</b>   |           |                                  |
| <i>abacavir sulfate/lamivudine</i>   |           | MO                               |
| BIKTARVY   |           | MO                               |
| CIMDUO   |           | MO                               |
| COMPLERA   |           | MO                               |
| DELSTRIGO  |           | MO                               |
| DESCOVY  |           | MO                               |
| DOVATO   |           | MO                               |
| <i>efavirenz/emtricitabine/tenofovir disoproxil<br/>fumarate</i>                         |           | MO                               |
| <i>efavirenz/lamivudine/tenofovir disoproxil<br/>fumarate</i>                            |           | MO                               |
| <i>emtricitabine/tenofovir disoproxil tablet 167mg;<br/>250mg</i>                        |           | QL (30 EA per 30 days) MO        |
| <i>emtricitabine/tenofovir disoproxil fumarate<br/>tablet 200mg; 300mg</i>               |           | QL (30 EA per 30 days) MO        |
| <i>emtricitabine/tenofovir disoproxil fumarate<br/>tablet 100mg; 150mg, 133mg; 200mg</i> |           | QL (30 EA per 30 days) MO        |
| EVOTAZ   |           | MO                               |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name                              | Drug tier | Requirements/Limits        |
|--|-----------|----------------------------|
| GENVOYA                                |           | MO                         |
| JULUCA                                 |           | MO                         |
| <i>lamivudine/zidovudine</i>           |           | MO                         |
| <i>lopinavir/ritonavir</i>             |           | MO                         |
| ODEFSEY                                |           | MO                         |
| PREZCOBIX                              |           | MO                         |
| STRIBILD                               |           | MO                         |
| SYMTUZA                                |           | MO                         |
| TRIUMEQ                                |           | MO                         |
| TRIUMEQ PD                             |           | MO                         |
| TRIZIVIR                               |           | MO                         |
| <b>ANTITUBERCULAR AGENTS</b>           |           |                            |
| <i>cycloserine</i>                     |           | MO                         |
| <i>ethambutol hydrochloride</i>        |           | MO                         |
| <i>isoniazid tablet</i>                |           | MO                         |
| <i>isoniazid injection</i>             |           |                            |
| <i>isoniazid syrup</i>                 |           | MO                         |
| PRETOMANID                             |           | QL (30 EA per 30 days) PA  |
| PRIFTIN                                |           | MO                         |
| <i>pyrazinamide</i>                    |           | MO                         |
| <i>rifabutin</i>                       |           | MO                         |
| <i>rifampin capsule</i>                |           | MO                         |
| <i>rifampin injection</i>              |           |                            |
| SIRTURO                                |           | PA LA; ACS                 |
| TRECTOR                                |           | MO                         |
| <b>ANTIVIRALS</b>                      |           |                            |
| <i>acyclovir</i>                       |           | MO                         |
| <i>acyclovir sodium injection</i>      |           | B/D                        |
| <i>adefovir dipivoxil</i>              |           | QL (30 EA per 30 days) MO  |
| BARACLUDE ORAL SOLUTION                |           | QL (630 ML per 30 days) MO |
| <i>entecavir</i>                       |           | QL (30 EA per 30 days) MO  |
| EPCLUSA                                |           | PA; ACS                    |
| EPIVIR HBV ORAL SOLUTION               |           | MO                         |
| <i>famciclovir tablet 500mg</i>        |           | QL (21 EA per 30 days) MO  |
| <i>famciclovir tablet 125mg, 250mg</i> |           | QL (60 EA per 30 days) MO  |
| <i>ganciclovir</i>                     |           | B/D                        |
| HARVONI                                |           | PA; ACS                    |
| <i>lamivudine tablet 100mg</i>         |           | MO                         |

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| Drug name   | Drug tier | Requirements/Limits          |
|---|-----------|------------------------------|
| MAVYRET   |           | PA; ACS                      |
| <i>oseltamivir phosphate capsule 30mg</i>                     |           | QL (168 EA per 365 days) MO  |
| <i>oseltamivir phosphate capsule 45mg, 75mg</i>               |           | QL (84 EA per 365 days) MO   |
| <i>oseltamivir phosphate oral suspension reconstituted</i>    |           | QL (1080 ML per 365 days) MO |
| PEGASYS   |           | PA; ACS                      |
| PREVYMIS TABLET   |           | QL (28 EA per 28 days) PA MO |
| RELENZA DISKHALER   |           | QL (120 EA per 365 days) MO  |
| <i>ribavirin capsule</i>                                      |           | ACS                          |
| <i>ribavirin tablet</i>                                       |           | ACS                          |
| <i>rimantadine hydrochloride</i>                              |           | MO                           |
| <i>valacyclovir hcl tablet 1gm</i>                            |           | MO                           |
| <i>valacyclovir hydrochloride tablet 500mg</i>                |           | MO                           |
| <i>valganciclovir hydrochloride oral solution</i>             |           | MO                           |
| <i>valganciclovir tablet 450mg</i>                            |           | MO                           |
| VOSEVI  |           | PA; ACS                      |
| <b>CEPHALOSPORINS</b>   |           |                              |
| CEFACLOR ER   |           | MO                           |
| <i>cefaclor capsule</i>                                       |           | MO                           |
| <i>cefaclor suspension reconstituted 250mg/5ml</i>            |           |                              |
| <i>cefaclor suspension reconstituted 125mg/5ml, 375mg/5ml</i> |           | MO                           |
| <i>cefadroxil</i>   |           | MO                           |
| CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%                       |           |                              |
| CEFAZOLIN SODIUM INJECTION 100GM, 300GM                       |           |                              |
| <i>cefazolin sodium injection 1gm iv</i>                      |           |                              |
| <i>cefazolin sodium injection 10gm, 1gm, 500mg</i>            |           | MO                           |
| CEFAZOLIN INJECTION 2GM/100ML; 4%                             |           |                              |
| CEFAZOLIN INJECTION 2GM, 3GM                                  |           |                              |
| <i>cefazolin injection 2gm</i>                                |           |                              |
| <i>cefdinir</i>   |           | MO                           |
| <i>cefepime injection 1gm, 2gm</i>                            |           | MO                           |
| <i>cefixime capsule</i>                                       |           | MO                           |
| <i>cefixime oral suspension reconstituted</i>                 |           | MO                           |
| <i>cefotetan injection 1gm/10ml, 2gm/20ml</i>                 |           |                              |
| <i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>              |           |                              |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>cefepodoxime proxetil</i>                                     |           | MO                  |
| <i>cefprozil</i>   |           | MO                  |
| CEFTAZIDIME/DEXTROSE   |           |                     |
| <i>ceftazidime injection 6gm</i>                                 |           |                     |
| <i>ceftazidime injection 1gm, 2gm</i>                            |           | MO                  |
| <i>ceftriaxone in iso-osmotic dextrose</i>                       |           |                     |
| CEFTRIAXONE SODIUM INJECTION 100GM                               |           |                     |
| <i>ceftriaxone iv injection 1gm</i>                              |           |                     |
| <i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i> |           | MO                  |
| <i>cefuroxime axetil tablet</i>                                  |           | MO                  |
| <i>cefuroxime sodium injection 1.5gm</i>                         |           |                     |
| <i>cefuroxime sodium injection 750mg</i>                         |           | MO                  |
| <i>cephalexin capsule 250mg, 500mg</i>                           |           | MO                  |
| <i>cephalexin capsule 750mg</i>                                  |           | MO                  |
| <i>cephalexin oral suspension reconstituted, tablet</i>          |           | MO                  |
| SUPRAX ORAL SUSPENSION 500MG/ML                                  |           |                     |
| <i>tazicef</i>   |           |                     |
| TEFLARO  |           |                     |
| <b>ERYTHROMYCINS/MACROLIDES</b>                                  |           |                     |
| AZITHROMYCIN PACKET  |           | MO                  |
| <i>azithromycin tablet</i>                                       |           | MO                  |
| <i>azithromycin oral suspension reconstituted</i>                |           | MO                  |
| <i>azithromycin injection</i>                                    |           | MO                  |
| <i>clarithromycin er tablet</i>                                  |           | MO                  |
| <i>clarithromycin immediate release tablet</i>                   |           | MO                  |
| <i>clarithromycin oral suspension reconstituted</i>              |           | MO                  |
| DIFICID ORAL SUSPENSION RECONSTITUTED                            |           |                     |
| DIFICID TABLET   |           | MO                  |
| <i>erythrocin stearate tablet 250mg</i>                          |           | MO                  |
| <i>erythromycin base</i>   |           | MO                  |
| <i>erythromycin dr tablet</i>                                    |           | MO                  |
| <i>erythromycin ethylsuccinate tablet</i>                        |           | MO                  |
| <i>erythromycin lactobionate injection</i>                       |           |                     |
| <i>erythromycin capsule delayed release particles 250mg</i>      |           | MO                  |
| <b>FLUOROQUINOLONES</b>  |           |                     |
| <i>ciprofloxacin hcl tablet 100mg, 750mg</i>                     |           | MO                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>   | MO        |                     |
| <i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>   |           |                     |
| <i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>   | MO        |                     |
| <i>levofloxacin in d5w</i>   |           |                     |
| <i>levofloxacin injection 25mg/ml</i>  |           |                     |
| <i>levofloxacin oral solution 25mg/ml</i>  | MO        |                     |
| <i>levofloxacin tablet 250mg, 500mg, 750mg</i>   | MO        |                     |
| <i>moxifloxacin hydrochloride/sodium hydrochloride</i>   |           |                     |
| <i>moxifloxacin hydrochloride injection 400mg/250ml</i>  |           |                     |
| <i>moxifloxacin hydrochloride tablet 400mg</i>   | MO        |                     |
| <b>PENICILLINS</b>   |           |                     |
| <i>amoxicillin/clavulanate potassium extended release tablet 1000mg; 62.5mg</i>  | MO        |                     |
| <i>amoxicillin/clavulanate potassium oral suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i> | MO        |                     |
| <i>amoxicillin/clavulanate potassium oral suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>   | MO        |                     |
| <i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>   | MO        |                     |
| <i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>   | MO        |                     |
| <i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>   | MO        |                     |
| <i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>   | MO        |                     |
| <i>amoxicillin capsule, tablet chewable, tablet</i>  | MO        |                     |
| <i>amoxicillin oral suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>   | MO        |                     |
| <i>amoxicillin oral suspension reconstituted 400mg/5ml</i>   | MO        |                     |
| <i>ampicillin capsule 500mg</i>  | MO        |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>ampicillin sodium injection 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>  |           |                     |
| <i>ampicillin sodium injection 1gm, 2gm, 500mg</i>                     | MO        |                     |
| <i>ampicillin-sulbactam</i>  |           |                     |
| BICILLIN L-A   | MO        |                     |
| <i>dicloxacillin sodium</i>  | MO        |                     |
| <i>nafcillin sodium injection 1gm</i>                                  |           |                     |
| <i>nafcillin sodium injection 2gm</i>                                  | MO        |                     |
| <i>nafcillin sodium injection 10gm, 2gm</i>                            |           |                     |
| <i>oxacillin sodium injection 10gm, 1gm, 2gm</i>                       |           |                     |
| <i>penicillin g potassium</i>  | MO        |                     |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE                         |           |                     |
| PENICILLIN G PROCAINE  | MO        |                     |
| <i>penicillin g sodium</i>   |           |                     |
| <i>penicillin v potassium tablet</i>                                   | MO        |                     |
| <i>penicillin v potassium solution reconstituted</i>                   | MO        |                     |
| <i>piperacillin sodium/tazobactam sodium</i>                           |           |                     |
| <b>TETRACYCLINES</b>   |           |                     |
| <i>doxy 100 injection</i>  | MO        |                     |
| <i>doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg</i>     | MO        |                     |
| <i>doxycycline hyclate injection i.v. solution reconstituted 100mg</i> | MO        |                     |
| <i>doxycycline monohydrate capsule 50mg</i>                            | MO        |                     |
| <i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>              | MO        |                     |
| <i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>                | MO        |                     |
| <i>doxycycline monohydrate tablet 150mg</i>                            | MO        |                     |
| <i>doxycycline oral suspension reconstituted 25mg/5ml</i>              | MO        |                     |
| <i>minocycline hcl capsule 75mg</i>                                    | MO        |                     |
| <i>minocycline hcl tablet 50mg, 75mg</i>                               | ST MO     |                     |
| <i>minocycline hcl capsule 100mg, 50mg</i>                             | MO        |                     |
| <i>mondoxyne nl</i>  |           |                     |
| NUZYRA   | LA; ACS   |                     |
| <i>tetracycline hydrochloride</i>                                      | MO        |                     |
| <i>tigecycline</i>   |           |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits                  |
|---|-----------|--------------------------------------|
| <b>ANTINEOPLASTIC AGENTS</b>                                  |           |                                      |
| <b>ALKYLATING AGENTS</b>                                      |           |                                      |
| CYCLOPHOSPHAMIDE TABLET                                       |           | PA                                   |
| <i>cyclophosphamide capsule</i>                               |           | PA MO                                |
| GLEOSTINE CAPSULE 10MG, 40MG                                  |           | ACS                                  |
| GLEOSTINE CAPSULE 100MG                                       |           | ACS                                  |
| LEUKERAN  |           | MO                                   |
| <b>ANTIMETABOLITES</b>  |           |                                      |
| INQOVI  |           | QL (5 EA per 28 days) PA LA;<br>ACS  |
| LONSURF   |           | PA LA; ACS                           |
| <i>mercaptopurine</i>   |           | MO                                   |
| <i>methotrexate sodium injection pf 50mg/2ml</i>              |           | MO                                   |
| <i>methotrexate sodium injection 250mg/10ml,<br/>50mg/2ml</i> |           | MO                                   |
| <i>methotrexate sodium injection 1gm</i>                      |           |                                      |
| ONUREG  |           | QL (14 EA per 28 days) PA LA;<br>ACS |
| PURIXAN   |           | LA; ACS                              |
| TABLOID   |           | MO                                   |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                         |           |                                      |
| <i>abiraterone acetate</i>                                    |           | PA; ACS                              |
| <i>anastrozole</i>  |           | MO                                   |
| <i>bicalutamide</i>   |           | MO                                   |
| ELIGARD   |           | PA; ACS                              |
| EMCYT   |           | MO                                   |
| ERLEADA   |           | PA LA; ACS                           |
| <i>exemestane</i>   |           | MO                                   |
| FIRMAGON INJECTION 80MG                                       |           | PA; ACS                              |
| FIRMAGON INJECTION 120MG/VIAL                                 |           | PA; ACS                              |
| <i>letrozole</i>  |           | MO                                   |
| <i>leuprolide acetate injection kit 1mg/0.2ml</i>             |           | PA; ACS                              |
| LUPRON DEPOT (1-MONTH) 3.75MG                                 |           | PA; ACS                              |
| LUPRON DEPOT (3-MONTH) 11.25MG                                |           | PA; ACS                              |
| LYSODREN  |           | LA                                   |
| <i>megestrol acetate tablet 20mg, 40mg</i>                    |           | MO                                   |
| <i>nilutamide</i>   |           | MO                                   |
| NUBEQA  |           | PA LA; ACS                           |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                |
|--|-----------|------------------------------------|
| ORGOVYX  |           | PA LA                              |
| ORSERDU TABLET 345MG                               |           | QL (30 EA per 30 days) PA LA       |
| ORSERDU TABLET 86MG                                |           | QL (90 EA per 30 days) PA LA       |
| SOLTAMOX ORAL SOLUTION 10MG/5ML                    |           | MO                                 |
| <i>tamoxifen citrate</i>                           |           | MO                                 |
| <i>toremifene citrate</i>                          |           | PA MO                              |
| XTANDI   |           | PA LA; ACS                         |
| ZYTIGA TABLET 500MG                                |           | PA LA; ACS                         |
| <b>IMMUNOMODULATORS</b>                            |           |                                    |
| <i>lenalidomide capsule 20mg, 25mg</i>             |           | QL (21 EA per 28 days) PA LA; ACS  |
| <i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i> |           | QL (28 EA per 28 days) PA LA; ACS  |
| POMALYST   |           | QL (21 EA per 28 days) PA LA; ACS  |
| THALOMID CAPSULE 100MG, 50MG                       |           | QL (28 EA per 28 days) PA LA; ACS  |
| THALOMID CAPSULE 150MG, 200MG                      |           | QL (56 EA per 28 days) PA LA; ACS  |
| <b>MISCELLANEOUS</b>                               |           |                                    |
| ASPARLAS   |           | PA LA; ACS                         |
| BESREMI  |           | QL (2 ML per 28 days) PA LA        |
| <i>bexarotene capsule 75mg</i>                     |           | PA; ACS                            |
| <i>hydroxyurea capsule 500mg</i>                   |           | MO                                 |
| KISQALI FEMARA 200 DOSE                            |           | PA; ACS                            |
| KISQALI FEMARA 400 DOSE                            |           | PA; ACS                            |
| KISQALI FEMARA 600 DOSE                            |           | PA; ACS                            |
| MATULANE   |           | LA                                 |
| ONCASPAR   |           | PA LA                              |
| SYNRIBO  |           | PA; ACS                            |
| <i>tretinoin capsule 10mg</i>                      |           | MO                                 |
| WELIREG  |           | QL (90 EA per 30 days) PA LA       |
| <b>MOLECULAR TARGET AGENTS</b>                     |           |                                    |
| ALECENSA   |           | QL (240 EA per 30 days) PA LA; ACS |
| ALUNBRIG TABLET THERAPY PACK                       |           | PA LA                              |
| ALUNBRIG TABLET 30MG                               |           | QL (120 EA per 30 days) PA LA      |
| ALUNBRIG TABLET 180MG, 90MG                        |           | QL (30 EA per 30 days) PA LA       |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.



| Drug name  | Drug tier | Requirements/Limits                   |
|--|-----------|---------------------------------------|
| AYVAKIT  |           | QL (30 EA per 30 days) PA LA          |
| BALVERSA TABLET 5MG                                |           | QL (28 EA per 28 days) PA LA;<br>ACS  |
| BALVERSA TABLET 4MG                                |           | QL (56 EA per 28 days) PA LA;<br>ACS  |
| BALVERSA TABLET 3MG                                |           | QL (84 EA per 28 days) PA LA;<br>ACS  |
| BOSULIF TABLET 100MG                               |           | QL (180 EA per 30 days) PA;<br>ACS    |
| BOSULIF TABLET 400MG, 500MG                        |           | QL (30 EA per 30 days) PA;<br>ACS     |
| BRAFTOVI CAPSULE 75MG                              |           | QL (180 EA per 30 days) PA<br>LA; ACS |
| BRUKINSA   |           | QL (120 EA per 30 days) PA LA         |
| CABOMETYX  |           | QL (30 EA per 30 days) PA LA;<br>ACS  |
| CALQUENCE  |           | QL (60 EA per 30 days) PA LA          |
| CAPRELSA TABLET 300MG                              |           | QL (30 EA per 30 days) PA LA          |
| CAPRELSA TABLET 100MG                              |           | QL (60 EA per 30 days) PA LA          |
| COMETRIQ KIT 140MG/DAY                             |           | QL (112 EA per 28 days) PA LA;<br>ACS |
| COMETRIQ KIT 100MG/DAY                             |           | QL (56 EA per 28 days) PA LA;<br>ACS  |
| COMETRIQ KIT 60MG/DAY                              |           | QL (84 EA per 28 days) PA LA;<br>ACS  |
| COPIKTRA   |           | QL (56 EA per 28 days) PA LA;<br>ACS  |
| COTELLIC   |           | QL (63 EA per 28 days) PA LA;<br>ACS  |
| DAURISMO TABLET 100MG                              |           | QL (30 EA per 30 days) PA LA;<br>ACS  |
| DAURISMO TABLET 25MG                               |           | QL (60 EA per 30 days) PA LA;<br>ACS  |
| ERIVEDGE   |           | PA LA; ACS                            |
| <i>erlotinib hydrochloride tablet 100mg, 150mg</i> |           | QL (30 EA per 30 days) PA;<br>ACS     |
| <i>erlotinib hydrochloride tablet 25mg</i>         |           | QL (90 EA per 30 days) PA;<br>ACS     |
| <i>everolimus tablet soluble 2mg</i>               |           | QL (150 EA per 30 days) PA;<br>ACS    |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                   |
|--|-----------|---------------------------------------|
| <i>everolimus tablet soluble 5mg</i>             |           | QL (60 EA per 30 days) PA;<br>ACS     |
| <i>everolimus tablet soluble 3mg</i>             |           | QL (90 EA per 30 days) PA;<br>ACS     |
| <i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i> |           | QL (30 EA per 30 days) PA;<br>ACS     |
| EXKIVITY   |           | QL (120 EA per 30 days) PA LA         |
| FOTIVDA  |           | QL (21 EA per 28 days) PA LA          |
| GAVRETO  |           | QL (120 EA per 30 days) PA<br>LA; ACS |
| <i>gefitinib</i>                                 |           | QL (30 EA per 30 days) PA;<br>ACS     |
| GILOTRIF   |           | QL (30 EA per 30 days) PA LA          |
| IBRANCE  |           | QL (21 EA per 28 days) PA LA;<br>ACS  |
| ICLUSIG TABLET 10MG, 30MG                        |           | PA LA                                 |
| ICLUSIG TABLET 15MG, 45MG                        |           | QL (30 EA per 30 days) PA LA          |
| IDHIFA   |           | QL (30 EA per 30 days) PA LA;<br>ACS  |
| <i>imatinib mesylate tablet 400mg</i>            |           | QL (60 EA per 30 days) PA;<br>ACS     |
| <i>imatinib mesylate tablet 100mg</i>            |           | QL (90 EA per 30 days) PA;<br>ACS     |
| IMBRUVICA ORAL SUSPENSION<br>RECONSTITUTED       |           | QL (216 ML per 27 days) PA LA         |
| IMBRUVICA TABLET                                 |           | QL (30 EA per 30 days) PA LA          |
| IMBRUVICA CAPSULE 70MG                           |           | QL (30 EA per 30 days) PA LA          |
| IMBRUVICA CAPSULE 140MG                          |           | QL (90 EA per 30 days) PA LA          |
| INLYTA TABLET 5MG                                |           | QL (120 EA per 30 days) PA<br>LA; ACS |
| INLYTA TABLET 1MG                                |           | QL (180 EA per 30 days) PA<br>LA; ACS |
| INREBIC  |           | QL (120 EA per 30 days) PA<br>LA; ACS |
| JAKAFI   |           | QL (60 EA per 30 days) PA LA;<br>ACS  |
| JAYPIRCA TABLET 50MG                             |           | QL (30 EA per 30 days) PA LA;<br>ACS  |
| JAYPIRCA TABLET 100MG                            |           | QL (60 EA per 30 days) PA LA;<br>ACS  |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name                            | Drug tier | Requirements/Limits                    |
|--------------------------------------|-----------|--|
| KISQALI                              |           | PA; ACS                                |
| KOSELUGO                             |           | PA LA                                  |
| KRAZATI                              |           | QL (180 EA per 30 days) PA LA          |
| <i>lapatinib ditosylate</i>          |           | QL (180 EA per 30 days) PA<br>LA; ACS  |
| LENVIMA 10 MG DAILY DOSE             |           | PA LA; ACS                             |
| LENVIMA 12MG DAILY DOSE              |           | PA LA; ACS                             |
| LENVIMA 14 MG DAILY DOSE             |           | PA LA; ACS                             |
| LENVIMA 18 MG DAILY DOSE             |           | PA LA; ACS                             |
| LENVIMA 20 MG DAILY DOSE             |           | PA LA; ACS                             |
| LENVIMA 24 MG DAILY DOSE             |           | PA LA; ACS                             |
| LENVIMA 4 MG DAILY DOSE              |           | PA LA; ACS                             |
| LENVIMA 8 MG DAILY DOSE              |           | PA LA; ACS                             |
| LORBRENA TABLET 100MG                |           | QL (30 EA per 30 days) PA LA;<br>ACS   |
| LORBRENA TABLET 25MG                 |           | QL (90 EA per 30 days) PA LA;<br>ACS   |
| LUMAKRAS TABLET 120MG                |           | QL (240 EA per 30 days) PA<br>LA; ACS  |
| LUMAKRAS TABLET 320MG                |           | QL (90 EA per 30 days) PA LA;<br>ACS   |
| LYNPARZA TABLET 100MG, 150MG         |           | QL (120 EA per 30 days) PA<br>LA; ACS  |
| LYTGOBI TABLET THERAPY PACK 16MG     |           | QL (112 EA per 28 days) PA LA          |
| LYTGOBI TABLET THERAPY PACK 20MG     |           | QL (140 EA per 28 days) PA LA          |
| LYTGOBI TABLET THERAPY PACK 12MG     |           | QL (84 EA per 28 days) PA LA           |
| MEKINIST ORAL SOLUTION RECONSTITUTED |           | QL (1260 ML per 30 days) PA<br>LA; ACS |
| MEKINIST TABLET 2MG                  |           | QL (30 EA per 30 days) PA LA;<br>ACS   |
| MEKINIST TABLET 0.5MG                |           | QL (90 EA per 30 days) PA LA;<br>ACS   |
| MEKTOVI                              |           | QL (180 EA per 30 days) PA<br>LA; ACS  |
| NERLYNX                              |           | QL (180 EA per 30 days) PA<br>LA; ACS  |
| NEXAVAR                              |           | QL (120 EA per 30 days) PA<br>LA; ACS  |
| NINLARO                              |           | PA; ACS                                |

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| Drug name  | Drug tier | Requirements/Limits                   |
|--|-----------|---------------------------------------|
| ODOMZO   |           | PA LA; ACS                            |
| PEMAZYRE   |           | QL (14 EA per 21 days) PA LA          |
| PIQRAY 200MG DAILY DOSE                          |           | QL (28 EA per 28 days) PA;<br>ACS     |
| PIQRAY 250MG DAILY DOSE                          |           | QL (56 EA per 28 days) PA;<br>ACS     |
| PIQRAY 300MG DAILY DOSE                          |           | QL (56 EA per 28 days) PA;<br>ACS     |
| QINLOCK  |           | QL (90 EA per 30 days) PA LA          |
| RETEVMO CAPSULE 80MG                             |           | QL (120 EA per 30 days) PA<br>LA; ACS |
| RETEVMO CAPSULE 40MG                             |           | QL (180 EA per 30 days) PA<br>LA; ACS |
| REZLIDHIA<br><i>romidepsin injection 10mg</i>    |           | QL (60 EA per 30 days) PA LA<br>ACS   |
| ROZLYTREK CAPSULE 100MG                          |           | QL (150 EA per 30 days) PA<br>LA; ACS |
| ROZLYTREK CAPSULE 200MG                          |           | QL (90 EA per 30 days) PA LA;<br>ACS  |
| RUBRACA  |           | PA LA; ACS                            |
| RYDAPT   |           | QL (224 EA per 28 days) PA;<br>ACS    |
| SCSEMBLIX TABLET 40MG                            |           | QL (300 EA per 30 days) PA;<br>ACS    |
| SCSEMBLIX TABLET 20MG                            |           | QL (60 EA per 30 days) PA;<br>ACS     |
| <i>sorafenib tosylate</i>                        |           | QL (120 EA per 30 days) PA;<br>ACS    |
| SPRYCEL TABLET 100MG, 140MG, 50MG,<br>70MG, 80MG |           | QL (30 EA per 30 days) PA;<br>ACS     |
| SPRYCEL TABLET 20MG                              |           | QL (90 EA per 30 days) PA;<br>ACS     |
| STIVARGA   |           | QL (84 EA per 28 days) PA LA;<br>ACS  |
| <i>sunitinib malate</i>                          |           | QL (30 EA per 30 days) PA;<br>ACS     |
| TABRECTA   |           | QL (112 EA per 28 days) PA;<br>ACS    |
| TAFINLAR CAPSULE                                 |           | QL (120 EA per 30 days) PA<br>LA; ACS |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                |
|--|-----------|------------------------------------|
| TAFINLAR TABLET SOLUBLE                            |           | QL (900 EA per 30 days) PA LA; ACS |
| TAGRISSE   |           | QL (30 EA per 30 days) PA LA; ACS  |
| TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG |           | QL (30 EA per 30 days) PA LA; ACS  |
| TALZENNA CAPSULE 0.25MG                            |           | QL (90 EA per 30 days) PA LA; ACS  |
| TASIGNA CAPSULE 150MG, 200MG                       |           | QL (112 EA per 28 days) PA; ACS    |
| TASIGNA CAPSULE 50MG                               |           | QL (120 EA per 30 days) PA; ACS    |
| TAZVERIK   |           | QL (240 EA per 30 days) PA LA      |
| TECVAYLI   |           | PA LA                              |
| TEPMETKO   |           | QL (60 EA per 30 days) PA LA       |
| TIBSOVO  |           | PA LA                              |
| TRUSELTIQ CAPSULE THERAPY PACK 100MG               |           | QL (21 EA per 28 days) PA LA; ACS  |
| TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG             |           | QL (42 EA per 28 days) PA LA; ACS  |
| TRUSELTIQ CAPSULE THERAPY PACK 25MG                |           | QL (63 EA per 28 days) PA LA; ACS  |
| TRUXIMA  |           | PA; ACS                            |
| TUKYSA TABLET 150MG                                |           | QL (120 EA per 30 days) PA LA      |
| TUKYSA TABLET 50MG                                 |           | QL (240 EA per 30 days) PA LA      |
| TURALIO  |           | QL (120 EA per 30 days) PA LA      |
| VENCLEXTA STARTING PACK                            |           | QL (42 EA per 28 days) PA LA       |
| VENCLEXTA TABLET 10MG                              |           | QL (120 EA per 30 days) PA LA      |
| VENCLEXTA TABLET 50MG                              |           | QL (120 EA per 30 days) PA LA      |
| VENCLEXTA TABLET 100MG                             |           | QL (180 EA per 30 days) PA LA      |
| VERZENIO   |           | PA LA; ACS                         |
| VITRAKVI SOLUTION                                  |           | QL (300 ML per 30 days) PA LA; ACS |
| VITRAKVI CAPSULE 25MG                              |           | QL (180 EA per 30 days) PA LA; ACS |
| VITRAKVI CAPSULE 100MG                             |           | QL (60 EA per 30 days) PA LA; ACS  |

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| Drug name   | Drug tier | Requirements/Limits                |
|---|-----------|------------------------------------|
| VIZIMPRO  |           | QL (30 EA per 30 days) PA LA; ACS  |
| VONJO   |           | QL (120 EA per 30 days) PA LA      |
| VOTRIENT  |           | QL (120 EA per 30 days) PA LA; ACS |
| XALKORI   |           | QL (120 EA per 30 days) PA LA; ACS |
| XOSPATA   |           | PA LA; ACS                         |
| XPOVIO 60 MG TWICE WEEKLY (20MG TABS)   |           | QL (24 EA per 28 days) PA LA       |
| XPOVIO 80 MG TWICE WEEKLY (20MG TABS)   |           | QL (32 EA per 28 days) PA LA       |
| XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY, 60MG ONCE WEEKLY                     |           | QL (4 EA per 28 days) PA LA        |
| XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 40MG TWICE WEEKLY, 80MG ONCE WEEKLY |           | QL (8 EA per 28 days) PA LA        |
| ZEJULA CAPSULE 100MG  |           | PA LA; ACS                         |
| ZEJULA TABLET   |           | QL (30 EA per 30 days) PA LA; ACS  |
| ZELBORAF  |           | QL (240 EA per 30 days) PA LA; ACS |
| ZIRABEV   |           | PA LA; ACS                         |
| ZOLINZA   |           | PA; ACS                            |
| ZYDELIG   |           | QL (60 EA per 30 days) PA LA; ACS  |
| ZYKADIA TABLET 150MG  |           | QL (84 EA per 28 days) PA LA; ACS  |
| <b>PROTECTIVE AGENTS</b>  |           |                                    |
| <i>leucovorin calcium tablet</i>  |           | MO                                 |
| MESNEX TABLET 400MG   |           | MO                                 |

## CARDIOVASCULAR

### ACE INHIBITOR COMBINATIONS

|   |                           |
|---|---------------------------|
| <i>amlodipine besylate/benazepril hydrochloride</i>                                     | QL (30 EA per 30 days) MO |
| <i>benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg</i>                            | MO                        |
| <i>benazepril hcl/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i> | MO                        |
| <i>captopril/hydrochlorothiazide</i>  | MO                        |
| <i>enalapril maleate/hydrochlorothiazide</i>  | MO                        |
| <i>fosinopril sodium/hydrochlorothiazide</i>  | MO                        |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier              | Requirements/Limits |
|--|------------------------|---------------------|
| <i>lisinopril/hydrochlorothiazide</i>  | MO                     |                     |
| <i>quinapril/hydrochlorothiazide</i>   | MO                     |                     |
| <i>trandolapril/verapamil hcl er</i>   | MO                     |                     |
| <b>ACE INHIBITORS</b>  |                        |                     |
| <i>benazepril hcl tablet 10mg, 40mg, 5mg</i>                                     | MO                     |                     |
| <i>benazepril hydrochloride tablet 20mg</i>                                      | MO                     |                     |
| <i>captopril</i>   | MO                     |                     |
| <i>enalapril maleate tablet</i>  | MO                     |                     |
| <i>fosinopril sodium</i>   | MO                     |                     |
| <i>lisinopril</i>  | MO                     |                     |
| <i>moexipril hcl</i>   | MO                     |                     |
| <i>perindopril erbumine</i>  | MO                     |                     |
| <i>quinapril hcl tablet 20mg, 40mg</i>   | MO                     |                     |
| <i>quinapril hydrochloride tablet 10mg, 5mg</i>                                  | MO                     |                     |
| <i>ramipril</i>  | MO                     |                     |
| <i>trandolapril</i>  | MO                     |                     |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>  |                        |                     |
| <i>eplerenone</i>  | MO                     |                     |
| KERENDIA   | QL (30 EA per 30 days) | MO                  |
| <i>spironolactone</i>  | MO                     |                     |
| <b>ALPHA BLOCKERS</b>  |                        |                     |
| <i>doxazosin mesylate</i>  | MO                     |                     |
| <i>prazosin hydrochloride</i>  | MO                     |                     |
| <i>terazosin hcl capsule 10mg, 1mg, 5mg</i>                                      | MO                     |                     |
| <i>terazosin hydrochloride capsule 2mg</i>                                       | MO                     |                     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>                           |                        |                     |
| <i>amlodipine besylate/valsartan</i>   | QL (30 EA per 30 days) | MO                  |
| <i>amlodipine/olmesartan medoxomil</i>   | QL (30 EA per 30 days) | MO                  |
| <i>amlodipine/valsartan/hydrochlorothiazide</i>                                  | QL (30 EA per 30 days) | MO                  |
| <i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i> | QL (30 EA per 30 days) | MO                  |
| <i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>             | QL (60 EA per 30 days) | MO                  |
| EDARBYCLOR   | QL (30 EA per 30 days) | MO                  |
| ENTRESTO   | MO                     |                     |
| <i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>                       | QL (30 EA per 30 days) | MO                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits       |
|--|-----------|---------------------------|
| <i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>   |           | QL (60 EA per 30 days) MO |
| <i>losartan potassium/hydrochlorothiazide</i>  |           | QL (30 EA per 30 days) MO |
| <i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>   |           | QL (30 EA per 30 days) MO |
| <i>olmesartan medoxomil/hydrochlorothiazide</i>  |           | QL (30 EA per 30 days) MO |
| <i>telmisartan/amlodipine</i>  |           | QL (30 EA per 30 days) MO |
| <i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>                             |           | QL (30 EA per 30 days) MO |
| <i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>   |           | QL (60 EA per 30 days) MO |
| <i>valsartan/hydrochlorothiazide</i>   |           | QL (30 EA per 30 days) MO |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>   |           |                           |
| <i>candesartan cilexetil tablet 32mg</i>   |           | QL (30 EA per 30 days) MO |
| <i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>   |           | QL (60 EA per 30 days) MO |
| EDARBI   |           | QL (30 EA per 30 days) MO |
| <i>irbesartan</i>  |           | QL (30 EA per 30 days) MO |
| <i>losartan potassium tablet 100mg</i>   |           | QL (30 EA per 30 days) MO |
| <i>losartan potassium tablet 25mg, 50mg</i>  |           | QL (60 EA per 30 days) MO |
| <i>olmesartan medoxomil tablet 20mg, 40mg</i>  |           | QL (30 EA per 30 days) MO |
| <i>olmesartan medoxomil tablet 5mg</i>   |           | QL (60 EA per 30 days) MO |
| <i>telmisartan</i>   |           | QL (30 EA per 30 days) MO |
| <i>valsartan tablet 320mg</i>  |           | QL (30 EA per 30 days) MO |
| <i>valsartan tablet 160mg, 40mg, 80mg</i>  |           | QL (60 EA per 30 days) MO |
| <b>ANTIARRHYTHMICS</b>   |           |                           |
| <i>amiodarone hcl injection 50mg/ml, 900mg/18ml</i>  |           |                           |
| <i>amiodarone hydrochloride tablet</i>   |           | MO                        |
| <i>amiodarone hydrochloride injection</i>  |           |                           |
| <i>disopyramide phosphate</i>  |           | PA MO                     |
| <i>dofetilide</i>  |           | ACS                       |
| <i>flecainide acetate</i>  |           | MO                        |
| LIDOCAINE HCL IN D5W   |           |                           |
| LIDOCAINE HCL INJECTION 100MG/5ML  |           |                           |
| <i>lidocaine hcl injection 100mg/5ml prefilled syringe, 50mg/5ml prefilled syringe with needle</i> |           |                           |
| MULTAQ   |           | MO                        |
| NORPACE CR   |           | MO                        |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.



| Drug name   | Drug tier              | Requirements/Limits |
|---|------------------------|---------------------|
| <i>pacerone</i>   |                        |                     |
| <i>propafenone hcl</i>  | MO                     |                     |
| <i>propafenone hydrochloride er capsule</i>                           | MO                     |                     |
| <i>quinidine sulfate</i>  | MO                     |                     |
| <i>sorine tablet 160mg, 240mg, 80mg</i>                               |                        |                     |
| <i>sorine tablet 120mg</i>  | MO                     |                     |
| <i>sotalol hcl tablet</i>   | MO                     |                     |
| <i>sotalol hydrochloride (af)</i>                                     | MO                     |                     |
| <b>ANTILIPEMICS, FIBRATES</b>   |                        |                     |
| <i>fenofibrate micronized capsule 134mg, 130mg, 200mg, 43mg, 67mg</i> | MO                     |                     |
| <i>fenofibrate non-micronized capsule 50mg, 150mg</i>                 | MO                     |                     |
| <i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>              | MO                     |                     |
| <i>fenofibrate tablet 120mg</i>                                       | MO                     |                     |
| <i>fenofibric acid dr</i>   | MO                     |                     |
| <i>gemfibrozil</i>  | MO                     |                     |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                     |                        |                     |
| <i>atorvastatin calcium</i>   | QL (30 EA per 30 days) | MO                  |
| <i>fluvastatin capsule</i>  | QL (60 EA per 30 days) | MO                  |
| <i>fluvastatin sodium er tablet</i>                                   | QL (30 EA per 30 days) | MO                  |
| <i>lovastatin</i>   | MO                     |                     |
| <i>pravastatin sodium</i>   | QL (30 EA per 30 days) | MO                  |
| <i>rosuvastatin calcium</i>   | QL (30 EA per 30 days) | MO                  |
| <i>simvastatin</i>  | QL (30 EA per 30 days) | MO                  |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                                    |                        |                     |
| <i>cholestyramine</i>   | MO                     |                     |
| <i>cholestyramine light</i>   | MO                     |                     |
| <i>colesevelam hydrochloride oral packet, tablet</i>                  | MO                     |                     |
| <i>colestipol hcl</i>   | MO                     |                     |
| <i>ezetimibe</i>  | MO                     |                     |
| <i>ezetimibe/simvastatin</i>  | QL (30 EA per 30 days) | MO                  |
| <i>niacin immediate release tablet 500mg</i>                          | MO                     |                     |
| <i>niacin er tablet extended release 1000mg, 750mg</i>                | MO                     |                     |
| <i>niacin er tablet extended release 500mg</i>                        | QL (60 EA per 30 days) | MO                  |
| <i>niacor</i>   | MO                     |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| <i>omega-3-acid ethyl esters</i>  |           | QL (120 EA per 30 days) PA<br>MO |
| <i>prevalite powder</i>   |           |                                  |
| REPATHA   |           | PA                               |
| REPATHA PUSHTRONEX SYSTEM   |           | PA                               |
| REPATHA SURECLICK   |           | PA                               |
| VASCEPA   |           | MO                               |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                                       |           |                                  |
| <i>atenolol/chlorthalidone</i>  |           | MO                               |
| <i>bisoprolol fumarate/hydrochlorothiazide</i>                                  |           | MO                               |
| <i>metoprolol/hydrochlorothiazide</i>   |           | MO                               |
| <b>BETA-BLOCKERS</b>  |           |                                  |
| <i>acebutolol hydrochloride</i>   |           | MO                               |
| <i>atenolol</i>   |           | MO                               |
| <i>betaxolol hcl tablet 10mg, 20mg</i>  |           | MO                               |
| <i>bisoprolol fumarate</i>  |           | MO                               |
| <i>carvedilol tablet</i>  |           | MO                               |
| <i>carvedilol phosphate er capsule extended release 24 hour</i>                 |           | QL (30 EA per 30 days) MO        |
| <i>labetalol hydrochloride tablet</i>   |           | MO                               |
| <i>labetalol hydrochloride injection 5mg/ml</i>                                 |           | MO                               |
| <i>metoprolol succinate er</i>  |           | MO                               |
| <i>metoprolol tartrate tablet</i>   |           | MO                               |
| <i>metoprolol tartrate injection</i>  |           |                                  |
| <i>nadolol</i>  |           | MO                               |
| <i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>                          |           | QL (30 EA per 30 days) MO        |
| <i>nebivolol hydrochloride tablet 20mg</i>                                      |           | QL (60 EA per 30 days) MO        |
| <i>pindolol</i>   |           | MO                               |
| <i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>         |           | MO                               |
| <i>propranolol hcl oral solution</i>  |           | MO                               |
| <i>propranolol hcl injection</i>  |           |                                  |
| <i>propranolol hydrochloride tablet</i>   |           | MO                               |
| <i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i> |           | MO                               |
| <i>timolol maleate tablet 10mg, 20mg, 5mg</i>                                   |           | MO                               |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>CALCIUM CHANNEL BLOCKERS</b>   |           |                     |
| <i>amlodipine besylate</i>  |           | MO                  |
| <i>cartia xt</i>  |           |                     |
| <i>dilt-xr</i>  |           | MO                  |
| <i>diltiazem hcl cd capsule 360mg</i>   |           | MO                  |
| <i>diltiazem hcl er</i>   |           | MO                  |
| <i>diltiazem hcl immediate release tablet</i>   |           | MO                  |
| DILTIAZEM HCL INJECTION 100MG   |           |                     |
| <i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>  |           |                     |
| <i>diltiazem hydrochloride er</i>   |           | MO                  |
| <i>diltiazem hydrochloride tablet</i>   |           | MO                  |
| <i>diltiazem hydrochloride injection solution 25mg/5ml</i>  |           |                     |
| <i>felodipine er</i>  |           | MO                  |
| <i>isradipine</i>   |           | MO                  |
| <i>matzim la</i>  |           |                     |
| <i>nicardipine hcl capsule 20mg, 30mg</i>   |           | MO                  |
| <i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i> |           | MO                  |
| <i>nifedipine er tablet extended release 24 hour 30mg, 60mg</i>   |           | MO                  |
| <i>nisoldipine er</i>   |           | MO                  |
| <i>taztia xt</i>  |           |                     |
| <i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>                      |           |                     |
| <i>tiadylt er capsule extended release 24 hour 420mg</i>  |           | MO                  |
| <i>verapamil hcl immediate release tablet 40mg, 80mg</i>  |           | MO                  |
| <i>verapamil hcl er tablet extended release</i>   |           | MO                  |
| <i>verapamil hcl er capsule extended release 24 hour</i>  |           | MO                  |
| VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG   |           | MO                  |
| <i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>                              |           | MO                  |
| <i>verapamil hcl sr tablet extended release 240mg</i>   |           | MO                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier              | Requirements/Limits |
|--|------------------------|---------------------|
| <i>verapamil hydrochloride er tablet extended release</i>                | MO                     |                     |
| <i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i> | MO                     |                     |
| <i>verapamil hcl immediate release tablet 120mg</i>                      | MO                     |                     |
| <i>verapamil hydrochloride injection</i>                                 | MO                     |                     |
| <b>DIURETICS</b>   |                        |                     |
| <i>acetazolamide er capsule</i>  | MO                     |                     |
| <i>acetazolamide tablet</i>  | MO                     |                     |
| <i>amiloride hcl</i>   | MO                     |                     |
| <i>amiloride/hydrochlorothiazide</i>                                     | MO                     |                     |
| <i>bumetanide tablet</i>   | MO                     |                     |
| <i>bumetanide injection</i>  | MO                     |                     |
| <i>chlorthalidone</i>  | MO                     |                     |
| <i>furosemide oral solution, tablet</i>                                  | MO                     |                     |
| <i>furosemide injection</i>  | MO                     |                     |
| <i>hydrochlorothiazide</i>   | MO                     |                     |
| <i>indapamide</i>  | MO                     |                     |
| <i>methazolamide</i>   | MO                     |                     |
| <i>metolazone</i>  | MO                     |                     |
| <i>spironolactone/hydrochlorothiazide</i>                                | MO                     |                     |
| <i>toremide</i>  | MO                     |                     |
| <i>triamterene/hydrochlorothiazide</i>                                   | MO                     |                     |
| <b>MISCELLANEOUS</b>   |                        |                     |
| <i>aliskiren</i>   | MO                     |                     |
| <i>amlodipine besylate/atorvastatin calcium</i>                          | MO                     |                     |
| <i>clonidine hcl patch weekly 0.1mg/24hr</i>                             | QL (8 EA per 28 days)  | MO                  |
| <i>clonidine hcl patch weekly 0.2mg/24hr, 0.3mg/24hr</i>                 | QL (8 EA per 28 days)  | MO                  |
| <i>clonidine hydrochloride immediate release tablet</i>                  | MO                     |                     |
| CORLANOR SOLUTION  |                        |                     |
| CORLANOR TABLET  | MO                     |                     |
| <i>digox tablet 250mcg, 125mcg</i>                                       | QL (30 EA per 30 days) |                     |
| <i>digoxin oral solution</i>   | MO                     |                     |
| <i>digoxin injection</i>   | MO                     |                     |
| <i>digoxin tablet 125mcg, 250mcg</i>                                     | QL (30 EA per 30 days) | MO                  |
| <i>digoxin tablet 62.5mcg</i>  | QL (90 EA per 30 days) | MO                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits                   |
|---|-----------|---------------------------------------|
| <i>droxidopa capsule 100mg</i>                            |           | QL (90 EA per 30 days) PA;<br>ACS     |
| <i>droxidopa capsule 200mg, 300mg</i>                     |           | QL (180 EA per 30 days) PA;<br>ACS    |
| <i>guanfacine hcl immediate release tablet 1mg, 2mg</i>   |           | PA MO                                 |
| <i>hydralazine hcl tablet 10mg</i>                        |           | MO                                    |
| <i>hydralazine hcl injection</i>                          |           | MO                                    |
| <i>hydralazine hydrochloride tablet 25mg, 50mg, 100mg</i> |           | MO                                    |
| <i>isosorbide dinitrate/hydralazine hydrochloride</i>     |           | MO                                    |
| <i>metyrosine</i>   |           | PA MO                                 |
| <i>midodrine hcl tablet 2.5mg, 5mg</i>                    |           | MO                                    |
| <i>midodrine hcl tablet 10mg</i>                          |           | MO                                    |
| <i>minoxidil tablet 10mg, 2.5mg</i>                       |           | MO                                    |
| <i>ranolazine er</i>                                      |           | MO                                    |
| VERQUVO   |           | PA MO                                 |
| <b>NITRATES</b>   |           |                                       |
| <i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>  |           | MO                                    |
| <i>isosorbide dinitrate tablet 40mg</i>                   |           | MO                                    |
| <i>isosorbide mononitrate</i>                             |           | MO                                    |
| <i>isosorbide mononitrate er</i>                          |           | MO                                    |
| NITRO-BID   |           | MO                                    |
| <i>nitroglycerin lingual spray</i>                        |           | MO                                    |
| <i>nitroglycerin transdermal patch</i>                    |           | MO                                    |
| NITROGLYCERIN INJECTION                                   |           |                                       |
| <i>nitroglycerin tablet sublingual</i>                    |           | MO                                    |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                    |           |                                       |
| ADEMPAS   |           | QL (90 EA per 30 days) PA LA;<br>ACS  |
| <i>alyq</i>   |           | PA; ACS                               |
| <i>ambrisentan</i>  |           | QL (30 EA per 30 days) PA LA;<br>ACS  |
| <i>bosentan tablet 62.5mg</i>                             |           | QL (120 EA per 30 days) PA<br>LA; ACS |
| <i>bosentan tablet 125mg</i>                              |           | QL (60 EA per 30 days) PA LA;<br>ACS  |
| <i>epoprostenol sodium</i>                                |           | B/D LA; ACS                           |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits                |
|---|-----------|------------------------------------|
| OPSUMIT   |           | QL (30 EA per 30 days) PA LA; ACS  |
| <i>sildenafil injection</i>                             |           | QL (1125 ML per 30 days) PA; ACS   |
| <i>sildenafil citrate (generic Revatio) tablet 20mg</i> |           | QL (360 EA per 30 days) PA; ACS    |
| <i>tadalafil tablet (generic Adcirca) 20mg</i>          |           | PA; ACS                            |
| TRACLEER TABLET FOR ORAL SUSPENSION 32MG                |           | QL (120 EA per 30 days) PA LA; ACS |
| VENTAVIS  |           | PA LA; ACS                         |

## CENTRAL NERVOUS SYSTEM

### ANTI-ANXIETY

|  |  |                                    |
|--|--|------------------------------------|
| <i>alprazolam er tablet extended release 24 hour 0.5mg</i> |  | QL (600 EA per 30 days) MO; HRM    |
| ALPRAZOLAM INTENSOL  |  | QL (300 ML per 30 days) MO; HRM    |
| <i>alprazolam immediate release tablet 0.25mg, 0.5mg</i>   |  | QL (120 EA per 30 days) MO; HRM    |
| <i>alprazolam immediate release tablet 1mg, 2mg</i>        |  | QL (150 EA per 30 days) MO; HRM    |
| <i>bupirone hcl tablet 15mg, 30mg</i>                      |  | MO                                 |
| <i>bupirone hydrochloride tablet 5mg, 7.5mg, 10mg</i>      |  | MO                                 |
| <i>chlordiazepoxide hcl capsule 5mg, 10mg</i>              |  | QL (120 EA per 30 days) PA MO; HRM |
| <i>chlordiazepoxide hydrochloride capsule 25mg</i>         |  | QL (120 EA per 30 days) PA MO; HRM |
| <i>fluvoxamine maleate tablet</i>                          |  | MO; HRM                            |
| <i>fluvoxamine maleate er capsule</i>                      |  | QL (60 EA per 30 days) MO; HRM     |
| <i>lorazepam intensol</i>                                  |  | QL (150 ML per 30 days) MO; HRM    |
| <i>lorazepam injection</i>                                 |  | QL (150 ML per 30 days) MO; HRM    |
| <i>lorazepam tablet 0.5mg</i>                              |  | QL (120 EA per 30 days) MO; HRM    |
| <i>lorazepam tablet 1mg, 2mg</i>                           |  | QL (150 EA per 30 days) MO; HRM    |
| <i>oxazepam</i>  |  | QL (120 EA per 30 days) PA MO; HRM |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                |
|--|-----------|------------------------------------|
| <b>ANTIDEMENTIA</b>  |           |                                    |
| <i>donepezil hcl tablet disintegrating</i>   |           | QL (30 EA per 30 days) MO          |
| <i>donepezil hcl tablet 10mg</i>   |           | QL (30 EA per 30 days) MO          |
| <i>donepezil hcl tablet 23mg</i>   |           | QL (30 EA per 30 days) MO          |
| <i>donepezil hydrochloride tablet 5mg</i>  |           | QL (30 EA per 30 days) MO          |
| <i>galantamine hydrobromide er capsule</i>   |           | QL (30 EA per 30 days) MO          |
| <i>galantamine hydrobromide solution</i>   |           | QL (200 ML per 30 days) MO         |
| <i>galantamine hydrobromide tablet</i>   |           | QL (60 EA per 30 days) MO          |
| <i>memantine hcl titration pak</i>   |           | QL (98 EA per 365 days) PA<br>MO   |
| <i>memantine hydrochloride er capsule</i>  |           | PA MO                              |
| <i>memantine hydrochloride solution</i>  |           | QL (360 ML per 30 days) PA<br>MO   |
| <i>memantine hydrochloride tablet</i>  |           | QL (60 EA per 30 days) PA MO       |
| NAMZARIC   |           | MO                                 |
| <i>rivastigmine tartrate capsule</i>   |           | QL (60 EA per 30 days) MO          |
| <i>rivastigmine transdermal system</i>   |           | QL (30 EA per 30 days) MO          |
| <b>ANTIDEPRESSANTS</b>   |           |                                    |
| <i>amitriptyline hcl tablet 100mg, 150mg, 75mg, 25mg</i>                                   |           | PA MO; HRM                         |
| <i>amitriptyline hydrochloride tablet 10mg, 50mg</i>                                       |           | PA MO; HRM                         |
| <i>amoxapine</i>   |           | MO; HRM                            |
| <i>bupropion hcl</i>   |           | QL (120 EA per 30 days) MO         |
| <i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i> |           | QL (60 EA per 30 days) MO          |
| <i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>        |           | QL (30 EA per 30 days) MO          |
| <i>bupropion hydrochloride tablet 100mg, 75mg</i>  |           | QL (180 EA per 30 days) MO         |
| <i>citalopram hydrobromide solution</i>  |           | QL (600 ML per 30 days) MO;<br>HRM |
| <i>citalopram hydrobromide tablet 10mg</i>   |           | QL (120 EA per 30 days) MO;<br>HRM |
| <i>citalopram hydrobromide tablet 40mg</i>   |           | QL (30 EA per 30 days) MO;<br>HRM  |
| <i>citalopram hydrobromide tablet 20mg</i>   |           | QL (60 EA per 30 days) MO;<br>HRM  |
| <i>clomipramine hydrochloride capsule</i>  |           | PA MO; HRM                         |
| <i>desipramine hydrochloride tablet 10mg, 150mg, 25mg, 50mg, 75mg</i>                      |           | PA MO; HRM                         |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits                       |
|---|-----------|---|
| <i>desipramine hydrochloride tablet 100mg</i><br>DESVENLAFAXINE ER TABLET (GENERIC<br>KHEDEZLA) EXTENDED RELEASE 24 HOUR<br>100MG, 50MG |           | PA MO; HRM<br>QL (30 EA per 30 days); HRM |
| <i>desvenlafaxine er tablet (generic Pristiq)<br/>extended release 24 hour 100mg, 25mg, 50mg</i>  |           | QL (30 EA per 30 days) PA<br>MO; HRM      |
| <i>doxepin hcl capsule 75mg, oral concentrate<br/>10mg/ml</i>   |           | PA MO; HRM                                |
| <i>doxepin hydrochloride capsule 100mg, 10mg,<br/>150mg, 25mg, 50mg</i>   |           | PA MO; HRM                                |
| DRIZALMA SPRINKLE CAPSULE DELAYED<br>RELEASE SPRINKLE 20MG, 30MG, 60MG  |           | QL (60 EA per 30 days) PA<br>MO; HRM      |
| DRIZALMA SPRINKLE CAPSULE DELAYED<br>RELEASE SPRINKLE 40MG  |           | QL (90 EA per 30 days) PA<br>MO; HRM      |
| <i>duloxetine hcl capsule 40mg</i>  |           | QL (60 EA per 30 days) MO;<br>HRM         |
| <i>duloxetine hydrochloride capsule 20mg, 30mg,<br/>60mg</i>  |           | QL (60 EA per 30 days) MO;<br>HRM         |
| EMSAM   |           | QL (30 EA per 30 days) PA MO              |
| <i>escitalopram oxalate solution</i>  |           | QL (600 ML per 30 days) MO;<br>HRM        |
| <i>escitalopram oxalate tablet 20mg</i>   |           | QL (30 EA per 30 days) MO;<br>HRM         |
| <i>escitalopram oxalate tablet 10mg, 5mg</i>  |           | QL (45 EA per 30 days) MO;<br>HRM         |
| FETZIMA TITRATION PACK  |           | PA MO; HRM                                |
| FETZIMA CAPSULE EXTENDED RELEASE 24<br>HOUR 120MG, 80MG   |           | QL (30 EA per 30 days) PA<br>MO; HRM      |
| FETZIMA CAPSULE EXTENDED RELEASE 24<br>HOUR 20MG, 40MG  |           | QL (60 EA per 30 days) PA<br>MO; HRM      |
| <i>fluoxetine dr capsule delayed release 90mg</i>   |           | QL (4 EA per 28 days) MO;<br>HRM          |
| <i>fluoxetine hcl capsule 20mg</i>  |           | QL (120 EA per 30 days) MO;<br>HRM        |
| <i>fluoxetine hydrochloride capsule 10mg</i>  |           | QL (30 EA per 30 days) MO;<br>HRM         |
| <i>fluoxetine hydrochloride capsule 40mg</i>  |           | QL (60 EA per 30 days) MO;<br>HRM         |
| <i>fluoxetine hydrochloride solution</i>  |           | HRM                                       |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.



| Drug name  | Drug tier | Requirements/Limits             |
|--|-----------|---------------------------------|
| <i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i> |           | MO; HRM                         |
| <i>imipramine hcl tablet 25mg, 50mg</i>                                  |           | PA MO; HRM                      |
| <i>imipramine hydrochloride tablet 10mg</i>                              |           | PA MO; HRM                      |
| MARPLAN  |           | QL (180 EA per 30 days) MO      |
| <i>mirtazapine odt</i>   |           | QL (30 EA per 30 days) MO       |
| <i>mirtazapine tablet 15mg, 30mg, 45mg</i>                               |           | QL (30 EA per 30 days) MO       |
| <i>mirtazapine tablet 7.5mg</i>  |           | QL (30 EA per 30 days) MO       |
| <i>nefazodone hydrochloride</i>  |           | MO                              |
| <i>nortriptyline hcl caps 25mg, 75mg, oral solution 10mg/5ml</i>         |           | MO; HRM                         |
| <i>nortriptyline hydrochloride capsule 10mg, 50mg</i>                    |           | MO; HRM                         |
| <i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>          |           | QL (60 EA per 30 days) MO; HRM  |
| <i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>    |           | QL (90 EA per 30 days) MO; HRM  |
| <i>paroxetine hcl tablet 40mg</i>  |           | QL (30 EA per 30 days) MO; HRM  |
| <i>paroxetine hcl tablet 30mg</i>  |           | QL (60 EA per 30 days) MO; HRM  |
| <i>paroxetine hcl tablet 10mg, 20mg</i>                                  |           | QL (30 EA per 30 days) MO; HRM  |
| <i>paroxetine hydrochloride suspension</i>                               |           | QL (900 ML per 30 days) MO; HRM |
| <i>perphenazine/amitriptyline</i>  |           | PA MO; HRM                      |
| <i>phenelzine sulfate</i>  |           | MO                              |
| <i>protriptyline hcl</i>   |           | PA MO; HRM                      |
| <i>sertraline hcl concentrate</i>  |           | QL (300 ML per 30 days) MO; HRM |
| <i>sertraline hcl tablet 25mg</i>  |           | QL (30 EA per 30 days) MO; HRM  |
| <i>sertraline hcl tablet 50mg</i>  |           | QL (60 EA per 30 days) MO; HRM  |
| <i>sertraline hydrochloride tablet 100mg</i>                             |           | QL (60 EA per 30 days) MO; HRM  |
| <i>tranylcypromine sulfate</i>   |           | MO                              |
| <i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>                 |           | MO                              |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits                   |
|---|-----------|---------------------------------------|
| <i>trazodone hydrochloride tablet 300mg</i>                                   |           | MO                                    |
| <i>trimipramine maleate capsule 50mg</i>                                      |           | QL (120 EA per 30 days) PA<br>MO; HRM |
| <i>trimipramine maleate capsule 25mg</i>                                      |           | QL (240 EA per 30 days) PA<br>MO; HRM |
| <i>trimipramine maleate capsule 100mg</i>                                     |           | QL (60 EA per 30 days) PA<br>MO; HRM  |
| TRINTELLIX  |           | QL (30 EA per 30 days) MO             |
| VENLAFAXINE BESYLATE ER TABLET<br>EXTENDED RELEASE 24 HOUR 112.5MG            |           | QL (60 EA per 30 days) MO;<br>HRM     |
| <i>venlafaxine hcl er capsule extended release 24<br/>hour 37.5mg</i>         |           | QL (30 EA per 30 days) MO;<br>HRM     |
| <i>venlafaxine hcl er capsule extended release 24<br/>hour 150mg</i>          |           | QL (60 EA per 30 days) MO;<br>HRM     |
| <i>venlafaxine hydrochloride tablet 100mg, 25mg,<br/>37.5mg, 50mg, 75mg</i>   |           | MO; HRM                               |
| <i>venlafaxine hydrochloride er capsule extended<br/>release 24 hour 75mg</i> |           | QL (30 EA per 30 days) MO;<br>HRM     |
| VIIBRYD STARTER PACK  |           | MO                                    |
| <i>vilazodone hydrochloride</i>   |           | QL (30 EA per 30 days) MO             |
| <b>ANTIPARKINSONIAN AGENTS</b>  |           |                                       |
| <i>amantadine hcl solution, tablet</i>  |           | MO                                    |
| <i>amantadine hcl capsule</i>   |           | QL (120 EA per 30 days) MO            |
| <i>benztropine mesylate injection</i>   |           | MO                                    |
| <i>benztropine mesylate tablet</i>  |           | PA MO; HRM                            |
| <i>bromocriptine mesylate capsule, tablet</i>                                 |           | MO                                    |
| <i>carbidopa tablet</i>   |           | MO                                    |
| <i>carbidopa/levodopa</i>   |           | MO                                    |
| <i>carbidopa/levodopa er</i>  |           | MO                                    |
| <i>carbidopa/levodopa odt</i>   |           | MO                                    |
| CARBIDOPA/LEVODOPA/ENTACAPONE   |           | MO                                    |
| <i>entacapone</i>   |           | MO                                    |
| INBRIJA   |           | QL (300 EA per 30 days) PA<br>LA      |
| NEUPRO  |           | MO                                    |
| <i>pramipexole dihydrochloride immediate release<br/>tablet</i>               |           | MO                                    |
| <i>rasagiline mesylate</i>  |           | MO                                    |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                |
|--|-----------|------------------------------------|
| <i>ropinirole er tablet extended release 24 hour 6mg</i>                 |           | QL (120 EA per 30 days) MO         |
| <i>ropinirole er tablet extended release 24 hour 4mg</i>                 |           | QL (150 EA per 30 days) MO         |
| <i>ropinirole er tablet extended release 24 hour 2mg</i>                 |           | QL (30 EA per 30 days) MO          |
| <i>ropinirole er tablet extended release 24 hour 12mg</i>                |           | QL (60 EA per 30 days) MO          |
| <i>ropinirole er tablet extended release 24 hour 8mg</i>                 |           | QL (90 EA per 30 days) MO          |
| <i>ropinirole hcl immediate release tablet 0.25mg, 3mg</i>               |           | MO                                 |
| <i>ropinirole hcl immediate release tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i> |           | MO                                 |
| <i>selegiline hcl capsule, tablet</i>                                    |           | MO                                 |
| <i>trihexyphenidyl hcl oral solution</i>                                 |           | PA MO; HRM                         |
| <i>trihexyphenidyl hydrochloride tablet</i>                              |           | PA MO; HRM                         |
| <b>ANTIPSYCHOTICS</b>  |           |                                    |
| ABILIFY MAINTENA   |           | QL (1 EA per 28 days) MO;<br>HRM   |
| <i>aripiprazole odt</i>  |           | QL (60 EA per 30 days) MO;<br>HRM  |
| <i>aripiprazole tablet</i>   |           | QL (30 EA per 30 days) MO;<br>HRM  |
| <i>aripiprazole solution</i>   |           | QL (900 ML per 30 days) MO;<br>HRM |
| ARISTADA INITIO  |           | HRM                                |
| ARISTADA INJECTION 441MG/1.6ML   |           | QL (1.6 ML per 28 days); HRM       |
| ARISTADA INJECTION 662MG/2.4ML   |           | QL (2.4 ML per 28 days); HRM       |
| ARISTADA INJECTION 882MG/3.2ML   |           | QL (3.2 ML per 28 days); HRM       |
| ARISTADA INJECTION 1064MG/3.9ML  |           | QL (3.9 ML per 56 days); HRM       |
| <i>asenapine maleate sl</i>  |           | QL (60 EA per 30 days) MO;<br>HRM  |
| CAPLYTA  |           | QL (30 EA per 30 days) MO;<br>HRM  |
| <i>chlorpromazine hcl tablet</i>   |           | MO; HRM                            |
| <i>chlorpromazine hcl injection 50mg/2ml</i>                             |           | HRM                                |
| <i>chlorpromazine hcl injection 25mg/ml</i>                              |           | MO; HRM                            |
| <i>chlorpromazine hydrochloride oral concentrate</i>                     |           | HRM                                |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits                  |
|---|-----------|--------------------------------------|
| CLOZAPINE ODT TABLET DISINTEGRATING<br>200MG                                    |           | QL (120 EA per 30 days) PA;<br>HRM   |
| CLOZAPINE ODT TABLET DISINTEGRATING<br>150MG                                    |           | QL (180 EA per 30 days) PA;<br>HRM   |
| <i>clozapine odt tablet disintegrating 12.5mg,<br/>25mg</i>                     |           | PA; HRM                              |
| <i>clozapine odt tablet disintegrating 100mg</i>                                |           | QL (270 EA per 30 days) PA;<br>HRM   |
| <i>clozapine tablet 25mg, 50mg</i>  |           | HRM                                  |
| <i>clozapine tablet 200mg</i>   |           | QL (120 EA per 30 days); HRM         |
| <i>clozapine tablet 100mg</i>   |           | QL (270 EA per 30 days); HRM         |
| FANAPT  |           | QL (60 EA per 30 days) PA<br>MO; HRM |
| FANAPT TITRATION PACK   |           | PA MO; HRM                           |
| <i>fluphenazine decanoate injection</i>   |           | MO; HRM                              |
| <i>fluphenazine hcl concentrate, tablet</i>                                     |           | MO; HRM                              |
| <i>fluphenazine hcl injection</i>   |           | MO; HRM                              |
| <i>fluphenazine hydrochloride oral elixir</i>                                   |           | MO; HRM                              |
| <i>haloperidol decanoate multiple dose vial<br/>injection 100mg/ml, 50mg/ml</i> |           | HRM                                  |
| <i>haloperidol decanoate single dose vial injection<br/>100mg/ml, 50mg/ml</i>   |           | MO; HRM                              |
| <i>haloperidol lactate injection</i>  |           | MO; HRM                              |
| <i>haloperidol tablet</i>   |           | MO; HRM                              |
| <i>haloperidol concentrate</i>  |           | MO; HRM                              |
| INVEGA HAFYERA INJECTION 1092MG/3.5ML   |           | QL (3.5 ML per 180 days);<br>HRM     |
| INVEGA HAFYERA INJECTION 1560MG/5ML   |           | QL (5 ML per 180 days); HRM          |
| INVEGA SUSTENNA INJECTION 39MG/0.25ML   |           | QL (0.25 ML per 28 days) MO;<br>HRM  |
| INVEGA SUSTENNA INJECTION 78MG/0.5ML  |           | QL (0.5 ML per 28 days) MO;<br>HRM   |
| INVEGA SUSTENNA INJECTION 117MG/0.75ML  |           | QL (0.75 ML per 28 days) MO;<br>HRM  |
| INVEGA SUSTENNA INJECTION 156MG/ML  |           | QL (1 ML per 28 days) MO;<br>HRM     |
| INVEGA SUSTENNA INJECTION 234MG/1.5ML   |           | QL (1.5 ML per 28 days) MO;<br>HRM   |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                      |
|--|-----------|--|
| INVEGA TRINZA INJECTION 273MG/0.88ML   |           | QL (0.88 ML per 90 days);<br>HRM         |
| INVEGA TRINZA INJECTION 410MG/1.32ML   |           | QL (1.32 ML per 90 days);<br>HRM         |
| INVEGA TRINZA INJECTION 546MG/1.75ML   |           | QL (1.75 ML per 90 days);<br>HRM         |
| INVEGA TRINZA INJECTION 819MG/2.63ML   |           | QL (2.63 ML per 90 days);<br>HRM         |
| <i>loxapine</i>  |           | MO; HRM                                  |
| <i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>                   |           | QL (30 EA per 30 days) MO;<br>HRM        |
| <i>lurasidone hydrochloride tablet 80mg</i>                                      |           | QL (60 EA per 30 days) MO;<br>HRM        |
| <i>molindone hydrochloride tablet 10mg, 5mg</i>                                  |           | HRM                                      |
| <i>molindone hydrochloride tablet 25mg</i>                                       |           | HRM                                      |
| NUPLAZID   |           | QL (30 EA per 30 days) PA LA;<br>ACS HRM |
| <i>olanzapine odt</i>  |           | QL (30 EA per 30 days) MO;<br>HRM        |
| <i>olanzapine injection</i>  |           | QL (3 EA per 1 days) MO; HRM             |
| <i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>                                 |           | QL (30 EA per 30 days) MO;<br>HRM        |
| <i>olanzapine tablet 2.5mg, 5mg</i>  |           | QL (60 EA per 30 days) MO;<br>HRM        |
| <i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>           |           | QL (30 EA per 30 days) MO;<br>HRM        |
| <i>paliperidone er tablet extended release 24 hour 6mg</i>                       |           | QL (60 EA per 30 days) MO;<br>HRM        |
| <i>perphenazine</i>  |           | MO; HRM                                  |
| PERSERIS   |           | QL (1 EA per 30 days); HRM               |
| <i>pimozide</i>  |           | MO                                       |
| <i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>       |           | QL (30 EA per 30 days) PA<br>MO; HRM     |
| <i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i> |           | QL (60 EA per 30 days) PA<br>MO; HRM     |
| <i>quetiapine fumarate tablet 200mg</i>  |           | QL (120 EA per 30 days) MO;<br>HRM       |
| <i>quetiapine fumarate tablet 25mg</i>   |           | QL (180 EA per 30 days) MO;<br>HRM       |

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| Drug name  | Drug tier | Requirements/Limits                |
|--|-----------|------------------------------------|
| <i>quetiapine fumarate tablet 300mg, 400mg</i>             |           | QL (60 EA per 30 days) MO;<br>HRM  |
| <i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>       |           | QL (90 EA per 30 days) MO;<br>HRM  |
| REXULTI TABLET 3MG, 4MG                                    |           | QL (30 EA per 30 days) MO;<br>HRM  |
| REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG                     |           | QL (60 EA per 30 days) MO;<br>HRM  |
| RISPERDAL CONSTA INJECTION 12.5MG, 25MG                    |           | QL (2 EA per 28 days) MO;<br>HRM   |
| RISPERDAL CONSTA INJECTION 37.5MG, 50MG                    |           | QL (2 EA per 28 days) MO;<br>HRM   |
| <i>risperidone odt tablet disintegrating 0.5mg</i>         |           | QL (90 EA per 30 days) MO;<br>HRM  |
| <i>risperidone odt tablet disintegrating 4mg</i>           |           | QL (120 EA per 30 days) MO;<br>HRM |
| <i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i> |           | QL (60 EA per 30 days) MO;<br>HRM  |
| <i>risperidone odt tablet disintegrating 0.25mg</i>        |           | QL (90 EA per 30 days) MO;<br>HRM  |
| <i>risperidone solution</i>                                |           | QL (480 ML per 30 days) MO;<br>HRM |
| <i>risperidone tablet 4mg</i>                              |           | QL (120 EA per 30 days) MO;<br>HRM |
| <i>risperidone tablet 1mg, 2mg</i>                         |           | QL (60 EA per 30 days) MO;<br>HRM  |
| <i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>               |           | QL (90 EA per 30 days) MO;<br>HRM  |
| SECUADO  |           | QL (30 EA per 30 days) MO;<br>HRM  |
| <i>thioridazine hcl tablet</i>                             |           | PA MO; HRM                         |
| <i>thiothixene</i>   |           | MO; HRM                            |
| <i>trifluoperazine hcl tablet 2mg, 5mg</i>                 |           | MO; HRM                            |
| <i>trifluoperazine hcl tablet 10mg</i>                     |           | MO; HRM                            |
| <i>trifluoperazine hydrochloride tablet 1mg</i>            |           | MO; HRM                            |
| VERSACLOZ  |           | QL (600 ML per 30 days) PA;<br>HRM |
| VRAYLAR CAPSULE THERAPY PACK                               |           | MO; HRM                            |
| VRAYLAR CAPSULE 3MG, 4.5MG, 6MG                            |           | QL (30 EA per 30 days) MO;<br>HRM  |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits                |
|---|-----------|------------------------------------|
| VRAYLAR CAPSULE 1.5MG   |           | QL (60 EA per 30 days) MO; HRM     |
| <i>ziprasidone hcl capsule</i>  |           | QL (60 EA per 30 days) MO; HRM     |
| <i>ziprasidone mesylate injection</i>                                   |           | QL (6 EA per 3 days) MO; HRM       |
| ZYPREXA RELPREVV INJECTION 210MG  |           | QL (2 EA per 28 days) PA; ACS HRM  |
| ZYPREXA RELPREVV INJECTION 405MG  |           | QL (1 EA per 28 days) PA; ACS HRM  |
| ZYPREXA RELPREVV INJECTION 300MG  |           | QL (2 EA per 28 days) PA; ACS HRM  |
| <b>ANTISEIZURE AGENTS</b>   |           |                                    |
| APTIOM TABLET 200MG, 400MG  |           | QL (30 EA per 30 days) MO          |
| APTIOM TABLET 600MG, 800MG  |           | QL (60 EA per 30 days) MO          |
| BRIVIACT TABLET   |           | QL (60 EA per 30 days) PA MO       |
| BRIVIACT INJECTION  |           | QL (600 ML per 30 days) PA         |
| BRIVIACT ORAL SOLUTION  |           | QL (600 ML per 30 days) PA MO      |
| <i>carbamazepine er capsule extended release 12 hour</i>                |           | MO; HRM                            |
| <i>carbamazepine er tablet extended release 12 hour 100mg</i>           |           | MO; HRM                            |
| <i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>    |           | MO; HRM                            |
| <i>carbamazepine tablet chewable, tablet</i>                            |           | MO; HRM                            |
| <i>carbamazepine suspension</i>   |           | MO; HRM                            |
| <i>clobazam suspension</i>  |           | QL (480 ML per 30 days) PA MO; HRM |
| <i>clobazam tablet</i>  |           | QL (60 EA per 30 days) PA MO; HRM  |
| <i>clonazepam odt tablet disintegrating 2mg</i>                         |           | QL (300 EA per 30 days) MO         |
| <i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i> |           | QL (90 EA per 30 days) MO          |
| <i>clonazepam tablet 2mg</i>  |           | QL (300 EA per 30 days) MO         |
| <i>clonazepam tablet 0.5mg, 1mg</i>                                     |           | QL (90 EA per 30 days) MO          |
| <i>clorazepate dipotassium tablet 15mg</i>                              |           | QL (180 EA per 30 days) PA MO; HRM |
| <i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>                     |           | QL (90 EA per 30 days) PA MO; HRM  |

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| Drug name   | Drug tier | Requirements/Limits                    |
|---|-----------|--|
| DIACOMIT CAPSULE 500MG  |           | QL (180 EA per 30 days) PA LA          |
| DIACOMIT CAPSULE 250MG  |           | QL (360 EA per 30 days) PA<br>LA       |
| DIACOMIT PACKET 500MG   |           | QL (180 EA per 30 days) PA LA          |
| DIACOMIT PACKET 250MG   |           | QL (360 EA per 30 days) PA<br>LA       |
| <i>diazepam intensol</i>  |           | QL (240 ML per 30 days) PA<br>MO; HRM  |
| DIAZEPAM RECTAL GEL   |           | MO; HRM                                |
| <i>diazepam concentrate</i>                                     |           | QL (240 ML per 30 days) PA<br>MO; HRM  |
| <i>diazepam tablet</i>  |           | QL (120 EA per 30 days) PA<br>MO; HRM  |
| <i>diazepam oral solution</i>                                   |           | QL (1200 ML per 30 days) PA<br>MO; HRM |
| <i>diazepam injection</i>                                       |           | QL (240 ML per 30 days) PA<br>MO; HRM  |
| DILANTIN  |           | MO                                     |
| DILANTIN INFATABS   |           | MO                                     |
| DILANTIN-125  |           | MO                                     |
| <i>divalproex sodium sprinkle capsule</i>                       |           | MO                                     |
| <i>divalproex sodium dr tablet delayed release</i>              |           | MO                                     |
| <i>divalproex sodium er tablet extended release<br/>24 hour</i> |           | MO                                     |
| EPIDIOLEX   |           | QL (600 ML per 30 days) PA<br>LA; ACS  |
| <i>epitol</i>   |           | HRM                                    |
| EPRONTIA  |           | QL (480 ML per 30 days) PA<br>MO       |
| <i>ethosuximide capsule</i>                                     |           | MO                                     |
| <i>ethosuximide solution</i>                                    |           | MO                                     |
| <i>felbamate</i>  |           | MO                                     |
| FINTEPLA  |           | QL (360 ML per 30 days) PA<br>LA       |
| <i>fosphenytoin sodium injection 100mg pe/2ml</i>               |           |  |
| <i>fosphenytoin sodium injection 500mg pe/10ml</i>              |           | MO                                     |
| FYCOMPA SUSPENSION  |           | QL (720 ML per 30 days) PA<br>MO       |
| FYCOMPA TABLET 2MG  |           | QL (60 EA per 30 days) PA MO           |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.



| Drug name  | Drug tier | Requirements/Limits                    |
|--|-----------|--|
| FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG                     |           | QL (30 EA per 30 days) PA MO           |
| <i>gabapentin capsule 100mg</i>                              |           | QL (180 EA per 30 days) MO             |
| <i>gabapentin capsule 400mg</i>                              |           | QL (270 EA per 30 days) MO             |
| <i>gabapentin capsule 300mg</i>                              |           | QL (360 EA per 30 days) MO             |
| <i>gabapentin solution</i>                                   |           | QL (2160 ML per 30 days) MO            |
| <i>gabapentin tablet 600mg</i>                               |           | QL (180 EA per 30 days) MO             |
| <i>gabapentin tablet 800mg</i>                               |           | QL (90 EA per 30 days) MO              |
| <i>lacosamide injection</i>                                  |           |  |
| <i>lacosamide oral solution</i>                              |           | QL (1200 ML per 30 days) MO            |
| <i>lacosamide tablet 50mg</i>                                |           | QL (120 EA per 30 days) MO             |
| <i>lacosamide tablet 100mg, 150mg, 200mg</i>                 |           | QL (60 EA per 30 days) MO              |
| <i>lamotrigine er</i>  |           | MO                                     |
| <i>lamotrigine immediate release tablet, chewable tablet</i> |           | MO                                     |
| <i>lamotrigine odt tablet 25mg, 50mg, 100mg, 200mg</i>       |           | MO                                     |
| <i>lamotrigine starter kit/blue</i>                          |           | MO                                     |
| <i>lamotrigine starter kit/green</i>                         |           | MO                                     |
| <i>lamotrigine starter kit/orange</i>                        |           | MO                                     |
| <i>levetiracetam er</i>                                      |           | MO                                     |
| <i>levetiracetam/sodium chloride injection</i>               |           |  |
| <i>levetiracetam oral solution, tablet</i>                   |           | MO                                     |
| <i>methsuximide</i>  |           | MO                                     |
| NAYZILAM   |           | QL (10 EA per 30 days) PA MO           |
| <i>oxcarbazepine tablet</i>                                  |           | MO; HRM                                |
| <i>oxcarbazepine suspension</i>                              |           | MO; HRM                                |
| <i>phenobarbital sodium injection</i>                        |           | PA; HRM                                |
| <i>phenobarbital tablet</i>                                  |           | QL (120 EA per 30 days) PA<br>MO; HRM  |
| <i>phenobarbital elixir</i>                                  |           | QL (1500 ML per 30 days) PA<br>MO; HRM |
| PHENYTEK   |           | MO                                     |
| <i>phenytoin oral suspension, tablet chewable</i>            |           | MO                                     |
| <i>phenytoin sodium injection</i>                            |           |  |
| <i>phenytoin sodium extended release capsule</i>             |           | MO                                     |
| <i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>     |           | QL (120 EA per 30 days) PA<br>MO       |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                |
|--|-----------|------------------------------------|
| <i>pregabalin capsule 225mg, 300mg</i>             |           | QL (60 EA per 30 days) PA MO       |
| <i>pregabalin capsule 200mg</i>                    |           | QL (90 EA per 30 days) PA MO       |
| <i>pregabalin solution</i>                         |           | QL (900 ML per 30 days) PA MO      |
| <i>primidone</i>                                   |           | MO                                 |
| <i>roweepra</i>                                    |           |                                    |
| <i>rufinamide suspension</i>                       |           | QL (2760 ML per 30 days) PA MO     |
| <i>rufinamide tablet 200mg</i>                     |           | QL (480 EA per 30 days) PA MO      |
| <i>rufinamide tablet 400mg</i>                     |           | QL (240 EA per 30 days) PA MO      |
| SPRITAM  |           | PA MO                              |
| <i>subvenite tablet</i>                            |           |                                    |
| <i>subvenite starter kit/blue</i>                  |           |                                    |
| <i>subvenite starter kit/green</i>                 |           |                                    |
| <i>subvenite starter kit/orange</i>                |           |                                    |
| SYMPAZAN   |           | QL (60 EA per 30 days) PA MO; HRM  |
| <i>tiagabine hydrochloride</i>                     |           | MO                                 |
| <i>topiramate er</i>                               |           | MO                                 |
| <i>topiramate capsule sprinkle</i>                 |           | MO                                 |
| <i>topiramate tablet 100mg</i>                     |           | QL (120 EA per 30 days) MO         |
| <i>topiramate tablet 200mg</i>                     |           | QL (60 EA per 30 days) MO          |
| <i>topiramate tablet 25mg, 50mg</i>                |           | QL (90 EA per 30 days) MO          |
| <i>valproate sodium injection</i>                  |           |                                    |
| <i>valproic acid capsule, oral solution</i>        |           | MO                                 |
| VALTOCO 10 MG DOSE                                 |           | QL (10 EA per 30 days) PA MO       |
| VALTOCO 15 MG DOSE                                 |           | QL (10 EA per 30 days) PA MO       |
| VALTOCO 20 MG DOSE                                 |           | QL (10 EA per 30 days) PA MO       |
| VALTOCO 5 MG DOSE                                  |           | QL (10 EA per 30 days) PA MO       |
| <i>vigabatrin</i>                                  |           | QL (180 EA per 30 days) PA LA; ACS |
| <i>vigadrone</i>                                   |           | QL (180 EA per 30 days) PA LA      |
| XCOPRI TITRATION PACK 12.5MG; 25MG                 |           | QL (28 EA per 28 days) MO          |
| XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG    |           | QL (28 EA per 28 days) MO          |
| XCOPRI MAINTENANCE PACK 150MG; 100MG, 200MG; 150MG |           | QL (56 EA per 28 days) MO          |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits               |
|---|-----------|-----------------------------------|
| XCOPRI TABLET 100MG, 50MG   |           | QL (30 EA per 30 days) MO         |
| XCOPRI TABLET 150MG, 200MG  |           | QL (60 EA per 30 days) MO         |
| ZONISADE  |           | QL (900 ML per 30 days) PA<br>MO  |
| <i>zonisamide capsule 100mg, 25mg</i>   |           | MO                                |
| <i>zonisamide capsule 50mg</i>  |           | MO; HRM                           |
| ZTALMY  |           | QL (1100 ML per 30 days) PA<br>LA |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>   |           |                                   |
| <i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>   |           | QL (30 EA per 30 days) MO         |
| <i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>                              |           | QL (60 EA per 30 days) MO         |
| <i>amphetamine/dextroamphetamine tablet 20mg</i>  |           | QL (90 EA per 30 days) MO         |
| <i>atomoxetine hydrochloride capsule 10mg, 25mg</i>   |           | QL (120 EA per 30 days) MO        |
| <i>atomoxetine capsule 18mg</i>   |           | QL (120 EA per 30 days) MO        |
| <i>atomoxetine capsule 100mg, 60mg, 80mg</i>  |           | QL (30 EA per 30 days) MO         |
| <i>atomoxetine capsule 40mg</i>   |           | QL (60 EA per 30 days) MO         |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>                                  |           | QL (30 EA per 30 days) MO         |
| <i>dexmethylphenidate hcl tablet 5mg, 10mg</i>  |           | QL (60 EA per 30 days) MO         |
| <i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 25mg, 30mg, 40mg, 5mg</i> |           | QL (30 EA per 30 days) MO         |
| <i>dexmethylphenidate hydrochloride tablet 2.5mg</i>  |           | QL (60 EA per 30 days) MO         |
| <i>dextroamphetamine sulfate er capsule</i>   |           | QL (120 EA per 30 days) MO        |
| <i>dextroamphetamine sulfate immediate release tablet 10mg, 5mg</i>   |           | QL (180 EA per 30 days) MO        |
| <i>dextroamphetamine sulfate solution</i>   |           | QL (1800 ML per 30 days) MO       |
| <i>guanfacine er tablet extended release 24 hour 2mg</i>  |           | QL (30 EA per 30 days) PA MO      |
| <i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 4mg</i>                                      |           | QL (30 EA per 30 days) PA MO      |
| <i>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>   |           | QL (60 EA per 30 days) PA MO      |
| <i>methylphenidate hydrochloride cd extended release capsule 10mg, 20mg, 30mg, 50mg, 60mg</i>                 |           | QL (30 EA per 30 days) MO         |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits               |
|--|-----------|-----------------------------------|
| <i>methylphenidate hydrochloride extended release capsule 24 hour (generic Ritalin LA) 60mg</i>                |           | QL (30 EA per 30 days) MO         |
| <i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i> |           | QL (30 EA per 30 days) MO         |
| <i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 30mg</i>             |           | QL (60 EA per 30 days) MO         |
| <i>methylphenidate hydrochloride cd er capsule extended release 40mg</i>                                       |           | QL (30 EA per 30 days) MO         |
| <i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 36mg</i>                             |           | QL (30 EA per 30 days)            |
| <i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>                             |           | QL (30 EA per 30 days) MO         |
| METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 45MG, 63MG, 72MG                                      |           | QL (30 EA per 30 days) MO         |
| <i>methylphenidate hydrochloride er tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>      |           | QL (30 EA per 30 days) MO         |
| <i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>                                     |           | QL (90 EA per 30 days) MO         |
| <i>methylphenidate hydrochloride immediate release tablet</i>  |           | QL (90 EA per 30 days) MO         |
| <i>methylphenidate hydrochloride tablet chewable</i>   |           | QL (180 EA per 30 days) MO        |
| <i>methylphenidate hydrochloride solution 5mg/5ml</i>  |           | QL (1800 ML per 30 days) MO       |
| <i>methylphenidate hydrochloride solution 10mg/5ml</i>   |           | QL (900 ML per 30 days) MO        |
| VYVANSE  |           | QL (30 EA per 30 days) MO         |
| <i>zenzedi tablet 10mg, 5mg</i>  |           | QL (180 EA per 30 days)           |
| <b>HYPNOTICS</b>   |           |                                   |
| DAYVIGO  |           | QL (30 EA per 30 days) MO         |
| <i>doxepin hydrochloride tablet 3mg, 6mg</i>   |           | QL (30 EA per 30 days) MO;<br>HRM |
| HETLIOZ LQ ORAL SUSPENSION   |           | QL (158 ML per 30 days) PA<br>LA  |
| <i>tasimelteon</i>   |           | QL (30 EA per 30 days) PA;<br>ACS |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits                    |
|---|-----------|--|
| <i>temazepam</i>  |           | QL (30 EA per 30 days) PA<br>MO; HRM   |
| <i>triazolam tablet 0.125mg</i>                                 |           | QL (60 EA per 30 days) PA;<br>HRM      |
| <i>zaleplon capsule 5mg</i>                                     |           | QL (30 EA per 30 days) PA<br>MO; HRM   |
| <i>zaleplon capsule 10mg</i>                                    |           | QL (60 EA per 30 days) PA<br>MO; HRM   |
| <i>zolpidem tartrate immediate release tablet<br/>10mg, 5mg</i> |           | QL (30 EA per 30 days) PA<br>MO; HRM   |
| <b>MIGRAINE</b>   |           |  |
| AIMOVIG   |           | QL (1 ML per 30 days) PA; ACS<br>PA MO |
| <i>dihydroergotamine mesylate injection</i>                     |           | QL (8 ML per 30 days) PA MO            |
| <i>dihydroergotamine mesylate nasal solution</i>                |           | QL (12 EA per 30 days) MO              |
| <i>eletriptan hydrobromide</i>                                  |           | QL (40 EA per 28 days) PA MO           |
| <i>ergotamine tartrate/caffeine</i>                             |           | QL (9 EA per 30 days) MO               |
| <i>naratriptan hcl</i>  |           | QL (16 EA per 30 days) PA MO           |
| NURTEC  |           | QL (12 EA per 30 days) MO              |
| <i>rizatriptan benzoate odt</i>                                 |           | QL (12 EA per 30 days) MO              |
| <i>rizatriptan benzoate tablet</i>                              |           | QL (12 EA per 30 days) MO              |
| <i>sumatriptan nasal spray</i>                                  |           | QL (12 EA per 30 days) MO              |
| <i>sumatriptan succinate refill injection</i>                   |           | QL (4 ML per 30 days) MO               |
| <i>sumatriptan succinate injection</i>                          |           | QL (4 ML per 30 days) MO               |
| <i>sumatriptan succinate tablet 100mg</i>                       |           | QL (12 EA per 30 days) MO              |
| <i>sumatriptan succinate tablet 25mg, 50mg</i>                  |           | QL (9 EA per 30 days) MO               |
| <b>MISCELLANEOUS</b>  |           |  |
| AUSTEDO XR TABLET EXTENDED RELEASE 24<br>HOUR 12MG              |           | QL (120 EA per 30 days) PA;<br>ACS     |
| AUSTEDO XR TABLET EXTENDED RELEASE 24<br>HOUR 24MG              |           | QL (60 EA per 30 days) PA;<br>ACS      |
| AUSTEDO XR TABLET EXTENDED RELEASE 24<br>HOUR 6MG               |           | QL (90 EA per 30 days) PA;<br>ACS      |
| AUSTEDO TABLET 12MG, 9MG  |           | QL (120 EA per 30 days) PA<br>LA; ACS  |
| AUSTEDO TABLET 6MG  |           | QL (60 EA per 30 days) PA LA;<br>ACS   |
| <i>lithium carbonate capsule, tablet</i>                        |           | MO                                     |
| <i>lithium carbonate er tablet</i>                              |           | MO                                     |
| NUEDEXTA  |           | QL (60 EA per 30 days) PA MO           |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                 |
|--|-----------|-------------------------------------|
| <i>pregabalin er tablet extended release 24 hour 330mg</i>         |           | QL (60 EA per 30 days) PA MO        |
| <i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i> |           | QL (90 EA per 30 days) PA MO        |
| <i>pyridostigmine bromide immediate release tablet 60mg</i>        |           | MO                                  |
| <i>pyridostigmine bromide er tablet</i>                            |           | MO                                  |
| <i>riluzole</i>  |           | MO                                  |
| <i>tetrabenazine tablet 25mg</i>                                   |           | QL (120 EA per 30 days) PA LA; ACS  |
| <i>tetrabenazine tablet 12.5mg</i>                                 |           | QL (90 EA per 30 days) PA LA; ACS   |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                   |           |                                     |
| AUBAGIO  |           | QL (30 EA per 30 days) PA LA; ACS   |
| AVONEX   |           | QL (1 EA per 28 days) PA; ACS       |
| AVONEX PEN   |           | QL (1 EA per 28 days) PA; ACS       |
| BETASERON  |           | QL (14 EA per 28 days) PA; ACS      |
| COPAXONE INJECTION 40MG/ML   |           | QL (12 ML per 28 days) PA; ACS      |
| COPAXONE INJECTION 20MG/ML   |           | QL (30 ML per 30 days) PA; ACS      |
| <i>dalfampridine er</i>  |           | PA; ACS                             |
| <i> fingolimod</i>   |           | QL (30 EA per 30 days) PA; ACS      |
| KESIMPTA   |           | QL (6.4 ML per 365 days) PA LA; ACS |
| TECFIDERA STARTER PACK   |           | QL (120 EA per 365 days) PA LA; ACS |
| TECFIDERA CAPSULE DELAYED RELEASE 120MG                            |           | QL (14 EA per 7 days) PA LA; ACS    |
| TECFIDERA CAPSULE DELAYED RELEASE 240MG                            |           | QL (60 EA per 30 days) PA LA; ACS   |
| VUMERITY   |           | QL (120 EA per 30 days) PA LA; ACS  |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                              |           |                                     |
| <i>baclofen tablet</i>   |           | MO                                  |
| <i>chlorzoxazone tablet 500mg</i>                                  |           | QL (180 EA per 30 days) PA MO       |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits               |
|--|-----------|-----------------------------------|
| <i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>  |           | QL (90 EA per 30 days) PA MO; HRM |
| <i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>   |           | MO                                |
| <i>tizanidine hcl tablet 2mg, 4mg</i>  |           | MO                                |
| <i>tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>  |           | MO                                |
| <b>NARCOLEPSY/CATAPLEXY</b>  |           |                                   |
| <i>armodafinil tablet 150mg, 200mg, 250mg</i>  |           | QL (30 EA per 30 days) PA MO      |
| <i>armodafinil tablet 50mg</i>   |           | QL (60 EA per 30 days) PA MO      |
| <i>modafinil tablet 100mg</i>  |           | QL (30 EA per 30 days) PA MO      |
| <i>modafinil tablet 200mg</i>  |           | QL (60 EA per 30 days) PA MO      |
| SODIUM OXYBATE   |           | QL (540 ML per 30 days) PA LA     |
| <b>PSYCHOTHERAPEUTIC-MISC</b>  |           |                                   |
| <i>acamprosate calcium dr</i>  |           | MO                                |
| <i>buprenorphine hcl sublingual tablet 2mg, 8mg</i>  |           | QL (90 EA per 30 days) PA MO      |
| <i>buprenorphine hcl/naloxone hcl sublingual tablet</i>  |           | QL (90 EA per 30 days) MO         |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>                         |           | QL (60 EA per 30 days) MO         |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>    |           | QL (90 EA per 30 days) MO         |
| <i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i> |           | QL (60 EA per 30 days) MO         |
| <i>disulfiram tablet</i>   |           | MO                                |
| <i>naloxone hcl injection 2mg/2ml</i>  |           |                                   |
| <i>naloxone hcl injection 4mg/10ml</i>   |           | MO                                |
| <i>naloxone hydrochloride nasal spray</i>  |           | MO                                |
| <i>naloxone hydrochloride cartridge injection 0.4mg/ml</i>                                       |           |                                   |
| <i>naloxone hydrochloride vial injection 0.4mg/ml</i>  |           | MO                                |
| <i>naltrexone hcl tablet</i>   |           | MO                                |
| NICOTROL INHALER   |           | MO                                |
| NICOTROL NASAL SPRAY   |           | QL (360 ML per 365 days) MO       |
| VARENICLINE STARTING MONTH BOX   |           | PA MO                             |
| VARENICLINE TARTRATE TABLET 1MG, 0.5MG   |           | PA MO                             |
| VIVITROL   |           | ACS                               |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name | Drug tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

| <b>ENDOCRINE AND METABOLIC</b> |  |  |
|--------------------------------|--|--|
|--------------------------------|--|--|

|                  |  |  |
|------------------|--|--|
| <b>ANDROGENS</b> |  |  |
|------------------|--|--|

|   |  |                                  |
|---|--|----------------------------------|
| <i>methyltestosterone capsule</i>                 |  | PA MO                            |
| <i>oxandrolone tablet 2.5mg</i>                   |  | QL (120 EA per 30 days) PA<br>MO |
| <i>oxandrolone tablet 10mg</i>                    |  | QL (60 EA per 30 days) PA MO     |
| <i>testosterone cypionate injection</i>           |  | MO                               |
| <i>testosterone enanthate injection</i>           |  | PA MO                            |
| <i>testosterone pump gel 1%</i>                   |  | QL (300 GM per 30 days) MO       |
| <i>testosterone pump gel 2% (10mg/act)</i>        |  | QL (120 GM per 30 days) MO       |
| <i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i> |  | QL (300 GM per 30 days) MO       |
| <i>testosterone topical solution</i>              |  | QL (180 ML per 30 days) MO       |

|                                |  |  |
|--------------------------------|--|--|
| <b>ANTIDIABETICS, INSULINS</b> |  |  |
|--------------------------------|--|--|

|  |  |        |
|--|--|--------|
| ADMELOG  |  | MO     |
| ADMELOG SOLOSTAR                                     |  | MO     |
| BD ALCOHOL SWABS                                     |  | MO     |
| BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"    |  | MO     |
| BASAGLAR KWIKPEN                                     |  | MO     |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"        |  | MO     |
| BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"       |  | MO     |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"        |  | MO     |
| BD/NOVO PEN NEEDLE ULTRA-FINE                        |  | MO     |
| BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64" |  | MO     |
| CURITY GAUZE PADS 2"X2" 12 PLY                       |  | MO     |
| FIASP  |  | MO     |
| FIASP FLEXTOUCH                                      |  | MO     |
| FIASP PENFILL  |  | MO     |
| HUMULIN R U-500 (CONCENTRATED)                       |  | B/D MO |
| HUMULIN R U-500 KWIKPEN                              |  | MO     |
| LANTUS   |  | MO     |
| LANTUS SOLOSTAR                                      |  | MO     |
| NOVOLIN 70/30 (BRAND RELION NOT COVERED)             |  | MO     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.



| Drug name  | Drug tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)               | MO        |                                  |
| NOVOLIN N (BRAND RELION NOT COVERED)                           | MO        |                                  |
| NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)                   | MO        |                                  |
| NOVOLIN R (BRAND RELION NOT COVERED)                           | MO        |                                  |
| NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)                   | MO        |                                  |
| NOVOLOG (BRAND RELION NOT COVERED)                             | MO        |                                  |
| NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)                     | MO        |                                  |
| NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)                   | MO        |                                  |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED) | MO        |                                  |
| NOVOLOG PENFILL  | MO        |                                  |
| SOLIQUA 100/33   | MO        | QL (15 ML per 25 days) MO        |
| TOUJEO MAX SOLOSTAR  | MO        |                                  |
| TOUJEO SOLOSTAR  | MO        |                                  |
| TRESIBA  | MO        |                                  |
| TRESIBA FLEXTOUCH  | MO        |                                  |
| XULTOPHY 100/3.6   | MO        | QL (15 ML per 30 days) MO        |
| <b>ANTIDIABETICS</b>   |           |                                  |
| <i>acarbose tablet</i>   |           | QL (90 EA per 30 days) MO        |
| BYDUREON BCISE   |           | QL (3.4 ML per 28 days) PA<br>MO |
| BYETTA INJECTION 5MCG/0.02ML                                   |           | QL (1.2 ML per 30 days) PA<br>MO |
| BYETTA INJECTION 10MCG/0.04ML                                  |           | QL (2.4 ML per 30 days) PA<br>MO |
| FARXIGA  |           | QL (30 EA per 30 days) MO        |
| <i>glimepiride tablet 4mg</i>                                  |           | QL (60 EA per 30 days) MO        |
| <i>glimepiride tablet 1mg, 2mg</i>                             |           | QL (90 EA per 30 days) MO        |
| <i>glipizide er tablet extended release 24 hour 10mg</i>       |           | QL (60 EA per 30 days) MO        |
| <i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i> |           | QL (90 EA per 30 days) MO        |
| <i>glipizide xl tablet extended release 24 hour 10mg</i>       |           | QL (60 EA per 30 days) MO        |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits           |
|---|-----------|-------------------------------|
| <i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>                                  |           | QL (90 EA per 30 days) MO     |
| <i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>                        |           | QL (120 EA per 30 days) MO    |
| <i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>                                    |           | QL (240 EA per 30 days) MO    |
| <i>glipizide tablet 10mg</i>  |           | QL (120 EA per 30 days) MO    |
| <i>glipizide tablet 5mg</i>   |           | QL (240 EA per 30 days) MO    |
| GLYXAMBI  |           | QL (30 EA per 30 days) MO     |
| JANUMET   |           | QL (60 EA per 30 days) MO     |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG  |           | QL (30 EA per 30 days) MO     |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG                            |           | QL (60 EA per 30 days) MO     |
| JANUVIA   |           | QL (30 EA per 30 days) MO     |
| JARDIANCE   |           | QL (30 EA per 30 days) MO     |
| JENTADUETO  |           | QL (60 EA per 30 days) MO     |
| JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG                                       |           | QL (30 EA per 30 days) MO     |
| JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG                                     |           | QL (60 EA per 30 days) MO     |
| <i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>                            |           | QL (120 EA per 30 days) MO    |
| <i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i> |           | QL (60 EA per 30 days) MO     |
| <i>metformin hydrochloride er tb24 (generic Fortamet and Glumetza) 500mg</i>                    |           | QL (120 EA per 30 days) PA MO |
| <i>metformin hydrochloride tablet 500mg</i>   |           | QL (150 EA per 30 days) MO    |
| <i>metformin hydrochloride tablet 1000mg</i>  |           | QL (75 EA per 30 days) MO     |
| <i>metformin hydrochloride tablet 850mg</i>   |           | QL (90 EA per 30 days) MO     |
| <i>miglitol</i>   |           | QL (90 EA per 30 days) MO     |
| <i>nateglinide</i>  |           | QL (90 EA per 30 days) MO     |
| OZEMPIC INJECTION 2MG/1.5ML   |           | QL (1.5 ML per 28 days) PA    |
| OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML   |           | QL (3 ML per 28 days) PA MO   |
| <i>pioglitazone hcl tablet 45mg</i>   |           | QL (30 EA per 30 days) MO     |
| <i>pioglitazone hcl-glimepiride</i>   |           | QL (30 EA per 30 days) MO     |
| <i>pioglitazone hcl/metformin hcl</i>   |           | QL (90 EA per 30 days) MO     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits            |
|---|-----------|--------------------------------|
| <i>pioglitazone hydrochloride tablet 15mg, 30mg</i>                                   |           | QL (30 EA per 30 days) MO      |
| <i>repaglinide tablet 0.5mg, 1mg</i>  |           | QL (120 EA per 30 days) MO     |
| <i>repaglinide tablet 2mg</i>   |           | QL (240 EA per 30 days) MO     |
| RYBELSUS  |           | QL (30 EA per 30 days) PA MO   |
| SYMLINPEN 120   |           | QL (10.8 ML per 30 days) PA MO |
| SYMLINPEN 60  |           | QL (6 ML per 30 days) PA MO    |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG                              |           | QL (30 EA per 30 days) MO      |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG |           | QL (60 EA per 30 days) MO      |
| SYNJARDY TABLET 5MG; 500MG  |           | QL (120 EA per 30 days) MO     |
| SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG                            |           | QL (60 EA per 30 days) MO      |
| TRADJENTA   |           | QL (30 EA per 30 days) MO      |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG      |           | QL (30 EA per 30 days) MO      |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG |           | QL (60 EA per 30 days) MO      |
| TRULICITY   |           | QL (2 ML per 28 days) PA MO    |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG                   |           | QL (30 EA per 30 days) MO      |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG      |           | QL (60 EA per 30 days) MO      |
| <b>CALCIUM REGULATORS</b>   |           |                                |
| <i>alendronate sodium oral solution</i>   |           | MO                             |
| <i>alendronate sodium tablet 10mg</i>   |           | QL (120 EA per 30 days) MO     |
| <i>alendronate sodium tablet 35mg, 70mg</i>   |           | QL (4 EA per 28 days) MO       |
| <i>calcitonin-salmon nasal spray</i>  |           | MO                             |
| <i>ibandronate sodium tablet</i>  |           | QL (1 EA per 30 days) MO       |
| <i>ibandronate sodium injection</i>   |           | QL (3 ML per 90 days) MO       |
| NATPARA   |           | PA LA; ACS                     |
| PAMIDRONATE DISODIUM INJECTION 6MG/ML   |           |                                |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits         |
|--|-----------|-----------------------------|
| <i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i> |           |                             |
| PROLIA   |           | QL (1 ML per 180 days); ACS |
| <i>risedronate sodium dr tablet 35mg</i>                   |           | QL (4 EA per 28 days) MO    |
| <i>risedronate sodium tablet 150mg</i>                     |           | QL (1 EA per 28 days) MO    |
| <i>risedronate sodium tablet 30mg, 5mg</i>                 |           | QL (30 EA per 30 days) MO   |
| <i>risedronate sodium tablet 35mg</i>                      |           | QL (4 EA per 28 days) MO    |
| TERIPARATIDE   |           | PA; ACS                     |
| XGEVA  |           | PA; ACS                     |
| ZOLEDRONIC ACID INJECTION 4MG/100ML                        |           | ACS                         |
| <i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>        |           | ACS                         |
| <b>CHELATING AGENTS</b>                                    |           |                             |
| CHEMET   |           | MO                          |
| <i>deferasirox packet</i>                                  |           | PA; ACS                     |
| <i>deferasirox tablet soluble 125mg</i>                    |           | PA; ACS                     |
| <i>deferasirox tablet soluble 250mg, 500mg</i>             |           | PA; ACS                     |
| <i>deferasirox tablet 90mg</i>                             |           | PA; ACS                     |
| <i>deferasirox tablet 180mg</i>                            |           | PA; ACS                     |
| <i>deferasirox tablet 360mg</i>                            |           | PA; ACS                     |
| <i>penicillamine tablet</i>                                |           | ACS                         |
| <i>sodium polystyrene sulfonate oral powder</i>            |           | MO                          |
| <i>sps oral suspension 15gm/60ml</i>                       |           | MO                          |
| <i>trientine hydrochloride</i>                             |           | PA; ACS                     |
| VELTASSA PACKET 16.8GM, 25.2GM                             |           | QL (30 EA per 30 days) MO   |
| VELTASSA PACKET 8.4GM                                      |           | QL (90 EA per 30 days) MO   |
| <b>CONTRACEPTIVES</b>                                      |           |                             |
| <i>afirmelle</i>   |           |                             |
| <i>altavera</i>  |           |                             |
| <i>alyacen 1/35</i>  |           | MO                          |
| <i>alyacen 7/7/7</i>                                       |           |                             |
| <i>amethia</i>   |           |                             |
| <i>amethyst</i>  |           |                             |
| <i>apri</i>  |           |                             |
| <i>aranelle</i>  |           | MO                          |
| <i>ashlyna</i>   |           |                             |
| <i>aubra eq</i>  |           |                             |
| <i>aurovela 1.5/30</i>                                     |           |                             |
| <i>aurovela 1/20</i>                                       |           |                             |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>aurovela 24 fe</i>                              |           |                     |
| <i>aurovela fe 1.5/30</i>                          |           |                     |
| <i>aurovela fe 1/20</i>                            |           |                     |
| <i>aviane</i>                                      |           |                     |
| <i>ayuna</i>                                       |           |                     |
| <i>azurette</i>                                    |           |                     |
| <i>balziva</i>                                     |           |                     |
| <i>blisovi 24 fe</i>                               | MO        |                     |
| <i>blisovi fe 1.5/30</i>                           | MO        |                     |
| <i>blisovi fe 1/20</i>                             |           |                     |
| <i>briellyn</i>                                    |           |                     |
| <i>camila</i>                                      | MO        |                     |
| CAMRESE  |           |                     |
| CAMRESE LO   |           |                     |
| <i>charlotte 24 fe</i>                             |           |                     |
| <i>chateal eq</i>                                  |           |                     |
| <i>cryselle-28</i>                                 | MO        |                     |
| <i>cyred</i>                                       |           |                     |
| <i>cyred eq</i>                                    |           |                     |
| <i>dasetta 1/35</i>                                |           |                     |
| <i>dasetta 7/7/7</i>                               |           |                     |
| <i>daysee</i>                                      |           |                     |
| <i>deblitane</i>                                   |           |                     |
| <i>delyla</i>                                      |           |                     |
| DEPO-SUBQ PROVERA 104                              | MO        |                     |
| <i>desogestrel/ethinyl estradiol</i>               | MO        |                     |
| <i>dolishale</i>                                   |           |                     |
| <i>drospirenone/ethinyl estradiol</i>              | MO        |                     |
| <i>drospirenone/ethinyl estradiol/levomefolate</i> | MO        |                     |
| <i>calcium tablet 3mg; 0.03mg; 0.451mg</i>         |           |                     |
| <i>elinest</i>                                     |           |                     |
| <i>eluryng</i>                                     |           |                     |
| <i>enpresse-28</i>                                 |           |                     |
| <i>enskyce</i>                                     | MO        |                     |
| <i>errin</i>                                       | MO        |                     |
| <i>estarylla</i>                                   | MO        |                     |
| <i>ethynodiol diacetate/ethinyl estradiol</i>      | MO        |                     |
| <i>falmina</i>                                     |           |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name                                   | Drug tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>fayosim</i>                              |           |                     |
| <i>femynor</i>                              |           |                     |
| <i>finzala</i>                              |           |                     |
| <i>hailey 1.5/30</i>                        |           | MO                  |
| <i>hailey 24 fe</i>                         |           |                     |
| <i>hailey fe 1.5/30</i>                     |           |                     |
| <i>hailey fe 1/20</i>                       |           |                     |
| <i>haloette</i>                             |           |                     |
| <i>heather</i>                              |           |                     |
| <i>iclevia</i>                              |           |                     |
| <i>incassia</i>                             |           |                     |
| <i>introvale</i>                            |           |                     |
| <i>isibloom</i>                             |           |                     |
| <i>jaimiess</i>                             |           |                     |
| <i>jasmiel</i>                              |           |                     |
| <i>jencycla</i>                             |           |                     |
| JOLESSA                                     |           |                     |
| <i>juleber</i>                              |           |                     |
| <i>junel 1.5/30</i>                         |           |                     |
| <i>junel 1/20</i>                           |           |                     |
| <i>junel fe 1.5/30</i>                      |           | MO                  |
| <i>junel fe 1/20</i>                        |           | MO                  |
| <i>junel fe 24</i>                          |           |                     |
| <i>kaitlib fe</i>                           |           | MO                  |
| <i>kalliga</i>                              |           |                     |
| <i>kariva</i>                               |           |                     |
| <i>kelnor 1/35</i>                          |           | MO                  |
| <i>kelnor 1/50</i>                          |           | MO                  |
| <i>kurvelo</i>                              |           |                     |
| <i>larin 1.5/30</i>                         |           |                     |
| <i>larin 1/20</i>                           |           |                     |
| <i>larin 24 fe</i>                          |           |                     |
| <i>larin fe 1.5/30</i>                      |           |                     |
| <i>larin fe 1/20</i>                        |           |                     |
| LEENA                                       |           |                     |
| <i>lessina</i>                              |           |                     |
| <i>levonest</i>                             |           |                     |
| <i>levonorgestrel and ethinyl estradiol</i> |           | MO                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>levonorgestrel/ethinyl estradiol</i>  |           | MO                  |
| <i>levora 0.15/30-28</i>   |           |                     |
| <i>lo-zumandimine</i>  |           | MO                  |
| <i>loestrin 1.5/30-21</i>  |           |                     |
| <i>loestrin 1/20-21</i>  |           |                     |
| <i>loestrin fe 1.5/30</i>  |           |                     |
| <i>loestrin fe 1/20</i>  |           |                     |
| <i>lojaimiess</i>  |           | MO                  |
| <i>loryna</i>  |           |                     |
| <i>low-ogestrel</i>  |           |                     |
| <i>lutra</i>   |           | MO                  |
| <i>lyleq</i>   |           |                     |
| <i>lyza</i>  |           |                     |
| <i>marlissa</i>  |           | MO                  |
| <i>medroxyprogesterone acetate injection 150mg/<br/>ml</i>   |           | MO                  |
| <i>mibelas 24 fe</i>   |           |                     |
| MICROGESTIN 1.5/30   |           |                     |
| MICROGESTIN 1/20   |           |                     |
| <i>microgestin 24 fe</i>   |           |                     |
| MICROGESTIN FE 1.5/30  |           |                     |
| MICROGESTIN FE 1/20  |           |                     |
| <i>mili</i>  |           |                     |
| <i>mono-lynyah</i>   |           |                     |
| <i>necon 0.5/35-28</i>   |           |                     |
| <i>nikki</i>   |           |                     |
| NORA-BE  |           |                     |
| <i>norethindrone tablet 0.35mg</i>   |           | MO                  |
| <i>norethindrone &amp; ethinyl estradiol ferrous<br/>fumarate chewable tablet 25mcg; 75mg; 0.8mg</i> |           | MO                  |
| <i>norethindrone acetate/ethinyl estradiol/ferrous<br/>fumarate tablet chewable, tablet</i>          |           | MO                  |
| <i>norethindrone acetate/ethinyl estradiol tablet<br/>20mcg; 1mg, 30mcg; 1.5mg</i>                   |           | MO                  |
| <i>norethindrone/ethinyl estradiol/ferrous<br/>fumarate chewable tablet 35mcg; 75mg; 0.4mg</i>       |           | MO                  |
| <i>norgestimate/ethinyl estradiol</i>  |           | MO                  |
| <i>norlyda</i>   |           |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name                          | Drug tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|
| <i>norlyroc</i>                    |           |                     |
| <i>nortrel 0.5/35 (28)</i>         |           | MO                  |
| <i>nortrel 1/35 28-day regimen</i> |           |                     |
| <i>nortrel 1/35 21-day regimen</i> |           | MO                  |
| <i>nortrel 7/7/7</i>               |           |                     |
| <i>nylia 1/35</i>                  |           |                     |
| <i>nylia 7/7/7</i>                 |           | MO                  |
| <i>nymyo</i>                       |           |                     |
| OCELLA                             |           |                     |
| <i>orsythia</i>                    |           |                     |
| <i>philith</i>                     |           |                     |
| <i>pimtrea</i>                     |           |                     |
| <i>pirmella 1/35</i>               |           | MO                  |
| <i>pirmella 7/7/7</i>              |           | MO                  |
| <i>portia-28</i>                   |           |                     |
| <i>reclipsen</i>                   |           |                     |
| RIVELSA                            |           |                     |
| <i>setlakin</i>                    |           |                     |
| <i>sharobel</i>                    |           |                     |
| <i>simliya</i>                     |           |                     |
| <i>simpesse</i>                    |           | MO                  |
| <i>sprintec 28</i>                 |           |                     |
| <i>sronyx</i>                      |           | MO                  |
| <i>syeda</i>                       |           |                     |
| <i>tarina 24 fe</i>                |           |                     |
| <i>tarina fe 1/20 eq</i>           |           |                     |
| TILIA FE                           |           |                     |
| <i>tri femynor</i>                 |           |                     |
| <i>tri-estarylla</i>               |           | MO                  |
| <i>tri-legest fe</i>               |           | MO                  |
| <i>tri-linyah</i>                  |           |                     |
| <i>tri-lo-estarylla</i>            |           |                     |
| <i>tri-lo-marzia</i>               |           |                     |
| <i>tri-lo-mili</i>                 |           |                     |
| <i>tri-lo-sprintec</i>             |           | MO                  |
| <i>tri-mili</i>                    |           |                     |
| <i>tri-nymyo</i>                   |           |                     |
| <i>tri-sprintec</i>                |           |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.



| Drug name  | Drug tier                | Requirements/Limits |
|--|--------------------------|---------------------|
| <i>tri-vylibra</i>   |                          |                     |
| <i>tri-vylibra lo</i>  |                          |                     |
| <i>trivora-28</i>  | MO                       |                     |
| <i>tydemy</i>  |                          |                     |
| <i>velivet</i>   | MO                       |                     |
| <i>vestura</i>   |                          |                     |
| <i>vienva</i>  |                          |                     |
| <i>viorele</i>   | MO                       |                     |
| <i>volnea</i>  |                          |                     |
| <i>vyfemla</i>   | MO                       |                     |
| <i>vylibra</i>   |                          |                     |
| <i>wera</i>  |                          |                     |
| <i>wymzya fe</i>   |                          |                     |
| <i>zovia 1/35</i>  |                          |                     |
| <i>zumandimine</i>   |                          |                     |
| <b>ENDOMETRIOSIS</b>   |                          |                     |
| <i>danazol capsule</i>   | MO                       |                     |
| SYNAREL  | MO                       |                     |
| <b>ESTROGENS</b>   |                          |                     |
| <i>amabelz</i>   | MO                       |                     |
| <i>dotti</i>   | QL (8 EA per 28 days)    |                     |
| DUAVEE   | MO                       |                     |
| <i>estradiol valerate injection</i>  | MO                       |                     |
| <i>estradiol/norethindrone acetate tablet<br/>1mg/0.5mg, 0.5mg/0.1mg</i>           | MO                       |                     |
| <i>estradiol oral tablet</i>   | MO                       |                     |
| <i>estradiol vaginal cream, vaginal tablet</i>                                     | MO                       |                     |
| <i>estradiol patch weekly</i>  | QL (4 EA per 28 days) MO |                     |
| <i>estradiol patch twice weekly</i>  | QL (8 EA per 28 days) MO |                     |
| ESTRING  | QL (1 EA per 90 days) MO |                     |
| <i>fyavolv</i>   | MO                       |                     |
| <i>jinteli</i>   |                          |                     |
| <i>lyllana</i>   | QL (8 EA per 28 days)    |                     |
| <i>mimvey</i>  |                          |                     |
| <i>norethindrone acetate/ethinyl estradiol tablet<br/>2.5mcg; 0.5mg, 5mcg; 1mg</i> | MO                       |                     |
| PREMARIN   | MO                       |                     |
| PREMPRO  | MO                       |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>yuvaferm</i>   |           |                     |
| <b>GLUCOCORTICOIDS</b>  |           |                     |
| DEXAMETHASONE INTENSOL  |           | MO                  |
| <i>dexamethasone sodium phosphate injection vial 10mg/ml</i>  |           |                     |
| <i>dexamethasone sodium phosphate injection vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i> |           | MO                  |
| <i>dexamethasone tablet, oral solution, oral elixir</i>   |           | MO                  |
| <i>fludrocortisone acetate tablet</i>   |           | MO                  |
| <i>hydrocortisone tablet 10mg, 20mg, 5mg</i>  |           | MO                  |
| <i>methylprednisolone acetate injection</i>   |           | B/D MO              |
| <i>methylprednisolone dose pack</i>   |           | MO                  |
| <i>methylprednisolone sodium succinate injection 1000mg</i>   |           | B/D MO              |
| <i>methylprednisolone sodium succinate injection 125mg, 40mg</i>  |           | B/D MO              |
| <i>methylprednisolone tablet</i>  |           | B/D MO              |
| <i>prednisolone oral solution 15mg/5ml</i>  |           | B/D MO              |
| <i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>                           |           | B/D MO              |
| <i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>                                      |           | B/D MO              |
| PREDNISON INTENSOL  |           | B/D MO              |
| <i>prednisone tablet</i>  |           | B/D MO              |
| <i>prednisone tablet therapy pack</i>   |           | MO                  |
| <i>prednisone solution</i>  |           | B/D MO              |
| SOLU-CORTEF   |           | MO                  |
| <i>triamcinolone acetonide injection 40mg/ml</i>  |           | MO                  |
| <b>GLUCOSE ELEVATING AGENTS</b>   |           |                     |
| <i>diazoxide oral suspension</i>  |           | MO                  |
| GVOKE HYPOPEN 1-PACK  |           | MO                  |
| GVOKE HYPOPEN 2-PACK  |           | MO                  |
| GVOKE KIT   |           | MO                  |
| GVOKE PFS   |           | MO                  |
| <b>MISCELLANEOUS</b>  |           |                     |
| <i>acetylcysteine injection 200mg/ml</i>  |           |                     |
| <i>betaine anhydrous</i>  |           | LA                  |
| <i>cabergoline</i>  |           | MO                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits          |
|--|-----------|------------------------------|
| <i>carglumic acid</i>  |           | PA LA                        |
| CERDELGA   |           | PA LA; ACS                   |
| <i>cinacalcet hydrochloride tablet 30mg</i>  |           | QL (60 EA per 30 days); ACS  |
| <i>cinacalcet hydrochloride tablet 90mg</i>  |           | QL (120 EA per 30 days); ACS |
| <i>cinacalcet hydrochloride tablet 60mg</i>  |           | QL (60 EA per 30 days); ACS  |
| CYSTAGON   |           | PA LA; ACS                   |
| <i>desmopressin acetate tablet</i>   |           | MO                           |
| <i>desmopressin acetate nasal solution</i>   |           | MO                           |
| <i>desmopressin acetate pf injection 4mcg/ml</i>   |           | MO                           |
| <i>desmopressin acetate injection 4mcg/ml</i>  |           | MO                           |
| <i>fomepizole</i>  |           |                              |
| GENOTROPIN CARTRIDGE 12MG, 5MG   |           | PA; ACS                      |
| GENOTROPIN MINIQUICK INJECTION 0.2MG   |           | PA; ACS                      |
| GENOTROPIN MINIQUICK INJECTION 0.4MG,<br>0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG,<br>1MG, 2MG |           | PA; ACS                      |
| INCRELEX   |           | PA LA; ACS                   |
| <i>javygtor</i>  |           | PA LA                        |
| KORLYM   |           | PA LA                        |
| LEVOCARNITINE TABLET   |           | MO                           |
| <i>levocarnitine solution</i>  |           | MO                           |
| LUPRON DEPOT-PED (6-MONTH) INJECTION<br>45MG   |           | PA; ACS                      |
| LUPRON DEPOT-PED (1-MONTH) INJECTION<br>11.25MG, 15MG, 7.5MG                                   |           | PA; ACS                      |
| LUPRON DEPOT-PED (3-MONTH) INJECTION<br>11.25MG, 30MG  |           | PA; ACS                      |
| <i>methergine</i>  |           |                              |
| <i>methylergonovine maleate tablet</i>   |           | MO                           |
| <i>nitisinone</i>  |           | PA; ACS                      |
| <i>octreotide acetate injection 100mcg/ml,<br/>200mcg/ml, 50mcg/ml</i>                         |           | PA; ACS                      |
| <i>octreotide acetate injection 1000mcg/ml,<br/>500mcg/ml</i>                                  |           | PA; ACS                      |
| <i>raloxifene hydrochloride</i>  |           | MO                           |
| SANDOSTATIN LAR DEPOT KIT  |           | PA; ACS                      |
| <i>sapropterin dihydrochloride</i>   |           | PA; ACS                      |
| SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML,<br>0.9MG/ML   |           | PA LA                        |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits        |
|---|-----------|----------------------------|
| <i>sodium phenylbutyrate tablet, oral powder</i>                          |           | PA; ACS                    |
| SOMATULINE DEPOT  |           | PA LA; ACS                 |
| SOMAVERT INJECTION  |           | PA LA; ACS                 |
| <b>PHOSPHATE BINDER AGENTS</b>  |           |                            |
| <i>calcium acetate capsule, tablet 667mg</i>                              |           | QL (360 EA per 30 days) MO |
| <i>lanthanum carbonate</i>  |           | MO                         |
| <b>PROGESTINS</b>   |           |                            |
| <i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>                |           | MO                         |
| <i>megestrol acetate suspension 40mg/ml</i>                               |           | MO                         |
| <i>megestrol acetate suspension 625mg/5ml</i>                             |           | MO                         |
| <i>norethindrone acetate tablet 5mg</i>                                   |           | MO                         |
| <i>progesterone capsule</i>   |           | MO                         |
| <i>progesterone injection</i>   |           | MO                         |
| <b>THYROID AGENTS</b>   |           |                            |
| <i>euthyrox</i>   |           | MO                         |
| <i>levo-t</i>   |           |                            |
| <i>levothyroxine sodium tablet</i>  |           | MO                         |
| LEVOTHYROXINE SODIUM INJECTION SOLUTION 100MCG/ML, 200MCG/5ML, 500MCG/5ML |           |                            |
| LEVOTHYROXINE SODIUM INJECTION SOLUTION 100MCG/5ML                        |           |                            |
| <i>levoxyl</i>  |           | MO                         |
| <i>liothyronine sodium tablet</i>   |           | MO                         |
| <i>liothyronine sodium injection</i>                                      |           |                            |
| <i>methimazole tablet</i>   |           | MO                         |
| <i>propylthiouracil tablet</i>  |           | MO                         |
| SYNTHROID   |           | MO                         |
| <i>unithroid</i>  |           |                            |
| <b>VITAMIN D ANALOGS</b>  |           |                            |
| <i>calcitriol capsule 0.25mcg, 0.5mcg</i>                                 |           | MO                         |
| <i>calcitriol oral solution 1mcg/ml</i>                                   |           | MO                         |
| <i>doxercalciferol injection</i>  |           |                            |
| <i>paricalcitol</i>   |           | MO                         |
| <b>GASTROINTESTINAL</b>   |           |                            |
| <b>ANTIEMETICS</b>  |           |                            |
| <i>aprepitant capsule therapy pack, 40mg, 80mg</i>                        |           | B/D MO                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits                  |
|---|-----------|--------------------------------------|
| <i>aprepitant capsule 125mg</i>                     |           | B/D MO                               |
| <i>compro</i>                                       |           | MO; HRM                              |
| DIMENHYDRINATE INJECTION                            |           |                                      |
| <i>dronabinol</i>                                   |           | QL (60 EA per 30 days) PA MO         |
| EMEND ORAL SUSPENSION                               |           | B/D                                  |
| <i>granisetron hydrochloride tablet</i>             |           | QL (60 EA per 30 days) B/D<br>MO     |
| <i>meclizine hcl tablet 12.5mg, 25mg</i>            |           | MO; HRM                              |
| <i>metoclopramide hcl tablet 5mg</i>                |           | MO                                   |
| <i>metoclopramide hcl oral solution</i>             |           | MO                                   |
| <i>metoclopramide hydrochloride tablet 10mg</i>     |           | MO                                   |
| <i>metoclopramide hydrochloride injection</i>       |           | MO                                   |
| <i>metoclopramide odt</i>                           |           | MO                                   |
| <i>ondansetron hcl tablet 24mg</i>                  |           | B/D                                  |
| <i>ondansetron hcl oral solution</i>                |           | QL (900 ML per 30 days) B/D<br>MO    |
| <i>ondansetron hydrochloride tablet 4mg, 8mg</i>    |           | B/D MO                               |
| <i>ondansetron hydrochloride injection</i>          |           | MO                                   |
| <i>ondansetron odt</i>                              |           | B/D MO                               |
| <i>prochlorperazine edisylate injection</i>         |           | MO; HRM                              |
| <i>prochlorperazine maleate tablet</i>              |           | MO; HRM                              |
| <i>prochlorperazine rectal suppository</i>          |           | MO; HRM                              |
| <i>promethazine hcl plain oral syrup 6.25mg/5ml</i> |           | PA MO; HRM                           |
| <i>promethazine hcl tablet 12.5mg</i>               |           | PA MO; HRM                           |
| <i>promethazine hcl injection, suppository</i>      |           | PA MO; HRM                           |
| <i>promethazine hydrochloride tablet 25mg, 50mg</i> |           | PA MO; HRM                           |
| <i>promethegan suppository 12.5mg, 50mg</i>         |           | PA MO; HRM                           |
| <i>promethegan suppository 25mg</i>                 |           | PA; HRM                              |
| SANCUSO   |           | QL (4 EA per 28 days) MO             |
| <i>scopolamine patch</i>                            |           | QL (10 EA per 30 days) PA MO;<br>HRM |
| <i>trimethobenzamide hydrochloride capsule</i>      |           | PA MO                                |
| <b>ANTISPASMODICS</b>                               |           |                                      |
| <i>dicyclomine hcl oral solution</i>                |           | PA MO; HRM                           |
| <i>dicyclomine hydrochloride capsule, tablet</i>    |           | PA MO; HRM                           |
| <i>dicyclomine hydrochloride injection</i>          |           | PA MO; HRM                           |
| <i>glycopyrrolate tablet 1mg, 2mg</i>               |           | MO                                   |
| <i>glycopyrrolate oral solution</i>                 |           | MO                                   |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i> |           |                     |
| <i>glycopyrrolate injection 0.2mg/ml (vial), 1mg/5ml, 4mg/20ml</i>                         |           | MO                  |
| <i>methscopolamine bromide tablet</i>  |           | PA MO               |
| <b>H2-RECEPTOR ANTAGONISTS</b>   |           |                     |
| <i>cimetidine tablet</i>   |           | MO                  |
| <i>famotidine premixed injection 20mg/50ml</i>   |           |                     |
| <i>famotidine tablet</i>   |           | MO                  |
| <i>famotidine injection</i>  |           |                     |
| <i>famotidine oral suspension reconstituted</i>  |           | MO                  |
| <i>nizatidine</i>  |           | MO                  |
| <b>INFLAMMATORY BOWEL DISEASE</b>  |           |                     |
| <i>balsalazide disodium</i>  |           | MO                  |
| <i>budesonide er tablet extended release 24 hour 9mg</i>                                   |           | MO                  |
| <i>budesonide capsule delayed release particles 3mg</i>                                    |           | MO                  |
| <i>hydrocortisone enema 100mg/60ml</i>   |           | MO                  |
| <i>mesalamine dr capsule delayed release 400mg, tablet delayed release 1.2gm, 800mg</i>    |           | MO                  |
| <i>mesalamine suppository</i>  |           | MO                  |
| <i>mesalamine enema, kit</i>   |           | MO                  |
| <i>sulfasalazine tablet, delayed release tablet</i>  |           | MO                  |
| <b>LAXATIVES</b>   |           |                     |
| <i>CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML</i>                                |           |                     |
| <i>CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML</i>                                |           | MO                  |
| <i>constulose</i>  |           |                     |
| <i>enulose</i>   |           | MO                  |
| <i>gavilyte-c</i>  |           | MO                  |
| <i>gavilyte-g</i>  |           | MO                  |
| <i>generlac</i>  |           |                     |
| <i>GOLYTELY</i>  |           | MO                  |
| <i>KRISTALOSE</i>  |           | PA MO               |
| <i>lactulose oral solution (constipation)</i>  |           | MO                  |
| <i>peg-3350/electrolytes</i>   |           | MO                  |
| <i>peg-3350/nacl/na bicarbonate/kcl</i>  |           | MO                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits          |
|--|-----------|------------------------------|
| PLENVU   |           | MO                           |
| SODIUM SULFATE/POTASSIUM SULFATE/<br>MAGNESIUM SULFATE         |           | MO                           |
| SUPREP BOWEL PREP KIT  |           | MO                           |
| SUTAB  |           | MO                           |
| <b>MISCELLANEOUS</b>   |           |                              |
| <i>alosetron hydrochloride</i>                                 |           | QL (60 EA per 30 days) PA MO |
| <i>cromolyn sodium oral concentrate 100mg/5ml</i>              |           | MO                           |
| <i>diphenoxylate hydrochloride/atropine sulfate<br/>tablet</i> |           | MO; HRM                      |
| <i>diphenoxylate/atropine oral solution</i>                    |           | MO; HRM                      |
| GATTEX   |           | PA LA; ACS                   |
| LINZESS  |           | QL (30 EA per 30 days) MO    |
| <i>loperamide hcl capsule</i>                                  |           | MO                           |
| <i>misoprostol tablet</i>                                      |           | MO                           |
| MOVANTIK TABLET 25MG   |           | QL (30 EA per 30 days) MO    |
| MOVANTIK TABLET 12.5MG   |           | QL (60 EA per 30 days) MO    |
| SUCRALFATE SUSPENSION  |           | MO                           |
| <i>sucralfate tablet</i>                                       |           | MO                           |
| <i>ursodiol capsule 300mg</i>                                  |           | MO                           |
| <i>ursodiol tablet</i>   |           | MO                           |
| XERMELO  |           | QL (84 EA per 28 days) PA LA |
| XIFAXAN TABLET 550MG   |           | PA MO                        |
| <b>PANCREATIC ENZYMES</b>                                      |           |                              |
| CREON  |           | MO                           |
| ZENPEP   |           | MO                           |
| <b>PROTON PUMP INHIBITORS</b>                                  |           |                              |
| <i>dexlansoprazole</i>   |           | QL (30 EA per 30 days) MO    |
| <i>esomeprazole magnesium capsule delayed<br/>release</i>      |           | QL (30 EA per 30 days) MO    |
| <i>esomeprazole sodium injection</i>                           |           |                              |
| <i>lansoprazole capsule delayed release 15mg</i>               |           | QL (30 EA per 30 days) MO    |
| <i>lansoprazole capsule delayed release 30mg</i>               |           | QL (42 EA per 30 days) MO    |
| <i>omeprazole dr capsule delayed release 10mg</i>              |           | QL (30 EA per 30 days) MO    |
| <i>omeprazole dr capsule delayed release 20mg,<br/>40mg</i>    |           | QL (60 EA per 30 days) MO    |
| <i>pantoprazole sodium injection</i>                           |           |                              |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits       |
|--|-----------|---------------------------|
| <i>pantoprazole sodium tablet delayed release 20mg</i> |           | QL (30 EA per 30 days) MO |
| <i>pantoprazole sodium tablet delayed release 40mg</i> |           | QL (60 EA per 30 days) MO |
| <i>rabeprazole sodium delayed release tablet 20mg</i>  |           | QL (30 EA per 30 days) MO |

## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

|   |  |                           |
|---|--|---------------------------|
| <i>alfuzosin hcl er</i>                     |  | QL (30 EA per 30 days) MO |
| <i>dutasteride</i>                          |  | QL (30 EA per 30 days) MO |
| <i>dutasteride/tamsulosin hydrochloride</i> |  | QL (30 EA per 30 days) MO |
| <i>finasteride tablet 5mg</i>               |  | QL (30 EA per 30 days) MO |
| <i>silodosin capsule 8mg</i>                |  | QL (30 EA per 30 days) MO |
| <i>silodosin capsule 4mg</i>                |  | QL (30 EA per 30 days) MO |
| <i>tamsulosin hydrochloride</i>             |  | QL (60 EA per 30 days) MO |

### MISCELLANEOUS

|   |  |                           |
|---|--|---------------------------|
| <i>acetic acid 0.25% irrigation solution</i>                      |  | MO                        |
| <i>bethanechol chloride tablet</i>                                |  | MO                        |
| ELMIRON   |  | QL (90 EA per 30 days) MO |
| <i>potassium citrate er tablet extended release 540mg</i>         |  | MO                        |
| <i>potassium citrate er tablet extended release 1080mg, 15meq</i> |  | MO                        |

### URINARY ANTISPASMODICS

|  |  |                                    |
|--|--|------------------------------------|
| <i>fesoterodine fumarate er</i>  |  | QL (30 EA per 30 days) MO;<br>HRM  |
| GEMTESA  |  | QL (30 EA per 30 days) MO          |
| MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR                                |  | QL (30 EA per 30 days) MO          |
| MYRBETRIQ SUSPENSION RECONSTITUTED ER                                    |  | QL (300 ML per 28 days) MO         |
| <i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>        |  | QL (30 EA per 30 days) MO;<br>HRM  |
| <i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i> |  | QL (60 EA per 30 days) MO;<br>HRM  |
| <i>oxybutynin chloride tablet 5mg</i>                                    |  | QL (120 EA per 30 days) MO;<br>HRM |
| <i>oxybutynin chloride syrup</i>   |  | QL (600 ML per 30 days) MO;<br>HRM |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.



| Drug name                                     | Drug tier | Requirements/Limits               |
|---|-----------|-----------------------------------|
| <i>solifenacin succinate</i>                  |           | QL (30 EA per 30 days) MO;<br>HRM |
| <i>tolterodine tartrate tablet</i>            |           | QL (60 EA per 30 days) MO;<br>HRM |
| <i>tolterodine tartrate er capsule</i>        |           | QL (30 EA per 30 days) MO;<br>HRM |
| <i>tropium chloride tablet</i>                |           | QL (60 EA per 30 days) MO;<br>HRM |
| <i>tropium chloride er capsule</i>            |           | QL (30 EA per 30 days) MO;<br>HRM |
| <b>VAGINAL ANTI-INFECTIVES</b>                |           |                                   |
| <i>clindamycin phosphate vaginal cream 2%</i> |           | MO                                |
| <i>metronidazole vaginal gel 0.75%</i>        |           | MO                                |
| <i>miconazole 3 vaginal suppository</i>       |           | MO                                |
| <i>terconazole cream</i>                      |           | MO                                |
| <i>terconazole suppository</i>                |           | MO                                |

**HEMATOLOGIC****ANTICOAGULANTS**

|   |  |                           |
|---|--|---------------------------|
| <i>dabigatran etexilate</i>   |  | QL (60 EA per 30 days) MO |
| ELIQUIS STARTER PACK  |  | QL (74 EA per 30 days) MO |
| ELIQUIS TABLET 2.5MG  |  | QL (60 EA per 30 days) MO |
| ELIQUIS TABLET 5MG  |  | QL (74 EA per 30 days) MO |
| <i>enoxaparin sodium</i>  |  | MO                        |
| <i>fondaparinux sodium injection 2.5mg/0.5ml</i>  |  | MO                        |
| <i>fondaparinux sodium injection 10mg/0.8ml,<br/>5mg/0.4ml, 7.5mg/0.6ml</i>   |  | MO                        |
| FRAGMIN INJECTION 10000UNIT/4ML   |  |                           |
| FRAGMIN INJECTION 2500UNIT/0.2ML,<br>9500UNIT/3.8ML   |  | MO                        |
| FRAGMIN INJECTION 10000UNIT/ML,<br>12500UNIT/0.5ML, 15000UNIT/0.6ML,<br>18000UNIT/0.72ML, 5000UNIT/0.2ML,<br>7500UNIT/0.3ML |  | MO                        |
| HEPARIN SODIUM/D5W INJECTION<br>20000UNIT/500ML, 25000UNIT/500ML  |  |                           |
| HEPARIN SODIUM/DEXTROSE INJECTION<br>25000UNIT/250ML (100UNIT/ML)   |  |                           |
| HEPARIN SODIUM/SODIUM CHLORIDE 0.45%  |  |                           |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                   |
|--|-----------|---------------------------------------|
| HEPARIN SODIUM INJECTION<br>5000UNIT/0.5ML, 5000UNIT/ML<br><i>heparin sodium injection 10000unit/ml,<br/>1000unit/ml, 20000unit/ml, 5000unit/0.5ml,<br/>5000unit/ml</i><br><i>jantoven</i><br><i>warfarin sodium</i> |           | MO<br>MO<br>MO                        |
| XARELTO STARTER PACK   |           | QL (51 EA per 30 days) MO             |
| XARELTO ORAL SUSPENSION<br>RECONSTITUTED   |           | QL (620 ML per 30 days) MO            |
| XARELTO TABLET 10MG, 15MG, 20MG  |           | QL (30 EA per 30 days) MO             |
| XARELTO TABLET 2.5MG   |           | QL (60 EA per 30 days) MO             |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>  |           |                                       |
| PROCRIT INJECTION 10000UNIT/ML,<br>2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML   |           | PA; ACS                               |
| PROCRIT INJECTION 20000UNIT/ML,<br>40000UNIT/ML  |           | PA; ACS                               |
| ZARXIO   |           | PA; ACS                               |
| <b>MISCELLANEOUS</b>   |           |                                       |
| <i>anagrelide hydrochloride</i>  |           | MO                                    |
| BERINERT   |           | QL (24 EA per 30 days) PA LA;<br>ACS  |
| <i>cilostazol</i>  |           | MO                                    |
| DOPTELET   |           | QL (60 EA per 30 days) PA LA;<br>ACS  |
| DROXIA   |           | MO                                    |
| ENDARI PACKET FOR ORAL SOLUTION  |           | PA LA; ACS                            |
| HAEGARDA INJECTION 3000UNIT  |           | QL (20 EA per 30 days) PA LA;<br>ACS  |
| HAEGARDA INJECTION 2000UNIT  |           | QL (30 EA per 30 days) PA LA;<br>ACS  |
| <i>icatibant acetate</i>   |           | QL (27 ML per 30 days) PA;<br>ACS     |
| <i>pentoxifylline er</i>   |           | MO                                    |
| PROMACTA PACKET 25MG   |           | QL (180 EA per 30 days) PA<br>LA; ACS |
| PROMACTA PACKET 12.5MG   |           | QL (360 EA per 30 days) PA<br>LA; ACS |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name                                    | Drug tier | Requirements/Limits               |
|--|-----------|-----------------------------------|
| PROMACTA TABLET 12.5MG, 25MG                 |           | QL (30 EA per 30 days) PA LA; ACS |
| PROMACTA TABLET 50MG, 75MG                   |           | QL (60 EA per 30 days) PA LA; ACS |
| <i>sajazir</i>                               |           | QL (27 ML per 30 days) PA LA      |
| <i>tranexamic acid tablet</i>                |           | MO                                |
| <i>tranexamic acid injection</i>             |           |                                   |
| <b>PLATELET AGGREGATION INHIBITORS</b>       |           |                                   |
| <i>aspirin/dipyridamole er</i>               |           | QL (60 EA per 30 days) MO         |
| BRILINTA                                     |           | MO                                |
| <i>clopidogrel tablet 75mg</i>               |           | QL (30 EA per 30 days) MO         |
| <i>clopidogrel tablet 300mg</i>              |           | QL (2 EA per 365 days) MO         |
| <i>dipyridamole tablet</i>                   |           | PA MO                             |
| <i>prasugrel</i>                             |           | MO                                |
| <b>IMMUNOLOGIC AGENTS</b>                    |           |                                   |
| <b>AUTOIMMUNE AGENTS</b>                     |           |                                   |
| DUPIXENT INJECTION 100MG/0.67ML              |           | QL (1.34 ML per 28 days) PA; ACS  |
| DUPIXENT INJECTION 200MG/1.14ML              |           | QL (4.56 ML per 28 days) PA; ACS  |
| DUPIXENT INJECTION 300MG/2ML                 |           | QL (8 ML per 28 days) PA; ACS     |
| ENBREL                                       |           | QL (8 ML per 28 days) PA; ACS     |
| ENBREL MINI                                  |           | QL (8 ML per 28 days) PA; ACS     |
| ENBREL SURECLICK                             |           | QL (8 ML per 28 days) PA; ACS     |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK |           | PA; ACS                           |
| HUMIRA PEN-CD/UC/HS STARTER                  |           | PA; ACS                           |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK         |           | PA; ACS                           |
| HUMIRA PEN-PS/UV STARTER                     |           | PA; ACS                           |
| HUMIRA PEN INJECTION 80MG/0.8ML              |           | PA; ACS                           |
| HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML  |           | QL (6 EA per 28 days) PA; ACS     |
| HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML      |           | QL (2 EA per 28 days) PA; ACS     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                    |
|--|-----------|--|
| HUMIRA INJECTION 40MG/0.4ML,<br>40MG/0.8ML             |           | QL (6 EA per 28 days) PA; ACS          |
| KEVZARA  |           | QL (2.28 ML per 28 days) PA;<br>ACS    |
| OTEZLA TABLET THERAPY PACK                             |           | QL (110 EA per 365 days) PA;<br>ACS    |
| OTEZLA TABLET  |           | QL (60 EA per 30 days) PA;<br>ACS      |
| RINVOQ   |           | QL (30 EA per 30 days) PA;<br>ACS      |
| SKYRIZI PEN  |           | QL (6 ML per 365 days) PA;<br>ACS      |
| SKYRIZI INJECTION 180MG/1.2ML                          |           | QL (1.2 ML per 56 days) PA;<br>ACS     |
| SKYRIZI INJECTION 360MG/2.4ML                          |           | QL (2.4 ML per 56 days) PA;<br>ACS     |
| SKYRIZI INJECTION 150MG/ML                             |           | QL (6 ML per 365 days) PA;<br>ACS      |
| SKYRIZI INJECTION 600MG/10ML                           |           | QL (60 ML per 365 days) PA;<br>ACS     |
| STELARA INJ 45MG/0.5ML VIAL                            |           | QL (0.5 ML per 28 days) PA<br>LA; ACS  |
| STELARA INJ 45MG/0.5ML PREFILLED<br>SYRINGE            |           | QL (0.5 ML per 28 days) PA;<br>ACS     |
| STELARA SC INJECTION 90MG/ML PREFILLED<br>SYRINGE      |           | QL (1 ML per 28 days) PA; ACS          |
| STELARA IV INJECTION 120MG/26ML                        |           | QL (208 ML per 365 days) PA<br>LA; ACS |
| TALTZ  |           | QL (3 ML per 28 days) PA LA;<br>ACS    |
| XELJANZ XR   |           | QL (30 EA per 30 days) PA;<br>ACS      |
| XELJANZ SOLUTION                                       |           | QL (480 ML per 24 days) PA;<br>ACS     |
| XELJANZ TABLET   |           | QL (60 EA per 30 days) PA;<br>ACS      |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b> |           |  |
| <i>hydroxychloroquine sulfate tablet 200mg</i>         |           | MO                                     |
| <i>leflunomide</i>                                     |           | QL (30 EA per 30 days) MO              |
| <i>methotrexate sodium tablet 2.5mg</i>                |           | MO                                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits          |
|--|-----------|------------------------------|
| XATMEP   |           | MO                           |
| <b>IMMUNOGLOBULINS</b>   |           |                              |
| GAMASTAN   |           | B/D LA; ACS                  |
| GAMMAKED   |           | PA; ACS                      |
| GAMUNEX-C  |           | PA; ACS                      |
| OCTAGAM  |           | PA; ACS                      |
| PRIVIGEN   |           | PA; ACS                      |
| <b>IMMUNOMODULATORS</b>  |           |                              |
| ACTIMMUNE  |           | PA LA; ACS                   |
| ARCALYST   |           | PA LA; ACS                   |
| <b>IMMUNOSUPPRESSANTS</b>  |           |                              |
| ASTAGRAF XL CAPSULE EXTENDED RELEASE<br>24 HOUR 0.5MG, 1MG       |           | B/D MO                       |
| ASTAGRAF XL CAPSULE EXTENDED RELEASE<br>24 HOUR 5MG              |           | B/D MO                       |
| AZATHIOPRINE INJECTION   |           | B/D                          |
| <i>azathioprine tablet 50mg</i>                                  |           | B/D MO                       |
| BENLYSTA   |           | PA LA; ACS                   |
| <i>cyclosporine capsule, iv solution</i>                         |           | B/D MO                       |
| <i>cyclosporine modified capsule, modified oral<br/>solution</i> |           | B/D MO                       |
| <i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>              |           | B/D MO                       |
| <i>gengraf capsule</i>   |           | B/D                          |
| <i>gengraf solution</i>  |           | B/D MO                       |
| <i>mycophenolate mofetil capsule, tablet</i>                     |           | B/D MO                       |
| <i>mycophenolate mofetil injection</i>                           |           | B/D MO                       |
| <i>mycophenolate mofetil oral suspension<br/>reconstituted</i>   |           | B/D MO                       |
| <i>mycophenolic acid delayed release tablet</i>                  |           | B/D MO                       |
| NULOJIX  |           | B/D                          |
| PROGRAF GRANULES   |           | B/D MO                       |
| REZUROCK   |           | QL (30 EA per 30 days) PA LA |
| SANDIMMUNE ORAL SOLUTION   |           | B/D MO                       |
| <i>sirolimus tablet</i>  |           | B/D MO                       |
| <i>sirolimus solution</i>  |           | B/D MO                       |
| <i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>                        |           | B/D MO                       |
| <b>VACCINES</b>  |           |                              |
| ACTHIB   |           |                              |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name                                     | Drug tier | Requirements/Limits    |
|---|-----------|------------------------|
| ADACEL  |           |                        |
| BCG VACCINE                                   |           |                        |
| BEXSERO                                       |           |                        |
| BOOSTRIX                                      |           |                        |
| DAPTACEL                                      |           |                        |
| DENGVAXIA                                     |           |                        |
| DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC |           |                        |
| ENGERIX-B                                     |           | B/D                    |
| GARDASIL 9                                    |           |                        |
| HAVRIX  |           |                        |
| HEPLISAV-B                                    |           | B/D                    |
| HIBERIX                                       |           |                        |
| IMOVAX RABIES (H.D.C.V.)                      |           | B/D                    |
| INFANRIX                                      |           |                        |
| IPOL INACTIVATED IPV                          |           |                        |
| IXIARO  |           |                        |
| JYNNEOS                                       |           | B/D                    |
| KINRIX  |           |                        |
| M-M-R II                                      |           |                        |
| MENACTRA                                      |           |                        |
| MENQUADFI                                     |           |                        |
| MENVEO  |           |                        |
| PEDIARIX                                      |           |                        |
| PEDVAX HIB                                    |           |                        |
| PENTACEL                                      |           |                        |
| PREHEVBRIO                                    |           | B/D                    |
| PRIORIX                                       |           |                        |
| PROQUAD                                       |           |                        |
| QUADRACEL                                     |           |                        |
| RABAVERT                                      |           | B/D                    |
| RECOMBIVAX HB                                 |           | B/D                    |
| ROTARIX                                       |           |                        |
| ROTATEQ                                       |           |                        |
| SHINGRIX                                      |           | QL (2 EA per 999 days) |
| TDVAX   |           |                        |
| TENIVAC                                       |           |                        |
| TICOVAC                                       |           |                        |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name | Drug tier | Requirements/Limits |
|-----------|-----------|---------------------|
| TRUMENBA  |           |                     |
| TWINRIX   |           |                     |
| TYPHIM VI |           |                     |
| VAQTA     |           |                     |
| VARIVAX   |           |                     |
| YF-VAX    |           |                     |

## NUTRITIONAL/SUPPLEMENTS

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

|  |     |
|--|-----|
| DEXTROSE 10%/NACL 0.45%                      |     |
| DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX         |     |
| DEXTROSE 10%/NACL 0.2%                       |     |
| DEXTROSE 2.5%/NACL 0.45%                     |     |
| DEXTROSE 5%/LACTATED RINGERS                 |     |
| DEXTROSE 5%/NACL 0.2%                        |     |
| <i>dextrose 5%/nacl 0.3%</i>                 |     |
| DEXTROSE 5%/NACL 0.33%                       |     |
| DEXTROSE 5%/NACL 0.45%                       |     |
| DEXTROSE 5%/NACL 0.9%                        | MO  |
| DEXTROSE 5%/NACL 0.225%                      |     |
| ISOLYTE-P/DEXTROSE 5%                        |     |
| ISOLYTE-S                                    | B/D |
| ISOLYTE-S PH 7.4                             | B/D |
| KCL 0.075%/D5W/NACL 0.45%                    |     |
| KCL 0.15%/D5W/NACL 0.2%                      |     |
| KCL 0.15%/D5W/NACL 0.45%                     |     |
| KCL 0.15%/D5W/NACL 0.9%                      |     |
| KCL 0.3%/D5W/NACL 0.45%                      |     |
| KCL 0.3%/D5W/NACL 0.9%                       |     |
| <i>lactated ringers</i>                      |     |
| MAGNESIUM SULFATE INJECTION                  |     |
| 20GM/500ML, 40GM/1000ML, 4GM/50ML            |     |
| <i>magnesium sulfate injection 2gm/50ml,</i> |     |
| <i>4gm/100ml, 50%</i>                        |     |
| PLASMA-LYTE A                                |     |
| PLASMA-LYTE-148                              |     |
| POTASSIUM CHLORIDE/DEXTROSE                  |     |
| POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE  |     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits |
|---|-----------|---------------------|
| POTASSIUM CHLORIDE/SODIUM CHLORIDE<br>INJECTION 40MEQ/L; 0.9%                                   |           |                     |
| <i>potassium chloride/sodium chloride injection</i>   |           |                     |
| <i>20meq/l; 0.45%, 20meq/l; 0.9%</i>  |           |                     |
| POTASSIUM CHLORIDE INJECTION<br>0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML,<br>20MEQ/100ML, 40MEQ/100ML |           |                     |
| <i>potassium chloride injection 2meq/ml</i>   | MO        |                     |
| RINGERS INJECTION   |           |                     |
| SODIUM BICARBONATE INJECTION 7.5%   |           |                     |
| <i>sodium bicarbonate injection 4.2%</i>  |           |                     |
| <i>sodium bicarbonate injection 8.4%</i>  | MO        |                     |
| <i>sodium chloride 0.45%</i>  |           |                     |
| SODIUM CHLORIDE INJECTION 2.5MEQ/ML,<br>5%  | MO        |                     |
| <i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>  | MO        |                     |
| TPN ELECTROLYTES  | B/D       |                     |
| <b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>   |           |                     |
| <i>adc/fluoride drops</i>   | MO        |                     |
| <i>effer-k tablet effervescent 25meq</i>  | MO        |                     |
| <i>fluoride chewable tablet</i>   | MO        |                     |
| <i>klor-con 10</i>  |           |                     |
| <i>klor-con 8</i>   |           |                     |
| <i>klor-con m10</i>   | MO        |                     |
| <i>klor-con m15</i>   | MO        |                     |
| <i>klor-con m20</i>   | MO        |                     |
| <i>klor-con powder packet 20meq</i>   |           |                     |
| <i>klor-con effervescent tablet</i>   | MO        |                     |
| M-NATAL PLUS  | MO        |                     |
| <i>multi-vitamin/fluoride drops</i>   | MO        |                     |
| <i>multi-vitamin/fluoride/iron drops</i>  | MO        |                     |
| <i>multivitamin/fluoride chewable tablet 1mg,<br/>0.5mg, 0.25mg</i>                             | MO        |                     |
| NEONATAL PLUS   | MO        |                     |
| NIVA-PLUS   | MO        |                     |
| PNV PRENATAL PLUS MULTIVITAMIN  | MO        |                     |
| <i>potassium chloride er capsule extended release</i>   | MO        |                     |
| <i>potassium chloride er tablet extended release<br/>15meq</i>                                  |           |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.



| Drug name   | Drug tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i> | MO        |                     |
| <i>potassium chloride packet 20meq</i>                                  | MO        |                     |
| <i>potassium chloride oral solution 10%, 20%</i>                        | MO        |                     |
| PRENATAL  | MO        |                     |
| PRENATAL PLUS   | MO        |                     |
| <i>sodium fluoride solution 0.5mg/ml</i>                                | MO        |                     |
| <i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>               | MO        |                     |
| <i>tri-vite/fluoride drops</i>  | MO        |                     |
| TRICARE PRENATAL TABLET   | MO        |                     |
| WESTAB PLUS   | MO        |                     |
| <b>IV NUTRITION</b>   |           |                     |
| CLINIMIX 4.25%/DEXTROSE 10%   | B/D       |                     |
| CLINIMIX 4.25%/DEXTROSE 5%  | B/D       |                     |
| CLINIMIX 5%/DEXTROSE 15%  | B/D       |                     |
| CLINIMIX 5%/DEXTROSE 20%  | B/D       |                     |
| CLINIMIX 6/5  | B/D       |                     |
| CLINIMIX 8/10   | B/D       |                     |
| CLINIMIX 8/14   | B/D       |                     |
| <i>clinisol sf 15%</i>  | B/D MO    |                     |
| CLINOLIPID  | B/D       |                     |
| <i>dextrose 10%</i>   |           |                     |
| <i>dextrose 5%</i>  | MO        |                     |
| DEXTROSE 50%  | B/D       |                     |
| DEXTROSE 70%  | B/D       |                     |
| HEPATAMINE  | B/D       |                     |
| NUTRILIPID  | B/D       |                     |
| <i>plenamine</i>  | B/D       |                     |
| PREMASOL  | B/D       |                     |
| PROSOL  | B/D       |                     |
| TRAVASOL  | B/D       |                     |
| TROPHAMINE  | B/D       |                     |

**OPHTHALMIC****ANTI-INFECTIVE/ANTI-INFLAMMATORY**

|   |    |
|---|----|
| <i>neo-polycin hc ophthalmic ointment</i>                               |    |
| <i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic ointment</i> | MO |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier              | Requirements/Limits |
|---|------------------------|---------------------|
| <i>neomycin/polymyxin/dexamethasone ophthalmic suspension, ophthalmic ointment</i>        | MO                     |                     |
| <i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i> | MO                     |                     |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</i>                                 | MO                     |                     |
| TOBRADEX OINTMENT   | MO                     |                     |
| TOBRADEX ST SUSPENSION  | MO                     |                     |
| <i>tobramycin/dexamethasone ophthalmic suspension</i>                                     | MO                     |                     |
| ZYLET   | MO                     |                     |
| <b>ANTI-INFECTIVES</b>  |                        |                     |
| <i>bacitracin ophthalmic ointment 500units/gm</i>   | MO                     |                     |
| <i>bacitracin/polymyxin b ophthalmic ointment</i>   | MO                     |                     |
| BESIVANCE   | MO                     |                     |
| CILOXAN OINTMENT  | QL (42 GM per 30 days) | MO                  |
| <i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>                               | QL (30 ML per 30 days) | MO                  |
| <i>erythromycin ointment 5mg/gm</i>   | QL (42 GM per 30 days) | MO                  |
| <i>gatifloxacin ophthalmic solution</i>   | QL (20 ML per 30 days) | MO                  |
| <i>gentamicin sulfate ophthalmic solution 0.3%</i>  | QL (30 ML per 30 days) | MO                  |
| <i>levofloxacin ophthalmic solution 1.5%</i>  | QL (20 ML per 30 days) |                     |
| <i>levofloxacin ophthalmic solution 0.5%</i>  | QL (30 ML per 30 days) | MO                  |
| <i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic soln 0.5%</i>                  | QL (12 ML per 30 days) | MO                  |
| <i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic soln 0.5%</i>                   | QL (12 ML per 30 days) | MO                  |
| NATACYN   | MO                     |                     |
| <i>neo-polycin ophthalmic ointment</i>  |                        |                     |
| <i>neomycin/bacitracin/polymyxin ophthalmic ointment</i>                                  | MO                     |                     |
| <i>neomycin/polymyxin/gramicidin ophthalmic solution</i>                                  | MO                     |                     |
| <i>ofloxacin ophthalmic solution 0.3%</i>   | QL (60 ML per 30 days) | MO                  |
| <i>polycin ophthalmic ointment</i>  |                        |                     |
| <i>polymyxin b sulfate/trimethoprim sulfate solution</i>                                  | MO                     |                     |
| <i>sulfacetamide sodium ointment 10%</i>  | MO                     |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits       |
|--|-----------|---------------------------|
| <i>sulfacetamide sodium ophthalmic solution 10%</i>            |           | QL (90 ML per 30 days) MO |
| <i>tobramycin solution 0.3%</i>                                |           | QL (30 ML per 30 days) MO |
| <i>trifluridine</i>  |           | MO                        |
| ZIRGAN   |           | MO                        |
| <b>ANTI-INFLAMMATORIES</b>                                     |           |                           |
| ALREX  |           | MO                        |
| <i>bromfenac ophthalmic solution</i>                           |           | MO                        |
| BROMSITE   |           | MO                        |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i> |           | MO                        |
| <i>diclofenac sodium ophthalmic solution 0.1%</i>              |           | QL (10 ML per 30 days) MO |
| <i>difluprednate</i>   |           | MO                        |
| EYSUVIS  |           | MO                        |
| FLAREX   |           | MO                        |
| FLUOROMETHOLONE  |           | MO                        |
| <i>flurbiprofen sodium ophthalmic solution 0.03%</i>           |           | MO                        |
| <i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>   |           | MO                        |
| LOTEMAX OINTMENT   |           | MO                        |
| LOTEMAX SM GEL 0.38%   |           | MO                        |
| <i>loteprednol etabonate</i>                                   |           | MO                        |
| <i>prednisolone acetate ophthalmic suspension 1%</i>           |           | MO                        |
| PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%            |           | MO                        |
| PROLENSA   |           | MO                        |
| <b>ANTIALLERGICS</b>   |           |                           |
| <i>azelastine hcl ophthalmic solution 0.05%</i>                |           | MO                        |
| <i>cromolyn sodium ophthalmic solution 4%</i>                  |           | MO                        |
| <i>epinastine hcl</i>  |           | MO                        |
| <i>olopatadine hcl ophthalmic solution 0.1%</i>                |           | MO                        |
| <i>olopatadine hydrochloride ophthalmic solution 0.2%</i>      |           | MO                        |
| ZERVIAE  |           | MO                        |
| <b>ANTIGLAUCOMA</b>  |           |                           |
| <i>betaxolol hcl solution 0.5%</i>                             |           | MO                        |
| BETOPTIC-S   |           | MO                        |
| BRIMONIDINE TARTRATE SOLUTION 0.15%                            |           | MO                        |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier                  | Requirements/Limits |
|---|----------------------------|---------------------|
| <i>brimonidine tartrate solution 0.2%</i>                                       | MO                         |                     |
| <i>brinzolamide</i>   | MO                         |                     |
| <i>carteolol hcl</i>  | MO                         |                     |
| COMBIGAN  | MO                         |                     |
| <i>dorzolamide hcl/timolol maleate</i>  | MO                         |                     |
| <i>dorzolamide hydrochloride</i>  | MO                         |                     |
| <i>dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free</i> | MO                         |                     |
| <i>latanoprost ophthalmic solution</i>  | MO                         |                     |
| <i>levobunolol hcl</i>  | MO                         |                     |
| LUMIGAN   | MO                         |                     |
| PHOSPHOLINE IODIDE  |                            |                     |
| <i>pilocarpine hcl ophthalmic solution</i>                                      | MO                         |                     |
| RHOPRESSA   | MO                         |                     |
| ROCKLATAN   | MO                         |                     |
| SIMBRINZA   | MO                         |                     |
| TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION                                 | MO                         |                     |
| <i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>                      | MO                         |                     |
| <i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>        | MO                         |                     |
| <i>travoprost</i>   | MO                         |                     |
| VYZULTA   | MO                         |                     |
| <b>MISCELLANEOUS</b>  |                            |                     |
| ATROPINE SULFATE OPHTHALMIC SOLUTION 1%   | MO                         |                     |
| CYSTARAN  | PA LA                      |                     |
| ISOPTO ATROPINE   | MO                         |                     |
| <i>proparacaine hcl</i>   | MO                         |                     |
| RESTASIS  | QL (60 EA per 30 days) MO  |                     |
| RESTASIS MULTIDOSE  | QL (5.5 ML per 30 days) MO |                     |
| TYRVAYA   | QL (8.4 ML per 30 days) MO |                     |
| XIIDRA  | QL (60 EA per 30 days) MO  |                     |

**OTIC****OTIC AGENTS**

|                                     |    |
|-------------------------------------|----|
| <i>acetic acid otic solution 2%</i> | MO |
| CIPRO HC                            | MO |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits         |
|---|-----------|-----------------------------|
| CIPROFLOXACIN OTIC SOLUTION 0.2%  | MO        |                             |
| <i>ciprofloxacin/dexamethasone</i>  | MO        |                             |
| <i>flac otic oil</i>  |           |                             |
| <i>fluocinolone acetonide otic oil 0.01%</i>  | MO        |                             |
| <i>hydrocortisone/acetic acid otic solution</i>                                     | MO        |                             |
| <i>neomycin/polymyxin/hc otic solution 1%</i>                                       | MO        |                             |
| <i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i> | MO        |                             |
| <i>ofloxacin otic solution 0.3%</i>   | MO        |                             |
| <b>RESPIRATORY</b>  |           |                             |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                                    |           |                             |
| ANORO ELLIPTA   |           | QL (60 EA per 30 days) MO   |
| BEVESPI AEROSPHERE  |           | QL (10.7 GM per 30 days) MO |
| BREZTRI AEROSPHERE  |           | QL (10.7 GM per 30 days) MO |
| COMBIVENT RESPIMAT  |           | QL (8 GM per 30 days) MO    |
| <i>ipratropium bromide/albuterol sulfate nebulized solution</i>                     |           | B/D MO                      |
| TRELEGY ELLIPTA   |           | QL (60 EA per 30 days) MO   |
| <b>ANTICHOLINERGICS</b>   |           |                             |
| ATROVENT HFA  |           | QL (25.8 GM per 30 days) MO |
| INCRUSE ELLIPTA   |           | QL (30 EA per 30 days) MO   |
| <i>ipratropium bromide inhalation solution 0.02%</i>                                |           | B/D MO                      |
| <i>ipratropium bromide nasal solution 0.03%</i>                                     |           | QL (30 ML per 28 days) MO   |
| <i>ipratropium bromide nasal solution 0.06%</i>                                     |           | QL (45 ML per 30 days) MO   |
| <b>ANTI-HISTAMINES</b>  |           |                             |
| <i>azelastine hcl nasal solution 0.15%</i>  |           | QL (30 ML per 25 days) MO   |
| <i>azelastine hydrochloride nasal solution 0.1%</i>                                 |           | QL (30 ML per 25 days) MO   |
| <i>carbinoxamine maleate solution</i>   |           | PA MO                       |
| CARBINOXAMINE MALEATE TABLET 6MG  |           | PA MO                       |
| <i>carbinoxamine maleate tablet 4mg</i>   |           | PA MO                       |
| <i>cetirizine hydrochloride oral solution 1mg/ml</i>                                |           | QL (300 ML per 30 days) MO  |
| <i>clemastine fumarate tablet 2.68mg</i>  |           | PA MO                       |
| <i>cyproheptadine hcl oral syrup 2mg/5ml</i>  |           | PA MO; HRM                  |
| <i>cyproheptadine hydrochloride tablet 4mg</i>                                      |           | PA MO; HRM                  |
| <i>desloratadine tablet 5mg</i>   |           | QL (30 EA per 30 days) MO   |
| <i>desloratadine oral dissolving tablet 2.5mg, 5mg</i>                              |           | QL (30 EA per 30 days) MO   |
| <i>diphenhydramine hcl injection</i>  |           | MO; HRM                     |
| <i>hydroxyzine hcl tablet</i>   |           | PA MO; HRM                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                   |
|--|-----------|---------------------------------------|
| <i>hydroxyzine hydrochloride injection, syrup<br/>10mg/5ml</i>                       |           | PA MO; HRM                            |
| <i>hydroxyzine pamoate capsule</i>   |           | PA MO; HRM                            |
| <i>levocetirizine dihydrochloride tablet</i>   |           | QL (30 EA per 30 days) MO             |
| <i>levocetirizine dihydrochloride solution</i>                                       |           | MO                                    |
| <i>olopatadine hcl nasal solution 0.6%</i>   |           | QL (30.5 GM per 30 days) MO           |
| <b>BETA AGONISTS</b>   |           |                                       |
| <i>albuterol sulfate hfa (generic Proventil HFA)<br/>aerosol solution 108mcg/act</i> |           | QL (13.4 GM per 30 days) MO           |
| <i>albuterol sulfate hfa (generic ProAir HFA)<br/>aerosol solution 108mcg/act</i>    |           | QL (17 GM per 30 days) MO             |
| <i>albuterol sulfate hfa (generic Ventolin HFA)<br/>aerosol solution 108mcg/act</i>  |           | QL (36 GM per 30 days) MO             |
| <i>albuterol sulfate nebulization solution</i>                                       |           | B/D MO                                |
| <i>albuterol sulfate syrup, tablet</i>   |           | MO                                    |
| <i>levalbuterol hcl nebulization solution<br/>0.63mg/3ml, 1.25mg/3ml</i>             |           | B/D MO                                |
| <i>levalbuterol hcl nebulization solution<br/>0.31mg/3ml</i>                         |           | B/D MO                                |
| <i>levalbuterol nebulization solution 1.25mg/0.5ml</i>                               |           | B/D MO                                |
| LEVALBUTEROL TARTRATE HFA  |           | QL (30 GM per 30 days) MO             |
| SEREVENT DISKUS  |           | QL (60 EA per 30 days) MO             |
| <i>terbutaline sulfate injection, tablet</i>   |           | MO                                    |
| VENTOLIN HFA   |           | QL (36 GM per 30 days) MO             |
| <b>LEUKOTRIENE MODULATORS</b>  |           |                                       |
| <i>montelukast sodium tablet chewable, tablet</i>                                    |           | QL (30 EA per 30 days) MO             |
| <i>montelukast sodium packet</i>   |           | QL (30 EA per 30 days) MO             |
| <i>zafirlukast</i>   |           | QL (60 EA per 30 days) MO             |
| <b>MISCELLANEOUS</b>   |           |                                       |
| <i>acetylcysteine inhalation solution 10%, 20%</i>                                   |           | B/D MO                                |
| <i>aminophylline</i>   |           |                                       |
| BRONCHITOL   |           | QL (560 EA per 28 days) PA<br>LA; ACS |
| BRONCHITOL TOLERANCE TEST  |           | QL (560 EA per 28 days) PA<br>LA; ACS |
| <i>cromolyn sodium nebulization solution<br/>20mg/2ml</i>                            |           | B/D MO                                |
| <i>epinephrine injection 0.15mg/0.3ml,<br/>0.15mg/0.15ml, 0.3mg/0.3ml</i>            |           | QL (2 EA per 30 days) MO              |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits               |
|--|-----------|-----------------------------------|
| FASENRA  |           | QL (1 ML per 28 days) PA LA; ACS  |
| FASENRA PEN  |           | QL (1 ML per 28 days) PA LA; ACS  |
| KALYDECO PACKET  |           | QL (56 EA per 28 days) PA LA      |
| KALYDECO TABLET  |           | QL (60 EA per 30 days) PA LA      |
| OFEV   |           | QL (60 EA per 30 days) PA LA; ACS |
| ORKAMBI TABLET   |           | QL (112 EA per 28 days) PA LA     |
| ORKAMBI PACKET   |           | QL (56 EA per 28 days) PA LA      |
| <i>pirfenidone capsule</i>   |           | QL (270 EA per 30 days) PA; ACS   |
| <i>pirfenidone tablet 267mg</i>  |           | QL (270 EA per 30 days) PA; ACS   |
| <i>pirfenidone tablet 534mg, 801mg</i>                                   |           | QL (90 EA per 30 days) PA; ACS    |
| PROLASTIN-C  |           | PA LA                             |
| PULMOZYME  |           | PA; ACS                           |
| <i>roflumilast</i>   |           | MO                                |
| <i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>      |           | MO                                |
| <i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>      |           | MO                                |
| <i>theophylline oral solution</i>  |           | MO                                |
| TRIKAFTA THERAPY PACK  |           | QL (56 EA per 28 days) PA LA      |
| TRIKAFTA TABLET THERAPY PACK   |           | QL (84 EA per 28 days) PA LA      |
| XOLAIR   |           | PA LA; ACS                        |
| <b>NASAL STEROIDS</b>  |           |                                   |
| <i>flunisolide nasal spray 0.025%</i>                                    |           | QL (75 ML per 30 days) MO         |
| <i>fluticasone propionate suspension 50mcg/act</i>                       |           | QL (16 GM per 30 days) MO         |
| <i>mometasone furoate suspension 50mcg/act</i>                           |           | QL (34 GM per 30 days) MO         |
| XHANCE   |           | QL (32 ML per 30 days) PA MO      |
| <b>STEROID INHALANTS</b>   |           |                                   |
| ARNUITY ELLIPTA  |           | QL (30 EA per 30 days) MO         |
| <i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>              |           | B/D MO                            |
| FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST |           | QL (120 EA per 30 days) MO        |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits             |
|---|-----------|---------------------------------|
| FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST |           | QL (240 EA per 30 days) MO      |
| FLOVENT HFA AEROSOL 44MCG/ACT                               |           | QL (21.2 GM per 30 days) MO     |
| FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT                  |           | QL (24 GM per 30 days) MO       |
| <b>STEROID/BETA-AGONIST COMBINATIONS</b>                    |           |                                 |
| ADVAIR HFA  |           | QL (12 GM per 30 days) MO       |
| BREO ELLIPTA  |           | QL (60 EA per 30 days) MO       |
| DULERA  |           | QL (13 GM per 30 days) MO       |
| <i>fluticasone propionate/salmeterol diskus</i>             |           | QL (60 EA per 30 days) MO       |
| <i>wixela inhub</i>   |           | QL (60 EA per 30 days) MO       |
| <b>TOPICAL</b>  |           |                                 |
| <b>DERMATOLOGY, ACNE</b>                                    |           |                                 |
| <i>accutane</i>   |           | PA                              |
| <i>amnesteem</i>  |           | PA                              |
| <i>claravis</i>   |           | PA                              |
| <i>clindacin foam</i>                                       |           | QL (100 GM per 30 days)         |
| <i>clindamycin phosphate foam 1%</i>                        |           | QL (100 GM per 30 days) MO      |
| <i>clindamycin phosphate gel 1%</i>                         |           | QL (75 GM per 30 days) MO       |
| <i>clindamycin phosphate lotion 1%</i>                      |           | QL (60 ML per 30 days) MO       |
| <i>clindamycin phosphate external solution 1%</i>           |           | QL (60 ML per 30 days) MO       |
| <i>dapsone gel 5%</i>                                       |           | QL (90 GM per 30 days) MO       |
| <i>ery pad 2%</i>   |           | MO                              |
| <i>erythromycin/benzoyl peroxide</i>                        |           | MO                              |
| <i>erythromycin gel 2%</i>                                  |           | QL (60 GM per 30 days) MO       |
| <i>erythromycin solution 2%</i>                             |           | QL (60 ML per 30 days) MO       |
| <i>isotretinoin</i>   |           | PA                              |
| <i>sulfacetamide sodium lotion 10%</i>                      |           | MO                              |
| TRETINOIN MICROSPPHERE GEL 0.04%, 0.1%                      |           | QL (50 GM per 30 days) PA<br>MO |
| TRETINOIN MICROSPPHERE PUMP 0.04%, 0.1%                     |           | QL (50 GM per 30 days) PA<br>MO |
| <i>tretinoin cream 0.025%, 0.05%, 0.1%</i>                  |           | QL (45 GM per 30 days) PA<br>MO |
| <i>tretinoin gel 0.01%, 0.025%, 0.05%</i>                   |           | QL (45 GM per 30 days) PA<br>MO |
| <i>zenatane</i>   |           | PA                              |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.



| Drug name  | Drug tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| <b>DERMATOLOGY, ANTIBIOTICS</b>                      |           |                                  |
| <i>gentamicin sulfate cream 0.1%</i>                 |           | QL (30 GM per 30 days) MO        |
| <i>gentamicin sulfate ointment 0.1%</i>              |           | QL (30 GM per 30 days) MO        |
| <i>mafenide acetate packet</i>                       |           | MO                               |
| <i>mupirocin ointment</i>                            |           | QL (30 GM per 30 days) MO        |
| <i>mupirocin cream</i>                               |           | QL (30 GM per 30 days) MO        |
| <i>silver sulfadiazine cream</i>                     |           | MO                               |
| SSD  |           |                                  |
| SULFAMYLON CREAM 85MG/GM                             |           | MO                               |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                      |           |                                  |
| <i>ciclopirox olamine cream 0.77%</i>                |           | QL (90 GM per 30 days) MO        |
| <i>ciclopirox gel</i>                                |           | QL (100 GM per 30 days) MO       |
| <i>ciclopirox shampoo</i>                            |           | QL (120 ML per 30 days) MO       |
| <i>ciclopirox suspension</i>                         |           | QL (60 ML per 30 days) MO        |
| <i>clotrimazole/betamethasone dipropionate cream</i> |           | QL (45 GM per 30 days) MO        |
| <i>clotrimazole cream 1%</i>                         |           | QL (45 GM per 30 days) MO        |
| <i>clotrimazole solution 1%</i>                      |           | QL (30 ML per 30 days) MO        |
| <i>econazole nitrate cream</i>                       |           | QL (85 GM per 30 days) MO        |
| ERTACZO  |           | QL (60 GM per 30 days) MO        |
| <i>ketoconazole cream 2%</i>                         |           | QL (60 GM per 30 days) MO        |
| <i>ketoconazole foam 2%</i>                          |           | QL (100 GM per 30 days) MO       |
| <i>ketodan foam 2%</i>                               |           | QL (100 GM per 30 days)          |
| <i>naftifine hcl cream 1%</i>                        |           | QL (90 GM per 30 days) MO        |
| <i>nyamyc powder</i>                                 |           | QL (60 GM per 30 days)           |
| <i>nystatin cream 100000unit/gm</i>                  |           | QL (30 GM per 30 days) MO        |
| <i>nystatin ointment 100000unit/gm</i>               |           | QL (30 GM per 30 days) MO        |
| <i>nystatin powder 100000unit/gm</i>                 |           | QL (60 GM per 30 days) MO        |
| <i>nystop powder</i>                                 |           | QL (60 GM per 30 days)           |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                   |           |                                  |
| <i>acitretin</i>                                     |           | PA MO                            |
| <i>calcipotriene cream, ointment</i>                 |           | QL (120 GM per 30 days) PA<br>MO |
| <i>calcipotriene solution</i>                        |           | QL (60 ML per 30 days) PA<br>MO  |
| <i>calcitrene</i>                                    |           | QL (120 GM per 30 days) PA<br>MO |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| CALCITRIOL OINTMENT 3MCG/GM                               |           | QL (800 GM per 28 days) PA<br>MO |
| <i>methoxsalen capsule</i>                                |           | MO                               |
| <i>tazarotene gel</i>                                     |           | QL (100 GM per 30 days) PA<br>MO |
| <i>tazarotene cream</i>                                   |           | QL (60 GM per 30 days) PA<br>MO  |
| TAZORAC CREAM 0.05%                                       |           | QL (60 GM per 30 days) PA<br>MO  |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>                       |           |                                  |
| <i>ketoconazole shampoo 2%</i>                            |           | MO                               |
| <i>selenium sulfide lotion 2.5%</i>                       |           | MO                               |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                       |           |                                  |
| <i>ala-cort cream 1%</i>                                  |           |                                  |
| <i>ala-cort cream 2.5%</i>                                |           | QL (30 GM per 30 days)           |
| <i>alclometasone dipropionate</i>                         |           | MO                               |
| <i>betamethasone dipropionate augmented cream</i>         |           | MO                               |
| <i>betamethasone dipropionate augmented gel, ointment</i> |           | MO                               |
| <i>betamethasone dipropionate augmented lotion</i>        |           | QL (120 ML per 30 days) MO       |
| <i>betamethasone dipropionate lotion</i>                  |           | MO                               |
| <i>betamethasone dipropionate cream, ointment</i>         |           | MO                               |
| <i>betamethasone valerate cream, lotion, ointment</i>     |           | MO                               |
| <i>betamethasone valerate foam</i>                        |           | QL (120 GM per 30 days) MO       |
| <i>clobetasol propionate emollient foam 0.05%</i>         |           | QL (100 GM per 30 days) MO       |
| <i>clobetasol propionate emollient cream 0.05%</i>        |           | QL (60 GM per 30 days) MO        |
| <i>clobetasol propionate foam</i>                         |           | QL (100 GM per 30 days) MO       |
| <i>clobetasol propionate shampoo</i>                      |           | QL (118 ML per 30 days) MO       |
| <i>clobetasol propionate spray liquid</i>                 |           | QL (125 ML per 30 days) MO       |
| <i>clobetasol propionate solution</i>                     |           | QL (50 ML per 30 days) MO        |
| <i>clobetasol propionate cream, gel, ointment</i>         |           | QL (60 GM per 30 days) MO        |
| <i>clodan shampoo 0.05%</i>                               |           | QL (118 ML per 30 days)          |
| <i>desonide lotion</i>                                    |           | QL (118 ML per 30 days) MO       |
| <i>desonide cream, gel, ointment</i>                      |           | QL (60 GM per 30 days) MO        |
| <i>desoximetasone cream, ointment</i>                     |           | QL (100 GM per 30 days) MO       |
| <i>desrx</i>  |           | QL (60 GM per 30 days)           |
| <i>diflorasone diacetate</i>                              |           | QL (60 GM per 30 days) MO        |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name   | Drug tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| ENSTILAR  |           | QL (120 GM per 30 days) PA<br>MO |
| <i>fluocinolone acetonide body</i>                      |           | QL (118.28 ML per 30 days)<br>MO |
| <i>fluocinolone acetonide scalp</i>                     |           | QL (118.28 ML per 30 days)<br>MO |
| <i>fluocinolone acetonide cream 0.025%</i>              |           | QL (120 GM per 30 days) MO       |
| <i>fluocinolone acetonide cream 0.01%</i>               |           | QL (60 GM per 30 days) MO        |
| <i>fluocinolone acetonide ointment 0.025%</i>           |           | QL (120 GM per 30 days) MO       |
| <i>fluocinolone acetonide solution 0.01%</i>            |           | QL (90 ML per 30 days) MO        |
| <i>fluocinonide emulsified base cream 0.05%</i>         |           | QL (120 GM per 30 days) MO       |
| <i>fluocinonide cream 0.05%</i>                         |           | QL (120 GM per 30 days) MO       |
| <i>fluocinonide gel, ointment</i>                       |           | QL (60 GM per 30 days) MO        |
| <i>fluocinonide solution</i>                            |           | QL (60 ML per 30 days) MO        |
| <i>fluticasone propionate cream 0.05%</i>               |           | MO                               |
| <i>fluticasone propionate lotion 0.05%</i>              |           | QL (120 ML per 30 days) MO       |
| <i>fluticasone propionate ointment 0.005%</i>           |           | MO                               |
| <i>halobetasol propionate cream</i>                     |           | QL (50 GM per 30 days) MO        |
| <i>halobetasol propionate ointment</i>                  |           | QL (50 GM per 30 days) MO        |
| <i>hydrocortisone butyrate lotion</i>                   |           | QL (118 ML per 30 days) MO       |
| <i>hydrocortisone butyrate ointment</i>                 |           | QL (45 GM per 30 days) MO        |
| <i>hydrocortisone butyrate solution</i>                 |           | QL (60 ML per 30 days) MO        |
| <i>hydrocortisone valerate ointment 0.2%</i>            |           | QL (60 GM per 30 days) MO        |
| <i>hydrocortisone cream 1%</i>                          |           | MO                               |
| <i>hydrocortisone cream 2.5%</i>                        |           | QL (30 GM per 30 days) MO        |
| <i>hydrocortisone lotion 2.5%</i>                       |           | MO                               |
| <i>hydrocortisone ointment 1%, 2.5%</i>                 |           | QL (30 GM per 30 days) MO        |
| <i>mometasone furoate cream 0.1%</i>                    |           | MO                               |
| <i>mometasone furoate ointment 0.1%</i>                 |           | MO                               |
| <i>mometasone furoate solution 0.1%</i>                 |           | MO                               |
| <i>prednicarbate</i>                                    |           | QL (60 GM per 30 days) MO        |
| <i>proctosol hc cream 2.5%</i>                          |           |                                  |
| TEXACORT  |           | MO                               |
| <i>tovet</i>  |           | QL (100 GM per 30 days)          |
| <i>triamcinolone acetonide aerosol spray 0.147mg/gm</i> |           | MO                               |
| <i>triamcinolone acetonide cream 0.025%, 0.5%</i>       |           | MO                               |
| <i>triamcinolone acetonide cream 0.1%</i>               |           | QL (454 GM per 30 days) MO       |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits                |
|--|-----------|------------------------------------|
| <i>triamcinolone acetonide lotion 0.025%, 0.1%</i>         | MO        |                                    |
| <i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i> | MO        |                                    |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                      |           |                                    |
| <i>lidocaine/prilocaine</i>                                |           | QL (30 GM per 30 days) MO          |
| <i>lidocaine ointment</i>                                  |           | QL (35.44 GM per 30 days) PA<br>MO |
| <i>lidocaine patch</i>                                     |           | QL (90 EA per 30 days) PA MO       |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b> |           |                                    |
| <i>ammonium lactate cream, lotion</i>                      |           | MO                                 |
| <i>azelaic acid gel</i>                                    |           | QL (50 GM per 30 days) MO          |
| <i>bexarotene gel 1%</i>                                   |           | QL (60 GM per 30 days) PA;<br>ACS  |
| <i>diclofenac sodium gel 1%</i>                            |           | QL (1000 GM per 30 days) MO        |
| DOXEPIN HYDROCHLORIDE CREAM 5%                             |           | QL (45 GM per 30 days) PA<br>MO    |
| DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG                   |           | QL (30 EA per 30 days) PA MO       |
| FINACEA FOAM   |           | QL (50 GM per 30 days) MO          |
| FLUOROURACIL CREAM 0.5%                                    |           | QL (30 GM per 30 days) PA<br>MO    |
| <i>fluorouracil cream 5%</i>                               |           | QL (40 GM per 30 days) PA<br>MO    |
| <i>fluorouracil topical solution 2%, 5%</i>                |           | QL (10 ML per 30 days) MO          |
| <i>hydrocortisone perianal cream 1%</i>                    |           | MO                                 |
| IMIQUIMOD PUMP   |           | QL (15 GM per 28 days) MO          |
| <i>imiquimod cream 5%</i>                                  |           | QL (24 EA per 30 days) MO          |
| <i>imiquimod cream 3.75%</i>                               |           | QL (28 EA per 28 days) MO          |
| <i>metronidazole cream 0.75%</i>                           |           | MO                                 |
| <i>metronidazole gel 0.75%</i>                             |           | MO                                 |
| <i>metronidazole gel 1%</i>                                |           | MO                                 |
| <i>metronidazole lotion 0.75%</i>                          |           | MO                                 |
| NORITATE   |           | QL (60 GM per 30 days) MO          |
| ORACEA   |           | QL (30 EA per 30 days) PA MO       |
| PANRETIN   |           | QL (60 GM per 30 days) PA          |
| <i>podofilox</i>   |           | MO                                 |
| <i>procto-med hc</i>                                       |           |                                    |
| <i>proctozone-hc</i>                                       |           |                                    |
| RECTIV   |           | QL (30 GM per 30 days) MO          |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

| Drug name  | Drug tier | Requirements/Limits             |
|--|-----------|---------------------------------|
| <i>tacrolimus ointment 0.03%, 0.1%</i>             |           | QL (60 GM per 30 days) MO       |
| VALCHLOR   |           | QL (60 GM per 30 days) PA LA    |
| ZYCLARA PUMP CREAM 2.5%                            |           | QL (7.5 GM per 28 days) MO      |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>     |           |                                 |
| <i>malathion</i>                                   |           | MO                              |
| <i>permethrin cream 5%</i>                         |           | MO                              |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>              |           |                                 |
| REGRANEX   |           | QL (30 GM per 30 days) PA<br>MO |
| SANTYL   |           | MO                              |
| <i>sodium chloride 0.9% irrigation soln</i>        |           | MO                              |
| <i>sterile water for irrigation</i>                |           | MO                              |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                  |           |                                 |
| <i>cevimeline hydrochloride</i>                    |           | MO                              |
| <i>chlorhexidine gluconate oral rinse 0.12%</i>    |           | MO                              |
| <i>clinpro 5000</i>                                |           | MO                              |
| <i>clotrimazole troche 10mg</i>                    |           | MO                              |
| <i>dentagel</i>                                    |           | MO                              |
| <i>fluoridex daily defense</i>                     |           |                                 |
| <i>fluoridex sensitivity relief/sls free</i>       |           |                                 |
| <i>fluorimax 5000</i>                              |           |                                 |
| <i>fluorimax 5000 sensitive</i>                    |           |                                 |
| <i>just right 5000</i>                             |           |                                 |
| <i>lidocaine hydrochloride viscous solution 2%</i> |           | MO                              |
| <i>nystatin suspension 100000unit/ml</i>           |           | MO                              |
| <i>oralone dental paste</i>                        |           |                                 |
| <i>periogard</i>                                   |           |                                 |
| <i>pilocarpine hydrochloride tablet</i>            |           | MO                              |
| <i>sf gel 1.1%</i>                                 |           | MO                              |
| <i>sodium fluoride 5000 ppm dental paste</i>       |           | MO                              |
| <i>sodium fluoride 5000 ppm dry mouth gel</i>      |           | MO                              |
| <i>sodium fluoride gel 1.1%</i>                    |           | MO                              |
| <i>triamcinolone acetonide dental paste</i>        |           | MO                              |

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

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| <i>lamivudine</i>          |           | <i>albendazole</i>           | 12   | <i>amitriptyline hcl</i>    | 39                      |
| ABELCET                    | 15        | <i>albuterol sulfate</i>     | 86   | <i>amitriptyline</i>        | 39                      |
| ABILIFY MAINTENA           | 43        | <i>albuterol sulfate hfa</i> | 86   | <i>hydrochloride</i>        |                         |
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| <i>acamprosate calcium</i> | 55        | <i>dipropionate</i>          |      | <i>amlodipine besylate/</i> | 36                      |
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| <i>acarbose</i>            | 57        | <i>alendronate sodium</i>    | 59   | <i>amlodipine</i>           | 30                      |
| <i>accutane</i>            | 88        | <i>alfuzosin hcl</i>         | 72   | <i>besylate/benazepril</i>  |                         |
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| <i>hydrochloride</i>       |           | <i>allopurinol</i>           | 9    | <i>amlodipine besylate/</i> | 31                      |
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| ACTHIB                     | 77        | <i>altavera</i>              | 60   | <i>ammonium lactate</i>     | 92                      |
| ACTIMMUNE                  | 77        | ALUNBRIG                     | 24   | <i>amnesteem</i>            | 88                      |
| <i>acyclovir</i>           | 18        | <i>alyacen 1/35</i>          | 60   | <i>amoxapine</i>            | 39                      |
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| ADACEL                     | 78        | <i>alyq</i>                  | 37   | <i>amoxicillin/</i>         | 21                      |
| <i>adc/fluoride</i>        | 80        | <i>amabelz</i>               | 65   | <i>clavulanate</i>          |                         |
| <i>adefovir dipivoxil</i>  | 18        | <i>amantadine</i>            | 42   | <i>potassium</i>            |                         |
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| ADMELOG                    | 56        | <i>amethia</i>               | 60   | <i>clavulanate</i>          |                         |
| ADMELOG                    | 56        | <i>amethyst</i>              | 60   | <i>potassium er</i>         |                         |
| SOLOSTAR                   |           | <i>amikacini sulfate</i>     | 12   | <i>amphetamine/</i>         | 51                      |
| ADVAIR HFA                 | 88        | <i>amiloride hcl</i>         | 36   | <i>dextroamphetamine</i>    |                         |
| <i>afirmelle</i>           | 60        | <i>amiloride/</i>            | 36   | <i>amphetamine/dex-</i>     | 51                      |
|                            |           | <i>hydrochlorothiazide</i>   |      | <i>troamphetamine er</i>    |                         |
|                            |           | <i>aminophylline</i>         | 86   |                             |                         |
|                            |           | <i>amiodarone hcl</i>        | 32   |                             |                         |

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| <i>ampicillin-sulbactam</i>      | 22          | <i>aurovela 1.5/30</i>          | 60          | BD/NOVO PEN                                 | 56          |
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**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-463-0933 . Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-463-0933 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-463-0933 . Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-463-0933. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-463-0933 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-463-0933 . Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-463-0933 . Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-463-0933 . Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-463-0933 . Ta usługa jest bezpłatna.

**Japanese:** 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-463-0933 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Hawaiian:** He kōkua māhele ʻōlelo kā mākou i mea e pane fa ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma 1-855-463-0933 . E hiki ana i kekahi mea ʻōlelo Pelekānia/ ʻŌlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

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This formulary was updated on 10/01/2023. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-855-463-0933** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **[AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)**

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