

## Blue Shield Medicare Basic Plan (PDP)

# 2017 Formulary

(List of Covered Drugs)

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

Formulary ID 00017337, Version 24

This formulary was updated on **10/24/2017**. For more recent information or other questions, please contact Blue Shield Medicare Basic Plan Member Services, at (888) 239-6469 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, from October 1 through February 14, and 8 a.m. to 8 p.m., weekdays, from February 15 through September 30, or visit [blueshieldca.com/med\\_formulary](http://blueshieldca.com/med_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 Blue Shield of California. When it refers to “plan” or “our plan,” it means Blue Shield Medicare Basic Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of **10/24/2017**. 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, 2018, and from time to time during the year.

## **What is the Blue Shield Medicare Basic Plan Formulary?**

A formulary is a list of covered drugs selected by Blue Shield Medicare Basic Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue Shield Medicare Basic Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 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 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of **10/24/2017**. To get updated information about the drugs covered by Blue Shield Medicare Basic Plan, please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, you will receive 60 days notice via mail and the changes will be posted on our website at [blueshieldca.com/med\\_formulary](http://blueshieldca.com/med_formulary).

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

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page 65**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Blue Shield Medicare Basic Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue Shield Medicare Basic Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Shield Medicare Basic Plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tablets per 30-day prescription for *sumatriptan* (generic for IMITREX). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Shield Medicare Basic 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

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

You can ask Blue Shield Medicare Basic Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Blue Shield Medicare Basic Plan's formulary?" on page iii for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact 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 Blue Shield Medicare Basic Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask Blue Shield Medicare Basic Plan to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Blue Shield Medicare Basic Plan's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue Shield Medicare Basic Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply

of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Our transition policy applies to members who are stabilized on:

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

And are members in any of the following scenarios:

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

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

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

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

The transitional supply is a one-time, 30-day temporary supply (unless the prescription is written for fewer days

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

Retail and LTC pharmacies have the ability to provide a point-of-sale override for coverage of a transition supply of a drug that is non-formulary, requires prior authorization or step therapy unless the drug is subject to review for Part B vs. Part D determination, limits to prevent coverage of non-Part D drugs or limits that promote safe utilization of a Part D drug. We will cover a 30-day supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication). The cost-sharing for low-income subsidy (LIS) eligible members for a temporary supply of drugs provided under the transition process will not exceed the statutory maximum co-payment amounts for LIS-eligible members. For all other members (non-LIS members), we will apply the same cost-sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception and the same cost-sharing for formulary drugs subject to utilization management edits provided during the transition that would apply once the utilization management criteria are met. Members will not be required to pay additional cost-sharing associated with multiple fills of lesser quantities of Part D drugs based upon quantity limits for safety once the originally prescribed doses of Part D drugs have been determined to be medically necessary after an exception process has been completed.

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

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

## **For more information**

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

If you have questions about Blue Shield Medicare Basic 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 [www.medicare.gov](http://www.medicare.gov).

## Blue Shield Medicare Basic Plan’s Formulary

The formulary that begins on page 1 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 65**.

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

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

| <b>Tier</b>                                  | <b>Supply</b>  | <b>Cost Share</b> |
|--|--|-------------------|
| <b>1<br/>Preferred<br/>Generic<br/>Drugs</b> | Preferred retail cost-sharing (in-network) (30-day supply)   | \$2 Copay         |
|  | Preferred retail cost-sharing (in-network) or the plan’s mail service cost-sharing (90-day supply) | \$4 Copay         |
|  | Standard retail cost-sharing (in-network) (30-day supply)  | \$8 Copay         |
|  | Standard retail cost-sharing (in-network) (90-day supply)  | \$24 Copay        |
| <b>2<br/>Generic<br/>Drugs</b>               | Preferred retail cost-sharing (in-network) (30-day supply)   | \$6 Copay         |
|  | Preferred retail cost-sharing (in-network) or the plan’s mail service cost-sharing (90-day supply) | \$12 Copay        |
|  | Standard retail cost-sharing (in-network) (30-day supply)  | \$14 Copay        |
|  | Standard retail cost-sharing (in-network) (90-day supply)  | \$42 Copay        |
| <b>3<br/>Preferred<br/>Brand<br/>Drugs</b>   | Preferred retail cost-sharing (in-network) (30-day supply)   | \$40 Copay        |
|  | Preferred retail cost-sharing (in-network) or the plan’s mail service cost-sharing (90-day supply) | \$80 Copay        |
|  | Standard retail cost-sharing (in-network) (30-day supply)  | \$47 Copay        |
|  | Standard retail cost-sharing (in-network) (90-day supply)  | \$141 Copay       |

| <b>Tier</b>                            | <b>Supply</b>  | <b>Cost Share</b>  |
|--|--|--|
| <b>4<br/>Non-Preferred Brand Drugs</b> | Preferred retail cost-sharing (in-network) (30-day supply)   | 28% coinsurance  |
|  | Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)   |  |
|  | Standard retail cost-sharing (in-network) (30-day supply)  | 30% coinsurance  |
|  | Standard retail cost-sharing (in-network) (90-day supply)  |  |
| <b>5<br/>Injectable Drugs</b>          | Preferred retail cost-sharing (in-network) (30-day supply)   | 25% coinsurance  |
|  | Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (90-day supply)   |  |
|  | Standard retail cost-sharing (in-network) (30-day supply)  |  |
|  | Standard retail cost-sharing (in-network) (90-day supply)  |  |
| <b>6<br/>Specialty Drugs</b>           | Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network), or the plan's mail service cost-sharing (30-day supply) | 25% coinsurance  |
|  | Preferred retail cost-sharing (in-network) or standard retail cost-sharing (in-network) (90-day supply)  | A long-term supply is not available for drugs in Tier 6. |

- Cost-sharing for drugs obtained from out-of-network pharmacies (30-day supply) is the same as the in-network standard retail cost-sharing (30-day supply).
- Cost-sharing for drugs on Tiers 1 through 6 obtained from network long-term care pharmacies (31-day supply) is the same as the in-network standard retail cost-sharing (30-day supply).



### Requirements/Limit Codes

| <i>Code</i> | <i>Definition</i>  |
|-------------|--|
| AG          | This prescription drug has coverage limits based on age groups. The limits may be based upon how the U.S. Food and Drug Administration (FDA) approved the drug for use or special cautions for use by people in certain age groups. For new prescriptions, discuss alternatives with your physician. Your pharmacy or physician may call Blue Shield for assistance with coverage for ongoing use. |
| B/D         | This prescription drug requires prior authorization review to determine whether coverage is under Part B or Part D of the Medicare benefit, based on Medicare coverage rules. Call Blue Shield to provide the necessary information to determine coverage.   |
| LA          | This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Member Services number at (888) 239-6469 [TTY 711], 8 a.m. to 8 p.m., seven days a week, from October 1 through February 14, and 8 a.m. to 8 p.m., weekdays, from February 15 through September 30.   |
| QL          | This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.  |
| PA          | Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage.   |
| ST          | Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).   |
| †           | Medication is NOT available for long-term supply.  |

### Drug Form Codes

| <i>Abbreviation</i> | <i>Definition</i> |
|---------------------|-------------------|
| EA                  | Each              |
| SOLN                | Solution          |
|                     |                   |

| Drug Name  | Drug Tier | Requirement /Limits         |
|--|-----------|-----------------------------|
| <b>Analgesics</b>  |           |                             |
| <i>Analgesics</i>  |           |                             |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>        | 2         | QL (2700 ML per 30 days); † |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>    | 2         | QL (360 EA per 30 days); †  |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>               | 2         | QL (180 EA per 30 days); †  |
| <i>butalbital-acetaminopcaf-cod oral capsule 50-325-40-30 mg</i> | 2         | QL (180 EA per 30 days)     |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>            | 2         | QL (180 EA per 30 days)     |
| <i>butalbital-acetaminophen-cafff oral capsule 50-325-40 mg</i>  | 2         |                             |
| <i>butalbital-acetaminophen-cafff oral tablet 50-325-40 mg</i>   | 2         | QL (180 EA per 30 days)     |
| <i>butalbital-aspirin-caffeine oral capsule</i>                  | 2         | QL (180 EA per 30 days)     |
| ENDOCET ORAL TABLET 10-325 MG                                    | 2         | QL (180 EA per 30 days); †  |
| ENDOCET ORAL TABLET 5-325 MG                                     | 2         | QL (360 EA per 30 days); †  |
| ENDOCET ORAL TABLET 7.5-325 MG                                   | 2         | QL (240 EA per 30 days); †  |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>  | 4         | QL (5400 ML per 30 days); † |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg</i>           | 4         | QL (270 EA per 30 days); †  |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>           | 2         | QL (270 EA per 30 days); †  |

| Drug Name   | Drug Tier | Requirement /Limits        |
|---|-----------|----------------------------|
| <i>hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i> | 4         | QL (360 EA per 30 days); † |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i> | 2         | QL (360 EA per 30 days); † |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>               | 4         | QL (150 EA per 30 days); † |
| <i>oxycodone-acetaminophen oral solution</i>                      | 3         | †                          |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i>              | 2         | QL (180 EA per 30 days); † |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>   | 2         | QL (360 EA per 30 days); † |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>             | 2         | QL (240 EA per 30 days); † |
| <i>oxycodone-aspirin</i>  | 3         | QL (360 EA per 30 days); † |
| <i>tramadol-acetaminophen</i>                                     | 2         | QL (240 EA per 30 days); † |
| <b>Nonsteroidal Anti-Inflammatory Drugs</b>                       |           |                            |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>               | 2         | QL (60 EA per 30 days)     |
| <i>celecoxib oral capsule 400 mg</i>                              | 2         | QL (30 EA per 30 days)     |
| <i>diclofenac potassium</i>                                       | 2         |                            |
| <i>diclofenac sodium oral</i>                                     | 2         |                            |
| <i>diclofenac sodium topical gel 3 %</i>                          | 6         |                            |
| <i>diflunisal</i>   | 2         |                            |
| <i>etodolac oral capsule</i>                                      | 2         |                            |
| <i>etodolac oral tablet</i>                                       | 2         |                            |
| <i>etodolac oral tablet extended release 24 hr</i>                | 3         |                            |
| <i>fenoprofen oral tablet</i>                                     | 2         |                            |

| Drug Name   | Drug Tier | Requirement /Limits |
|---|-----------|---------------------|
| <i>flurbiprofen</i>                                 | 2         |                     |
| <i>ibuprofen oral suspension</i>                    | 2         |                     |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | 2         |                     |
| <i>indomethacin oral capsule</i>                    | 2         |                     |
| <i>ketoprofen oral capsule</i>                      | 2         |                     |
| <i>meloxicam oral tablet</i>                        | 2         |                     |
| <i>nabumetone</i>                                   | 2         |                     |
| <i>naproxen</i>                                     | 2         |                     |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>   | 2         |                     |
| <i>oxaprozin</i>                                    | 3         |                     |
| <i>sulindac</i>                                     | 2         |                     |

**Opioid Analgesics, Long-Acting**

|  |   |                                  |
|--|---|----------------------------------|
| <i>buprenorphine</i>   | 4 | PA; QL (4 EA per 28 days)        |
| <i>buprenorphine hcl sublingual tablet 2 mg</i>  | 3 | PA; QL (480 EA per 30 days)      |
| <i>buprenorphine hcl sublingual tablet 8 mg</i>  | 3 | PA; QL (120 EA per 30 days)      |
| DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML  | 5 | BvD; QL (5400 ML per 30 days); † |
| DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML  | 5 | BvD; QL (2700 ML per 30 days); † |
| <i>fentanyl citrate</i>  | 6 | PA; QL (120 EA per 30 days)      |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 3 | PA; QL (10 EA per 30 days); †    |
| <i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour</i>                           | 4 | PA; QL (10 EA per 30 days); †    |

| Drug Name   | Drug Tier | Requirement /Limits                             |
|---|-----------|---|
| <i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>                   | 6         | PA; QL (10 EA per 30 days)                      |
| LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY                            | 6         | PA; QL (30 EA per 30 days)                      |
| <i>levorphanol tartrate</i>   | 3         | QL (120 EA per 30 days); †                      |
| <i>methadone injection solution</i>                                       | 5         | BvD; QL (90 ML per 30 days); †                  |
| <i>methadone oral solution 10 mg/5 ml</i>                                 | 3         | QL (450 ML per 30 days); †                      |
| <i>methadone oral solution 5 mg/5 ml</i>                                  | 3         | QL (900 ML per 30 days); †                      |
| <i>methadone oral tablet 10 mg</i>  | 2         | QL (90 EA per 30 days); †                       |
| <i>methadone oral tablet 5 mg</i>   | 2         | QL (180 EA per 30 days); †                      |
| <i>morphine concentrate oral solution</i>                                 | 3         | QL (150 ML per 30 days); †                      |
| <i>morphine oral solution 10 mg/5 ml</i>                                  | 3         | QL (1350 ML per 30 days); †                     |
| <i>morphine oral tablet 15 mg</i>   | 2         | QL (180 EA per 30 days); †                      |
| <i>morphine oral tablet 30 mg</i>   | 2         | QL (90 EA per 30 days); †                       |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i> | 3         | (generic MS Contin); QL (60 EA per 30 days); †  |
| <i>morphine oral tablet extended release 15 mg</i>                        | 3         | (generic MS Contin); QL (180 EA per 30 days); † |

**Opioid Analgesics, Short-Acting**

|  |   |                            |
|--|---|----------------------------|
| <i>butorphanol tartrate nasal</i>        | 3 | QL (10 ML per 30 days); †  |
| <i>codeine sulfate oral tablet 15 mg</i> | 3 | QL (720 EA per 30 days); † |
| <i>codeine sulfate oral tablet 30 mg</i> | 3 | QL (360 EA per 30 days); † |

| Drug Name  | Drug Tier | Requirement /Limits              |
|--|-----------|----------------------------------|
| <i>codeine sulfate oral tablet 60 mg</i>   | 3         | QL (180 EA per 30 days); †       |
| <i>fentanyl citrate</i>  | 6         | PA; QL (120 EA per 30 days)      |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 3         | PA; QL (10 EA per 30 days); †    |
| <i>hydromorphone oral liquid</i>   | 2         | QL (675 ML per 30 days)          |
| <i>hydromorphone oral tablet 2 mg</i>  | 2         | QL (330 EA per 30 days); †       |
| <i>hydromorphone oral tablet 4 mg</i>  | 2         | QL (180 EA per 30 days); †       |
| <i>hydromorphone oral tablet 8 mg</i>  | 2         | QL (90 EA per 30 days); †        |
| LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY                                    | 6         | PA; QL (30 EA per 30 days)       |
| <i>morphine concentrate oral solution</i>  | 3         | QL (150 ML per 30 days); †       |
| <i>morphine intravenous syringe 10 mg/ml</i>   | 5         | BvD; QL (270 ML per 30 days); †  |
| <i>morphine intravenous syringe 2 mg/ml</i>  | 5         | BvD; QL (1350 ML per 30 days); † |
| <i>morphine intravenous syringe 4 mg/ml</i>  | 5         | BvD; QL (690 ML per 30 days); †  |
| <i>morphine intravenous syringe 8 mg/ml</i>  | 5         | BvD; QL (330 ML per 30 days); †  |
| <i>morphine oral solution 10 mg/5 ml</i>   | 3         | QL (1350 ML per 30 days); †      |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>   | 3         | QL (700 ML per 30 days); †       |
| <i>morphine oral tablet 15 mg</i>  | 2         | QL (180 EA per 30 days); †       |
| <i>morphine oral tablet 30 mg</i>  | 2         | QL (90 EA per 30 days); †        |

| Drug Name                                 | Drug Tier | Requirement /Limits                          |
|---|-----------|--|
| <i>oxycodone oral concentrate</i>         | 4         | QL (120 ML per 30 days); †                   |
| <i>oxycodone oral solution</i>            | 3         | QL (1800 ML per 30 days); †                  |
| <i>oxycodone oral tablet 10 mg</i>        | 2         | QL (180 EA per 30 days); †                   |
| <i>oxycodone oral tablet 15 mg, 20 mg</i> | 2         | QL (120 EA per 30 days); †                   |
| <i>oxycodone oral tablet 30 mg</i>        | 2         | QL (60 EA per 30 days); †                    |
| <i>oxycodone oral tablet 5 mg</i>         | 2         | QL (360 EA per 30 days); †                   |
| <i>tramadol oral tablet</i>               | 2         | (generic Ultram); QL (240 EA per 30 days); † |

### Anesthetics

#### Local Anesthetics

|  |   |                            |
|--|---|----------------------------|
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i> | 5 |                            |
| <i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>                   | 5 |                            |
| <i>lidocaine hcl mucous membrane jelly</i>                               | 2 |                            |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>             | 2 |                            |
| <i>lidocaine hcl urethral</i>  | 2 |                            |
| <i>lidocaine topical adhesive patch, medicated</i>                       | 4 | PA; QL (90 EA per 30 days) |
| <i>lidocaine topical ointment</i>  | 3 |                            |
| <i>lidocaine viscous</i>   | 2 |                            |
| <i>lidocaine-prilocaine topical cream</i>                                | 2 |                            |

### Anti-Addiction/ Substance Abuse Treatment Agents

|   |   |                             |
|---|---|-----------------------------|
| <i>buprenorphine hcl sublingual tablet 2 mg</i> | 3 | PA; QL (480 EA per 30 days) |
|---|---|-----------------------------|

| Drug Name  | Drug Tier | Requirement /Limits         | Drug Name   | Drug Tier | Requirement /Limits         |
|--|-----------|-----------------------------|---|-----------|-----------------------------|
| <i>buprenorphine hcl sublingual tablet 8 mg</i>          | 3         | PA; QL (120 EA per 30 days) | <i>bupropion hcl (smoking deter)</i>                      | 2         |                             |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i> | 3         | PA; QL (480 EA per 30 days) | CHANTIX   | 4         | QL (60 EA per 30 days)      |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>   | 3         | PA; QL (120 EA per 30 days) | CHANTIX CONTINUING MONTH BOX                              | 4         | QL (56 EA per 28 days)      |
| <i>naltrexone</i>  | 2         |                             | CHANTIX STARTING MONTH BOX                                | 4         | QL (60 EA per 30 days)      |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG                 | 4         | QL (60 EA per 30 days)      | NICOTROL NS   | 4         |                             |
| SUBOXONE SUBLINGUAL FILM 2-0.5 MG                        | 4         | QL (180 EA per 30 days)     | <b>Antibacterials</b>                                     |           |                             |
| SUBOXONE SUBLINGUAL FILM 4-1 MG                          | 4         | QL (90 EA per 30 days)      | <i>Aminoglycosides</i>                                    |           |                             |
| ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG        | 4         | PA; QL (90 EA per 30 days)  | <i>amikacin injection solution 500 mg/2 ml</i>            | 5         |                             |
| ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG, 2.9-0.71 MG       | 4         | PA; QL (30 EA per 30 days)  | BETHKIS   | 6         | PA; QL (224 ML per 28 days) |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG                     | 4         | PA; QL (60 EA per 30 days)  | <i>gentak ophthalmic (eye) ointment</i>                   | 2         |                             |
| <b>Alcohol Deterrents/ Anti-Craving</b>                  |           |                             | <i>gentamicin injection solution 40 mg/ml</i>             | 5         | BvD                         |
| <i>acamprosate</i>                                       | 4         |                             | <i>gentamicin ophthalmic (eye) drops</i>                  | 2         |                             |
| <i>disulfiram</i>  | 4         |                             | GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 100 MG/10 ML | 5         | BvD                         |
| <i>naltrexone</i>  | 2         |                             | <i>gentamicin topical</i>                                 | 2         |                             |
| <b>Opioid Reversal Agents</b>                            |           |                             | <i>neomycin</i>   | 2         |                             |
| <i>naloxone injection solution</i>                       | 5         | QL (2 ML per 30 days)       | <i>paromomycin</i>  | 3         |                             |
| <i>naloxone injection syringe 1 mg/ml</i>                | 2         |                             | <i>streptomycin</i>                                       | 5         | BvD                         |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION           | 4         | QL (2 EA per 30 days)       | TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE     | 6         | PA; QL (224 EA per 28 days) |
| <b>Smoking Cessation Agents</b>                          |           |                             | TOBRADEX OPHTHALMIC (EYE) OINTMENT                        | 3         |                             |
|  |           |                             | <i>tobramycin</i>   | 2         |                             |

| Drug Name                                     | Drug Tier | Requirement /Limits         | Drug Name  | Drug Tier | Requirement /Limits       |
|---|-----------|-----------------------------|--|-----------|---------------------------|
| <i>tobramycin in 0.225 % nacl</i>             | 6         | PA; QL (280 ML per 28 days) | <i>metronidazole topical cream</i>                                 | 3         |                           |
| <i>tobramycin sulfate injection solution</i>  | 5         |                             | <i>metronidazole topical gel 0.75 %</i>                            | 2         |                           |
| TOBREX  | 4         |                             | <i>metronidazole topical gel 1 %</i>                               | 3         |                           |
| OPHTHALMIC (EYE) OINTMENT                     |           |                             | <i>metronidazole topical lotion</i>                                | 3         |                           |
| ZANOSAR                                       | 5         |                             | <i>metronidazole vaginal</i>                                       | 2         |                           |
| <b>Antibacterials, Other</b>                  |           |                             | <i>mupirocin</i>   | 2         |                           |
| <i>acetic acid otic (ear)</i>                 | 2         |                             | <i>nitrofurantoin macrocrystal</i>                                 | 2         | PA                        |
| <i>alcohol pads</i>                           | 2         |                             | <i>nitrofurantoin monohyd/m-cryst</i>                              | 2         | PA                        |
| <i>bacitracin ophthalmic (eye)</i>            | 2         |                             | ORBACTIV   | 6         | PA; QL (9 EA per 30 days) |
| <i>chloramphenicol sod succinate</i>          | 5         | BvD                         | <i>polymyxin b sulfate</i>   | 5         |                           |
| CLEOCIN VAGINAL SUPPOSITORY                   | 3         |                             | SIVEXTRO   | 6         | PA                        |
| <i>clindamycin hcl</i>                        | 2         |                             | INTRAVENOUS  |           |                           |
| <i>clindamycin in 5 % dextrose</i>            | 5         |                             | SIVEXTRO ORAL  | 6         | PA; QL (6 EA per 30 days) |
| <i>clindamycin pediatric</i>                  | 2         |                             | SULFAMYLON   | 4         |                           |
| <i>clindamycin phosphate topical gel</i>      | 2         |                             | TOPICAL CREAM  |           |                           |
| <i>clindamycin phosphate topical lotion</i>   | 2         |                             | <i>tigecycline</i>   | 6         |                           |
| <i>clindamycin phosphate topical solution</i> | 2         |                             | <i>tinidazole</i>  | 3         |                           |
| <i>clindamycin phosphate topical swab</i>     | 2         |                             | <i>trimethoprim</i>  | 2         |                           |
| <i>clindamycin phosphate vaginal</i>          | 2         |                             | TYGACIL  | 6         |                           |
| DALVANCE                                      | 6         | PA                          | <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i> | 5         |                           |
| <i>daptomycin</i>                             | 6         |                             | <i>vancomycin oral capsule</i>                                     | 4         |                           |
| <i>lincomycin</i>                             | 5         |                             | VANDAZOLE  | 2         |                           |
| <i>linezolid</i>                              | 6         | PA                          | <b>Antibacterials</b>  |           |                           |
| <i>methenamine hippurate</i>                  | 3         |                             | <i>colistin (colistimethate na)</i>                                | 5         | BvD                       |
| <i>metronidazole in nacl (iso-os)</i>         | 5         |                             | SYNERCID   | 6         |                           |
| <i>metronidazole oral</i>                     | 2         |                             | <b>Beta-Lactam, Cephalosporins</b>                                 |           |                           |
|   |           |                             | <i>cefaclor oral capsule</i>                                       | 2         |                           |

| Drug Name  | Drug Tier | Requirement /Limits |
|--|-----------|---------------------|
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 2         |                     |
| <i>cefaclor oral tablet extended release 12 hr</i>                                       | 2         |                     |
| <i>cefadroxil oral capsule</i>   | 2         |                     |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | 2         |                     |
| <i>cefadroxil oral tablet</i>  | 2         |                     |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>                            | 5         |                     |
| <i>cefdinir</i>  | 2         |                     |
| <i>cefepime</i>  | 5         |                     |
| <i>cefixime</i>  | 4         |                     |
| <i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>                            | 5         |                     |
| <i>cefoxitin</i>   | 5         |                     |
| <i>cefpodoxime</i>   | 3         |                     |
| <i>cefprozil</i>   | 2         |                     |
| <i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>                          | 5         |                     |
| <i>ceftriaxone intravenous</i>   | 5         |                     |
| <i>cefuroxime axetil oral tablet</i>   | 2         |                     |
| <i>cefuroxime sodium injection recon soln 750 mg</i>                                     | 5         |                     |
| <i>cefuroxime sodium intravenous</i>   | 5         |                     |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>  | 2         |                     |
| <i>cephalexin oral suspension for reconstitution</i>                                     | 2         |                     |

| Drug Name   | Drug Tier | Requirement /Limits        |
|---|-----------|----------------------------|
| TEFLARO INTRAVENOUS RECON SOLN 400 MG                                 | 5         |                            |
| TEFLARO INTRAVENOUS RECON SOLN 600 MG                                 | 6         |                            |
| <b>Beta-Lactam, Other</b>   |           |                            |
| <i>aztreonam injection recon soln 1 gram</i>                          | 5         |                            |
| CAYSTON   | 6         | PA; QL (84 ML per 28 days) |
| <i>imipenem-cilastatin INVANZ INJECTION</i>                           | 5         |                            |
| <i>meropenem intravenous recon soln 500 mg</i>                        | 5         |                            |
| <b>Beta-Lactam, Penicillins</b>                                       |           |                            |
| <i>amoxicillin oral capsule</i>                                       | 2         |                            |
| <i>amoxicillin oral suspension for reconstitution</i>                 | 2         |                            |
| <i>amoxicillin oral tablet</i>  | 2         |                            |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>               | 2         |                            |
| <i>amoxicillin-pot clavulanate</i>                                    | 2         |                            |
| <i>ampicillin oral capsule</i>  | 2         |                            |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i> | 5         |                            |
| <i>ampicillin-sulbactam injection</i>                                 | 5         |                            |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML        | 3         |                            |
| BICILLIN C-R  | 5         |                            |
| BICILLIN L-A  | 5         |                            |

| Drug Name   | Drug Tier | Requirement /Limits  |
|---|-----------|----------------------|
| <i>dicloxacillin</i>  | 2         |                      |
| <i>nafcillin injection recon soln 1 gram</i>  | 5         |                      |
| <i>nafcillin injection recon soln 10 gram</i>   | 6         |                      |
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>              | 5         |                      |
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>              | 6         |                      |
| <i>oxacillin injection recon soln 10 gram</i>   | 6         |                      |
| <i>penicillin g potassium injection recon soln 5 million unit</i>                     | 5         |                      |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>              | 5         |                      |
| <i>penicillin g sodium</i>  | 5         |                      |
| <i>penicillin v potassium</i>   | 2         |                      |
| <i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram</i> | 5         |                      |
| <b>Macrolides</b>   |           |                      |
| AZASITE   | 4         |                      |
| <i>azithromycin intravenous</i>   | 5         |                      |
| <i>azithromycin oral packet</i>   | 2         |                      |
| <i>azithromycin oral suspension for reconstitution</i>                                | 2         |                      |
| <i>azithromycin oral tablet 250 mg</i>  | 2         | QL (6 EA per 5 days) |
| <i>azithromycin oral tablet 250 mg (6 pack)</i>                                       | 2         |                      |
| <i>azithromycin oral tablet 500 mg, 500 mg (3 pack)</i>                               | 2         | QL (3 EA per 3 days) |

| Drug Name  | Drug Tier | Requirement /Limits    |
|--|-----------|------------------------|
| <i>azithromycin oral tablet 600 mg</i>                                   | 2         | QL (8 EA per 30 days)  |
| <i>clarithromycin oral suspension for reconstitution</i>                 | 2         |                        |
| <i>clarithromycin oral tablet</i>  | 2         | QL (42 EA per 14 days) |
| <i>clarithromycin oral tablet extended release 24 hr</i>                 | 2         | QL (42 EA per 14 days) |
| <i>ery pads</i>  | 2         |                        |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG                                 | 5         |                        |
| <i>erythromycin ethylsuccinate oral tablet</i>                           | 4         |                        |
| <i>erythromycin ophthalmic (eye)</i>                                     | 2         |                        |
| <i>erythromycin oral tablet</i>  | 4         |                        |
| <i>erythromycin with ethanol topical gel</i>                             | 2         |                        |
| <i>erythromycin with ethanol topical solution</i>                        | 2         |                        |
| <b>Quinolones</b>  |           |                        |
| CILOXAN OPHTHALMIC (EYE) OINTMENT  | 4         |                        |
| <i>ciprofloxacin</i>   | 3         |                        |
| <i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg</i> | 2         | QL (14 EA per 14 days) |
| <i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg</i>   | 2         | QL (3 EA per 3 days)   |
| <i>ciprofloxacin hcl ophthalmic (eye)</i>                                | 2         |                        |
| <i>ciprofloxacin hcl oral</i>  | 2         |                        |



| Drug Name   | Drug Tier | Requirement /Limits    | Drug Name   | Drug Tier | Requirement /Limits         |
|---|-----------|------------------------|---|-----------|-----------------------------|
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>      | 5         |                        | <i>demeclocycline</i>   | 4         |                             |
| <i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>                | 5         |                        | <i>doxy-100</i>   | 5         |                             |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> | 5         |                        | <i>doxycycline hyclate oral capsule</i>                           | 2         |                             |
| <i>levofloxacin intravenous</i>   | 5         |                        | <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>              | 2         |                             |
| <i>levofloxacin ophthalmic (eye)</i>  | 2         |                        | <i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>  | 2         |                             |
| <i>levofloxacin oral solution</i>   | 3         |                        | <i>doxycycline monohydrate oral capsule 150 mg</i>                | 4         |                             |
| <i>levofloxacin oral tablet</i>   | 1         | QL (10 EA per 10 days) | <i>doxycycline monohydrate oral suspension for reconstitution</i> | 2         |                             |
| <i>moxifloxacin ophthalmic (eye)</i>  | 2         |                        | <i>doxycycline monohydrate oral tablet</i>                        | 2         |                             |
| <i>moxifloxacin oral</i>  | 3         | QL (10 EA per 10 days) | <i>minocycline oral capsule</i>                                   | 2         |                             |
| <i>ofloxacin ophthalmic (eye)</i>   | 2         |                        | <i>minocycline oral tablet</i>                                    | 3         |                             |
| <i>ofloxacin oral tablet 400 mg</i>   | 2         |                        | <i>tetracycline</i>   | 4         |                             |
| <i>ofloxacin otic (ear)</i>   | 2         |                        | <b>Anticonvulsants</b>  |           |                             |
| <b>Sulfonamides</b>   |           |                        | <i>Anticonvulsants, Other</i>                                     |           |                             |
| <i>silvadene</i>  | 2         |                        | BRIVIACT INTRAVENOUS  | 5         | PA                          |
| <i>silver sulfadiazine</i>  | 2         |                        | BRIVIACT ORAL SOLUTION  | 6         | PA; QL (600 ML per 30 days) |
| <i>ssd</i>  | 2         |                        | BRIVIACT ORAL TABLET  | 6         | PA; QL (60 EA per 30 days)  |
| <i>sulfacetamide sodium (acne)</i>  | 3         |                        | DIASTAT   | 4         | QL (5 EA per 30 days)       |
| <i>sulfacetamide sodium ophthalmic (eye)</i>                                  | 2         |                        | DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG                     | 4         | QL (40 EA per 30 days)      |
| <i>sulfadiazine</i>   | 3         |                        | DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG                            | 4         | QL (20 EA per 30 days)      |
| <i>sulfamethoxazole-trimethoprim intravenous</i>                              | 5         |                        | <i>diazepam rectal kit 2.5 mg</i>                                 | 4         | QL (5 EA per 30 days)       |
| <i>sulfamethoxazole-trimethoprim oral</i>                                     | 2         |                        |   |           |                             |
| <b>Tetracyclines</b>  |           |                        |   |           |                             |

| Drug Name  | Drug Tier | Requirement /Limits         |
|--|-----------|-----------------------------|
| <i>diazepam rectal kit 5-7.5-10 mg</i>                         | 4         | QL (20 EA per 30 days)      |
| <i>levetiracetam in nacl (iso-os)</i>                          | 5         |                             |
| <i>levetiracetam intravenous</i>                               | 5         |                             |
| <i>levetiracetam oral solution 100 mg/ml</i>                   | 2         |                             |
| <i>levetiracetam oral tablet</i>                               | 2         |                             |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg</i> | 2         | QL (180 EA per 30 days)     |
| <i>levetiracetam oral tablet extended release 24 hr 750 mg</i> | 2         | QL (120 EA per 30 days)     |
| <i>roweepra</i>  | 2         |                             |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG                    | 4         | PA; QL (90 EA per 30 days)  |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG              | 4         | PA; QL (60 EA per 30 days)  |
| SPRITAM ORAL TABLET FOR SUSPENSION 750 MG                      | 4         | PA; QL (120 EA per 30 days) |
| <b><i>Calcium Channel Modifying Agents</i></b>                 |           |                             |
| CELONTIN ORAL CAPSULE 300 MG                                   | 4         |                             |
| <i>ethosuximide</i>  | 2         |                             |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG        | 3         | QL (90 EA per 30 days)      |
| LYRICA ORAL CAPSULE 200 MG, 225 MG, 300 MG                     | 3         | QL (60 EA per 30 days)      |
| LYRICA ORAL SOLUTION   | 3         | QL (900 ML per 30 days)     |
| <i>zonisamide</i>  | 2         |                             |

| Drug Name   | Drug Tier | Requirement /Limits      |
|---|-----------|--------------------------|
| <b><i>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</i></b>          |           |                          |
| <i>clonazepam oral tablet 0.5 mg</i>                                    | 2         | QL (1200 EA per 30 days) |
| <i>clonazepam oral tablet 1 mg</i>                                      | 2         | QL (600 EA per 30 days)  |
| <i>clonazepam oral tablet 2 mg</i>                                      | 2         | QL (300 EA per 30 days)  |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i> | 2         | QL (1200 EA per 30 days) |
| <i>clonazepam oral tablet, disintegrating 1 mg</i>                      | 2         | QL (600 EA per 30 days)  |
| <i>clonazepam oral tablet, disintegrating 2 mg</i>                      | 2         | QL (300 EA per 30 days)  |
| <i>clorazepate dipotassium oral tablet 15 mg</i>                        | 4         | QL (180 EA per 30 days)  |
| <i>clorazepate dipotassium oral tablet 3.75 mg</i>                      | 4         | QL (720 EA per 30 days)  |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i>                       | 4         | QL (360 EA per 30 days)  |
| <i>diazepam intensol</i>  | 2         | QL (360 ML per 30 days)  |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                       | 3         | QL (1800 ML per 30 days) |
| <i>diazepam oral tablet 10 mg</i>                                       | 2         | QL (180 EA per 30 days)  |
| <i>diazepam oral tablet 2 mg</i>  | 2         | QL (900 EA per 30 days)  |
| <i>diazepam oral tablet 5 mg</i>  | 2         | QL (360 EA per 30 days)  |
| <i>diazepam rectal kit 2.5 mg</i>                                       | 4         | QL (5 EA per 30 days)    |
| <i>diazepam rectal kit 5-7.5-10 mg</i>                                  | 4         | QL (20 EA per 30 days)   |
| <i>divalproex</i>   | 2         |                          |
| <i>gabapentin oral capsule</i>  | 2         |                          |

| Drug Name   | Drug Tier | Requirement /Limits         |
|---|-----------|-----------------------------|
| <i>gabapentin oral solution 250 mg/5 ml</i>                     | 3         |                             |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                    | 2         |                             |
| GABITRIL ORAL TABLET 12 MG, 16 MG                               | 4         | PA                          |
| <i>lamotrigine oral tablet, disintegrating</i>                  | 4         |                             |
| <i>lorazepam oral tablet 0.5 mg</i>                             | 2         | QL (600 EA per 30 days)     |
| <i>lorazepam oral tablet 1 mg</i>                               | 2         | QL (300 EA per 30 days)     |
| <i>lorazepam oral tablet 2 mg</i>                               | 2         | QL (150 EA per 30 days)     |
| ONFI ORAL SUSPENSION  | 3         | ST; QL (480 ML per 30 days) |
| ONFI ORAL TABLET 10 MG, 20 MG                                   | 3         | ST; QL (60 EA per 30 days)  |
| <i>phenobarbital</i>  | 2         |                             |
| <i>primidone</i>  | 2         |                             |
| SABRIL  | 6         | PA; QL (180 EA per 30 days) |
| <i>tiagabine</i>  | 4         | PA                          |
| <i>valproate sodium</i>   | 5         |                             |
| <i>valproic acid</i>  | 2         |                             |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | 2         |                             |
| <i>vigabatrin</i>   | 6         | PA; QL (180 EA per 30 days) |
| <b>Glutamate Reducing Agents</b>                                |           |                             |
| <i>felbamate</i>  | 2         |                             |
| FYCOMPA ORAL SUSPENSION   | 4         | PA; QL (720 ML per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG              | 4         | PA; QL (30 EA per 30 days)  |

| Drug Name  | Drug Tier | Requirement /Limits          |
|--|-----------|------------------------------|
| FYCOMPA ORAL TABLET 2 MG   | 4         | PA; QL (90 EA per 30 days)   |
| <i>lamotrigine oral tablet</i>   | 2         |                              |
| <i>lamotrigine oral tablet, chewable dispersible</i>                   | 2         |                              |
| <i>topiramate oral capsule, sprinkle</i>                               | 2         | PA                           |
| <i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i> | 3         | PA; QL (30 EA per 30 days)   |
| <i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>       | 3         | PA; QL (60 EA per 30 days)   |
| <i>topiramate oral tablet</i>  | 2         | PA                           |
| <b>Sodium Channel Agents</b>   |           |                              |
| APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG                              | 4         | PA; QL (30 EA per 30 days)   |
| APTIOM ORAL TABLET 600 MG  | 4         | PA; QL (60 EA per 30 days)   |
| BANZEL ORAL SUSPENSION   | 4         | ST; QL (2400 ML per 30 days) |
| BANZEL ORAL TABLET 400 MG  | 4         | ST; QL (240 EA per 30 days)  |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                       | 3         |                              |
| <i>carbamazepine oral tablet</i>                                       | 2         |                              |
| <i>carbamazepine oral tablet extended release 12 hr</i>                | 3         |                              |
| <i>carbamazepine oral tablet, chewable</i>                             | 2         |                              |
| DILANTIN   | 4         |                              |
| <i>epitol</i>  | 2         |                              |
| <i>fosphenytoin injection solution 100 mg pe/2 ml</i>                  | 5         |                              |

| Drug Name   | Drug Tier | Requirement /Limits          |
|---|-----------|------------------------------|
| <i>oxcarbazepine oral suspension</i>                          | 4         | PA                           |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg</i>               | 2         | PA; QL (60 EA per 30 days)   |
| <i>oxcarbazepine oral tablet 600 mg</i>                       | 2         | PA                           |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG | 4         | PA; QL (30 EA per 30 days)   |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG         | 4         | PA; QL (120 EA per 30 days)  |
| PEGANONE  | 4         |                              |
| <i>phenytek</i>   | 2         |                              |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                  | 2         |                              |
| <i>phenytoin oral tablet, chewable</i>                        | 2         |                              |
| <i>phenytoin sodium extended</i>                              | 2         |                              |
| VIMPAT INTRAVENOUS  | 5         | PA                           |
| VIMPAT ORAL SOLUTION  | 4         | PA; QL (1200 ML per 30 days) |
| VIMPAT ORAL TABLET  | 4         | PA; QL (60 EA per 30 days)   |

### Antidementia Agents

#### Antidementia Agents, Other

|  |   |                            |
|--|---|----------------------------|
| <i>ergoloid</i>                              | 4 | PA                         |
| <b>Cholinesterase Inhibitors</b>             |   |                            |
| <i>donepezil oral tablet 10 mg, 5 mg</i>     | 2 |                            |
| <i>donepezil oral tablet 23 mg</i>           | 3 | ST; QL (30 EA per 30 days) |
| <i>donepezil oral tablet, disintegrating</i> | 2 |                            |

| Drug Name   | Drug Tier | Requirement /Limits    |
|---|-----------|------------------------|
| <i>galantamine oral capsule, ext rel. pellets 24 hr</i> | 3         | QL (30 EA per 30 days) |
| <i>galantamine oral solution</i>                        | 3         |                        |
| <i>galantamine oral tablet</i>                          | 3         |                        |
| <i>rivastigmine</i>                                     | 3         | QL (30 EA per 30 days) |
| <i>rivastigmine tartrate</i>                            | 3         |                        |
| <b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>  |           |                        |
| <i>memantine oral tablet</i>                            | 2         | QL (60 EA per 30 days) |
| <i>memantine oral tablets, dose pack</i>                | 3         |                        |
| NAMENDA XR  | 3         | QL (30 EA per 30 days) |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK          | 4         | QL (28 EA per 28 days) |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR                | 4         | QL (30 EA per 30 days) |

### Antidepressants

#### Antidepressants, Other

|  |   |                         |
|--|---|-------------------------|
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG | 6 | PA                      |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING       | 6 | PA                      |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>           | 4 | QL (30 EA per 30 days)  |
| <i>aripiprazole oral tablet 2 mg</i>                                 | 4 | QL (120 EA per 30 days) |
| <i>aripiprazole oral tablet 5 mg</i>                                 | 4 | QL (60 EA per 30 days)  |

| Drug Name  | Drug Tier | Requirement /Limits     | Drug Name   | Drug Tier | Requirement /Limits                        |
|--|-----------|-------------------------|---|-----------|--|
| <i>aripiprazole oral tablet,disintegrating</i>                 | 6         | QL (60 EA per 30 days)  | <i>desvenlafaxine oral tablet extended release 24 hr</i>                        | 4         | ST; QL (30 EA per 30 days)                 |
| <i>bupropion hcl oral tablet 100 mg</i>                        | 2         | QL (120 EA per 30 days) | <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>       | 3         | ST; QL (120 EA per 30 days)                |
| <i>bupropion hcl oral tablet 75 mg</i>                         | 2         | QL (180 EA per 30 days) | <i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg</i> | 3         | ST; QL (30 EA per 30 days)                 |
| <i>bupropion hcl oral tablet extended release 12 hr 100 mg</i> | 2         | QL (120 EA per 30 days) | <i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg</i>              | 2         | (generic Cymbalta); QL (90 EA per 30 days) |
| <i>bupropion hcl oral tablet extended release 12 hr 150 mg</i> | 2         | QL (90 EA per 30 days)  | <i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>                     | 2         | (generic Irenka); QL (60 EA per 30 days)   |
| <i>bupropion hcl oral tablet extended release 12 hr 200 mg</i> | 2         | QL (60 EA per 30 days)  | <i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>                     | 2         | (generic Cymbalta); QL (60 EA per 30 days) |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> | 2         | QL (90 EA per 30 days)  | <i>escitalopram oxalate</i>   | 2         |  |
| <i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> | 2         | QL (30 EA per 30 days)  | FETZIMA   | 4         | PA; QL (30 EA per 30 days)                 |
| <i>maprotiline</i>   | 2         |                         | <i>fluoxetine oral capsule</i>  | 2         |  |
| <i>mirtazapine</i>   | 2         |                         | <i>fluoxetine oral capsule,delayed release(dr/ec)</i>                           | 4         | QL (4 EA per 28 days)                      |
| <i>nefazodone</i>  | 2         |                         | <i>fluoxetine oral solution</i>   | 2         |  |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>             | 2         |                         | <i>fluoxetine oral tablet 10 mg, 20 mg</i>                                      | 2         |  |
| <i>trazodone oral tablet 300 mg</i>                            | 3         |                         | <i>fluvoxamine oral tablet</i>  | 2         |  |
| <b>Antidepressants</b>   |           |                         | <i>paroxetine hcl oral tablet</i>   | 2         |  |
| <i>perphenazine-amitriptyline</i>                              | 4         |                         | PAXIL ORAL SUSPENSION   | 4         | QL (900 ML per 30 days)                    |
| <b>Monoamine Oxidase Inhibitors</b>                            |           |                         | PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG                               | 4         | QL (120 EA per 30 days)                    |
| EMSAM  | 6         | PA                      |   |           |  |
| MARPLAN  | 4         |                         |   |           |  |
| <i>phenelzine</i>  | 2         |                         |   |           |  |
| <i>tranylcypromine</i>   | 4         |                         |   |           |  |
| <b>Ssris/ Snris</b>  |           |                         |   |           |  |
| <i>citalopram oral solution</i>                                | 2         |                         |   |           |  |
| <i>citalopram oral tablet</i>                                  | 1         |                         |   |           |  |

| Drug Name   | Drug Tier | Requirement /Limits                          |
|---|-----------|--|
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG                     | 4         | QL (30 EA per 30 days)                       |
| <i>sertraline oral concentrate</i>  | 2         |  |
| <i>sertraline oral tablet</i>   | 1         |  |
| TRINTELLIX  | 4         | ST; QL (30 EA per 30 days)                   |
| <i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>       | 2         | (generic Effexor XR); QL (60 EA per 30 days) |
| <i>venlafaxine oral capsule,extended release 24hr 75 mg</i>                 | 2         | (generic Effexor XR); QL (90 EA per 30 days) |
| <i>venlafaxine oral tablet</i>  | 2         | (generic Effexor)                            |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i> | 4         | QL (30 EA per 30 days)                       |
| VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG                        | 4         | QL (30 EA per 30 days)                       |
| VIIBRYD ORAL TABLET   | 4         | ST; QL (30 EA per 30 days)                   |
| VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)                        | 4         | ST; QL (30 EA per 30 days)                   |
| <b>Tricyclics</b>   |           |  |
| <i>amitriptyline</i>  | 2         |  |
| <i>amoxapine</i>  | 2         |  |
| <i>clomipramine</i>   | 4         |  |
| <i>desipramine</i>  | 2         |  |
| <i>doxepin oral</i>   | 2         |  |
| <i>imipramine hcl</i>   | 2         |  |
| <i>nortriptyline</i>  | 2         |  |
| <i>protriptyline</i>  | 4         |  |

| Drug Name   | Drug Tier | Requirement /Limits       |
|---|-----------|---------------------------|
| SILENOR   | 4         | QL (30 EA per 30 days)    |
| <i>trimipramine</i>   | 4         |                           |
| <b>Antiemetics</b>  |           |                           |
| <b>Antiemetics, Other</b>   |           |                           |
| <i>chlorpromazine injection</i>   | 5         |                           |
| <i>chlorpromazine oral</i>  | 2         |                           |
| <i>compro</i>   | 2         |                           |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>                    | 5         |                           |
| <i>hydroxyzine hcl oral tablet</i>  | 2         | PA                        |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>                               | 2         |                           |
| <i>metoclopramide hcl injection solution</i>                              | 5         |                           |
| <i>metoclopramide hcl oral solution</i>                                   | 2         |                           |
| <i>metoclopramide hcl oral tablet</i>                                     | 2         |                           |
| <i>perphenazine</i>   | 2         |                           |
| <i>prochlorperazine</i>   | 2         |                           |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 5         | BvD                       |
| <i>prochlorperazine maleate</i>   | 2         |                           |
| <i>promethazine oral tablet</i>   | 2         | PA                        |
| TIGAN INTRAMUSCULAR   | 5         | BvD                       |
| TRANSDERM-SCOP  | 4         |                           |
| <b>Emetogenic Therapy Adjuncts</b>  |           |                           |
| <i>aprepitant oral capsule 125 mg, 80 mg</i>                              | 4         | PA                        |
| <i>aprepitant oral capsule 40 mg</i>                                      | 4         | PA; QL (1 EA per 30 days) |
| <i>aprepitant oral capsule,dose pack</i>                                  | 4         | PA                        |

| Drug Name   | Drug Tier | Requirement /Limits          | Drug Name   | Drug Tier | Requirement /Limits        |
|---|-----------|------------------------------|---|-----------|----------------------------|
| <i>dronabinol oral capsule 10 mg</i>                    | 6         | PA; QL (180 EA per 30 days)  | <i>clotrimazole mucous membrane</i>   | 2         |                            |
| <i>dronabinol oral capsule 2.5 mg, 5 mg</i>             | 4         | PA; QL (180 EA per 30 days)  | <i>clotrimazole topical</i>   | 2         |                            |
| EMEND INTRAVENOUS                                       | 5         | BvD                          | CRESEMBA  | 6         | PA                         |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION                | 4         | PA; QL (3 EA per 7 days)     | <i>econazole</i>  | 2         |                            |
| <i>granisetron (pf) intravenous solution 100 mcg/ml</i> | 5         | PA                           | ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG                                      | 5         | BvD                        |
| <i>granisetron hcl intravenous</i>                      | 5         | PA                           | <i>fluconazole</i>  | 2         |                            |
| <i>granisetron hcl oral</i>                             | 3         | PA; QL (60 EA per 30 days)   | <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | 5         |                            |
| <i>ondansetron</i>                                      | 2         | BvD; QL (90 EA per 30 days)  | <i>flucytosine</i>  | 6         |                            |
| <i>ondansetron hcl (pf)</i>                             | 5         | BvD                          | <i>griseofulvin microsize oral suspension</i>   | 2         |                            |
| <i>ondansetron hcl oral solution</i>                    | 2         | BvD; QL (450 ML per 30 days) | <i>griseofulvin microsize oral tablet</i>   | 3         |                            |
| <i>ondansetron hcl oral tablet 24 mg</i>                | 2         | BvD; QL (15 EA per 30 days)  | <i>griseofulvin ultramicrosize</i>  | 3         |                            |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>           | 2         | BvD; QL (90 EA per 30 days)  | <i>itraconazole</i>   | 4         | PA                         |
| <b>Antifungals</b>                                      |           |                              | <i>ketoconazole oral</i>  | 2         |                            |
| <i>Antifungals</i>                                      |           |                              | <i>ketoconazole topical cream</i>   | 2         |                            |
| ABELCET   | 6         | BvD                          | <i>ketoconazole topical shampoo</i>   | 2         |                            |
| AMBISOME  | 6         | BvD                          | <i>miconazole-3 vaginal suppository</i>   | 2         |                            |
| <i>amphotericin b</i>                                   | 5         | BvD                          | MYCAMINE  | 6         |                            |
| CANCIDAS  | 6         | PA                           | NATACYN   | 3         |                            |
| <i>casposfungin</i>                                     | 6         | PA                           | NOXAFIL ORAL SUSPENSION   | 6         | PA                         |
| <i>ciclopirox topical cream</i>                         | 2         |                              | NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)   | 6         | PA; QL (90 EA per 30 days) |
| <i>ciclopirox topical gel</i>                           | 4         |                              | <i>nyamyc</i>   | 2         |                            |
| <i>ciclopirox topical shampoo</i>                       | 4         |                              | <i>nystatin oral suspension</i>   | 2         |                            |
| <i>ciclopirox topical solution</i>                      | 2         |                              | <i>nystatin oral tablet</i>   | 2         |                            |
| <i>ciclopirox topical suspension</i>                    | 2         |                              | <i>nystatin topical</i>   | 2         |                            |

| Drug Name  | Drug Tier | Requirement /Limits         |
|--|-----------|-----------------------------|
| <i>nystop</i>  | 2         |                             |
| <i>terbinafine hcl oral</i>                            | 2         | QL (30 EA per 30 days)      |
| <i>terconazole</i>                                     | 2         |                             |
| <i>voriconazole intravenous</i>                        | 5         |                             |
| <i>voriconazole oral suspension for reconstitution</i> | 6         | PA                          |
| <i>voriconazole oral tablet 200 mg</i>                 | 6         | PA                          |
| <i>voriconazole oral tablet 50 mg</i>                  | 4         | PA                          |
| ZOLINZA  | 6         | PA; QL (120 EA per 30 days) |

### Antigout Agents

#### Antigout Agents

|                                |   |                         |
|--------------------------------|---|-------------------------|
| <i>allopurinol</i>             | 2 |                         |
| <i>colchicine oral capsule</i> | 3 | QL (60 EA per 30 days)  |
| <i>colchicine oral tablet</i>  | 3 | QL (120 EA per 30 days) |
| <i>probenecid</i>              | 2 |                         |
| <i>probenecid-colchicine</i>   | 2 |                         |

### Anti-Inflammatory Agents

#### Glucocorticoids

|  |   |  |
|--|---|--|
| <i>betamethasone dipropionate</i>              | 2 |  |
| <i>betamethasone valerate topical cream</i>    | 2 |  |
| <i>betamethasone valerate topical lotion</i>   | 2 |  |
| <i>betamethasone valerate topical ointment</i> | 2 |  |
| <i>betamethasone, augmented</i>                | 2 |  |
| BLEPHAMIDE S.O.P.                              | 4 |  |
| <i>cortisone</i>                               | 3 |  |
| <i>dexamethasone oral elixir</i>               | 2 |  |

| Drug Name   | Drug Tier | Requirement /Limits    |
|---|-----------|------------------------|
| <i>dexamethasone oral tablet</i>  | 2         |                        |
| <i>dexamethasone sodium phosphate injection solution</i>                                      | 5         |                        |
| <i>hydrocortisone oral tablet 20 mg, 5 mg</i>   | 2         |                        |
| <i>methylprednisolone acetate</i>   | 5         |                        |
| <i>methylprednisolone oral tablet</i>   | 2         |                        |
| <i>methylprednisolone sodium succ injection recon soln 40 mg</i>                              | 5         |                        |
| <i>methylprednisolone sodium succ intravenous</i>   | 5         |                        |
| <i>prednisolone acetate</i>   | 2         |                        |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i>   | 2         |                        |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i> | 2         |                        |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>               | 3         |                        |
| <i>prednisone intensol</i>  | 2         |                        |
| <i>prednisone oral solution</i>   | 2         |                        |
| <i>prednisone oral tablet</i>   | 2         |                        |
| <i>sulfacetamide-prednisolone</i>   | 2         |                        |
| <b>Nonsteroidal Anti-Inflammatory Drugs</b>   |           |                        |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>   | 2         | QL (60 EA per 30 days) |
| <i>celecoxib oral capsule 400 mg</i>  | 2         | QL (30 EA per 30 days) |
| <i>diclofenac potassium</i>   | 2         |                        |
| <i>diclofenac sodium oral</i>   | 2         |                        |



| Drug Name   | Drug Tier | Requirement /Limits |
|---|-----------|---------------------|
| <i>diflunisal</i>                                   | 2         |                     |
| <i>etodolac oral capsule 200 mg</i>                 | 2         |                     |
| <i>etodolac oral tablet</i>                         | 2         |                     |
| <i>etodolac oral tablet extended release 24 hr</i>  | 3         |                     |
| <i>fenoprofen oral tablet</i>                       | 2         |                     |
| <i>flurbiprofen</i>                                 | 2         |                     |
| <i>ibuprofen oral suspension</i>                    | 2         |                     |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | 2         |                     |
| <i>indomethacin oral capsule</i>                    | 2         |                     |
| <i>ketoprofen oral capsule</i>                      | 2         |                     |
| <i>meloxicam oral tablet</i>                        | 2         |                     |
| <i>nabumetone</i>                                   | 2         |                     |
| <i>naproxen</i>                                     | 2         |                     |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>   | 2         |                     |
| <i>oxaprozin</i>                                    | 3         |                     |
| <i>sulindac</i>                                     | 2         |                     |

### Antimigraine Agents

#### Ergot Alkaloids

|                                    |   |                           |
|------------------------------------|---|---------------------------|
| <i>dihydroergotamine injection</i> | 5 |                           |
| <i>dihydroergotamine nasal</i>     | 6 | PA; QL (8 ML per 30 days) |
| <i>ergotamine-caffeine</i>         | 4 | QL (40 EA per 28 days)    |
| <i>migergot</i>                    | 3 | QL (5 EA per 7 days)      |

#### Prophylactic

|  |   |    |
|--|---|----|
| <i>divalproex</i>                        | 2 |    |
| <i>timolol maleate oral</i>              | 2 |    |
| <i>topiramate oral capsule, sprinkle</i> | 2 | PA |
| <i>topiramate oral tablet</i>            | 2 | PA |
| <i>valproic acid</i>                     | 2 |    |

| Drug Name   | Drug Tier | Requirement /Limits                    |
|---|-----------|--|
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | 2         |  |
| <b>Serotonin (5-Ht) 1B/1D Receptor Agonists</b>                 |           |  |
| <i>naratriptan</i>  | 2         | QL (18 EA per 30 days)                 |
| <i>rizatriptan</i>  | 2         | QL (24 EA per 30 days)                 |
| <i>sumatriptan</i>  | 4         | nasal solution; QL (18 EA per 30 days) |
| <i>sumatriptan succinate oral</i>                               | 2         | QL (18 EA per 30 days)                 |
| <i>sumatriptan succinate subcutaneous cartridge</i>             | 5         | QL (8 ML per 30 days)                  |
| <i>sumatriptan succinate subcutaneous pen injector</i>          | 5         | QL (8 ML per 30 days)                  |
| <i>sumatriptan succinate subcutaneous solution</i>              | 5         | QL (8 ML per 30 days)                  |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>   | 5         | QL (8 ML per 30 days)                  |
| <i>zolmitriptan</i>   | 4         | QL (18 EA per 30 days)                 |

### Antimyasthenic Agents

#### Parasympathomimetics

|  |   |  |
|--|---|--|
| <i>guanidine</i>   | 2 |  |
| MESTINON ORAL SYRUP  | 4 |  |
| <i>pyridostigmine bromide oral tablet</i>                  | 2 |  |
| <i>pyridostigmine bromide oral tablet extended release</i> | 4 |  |

### Antimycobacterials

#### Antimycobacterials, Other

|                        |   |  |
|------------------------|---|--|
| <i>dapsone</i>         | 2 |  |
| PRIFTIN                | 4 |  |
| <i>rifabutin</i>       | 4 |  |
| <b>Antituberculars</b> |   |  |
| CAPASTAT               | 5 |  |

| Drug Name                   | Drug Tier | Requirement /Limits        |
|-----------------------------|-----------|----------------------------|
| <i>ethambutol</i>           | 2         |                            |
| <i>isoniazid injection</i>  | 5         |                            |
| <i>isoniazid oral</i>       | 2         |                            |
| PASER                       | 4         |                            |
| <i>pyrazinamide</i>         | 2         |                            |
| <i>rifampin intravenous</i> | 5         |                            |
| <i>rifampin oral</i>        | 2         |                            |
| RIFATER                     | 4         |                            |
| SIRTURO                     | 6         | PA; QL (24 EA per 28 days) |
| TRECTOR                     | 4         |                            |

### Antineoplastics

|   |   |                                |
|---|---|--------------------------------|
| ABRAXANE  | 6 | BvD                            |
| <i>fludarabine intravenous recon soln</i>                     | 5 | BvD                            |
| FUSILEV   | 5 | BvD                            |
| <i>leucovorin calcium injection recon soln 100 mg, 350 mg</i> | 5 | BvD                            |
| <i>leucovorin calcium oral</i>                                | 3 |                                |
| <i>mitoxantrone</i>   | 3 | BvD                            |
| REVLIMID ORAL CAPSULE 2.5 MG, 20 MG                           | 6 | PA; LA; QL (30 EA per 30 days) |
| SYLATRON  | 6 | PA                             |
| SYNRIBO   | 6 | BvD                            |
| YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)             | 6 | PA                             |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)           | 6 | PA                             |

### Alkylating Agents

|                                      |   |     |
|--------------------------------------|---|-----|
| <i>busulfan</i>                      | 5 | BvD |
| <i>cyclophosphamide oral capsule</i> | 4 | BvD |
| HEXALEN                              | 6 |     |

| Drug Name  | Drug Tier | Requirement /Limits            |
|--|-----------|--------------------------------|
| LEUKERAN   | 3         |                                |
| MATULANE   | 6         |                                |
| <i>melphalan hcl</i>                             | 5         | BvD                            |
| <i>thiotepa</i>                                  | 5         | BvD                            |
| VALCHLOR   | 6         | PA; QL (60 GM per 30 days)     |
| <b>Antiandrogens</b>                             |           |                                |
| <i>bicalutamide</i>                              | 2         |                                |
| <i>flutamide</i>                                 | 3         |                                |
| <i>nilutamide</i>                                | 6         | QL (30 EA per 30 days)         |
| XTANDI   | 6         | PA; QL (120 EA per 30 days)    |
| ZYTIGA ORAL TABLET 250 MG                        | 6         | PA; QL (120 EA per 30 days)    |
| ZYTIGA ORAL TABLET 500 MG                        | 6         | PA; QL (60 EA per 30 days)     |
| <b>Antiangiogenic Agents</b>                     |           |                                |
| POMALYST   | 6         | PA; QL (30 EA per 30 days)     |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG  | 6         | PA; LA; QL (30 EA per 30 days) |
| THALOMID ORAL CAPSULE 100 MG, 50 MG              | 6         | PA; QL (30 EA per 30 days)     |
| THALOMID ORAL CAPSULE 150 MG, 200 MG             | 6         | PA; QL (60 EA per 30 days)     |
| <b>Antiestrogens/Modifiers</b>                   |           |                                |
| EMCYT  | 4         |                                |
| FARESTON   | 6         |                                |
| SOLTAMOX <i>tamoxifen</i>                        | 4         |                                |
| <b>Antimetabolites</b>                           |           |                                |
| DROXIA   | 4         |                                |
| <i>gemcitabine intravenous recon soln 1 gram</i> | 6         | BvD                            |
| <i>hydroxyurea</i>                               | 2         |                                |
| LONSURF ORAL TABLET 15-6.14 MG                   | 6         | PA; QL (100 EA per 28 days)    |

| Drug Name  | Drug Tier | Requirement /Limits        | Drug Name  | Drug Tier | Requirement /Limits             |
|--|-----------|----------------------------|--|-----------|---------------------------------|
| LONSURF ORAL TABLET 20-8.19 MG   | 6         | PA; QL (80 EA per 28 days) | <i>doxorubicin intravenous solution 50 mg/25 ml</i>        | 5         | BvD                             |
| PURIXAN  | 6         | PA                         | <i>doxorubicin, peg-liposomal</i>                          | 5         | BvD                             |
| TABLOID  | 4         |                            | ELITEK   | 6         |                                 |
| <b>Antineoplastics</b>   |           |                            | <i>epirubicin intravenous solution 200 mg/100 ml</i>       | 5         | BvD                             |
| ALIMTA INTRAVENOUS RECON SOLN 500 MG   | 6         | BvD                        | ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML                  | 6         | BvD                             |
| ARRANON  | 6         | BvD                        | ERWINAZE   | 6         | BvD                             |
| AVASTIN  | 6         | BvD                        | FASLODEX   | 6         |                                 |
| <i>azacitidine</i>   | 6         | BvD                        | GLEOSTINE  | 4         |                                 |
| BELEODAQ   | 6         | PA                         | HALAVEN  | 6         | BvD                             |
| BICNU  | 5         | BvD                        | HERCEPTIN INTRAVENOUS RECON SOLN 440 MG                    | 6         | BvD                             |
| <i>bleomycin injection recon soln 30 unit</i>                                      | 5         | BvD                        | <i>idarubicin ifosfamide intravenous recon soln 1 gram</i> | 5         | BvD                             |
| <i>carboplatin intravenous solution</i>  | 5         | BvD                        | <i>irinotecan intravenous solution 100 mg/5 ml</i>         | 5         | BvD                             |
| <i>cisplatin</i>   | 5         | BvD                        | ISTODAX  | 6         | BvD                             |
| <i>cladribine</i>  | 6         | BvD                        | JEVTANA  | 6         | BvD                             |
| <i>clofarabine</i>   | 5         | BvD                        | KADCYLA INTRAVENOUS RECON SOLN 100 MG                      | 6         | PA                              |
| CLOLAR   | 5         | BvD                        | <i>levoleucovorin intravenous recon soln 50 mg</i>         | 5         | BvD                             |
| COSMEGEN   | 6         | BvD                        | LYNPARZA ORAL CAPSULE                                      | 6         | PA; QL (480 EA per 30 days)     |
| <i>cytarabine</i>  | 5         | BvD                        | LYNPARZA ORAL TABLET                                       | 6         | PA; LA; QL (120 EA per 30 days) |
| <i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>                 | 5         | BvD                        | <i>mesna</i>   | 5         |                                 |
| <i>dacarbazine intravenous recon soln 200 mg</i>                                   | 5         | BvD                        | MESNEX ORAL  | 6         |                                 |
| <i>daunorubicin intravenous solution</i>   | 5         | BvD                        | <i>mitomycin</i>   | 5         | BvD                             |
| <i>decitabine</i>  | 6         | PA                         |  |           |                                 |
| <i>dexrazoxane hcl intravenous recon soln 250 mg</i>                               | 5         | BvD                        |  |           |                                 |
| <i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | 5         | BvD                        |  |           |                                 |

| Drug Name  | Drug Tier | Requirement /Limits         | Drug Name  | Drug Tier | Requirement /Limits            |
|--|-----------|-----------------------------|--|-----------|--------------------------------|
| MUSTARGEN  | 6         | BvD                         | ZEJULA   | 6         | PA; LA; QL (90 EA per 30 days) |
| NINLARO  | 6         | PA; QL (3 EA per 28 days)   | <b><i>Aromatase Inhibitors, 3Rd Generation</i></b>               |           |                                |
| NIPENT   | 5         | BvD                         | <i>anastrozole</i>   | 2         |                                |
| <i>oxaliplatin intravenous solution 100 mg/20 ml</i> | 5         | BvD                         | <i>exemestane</i>  | 4         |                                |
| <i>paclitaxel</i>                                    | 5         | BvD                         | <i>letrozole</i>   | 2         |                                |
| PROLEUKIN  | 6         | BvD                         | <b><i>Enzyme Inhibitors</i></b>                                  |           |                                |
| RUBRACA ORAL TABLET 200 MG, 300 MG                   | 6         | PA; QL (120 EA per 30 days) | ETOPOPHOS  | 5         | BvD                            |
| TREANDA INTRAVENOUS RECON SOLN 100 MG                | 6         | BvD                         | <i>etoposide intravenous</i>                                     | 3         | BvD                            |
| TRISENOX   | 5         | BvD                         | FARYDAK  | 6         | PA; QL (6 EA per 21 days)      |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML) | 6         | BvD                         | IBRANCE  | 6         | PA; QL (21 EA per 28 days)     |
| VELCADE  | 6         | BvD                         | IDHIFA   | 6         | PA; LA; QL (30 EA per 30 days) |
| VENCLEXTA ORAL TABLET 10 MG                          | 4         | PA; QL (60 EA per 30 days)  | KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | 6         | PA; QL (49 EA per 28 days)     |
| VENCLEXTA ORAL TABLET 100 MG                         | 6         | PA; QL (120 EA per 30 days) | KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 6         | PA; QL (70 EA per 28 days)     |
| VENCLEXTA ORAL TABLET 50 MG                          | 4         | PA; QL (30 EA per 30 days)  | KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 6         | PA; QL (91 EA per 28 days)     |
| VENCLEXTA STARTING PACK                              | 6         | PA; QL (84 EA per 365 days) | KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)                      | 6         | PA; QL (21 EA per 28 days)     |
| <i>vinblastine intravenous solution</i>              | 5         | BvD                         | KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)                      | 6         | PA; QL (42 EA per 28 days)     |
| <i>vincasar pfs intravenous solution 1 mg/ml</i>     | 5         | BvD                         | KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)                      | 6         | PA; QL (63 EA per 28 days)     |
| <i>vincristine intravenous solution 1 mg/ml</i>      | 5         | BvD                         | <i>topotecan intravenous recon soln</i>                          | 5         | BvD                            |
| <i>vinorelbine intravenous solution 50 mg/5 ml</i>   | 5         | BvD                         |  |           |                                |
| VYXEOS   | 6         | PA                          |  |           |                                |
| YONDELIS   | 5         | PA                          |  |           |                                |

| Drug Name   | Drug Tier | Requirement /Limits            | Drug Name  | Drug Tier | Requirement /Limits             |
|---|-----------|--------------------------------|--|-----------|---------------------------------|
| ZOLINZA   | 6         | PA; QL (120 EA per 30 days)    | ICLUSIG ORAL TABLET 15 MG  | 6         | PA; QL (60 EA per 30 days)      |
| ZYDELIG   | 6         | PA; QL (60 EA per 30 days)     | ICLUSIG ORAL TABLET 45 MG  | 6         | PA; QL (30 EA per 30 days)      |
| <b>Molecular Target Inhibitors</b>                  |           |                                | <i>imatinib oral tablet 100 mg</i>   | 6         | PA; QL (240 EA per 30 days)     |
| AFINITOR ORAL TABLET 10 MG, 7.5 MG                  | 6         | PA; QL (60 EA per 30 days)     | <i>imatinib oral tablet 400 mg</i>   | 6         | PA; QL (60 EA per 30 days)      |
| AFINITOR ORAL TABLET 2.5 MG, 5 MG                   | 6         | PA; QL (30 EA per 30 days)     | IMBRUVICA  | 6         | PA; QL (120 EA per 30 days)     |
| ALECENSA  | 6         | PA; QL (240 EA per 30 days)    | INLYTA ORAL TABLET 1 MG  | 6         | PA; QL (180 EA per 30 days)     |
| ALUNBRIG  | 6         | PA; QL (180 EA per 30 days)    | INLYTA ORAL TABLET 5 MG  | 6         | PA; QL (120 EA per 30 days)     |
| BOSULIF ORAL TABLET 100 MG                          | 6         | PA; QL (120 EA per 30 days)    | IRESSA   | 6         | PA; LA; QL (60 EA per 30 days)  |
| BOSULIF ORAL TABLET 500 MG                          | 6         | PA; QL (30 EA per 30 days)     | JAKAFI   | 6         | PA; QL (60 EA per 30 days)      |
| CABOMETYX   | 6         | PA; QL (30 EA per 30 days)     | KYPROLIS   | 6         | PA                              |
| CAPRELSA ORAL TABLET 100 MG                         | 6         | PA; QL (60 EA per 30 days)     | LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY)   | 6         | PA; LA; QL (30 EA per 30 days)  |
| CAPRELSA ORAL TABLET 300 MG                         | 6         | PA; QL (30 EA per 30 days)     | LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) | 6         | PA; LA; QL (60 EA per 30 days)  |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | 6         | PA; QL (56 EA per 28 days)     | LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)              | 6         | PA; LA; QL (90 EA per 30 days)  |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 6         | PA; QL (112 EA per 28 days)    | MEKINIST ORAL TABLET 0.5 MG  | 6         | PA; QL (90 EA per 30 days)      |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)     | 6         | PA; QL (84 EA per 28 days)     | MEKINIST ORAL TABLET 2 MG  | 6         | PA; QL (30 EA per 30 days)      |
| COTELLIC  | 6         | PA; LA; QL (63 EA per 28 days) | NERLYNX  | 6         | PA; LA; QL (180 EA per 30 days) |
| ERIVEDGE  | 6         | PA; QL (30 EA per 30 days)     |  |           |                                 |
| GILOTRIF  | 6         | PA; QL (30 EA per 30 days)     |  |           |                                 |

| Drug Name                          | Drug Tier | Requirement /Limits             | Drug Name                                    | Drug Tier | Requirement /Limits         |
|------------------------------------|-----------|---------------------------------|--|-----------|-----------------------------|
| NEXAVAR                            | 6         | PA; LA; QL (120 EA per 30 days) | XALKORI                                      | 6         | PA; QL (60 EA per 30 days)  |
| ODOMZO                             | 6         | PA; LA; QL (30 EA per 30 days)  | ZELBORAF                                     | 6         | PA; QL (240 EA per 30 days) |
| OFEV                               | 6         | PA; QL (60 EA per 30 days)      | ZYKADIA                                      | 6         | PA; QL (150 EA per 30 days) |
| RYDAPT                             | 6         | PA; QL (224 EA per 28 days)     | <i>Monoclonal Antibodies</i>                 |           |                             |
| SPRYCEL ORAL TABLET 100 MG, 140 MG | 6         | PA; QL (30 EA per 30 days)      | BAVENCIO                                     | 6         | PA                          |
| SPRYCEL ORAL TABLET 20 MG          | 6         | PA; QL (180 EA per 30 days)     | CYRAMZA                                      | 6         | PA                          |
| SPRYCEL ORAL TABLET 50 MG          | 6         | PA; QL (90 EA per 30 days)      | DARZALEX                                     | 6         | PA; LA                      |
| SPRYCEL ORAL TABLET 70 MG, 80 MG   | 6         | PA; QL (60 EA per 30 days)      | EMPLICITI                                    | 6         | PA                          |
| STIVARGA                           | 6         | PA; QL (120 EA per 30 days)     | IMFINZI                                      | 6         | PA                          |
| SUTENT ORAL CAPSULE 12.5 MG        | 6         | PA; QL (210 EA per 30 days)     | KEYTRUDA                                     | 6         | PA                          |
| SUTENT ORAL CAPSULE 25 MG          | 6         | PA; QL (90 EA per 30 days)      | LARTRUVO                                     | 6         | PA                          |
| SUTENT ORAL CAPSULE 37.5 MG, 50 MG | 6         | PA; QL (30 EA per 30 days)      | OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML       | 6         | PA                          |
| TAFINLAR                           | 6         | PA; QL (120 EA per 30 days)     | RITUXAN                                      | 6         | PA                          |
| TAGRISO                            | 6         | PA; LA; QL (30 EA per 30 days)  | SYLVANT INTRAVENOUS RECON SOLN 100 MG        | 6         | PA                          |
| TARCEVA ORAL TABLET 100 MG, 150 MG | 6         | PA; QL (90 EA per 30 days)      | TECENTRIQ                                    | 6         | PA                          |
| TARCEVA ORAL TABLET 25 MG          | 6         | PA; QL (180 EA per 30 days)     | <i>Retinoids</i>                             |           |                             |
| TASIGNA                            | 6         | PA; QL (120 EA per 30 days)     | <i>bexarotene</i>                            | 6         | PA; QL (300 EA per 30 days) |
| TYKERB                             | 6         | PA; QL (660 EA per 30 days)     | PANRETIN                                     | 6         | PA                          |
| VOTRIENT                           | 6         | PA; QL (120 EA per 30 days)     | TARGRETIN TOPICAL                            | 6         | PA; QL (60 GM per 30 days)  |
|                                    |           |                                 | <i>tretinoin (chemotherapy)</i>              | 6         |                             |
|                                    |           |                                 | <i>tretinoin topical cream</i>               | 2         | PA                          |
|                                    |           |                                 | <i>tretinoin topical gel 0.01 %, 0.025 %</i> | 2         | PA                          |
|                                    |           |                                 | <b>Antiparasitics</b>                        |           |                             |
|                                    |           |                                 | <i>Anthelmintics</i>                         |           |                             |
|                                    |           |                                 | ALBENZA                                      | 4         |                             |
|                                    |           |                                 | BILTRICIDE                                   | 3         |                             |
|                                    |           |                                 | <i>ivermectin</i>                            | 2         |                             |
|                                    |           |                                 | <i>Antiprotozoals</i>                        |           |                             |

| Drug Name                               | Drug Tier | Requirement /Limits         |
|---|-----------|-----------------------------|
| ALINIA ORAL TABLET                      | 4         | QL (6 EA per 3 days)        |
| <i>atovaquone</i>                       | 6         | PA                          |
| <i>atovaquone-proguanil</i>             | 3         |                             |
| <i>chloroquine phosphate</i>            | 2         |                             |
| COARTEM                                 | 4         | QL (24 EA per 2 days)       |
| DARAPRIM                                | 4         |                             |
| <i>hydroxychloroquine</i>               | 2         |                             |
| <i>mefloquine</i>                       | 2         |                             |
| NEBUPENT                                | 4         | BvD                         |
| PENTAM                                  | 5         | BvD                         |
| <i>primaquine</i>                       | 3         |                             |
| <i>quinine sulfate</i>                  | 4         | PA; QL (180 EA per 30 days) |
| <b><i>Pediculicides/ Scabicides</i></b> |           |                             |
| EURAX                                   | 4         |                             |
| <i>lindane topical shampoo</i>          | 2         |                             |
| <i>malathion</i>                        | 3         |                             |
| <i>permethrin topical cream</i>         | 2         |                             |

### Antiparkinson Agents

#### Anticholinergics

|  |   |                         |
|--|---|-------------------------|
| <i>benztropine oral</i>                                | 2 |                         |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | 5 |                         |
| <i>trihexyphenidyl</i>                                 | 2 |                         |
| <b><i>Antiparkinson Agents, Other</i></b>              |   |                         |
| <i>amantadine hcl</i>                                  | 2 |                         |
| <i>entacapone</i>                                      | 4 | QL (240 EA per 30 days) |
| <i>tolcapone</i>                                       | 6 | QL (180 EA per 30 days) |

#### Antiparkinson Agents

|                                 |   |    |
|---------------------------------|---|----|
| <i>carbidopa</i>                | 4 |    |
| <b><i>Dopamine Agonists</i></b> |   |    |
| APOKYN                          | 6 | PA |
| <i>bromocriptine</i>            | 3 |    |

| Drug Name  | Drug Tier | Requirement /Limits     |
|--|-----------|-------------------------|
| NEUPRO   | 4         | QL (30 EA per 30 days)  |
| <i>pramipexole oral tablet</i>   | 2         |                         |
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> | 4         | QL (30 EA per 30 days)  |
| <i>pramipexole oral tablet extended release 24 hr 0.75 mg</i>                                  | 4         | QL (180 EA per 30 days) |
| <i>pramipexole oral tablet extended release 24 hr 1.5 mg</i>                                   | 4         | QL (90 EA per 30 days)  |
| <i>ropinirole oral tablet</i>  | 2         |                         |
| <b><i>Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors</i></b>                       |           |                         |
| <i>carbidopa-levodopa</i>  | 2         |                         |
| <b><i>Monoamine Oxidase B (Mao-B) Inhibitors</i></b>   |           |                         |
| <i>rasagiline</i>  | 3         | QL (30 EA per 30 days)  |
| <i>selegiline hcl oral capsule</i>   | 3         |                         |
| <i>selegiline hcl oral tablet</i>  | 2         |                         |

### Antipsychotics

#### 1st Generation/ Typical

|  |   |  |
|--|---|--|
| <i>chlorpromazine injection</i>          | 5 |  |
| <i>chlorpromazine oral</i>               | 2 |  |
| <i>fluphenazine decanoate</i>            | 5 |  |
| <i>fluphenazine hcl injection</i>        | 5 |  |
| <i>fluphenazine hcl oral concentrate</i> | 3 |  |
| <i>fluphenazine hcl oral elixir</i>      | 3 |  |
| <i>fluphenazine hcl oral tablet</i>      | 2 |  |
| <i>haloperidol</i>                       | 2 |  |
| <i>haloperidol decanoate</i>             | 5 |  |

| Drug Name   | Drug Tier | Requirement /Limits     | Drug Name  | Drug Tier | Requirement /Limits            |
|---|-----------|-------------------------|--|-----------|--------------------------------|
| <i>haloperidol lactate injection</i>                                      | 5         |                         | FANAPT ORAL TABLETS,DOSE PACK  | 4         | QL (8 EA per 30 days)          |
| <i>haloperidol lactate oral</i>   | 2         |                         | GEODON INTRAMUSCULAR   | 5         |                                |
| <i>loxapine succinate</i>   | 2         |                         | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117                                | 6         | PA                             |
| <i>perphenazine</i>   | 2         |                         | MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML                                     |           |                                |
| <i>pimozide</i>   | 3         |                         | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39                                 | 5         | PA                             |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 5         | BvD                     | MG/0.25 ML, 78 MG/0.5 ML   |           |                                |
| <i>prochlorperazine maleate</i>   | 2         |                         | INVEGA TRINZA  | 6         | PA                             |
| <i>thioridazine</i>   | 2         | PA                      | LATUDA ORAL TABLET 120 MG  | 6         | PA; QL (60 EA per 30 days)     |
| <i>thiothixene</i>  | 2         |                         | LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG                                   | 4         | PA; QL (30 EA per 30 days)     |
| <i>trifluoperazine</i>  | 2         |                         | LATUDA ORAL TABLET 80 MG   | 4         | PA; QL (60 EA per 30 days)     |
| <b>2Nd Generation/ Atypical</b>   |           |                         | NUPLAZID   | 6         | PA; LA; QL (60 EA per 30 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG       | 6         | PA                      | <i>olanzapine intramuscular</i>  | 5         |                                |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING             | 6         | PA                      | <i>olanzapine oral tablet</i>  | 2         |                                |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>                | 4         | QL (30 EA per 30 days)  | <i>olanzapine oral tablet,disintegrating</i>                             | 4         |                                |
| <i>aripiprazole oral tablet 2 mg</i>                                      | 4         | QL (120 EA per 30 days) | <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> | 6         | PA; QL (30 EA per 30 days)     |
| <i>aripiprazole oral tablet 5 mg</i>                                      | 4         | QL (60 EA per 30 days)  | <i>paliperidone oral tablet extended release 24hr 6 mg</i>               | 6         | PA; QL (60 EA per 30 days)     |
| <i>aripiprazole oral tablet,disintegrating</i>                            | 6         | QL (60 EA per 30 days)  | <i>quetiapine oral tablet</i>  | 2         |                                |
| ARISTADA  | 6         | PA                      | <i>quetiapine oral tablet extended release 24 hr</i>                     | 3         |                                |
| FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG                                       | 4         | QL (60 EA per 30 days)  | REXULTI ORAL TABLET 0.25 MG, 0.5 MG                                      | 4         | PA; QL (30 EA per 30 days)     |
| FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG                               | 6         | QL (60 EA per 30 days)  |  |           |                                |



| Drug Name   | Drug Tier | Requirement /Limits        |
|---|-----------|----------------------------|
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG                          | 6         | PA; QL (30 EA per 30 days) |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML     | 5         |                            |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML     | 6         |                            |
| <i>risperidone oral solution</i>                                    | 3         |                            |
| <i>risperidone oral tablet</i>                                      | 2         |                            |
| <i>risperidone oral tablet, disintegrating</i>                      | 4         |                            |
| SAPHRIS (BLACK CHERRY)  | 4         | QL (60 EA per 30 days)     |
| VRAYLAR ORAL CAPSULE  | 6         | PA; QL (30 EA per 30 days) |
| VRAYLAR ORAL CAPSULE, DOSE PACK                                     | 4         | PA; QL (7 EA per 30 days)  |
| <i>ziprasidone hcl</i>  | 4         |                            |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 5         |                            |

**Treatment-Resistant**

|  |   |                         |
|--|---|-------------------------|
| <i>clozapine oral tablet</i>                 | 3 |                         |
| <i>clozapine oral tablet, disintegrating</i> | 4 |                         |
| VERSACLOZ                                    | 6 | QL (540 ML per 30 days) |

**Antispasticity Agents**

**Antispasticity Agents**

|                               |   |  |
|-------------------------------|---|--|
| <i>baclofen</i>               | 2 |  |
| <i>dantrolene</i>             | 4 |  |
| <i>tizanidine oral tablet</i> | 2 |  |

| Drug Name  | Drug Tier | Requirement /Limits     |
|--|-----------|-------------------------|
| <b>Antivirals</b>                                    |           |                         |
| <b>Anti-Cytomegalovirus (Cmv) Agents</b>             |           |                         |
| <i>cidofovir</i>                                     | 5         |                         |
| <i>ganciclovir sodium</i>                            | 2         | BvD                     |
| <i>valganciclovir</i>                                | 6         |                         |
| ZIRGAN   | 4         | QL (5 GM per 30 days)   |
| <b>Anti-Hepatitis B (Hbv) Agents</b>                 |           |                         |
| <i>adefovir</i>                                      | 6         | QL (30 EA per 30 days)  |
| BARACLUDE ORAL SOLUTION                              | 4         | QL (630 ML per 30 days) |
| <i>entecavir</i>                                     | 6         | QL (30 EA per 30 days)  |
| EPIVIR HBV ORAL SOLUTION                             | 3         |                         |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML) | 6         | PA                      |
| INTRON A INJECTION SOLUTION                          | 6         | PA                      |
| <i>lamivudine oral solution</i>                      | 3         | QL (900 ML per 30 days) |
| <i>lamivudine oral tablet 100 mg</i>                 | 3         |                         |
| <i>lamivudine oral tablet 150 mg</i>                 | 3         | QL (60 EA per 30 days)  |
| <i>lamivudine oral tablet 300 mg</i>                 | 3         | QL (30 EA per 30 days)  |
| <i>ribasphere</i>                                    | 2         |                         |
| <i>ribavirin oral capsule</i>                        | 2         |                         |
| <i>ribavirin oral tablet 200 mg</i>                  | 2         |                         |
| VIREAD ORAL POWDER                                   | 4         | QL (225 GM per 30 days) |
| VIREAD ORAL TABLET 150 MG                            | 4         | QL (60 EA per 30 days)  |
| VIREAD ORAL TABLET 200 MG, 250 MG                    | 4         | QL (30 EA per 30 days)  |

| Drug Name  | Drug Tier | Requirement /Limits        | Drug Name   | Drug Tier | Requirement /Limits        |
|--|-----------|----------------------------|---|-----------|----------------------------|
| VIREAD ORAL TABLET 300 MG                                      | 6         | QL (30 EA per 30 days)     | <i>acyclovir oral suspension 200 mg/5 ml</i>                                    | 2         |                            |
| <b>Anti-Hepatitis C (Hcv) Agents</b>                           |           |                            | <i>acyclovir oral tablet</i>  | 2         |                            |
| DAKLINZA   | 6         | PA; QL (30 EA per 30 days) | <i>acyclovir sodium intravenous solution</i>                                    | 5         | BvD                        |
| EPCLUSA  | 6         | PA; QL (30 EA per 30 days) | <i>acyclovir topical</i>  | 4         | PA; QL (30 GM per 30 days) |
| HARVONI  | 6         | PA; QL (30 EA per 30 days) | <i>famciclovir</i>  | 2         |                            |
| INTRON A INJECTION RECON SOLN                                  | 6         | PA                         | <i>trifluridine</i>   | 3         |                            |
| INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML                  | 6         | PA                         | <i>valacyclovir</i>   | 2         |                            |
| <i>moderiba</i>  | 2         |                            | <b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>                            |           |                            |
| PEGASYS PROCLICK   | 6         | PA; QL (2 ML per 30 days)  | GENVOYA   | 6         | QL (30 EA per 30 days)     |
| PEGASYS SUBCUTANEOUS SOLUTION                                  | 6         | PA; QL (4 ML per 30 days)  | ISENTRESS HD  | 6         | QL (60 EA per 30 days)     |
| PEGASYS SUBCUTANEOUS SYRINGE                                   | 6         | PA; QL (2 ML per 30 days)  | ISENTRESS ORAL POWDER IN PACKET   | 3         | QL (60 EA per 30 days)     |
| PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML | 6         | PA                         | ISENTRESS ORAL TABLET   | 6         | QL (120 EA per 30 days)    |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML                       | 6         | PA                         | ISENTRESS ORAL TABLET,CHEWABL E 100 MG  | 6         | QL (180 EA per 30 days)    |
| <i>ribasphere</i>  | 2         |                            | ISENTRESS ORAL TABLET,CHEWABL E 25 MG   | 3         | QL (180 EA per 30 days)    |
| <i>ribavirin oral capsule</i>                                  | 2         |                            | STRIBILD  | 6         | QL (30 EA per 30 days)     |
| <i>ribavirin oral tablet 200 mg</i>                            | 2         |                            | TIVICAY ORAL TABLET 10 MG   | 4         | QL (60 EA per 30 days)     |
| SOVALDI  | 6         | PA; QL (30 EA per 30 days) | TIVICAY ORAL TABLET 25 MG, 50 MG  | 6         | QL (60 EA per 30 days)     |
| SYLATRON   | 6         | PA                         | <b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b> |           |                            |
| <b>Antitherpetic Agents</b>                                    |           |                            | COMPLERA  | 6         | QL (30 EA per 30 days)     |
| <i>acyclovir oral capsule</i>                                  | 2         |                            | EDURANT   | 6         | QL (60 EA per 30 days)     |
|  |           |                            | INTELENCE ORAL TABLET 100 MG  | 6         | QL (120 EA per 30 days)    |

| Drug Name  | Drug Tier | Requirement /Limits      | Drug Name                            | Drug Tier | Requirement /Limits      |
|--|-----------|--------------------------|--------------------------------------|-----------|--------------------------|
| INTELENCE ORAL TABLET 200 MG   | 6         | QL (60 EA per 30 days)   | <i>lamivudine oral solution</i>      | 3         | QL (900 ML per 30 days)  |
| INTELENCE ORAL TABLET 25 MG  | 4         | QL (360 EA per 30 days)  | <i>lamivudine oral tablet 100 mg</i> | 3         |                          |
| <i>nevirapine oral suspension</i>  | 3         | QL (1200 ML per 30 days) | <i>lamivudine oral tablet 150 mg</i> | 3         | QL (60 EA per 30 days)   |
| <i>nevirapine oral tablet</i>  | 3         | QL (60 EA per 30 days)   | <i>lamivudine oral tablet 300 mg</i> | 3         | QL (30 EA per 30 days)   |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i>                                      | 4         | QL (90 EA per 30 days)   | <i>lamivudine-zidovudine</i>         | 4         | QL (60 EA per 30 days)   |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i>                                      | 4         | QL (30 EA per 30 days)   | ODEFSEY                              | 6         | QL (30 EA per 30 days)   |
| RESCRIPTOR ORAL TABLET   | 4         | QL (180 EA per 30 days)  | RETROVIR INTRAVENOUS                 | 5         |                          |
| RESCRIPTOR ORAL TABLET, DISPERSIBLE  | 4         | QL (360 EA per 30 days)  | <i>stavudine oral capsule</i>        | 2         | QL (60 EA per 30 days)   |
| SUSTIVA ORAL CAPSULE 200 MG  | 3         | QL (90 EA per 30 days)   | <i>stavudine oral recon soln</i>     | 2         | QL (2400 ML per 30 days) |
| SUSTIVA ORAL CAPSULE 50 MG   | 3         | QL (180 EA per 30 days)  | TRUVADA                              | 6         | QL (30 EA per 30 days)   |
| SUSTIVA ORAL TABLET  | 3         | QL (30 EA per 30 days)   | VIDEX 2 GRAM PEDIATRIC               | 3         |                          |
| <b><i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</i></b> |           |                          | VIREAD ORAL POWDER                   | 4         | QL (225 GM per 30 days)  |
| <i>abacavir oral tablet</i>  | 4         | QL (60 EA per 30 days)   | VIREAD ORAL TABLET 150 MG            | 4         | QL (60 EA per 30 days)   |
| <i>abacavir-lamivudine</i>   | 6         | QL (30 EA per 30 days)   | VIREAD ORAL TABLET 200 MG, 250 MG    | 4         | QL (30 EA per 30 days)   |
| <i>abacavir-lamivudine-zidovudine</i>  | 6         | QL (60 EA per 30 days)   | VIREAD ORAL TABLET 300 MG            | 6         | QL (30 EA per 30 days)   |
| ATRIPLA  | 6         | QL (30 EA per 30 days)   | ZERIT ORAL RECON SOLN                | 2         | QL (2400 ML per 30 days) |
| DESCOVY  | 6         | QL (30 EA per 30 days)   | ZIAGEN ORAL SOLUTION                 | 4         | QL (900 ML per 30 days)  |
| <i>didanosine</i>  | 3         | QL (30 EA per 30 days)   | <i>zidovudine oral capsule</i>       | 2         | QL (180 EA per 30 days)  |
| EMTRIVA ORAL CAPSULE   | 4         | QL (30 EA per 30 days)   | <i>zidovudine oral syrup</i>         | 2         | QL (1800 ML per 30 days) |
| EMTRIVA ORAL SOLUTION  | 4         | QL (720 ML per 30 days)  | <i>zidovudine oral tablet</i>        | 2         | QL (60 EA per 30 days)   |
|  |           |                          | <b><i>Anti-Hiv Agents, Other</i></b> |           |                          |

| Drug Name                                   | Drug Tier | Requirement /Limits      | Drug Name                                  | Drug Tier | Requirement /Limits       |
|---|-----------|--------------------------|--|-----------|---------------------------|
| FUZEON SUBCUTANEOUS RECON SOLN              | 6         | QL (60 EA per 30 days)   | NORVIR ORAL SOLUTION                       | 4         | QL (450 ML per 30 days)   |
| SELZENTRY ORAL TABLET 150 MG                | 6         | QL (60 EA per 30 days)   | NORVIR ORAL TABLET                         | 4         | QL (360 EA per 30 days)   |
| SELZENTRY ORAL TABLET 25 MG                 | 4         | QL (240 EA per 30 days)  | PREZCOBIX                                  | 6         | QL (30 EA per 30 days)    |
| SELZENTRY ORAL TABLET 300 MG                | 6         | QL (120 EA per 30 days)  | PREZISTA ORAL SUSPENSION                   | 6         | QL (360 ML per 30 days)   |
| SELZENTRY ORAL TABLET 75 MG                 | 4         | QL (60 EA per 30 days)   | PREZISTA ORAL TABLET 150 MG                | 4         | QL (120 EA per 30 days)   |
| TRIUMEQ                                     | 6         | QL (30 EA per 30 days)   | PREZISTA ORAL TABLET 600 MG                | 6         | QL (60 EA per 30 days)    |
| TYBOST                                      | 3         | QL (30 EA per 30 days)   | PREZISTA ORAL TABLET 75 MG                 | 4         |                           |
| <b>Anti-Hiv Agents, Protease Inhibitors</b> |           |                          | PREZISTA ORAL TABLET 800 MG                | 6         | QL (30 EA per 30 days)    |
| APTIVUS ORAL CAPSULE                        | 6         | QL (120 EA per 30 days)  | REYATAZ ORAL CAPSULE 150 MG, 200 MG        | 6         | QL (60 EA per 30 days)    |
| APTIVUS ORAL SOLUTION                       | 6         | QL (300 ML per 30 days)  | REYATAZ ORAL CAPSULE 300 MG                | 6         | QL (30 EA per 30 days)    |
| CRIXIVAN ORAL CAPSULE 200 MG                | 3         | QL (270 EA per 30 days)  | REYATAZ ORAL POWDER IN PACKET              | 6         | QL (240 EA per 30 days)   |
| CRIXIVAN ORAL CAPSULE 400 MG                | 3         | QL (180 EA per 30 days)  | VIRACEPT ORAL TABLET 250 MG                | 6         | QL (270 EA per 30 days)   |
| EVOTAZ                                      | 6         | QL (30 EA per 30 days)   | VIRACEPT ORAL TABLET 625 MG                | 6         | QL (120 EA per 30 days)   |
| INVIRASE ORAL CAPSULE                       | 6         | QL (300 EA per 30 days)  | <b>Anti-Influenza Agents</b>               |           |                           |
| INVIRASE ORAL TABLET                        | 6         | QL (120 EA per 30 days)  | <i>amantadine hcl</i>                      | 2         |                           |
| KALETRA ORAL TABLET 100-25 MG               | 4         | QL (120 EA per 30 days)  | <i>oseltamivir oral capsule 30 mg</i>      | 4         | QL (56 EA per 180 days)   |
| KALETRA ORAL TABLET 200-50 MG               | 6         | QL (120 EA per 30 days)  | <i>oseltamivir oral capsule 45 mg</i>      | 4         | QL (42 EA per 180 days)   |
| LEXIVA ORAL SUSPENSION                      | 4         | QL (1680 ML per 30 days) | <i>oseltamivir oral capsule 75 mg</i>      | 4         | QL (28 EA per 180 days)   |
| LEXIVA ORAL TABLET                          | 6         | QL (120 EA per 30 days)  | RELENZA DISKHALER                          | 3         | QL (60 EA per 180 days)   |
| <i>lopinavir-ritonavir</i>                  | 6         | QL (390 ML per 30 days)  | <i>rimantadine</i>                         | 2         |                           |
| NORVIR ORAL CAPSULE                         | 4         | QL (360 EA per 30 days)  | TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION | 4         | QL (1080 ML per 365 days) |

### Anxiolytics

| Drug Name  | Drug Tier | Requirement /Limits      | Drug Name  | Drug Tier | Requirement /Limits                        |
|--|-----------|--------------------------|--|-----------|--|
| <b>Anxiolytics, Other</b>  |           |                          | <i>clorazepate</i>   | 4         | QL (360 EA per 30 days)                    |
| <i>bupirone</i>  | 2         |                          | <i>dipotassium oral tablet 7.5 mg</i>                              |           |  |
| <i>doxepin oral</i>  | 2         |                          | <i>diazepam intensol</i>   | 2         | QL (360 ML per 30 days)                    |
| <i>hydroxyzine hcl oral tablet</i>                                     | 2         | PA                       | <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                  | 3         | QL (1800 ML per 30 days)                   |
| SILENOR  | 4         | QL (30 EA per 30 days)   | <i>diazepam oral tablet 10 mg</i>                                  | 2         | QL (180 EA per 30 days)                    |
| <i>triazolam oral tablet 0.125 mg</i>                                  | 3         | QL (120 EA per 30 days)  | <i>diazepam oral tablet 2 mg</i>                                   | 2         | QL (900 EA per 30 days)                    |
| <i>triazolam oral tablet 0.25 mg</i>                                   | 3         | QL (60 EA per 30 days)   | <i>diazepam oral tablet 5 mg</i>                                   | 2         | QL (360 EA per 30 days)                    |
| <b>Benzodiazepines</b>   |           |                          | <i>diazepam rectal kit 2.5 mg</i>                                  | 4         | QL (5 EA per 30 days)                      |
| <i>alprazolam oral tablet 0.25 mg</i>                                  | 2         | QL (1200 EA per 30 days) | <i>diazepam rectal kit 5-7.5-10 mg</i>                             | 4         | QL (20 EA per 30 days)                     |
| <i>alprazolam oral tablet 0.5 mg</i>                                   | 2         | QL (600 EA per 30 days)  | <i>lorazepam oral tablet 0.5 mg</i>                                | 2         | QL (600 EA per 30 days)                    |
| <i>alprazolam oral tablet 1 mg</i>                                     | 2         | QL (300 EA per 30 days)  | <i>lorazepam oral tablet 1 mg</i>                                  | 2         | QL (300 EA per 30 days)                    |
| <i>alprazolam oral tablet 2 mg</i>                                     | 2         | QL (150 EA per 30 days)  | <i>lorazepam oral tablet 2 mg</i>                                  | 2         | QL (150 EA per 30 days)                    |
| <i>clonazepam oral tablet 0.5 mg</i>                                   | 2         | QL (1200 EA per 30 days) | <b>Ssris/ Snris</b>  |           |  |
| <i>clonazepam oral tablet 1 mg</i>                                     | 2         | QL (600 EA per 30 days)  | <i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg</i> | 2         | (generic Cymbalta); QL (90 EA per 30 days) |
| <i>clonazepam oral tablet 2 mg</i>                                     | 2         | QL (300 EA per 30 days)  | <i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>        | 2         | (generic Irenka); QL (60 EA per 30 days)   |
| <i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i> | 2         | QL (1200 EA per 30 days) | <i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>        | 2         | (generic Cymbalta); QL (60 EA per 30 days) |
| <i>clonazepam oral tablet,disintegrating 1 mg</i>                      | 2         | QL (600 EA per 30 days)  | <i>escitalopram oxalate</i>  | 2         |  |
| <i>clonazepam oral tablet,disintegrating 2 mg</i>                      | 2         | QL (300 EA per 30 days)  | <i>paroxetine hcl oral tablet</i>                                  | 2         |  |
| <i>clorazepate dipotassium oral tablet 15 mg</i>                       | 4         | QL (180 EA per 30 days)  | PAXIL ORAL SUSPENSION  | 4         | QL (900 ML per 30 days)                    |
| <i>clorazepate dipotassium oral tablet 3.75 mg</i>                     | 4         | QL (720 EA per 30 days)  | <i>sertraline oral concentrate</i>                                 | 2         |  |
|  |           |                          | <i>sertraline oral tablet</i>                                      | 1         |  |

| Drug Name   | Drug Tier | Requirement /Limits                          |
|---|-----------|--|
| <i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>       | 2         | (generic Effexor XR); QL (60 EA per 30 days) |
| <i>venlafaxine oral capsule,extended release 24hr 75 mg</i>                 | 2         | (generic Effexor XR); QL (90 EA per 30 days) |
| <i>venlafaxine oral tablet</i>  | 2         | (generic Effexor)                            |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i> | 4         | QL (30 EA per 30 days)                       |
| VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG                        | 4         | QL (30 EA per 30 days)                       |

### Bipolar Agents

#### *Bipolar Agents, Other*

|   |   |  |
|---|---|--|
| GEODON INTRAMUSCULAR  | 5 |  |
| <i>olanzapine intramuscular</i>                                 | 5 |  |
| <i>olanzapine oral tablet</i>                                   | 2 |  |
| <i>olanzapine oral tablet,disintegrating</i>                    | 4 |  |
| <i>quetiapine oral tablet</i>                                   | 2 |  |
| <i>quetiapine oral tablet extended release 24 hr</i>            | 3 |  |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML | 5 |  |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML | 6 |  |
| <i>risperidone oral solution</i>                                | 3 |  |
| <i>risperidone oral tablet</i>                                  | 2 |  |

| Drug Name   | Drug Tier | Requirement /Limits        |
|---|-----------|----------------------------|
| <i>risperidone oral tablet,disintegrating</i>                       | 4         |                            |
| SAPHRIS (BLACK CHERRY)  | 4         | QL (60 EA per 30 days)     |
| VRAYLAR ORAL CAPSULE  | 6         | PA; QL (30 EA per 30 days) |
| VRAYLAR ORAL CAPSULE,DOSE PACK                                      | 4         | PA; QL (7 EA per 30 days)  |
| <i>ziprasidone hcl</i>  | 4         |                            |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 5         |                            |
| <b><i>Mood Stabilizers</i></b>                                      |           |                            |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>              | 3         |                            |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                    | 3         |                            |
| <i>carbamazepine oral tablet</i>                                    | 2         |                            |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg</i>      | 3         |                            |
| <i>carbamazepine oral tablet,chewable</i>                           | 2         |                            |
| <i>divalproex</i>   | 2         |                            |
| <i>epitol</i>   | 2         |                            |
| <i>lamotrigine oral tablet</i>                                      | 2         |                            |
| <i>lamotrigine oral tablet, chewable dispersible</i>                | 2         |                            |
| <i>lamotrigine oral tablet,disintegrating</i>                       | 4         |                            |
| <i>lithium carbonate</i>  | 2         |                            |
| <i>lithium citrate oral solution 8 meq/5 ml</i>                     | 2         |                            |
| <i>valproic acid</i>  | 2         |                            |

| Drug Name   | Drug Tier | Requirement /Limits         |
|---|-----------|-----------------------------|
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | 2         |                             |
| <b>Blood Glucose Regulators</b>                                 |           |                             |
| <b>Antidiabetic Agents</b>                                      |           |                             |
| <i>acarbose</i>   | 2         |                             |
| CYCLOSET  | 4         | ST; QL (180 EA per 30 days) |
| <i>glimepiride</i>  | 2         |                             |
| <i>glipizide</i>  | 2         |                             |
| <i>glyburide</i>  | 2         | PA                          |
| <i>glyburide micronized</i>                                     | 2         | PA                          |
| GLYXAMBI  | 3         | QL (30 EA per 30 days)      |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG     | 3         | QL (60 EA per 30 days)      |
| INVOKAMET ORAL TABLET 50-500 MG                                 | 3         | QL (120 EA per 30 days)     |
| INVOKAMET XR  | 3         | QL (60 EA per 30 days)      |
| INVOKANA ORAL TABLET 100 MG                                     | 3         | QL (60 EA per 30 days)      |
| INVOKANA ORAL TABLET 300 MG                                     | 3         | QL (30 EA per 30 days)      |
| JANUVIA   | 3         | QL (30 EA per 30 days)      |
| JARDIANCE   | 3         | QL (30 EA per 30 days)      |
| <i>jentadueto</i>   | 3         | QL (60 EA per 30 days)      |
| <i>metformin oral tablet</i>                                    | 1         | (generic Glucophage)        |
| <i>metformin oral tablet extended release 24 hr</i>             | 1         | (generic Glucophage XR)     |
| <i>miglitol</i>   | 3         | QL (90 EA per 30 days)      |
| <i>nateglinide oral tablet 120 mg</i>                           | 2         | QL (90 EA per 30 days)      |
| <i>nateglinide oral tablet 60 mg</i>                            | 2         | QL (180 EA per 30 days)     |

| Drug Name   | Drug Tier | Requirement /Limits          |
|---|-----------|------------------------------|
| <i>pioglitazone</i>   | 2         |                              |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i>                           | 2         | QL (120 EA per 30 days)      |
| <i>repaglinide oral tablet 2 mg</i>                                   | 2         | QL (240 EA per 30 days)      |
| SYMLINPEN 120   | 5         | PA; QL (10.8 ML per 30 days) |
| SYMLINPEN 60  | 5         | PA; QL (12 ML per 30 days)   |
| SYNJARDY  | 3         | QL (60 EA per 30 days)       |
| TANZEUM   | 3         | ST; QL (4 EA per 30 days)    |
| <i>tolazamide</i>   | 2         |                              |
| <i>tolbutamide</i>  | 3         |                              |
| TRADJENTA   | 3         | QL (30 EA per 30 days)       |
| TRULICITY   | 3         | ST; QL (2 ML per 30 days)    |
| WELCHOL   | 4         |                              |
| <b>Blood Glucose Regulators</b>                                       |           |                              |
| <i>glipizide-metformin</i>  | 2         |                              |
| <i>glyburide-metformin</i>  | 2         | PA                           |
| JANUMET   | 3         | QL (60 EA per 30 days)       |
| JANUMET XR ORAL TABLET, ER  | 3         | QL (30 EA per 30 days)       |
| MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG                              |           |                              |
| JANUMET XR ORAL TABLET, ER  | 3         | QL (60 EA per 30 days)       |
| MULTIPHASE 24 HR 50-1,000 MG  |           |                              |
| <i>jentadueto xr oral tablet, ir - er, biphasic 24hr 2.5-1,000 mg</i> | 3         | QL (60 EA per 30 days)       |
| <i>jentadueto xr oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>   | 3         | QL (30 EA per 30 days)       |
| <i>pioglitazone-glimepiride</i>                                       | 4         | ST; QL (30 EA per 30 days)   |

| Drug Name  | Drug Tier | Requirement /Limits         |
|--|-----------|-----------------------------|
| <i>pioglitazone-metformin</i>  | 3         | ST                          |
| <b>Glycemic Agents</b>   |           |                             |
| GLUCAGEN   | 3         | QL (2 EA per 2 days)        |
| HYPOKIT  |           |                             |
| GLUCAGON EMERGENCY KIT (HUMAN)   | 3         | QL (2 EA per 2 days)        |
| KORLYM   | 6         | PA; QL (120 EA per 30 days) |
| PROGLYCEM  | 4         |                             |
| <b>Insulins</b>  |           |                             |
| <i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i>                                       | 3         |                             |
| <i>gauze pad topical bandage 2 x 2 "</i>   | 2         |                             |
| HUMALOG  | 3         |                             |
| HUMALOG KWIKPEN  | 3         |                             |
| HUMALOG MIX 50-50  | 3         |                             |
| HUMALOG MIX 50-50 KWIKPEN  | 3         |                             |
| HUMALOG MIX 75-25  | 3         |                             |
| HUMALOG MIX 75-25 KWIKPEN  | 3         |                             |
| HUMULIN 70/30  | 3         |                             |
| HUMULIN N  | 3         |                             |
| HUMULIN R U-100  | 3         |                             |
| HUMULIN R U-500 (CONCENTRATED)   | 3         |                             |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i> | 3         |                             |
| LANTUS   | 3         | QL (40 ML per 30 days)      |
| LANTUS SOLOSTAR  | 3         | QL (45 ML per 30 days)      |

| Drug Name  | Drug Tier | Requirement /Limits     |
|--|-----------|-------------------------|
| <i>pen needle, diabetic needle 29 gauge x 1/2"</i>                 | 3         |                         |
| TOUJEO SOLOSTAR  | 3         | QL (15 ML per 30 days)  |
| <b>Blood Products/ Modifiers/ Volume Expanders</b>                 |           |                         |
| <b>Anticoagulants</b>  |           |                         |
| COUMADIN ORAL  | 4         |                         |
| ELIQUIS ORAL TABLET 2.5 MG   | 3         | QL (70 EA per 180 days) |
| ELIQUIS ORAL TABLET 5 MG   | 3         | QL (60 EA per 30 days)  |
| <i>enoxaparin subcutaneous solution</i>                            | 5         | QL (60 ML per 30 days)  |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>        | 5         | QL (60 ML per 30 days)  |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> | 5         | QL (48 ML per 30 days)  |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>                | 5         | QL (18 ML per 30 days)  |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>                | 5         | QL (24 ML per 30 days)  |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>                | 5         | QL (36 ML per 30 days)  |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>              | 6         | QL (24 ML per 30 days)  |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>             | 5         | QL (15 ML per 30 days)  |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>               | 6         | QL (12 ML per 30 days)  |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>             | 6         | QL (18 ML per 30 days)  |



| Drug Name   | Drug Tier | Requirement /Limits        | Drug Name  | Drug Tier | Requirement /Limits          |
|---|-----------|----------------------------|--|-----------|------------------------------|
| FRAGMIN SUBCUTANEOUS SOLUTION   | 6         | QL (7.6 ML per 60 days)    | ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML | 6         | PA; QL (4 ML per 28 days)    |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML   | 6         | QL (14 ML per 60 days)     | ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML    | 5         | PA; QL (4 ML per 28 days)    |
| FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML                           | 6         | QL (16.8 ML per 60 days)   | ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 40 MCG/0.4 ML        | 5         | PA; QL (1.6 ML per 28 days)  |
| FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML                          | 6         | QL (20.16 ML per 60 days)  | ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML                      | 6         | PA; QL (2 ML per 28 days)    |
| FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML | 5         | QL (5.6 ML per 60 days)    | ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 60 MCG/0.3 ML       | 6         | PA; QL (1.2 ML per 28 days)  |
| FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML                            | 6         | QL (8.4 ML per 60 days)    | ARANESP (IN POLYSORBATE) INJECTION SYRINGE 200 MCG/0.4 ML                      | 6         | PA; QL (1.6 ML per 28 days)  |
| <i>heparin (porcine) injection solution</i>                                       | 5         |                            | ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML                      | 5         | PA; QL (1.68 ML per 28 days) |
| <i>jantoven</i>   | 1         |                            | ARANESP (IN POLYSORBATE) INJECTION SYRINGE 300 MCG/0.6 ML                      | 6         | PA; QL (2.4 ML per 28 days)  |
| PRADAXA   | 4         | PA; QL (60 EA per 30 days) |  |           |                              |
| <i>warfarin</i>   | 1         |                            |  |           |                              |
| XARELTO ORAL TABLET   | 3         | QL (30 EA per 30 days)     |  |           |                              |
| XARELTO ORAL TABLETS,DOSE PACK  | 3         | QL (102 EA per 365 days)   |  |           |                              |
| <b>Blood Formation Modifiers</b>  |           |                            |  |           |                              |
| <i>anagrelide</i>   | 2         |                            |  |           |                              |

| Drug Name  | Drug Tier | Requirement /Limits         |
|--|-----------|-----------------------------|
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 500 MCG/ML                                  | 6         | PA; QL (4 ML per 28 days)   |
| GRANIX   | 6         | PA                          |
| LEUKINE INJECTION RECON SOLN   | 6         | PA                          |
| MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML | 5         | PA; QL (0.6 ML per 28 days) |
| MOZOBIL  | 6         | PA                          |
| NEULASTA SUBCUTANEOUS SYRINGE  | 6         | PA                          |
| NEUPOGEN   | 6         | PA                          |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 5         | PA                          |
| PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML                              | 6         | PA                          |
| PROMACTA ORAL TABLET 12.5 MG, 50 MG, 75 MG   | 6         | PA; QL (30 EA per 30 days)  |
| PROMACTA ORAL TABLET 25 MG   | 6         | PA; QL (90 EA per 30 days)  |
| <b>Coagulants</b>  |           |                             |
| <i>tranexamic acid intravenous</i>   | 5         |                             |
| <i>tranexamic acid oral</i>  | 3         | PA; QL (30 EA per 30 days)  |
| <b>Platelet Modifying Agents</b>   |           |                             |
| <i>aspirin-dipyridamole</i>  | 4         |                             |

| Drug Name   | Drug Tier | Requirement /Limits         |
|---|-----------|-----------------------------|
| BRILINTA  | 4         | QL (60 EA per 30 days)      |
| <i>cilostazol</i>   | 2         |                             |
| <i>clopidogrel oral tablet 75 mg</i>                          | 2         | QL (30 EA per 30 days)      |
| EFFIENT   | 4         | QL (30 EA per 30 days)      |
| <i>prasugrel</i>  | 4         | QL (30 EA per 30 days)      |
| ZONTIVITY   | 4         | PA; QL (30 EA per 30 days)  |
| <b>Cardiovascular Agents</b>                                  |           |                             |
| <i>chlorothiazide</i>   | 2         |                             |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                | 2         |                             |
| <i>hydrochlorothiazide</i>                                    | 1         |                             |
| <i>indapamide</i>   | 1         |                             |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i> | 2         | QL (60 EA per 30 days)      |
| <i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i> | 2         | QL (30 EA per 30 days)      |
| <i>methyclothiazide</i>                                       | 2         |                             |
| <i>metolazone</i>   | 2         |                             |
| <b>Alpha-Adrenergic Agonists</b>                              |           |                             |
| <i>clonidine</i>  | 3         |                             |
| <i>clonidine hcl oral tablet</i>                              | 2         |                             |
| <i>guanfacine oral tablet</i>                                 | 2         |                             |
| <i>methyldopa</i>   | 2         |                             |
| <i>midodrine</i>  | 3         |                             |
| NORTHERA ORAL CAPSULE 100 MG                                  | 6         | PA; QL (252 EA per 90 days) |
| NORTHERA ORAL CAPSULE 200 MG                                  | 6         | PA; QL (126 EA per 90 days) |
| NORTHERA ORAL CAPSULE 300 MG                                  | 6         | PA; QL (84 EA per 90 days)  |
| <b>Alpha-Adrenergic Blocking Agents</b>                       |           |                             |
| <i>doxazosin</i>  | 2         |                             |

| Drug Name   | Drug Tier | Requirement /Limits         |
|---|-----------|-----------------------------|
| <i>prazosin</i>                                       | 2         |                             |
| <i>terazosin</i>                                      | 2         |                             |
| <b>Angiotensin II Receptor Antagonists</b>            |           |                             |
| <i>candesartan oral tablet 16 mg</i>                  | 3         | ST; QL (60 EA per 30 days)  |
| <i>candesartan oral tablet 32 mg</i>                  | 3         | ST; QL (30 EA per 30 days)  |
| <i>candesartan oral tablet 4 mg</i>                   | 3         | ST; QL (240 EA per 30 days) |
| <i>candesartan oral tablet 8 mg</i>                   | 3         | ST; QL (120 EA per 30 days) |
| EDARBI  | 3         | ST; QL (30 EA per 30 days)  |
| <i>eprosartan</i>                                     | 2         | ST; QL (30 EA per 30 days)  |
| <i>irbesartan</i>                                     | 2         | QL (30 EA per 30 days)      |
| <i>losartan</i>                                       | 1         | QL (30 EA per 30 days)      |
| <i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>     | 2         | QL (60 EA per 30 days)      |
| <i>valsartan oral tablet 320 mg</i>                   | 2         | QL (30 EA per 30 days)      |
| <b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b> |           |                             |
| <i>benazepril oral tablet 10 mg, 20 mg, 5 mg</i>      | 1         | QL (30 EA per 30 days)      |
| <i>benazepril oral tablet 40 mg</i>                   | 1         | QL (60 EA per 30 days)      |
| <i>captopril</i>                                      | 1         |                             |
| <i>enalapril maleate</i>                              | 1         |                             |
| <i>fosinopril oral tablet 10 mg</i>                   | 1         | QL (240 EA per 30 days)     |
| <i>fosinopril oral tablet 20 mg</i>                   | 1         | QL (120 EA per 30 days)     |
| <i>fosinopril oral tablet 40 mg</i>                   | 1         | QL (60 EA per 30 days)      |
| <i>lisinopril</i>                                     | 1         |                             |
| <i>moexipril</i>                                      | 2         |                             |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg</i>    | 2         | QL (30 EA per 30 days)      |

| Drug Name  | Drug Tier | Requirement /Limits    |
|--|-----------|------------------------|
| <i>perindopril erbumine oral tablet 8 mg</i>     | 2         | QL (60 EA per 30 days) |
| <i>quinapril</i>                                 | 1         | QL (60 EA per 30 days) |
| <i>ramipril</i>                                  | 1         |                        |
| <i>trandolapril oral tablet 1 mg, 2 mg</i>       | 2         | QL (30 EA per 30 days) |
| <i>trandolapril oral tablet 4 mg</i>             | 2         | QL (60 EA per 30 days) |
| <b>Antiarrhythmics</b>                           |           |                        |
| <i>amiodarone oral</i>                           | 2         |                        |
| <i>disopyramide phosphate oral capsule</i>       | 2         |                        |
| <i>dofetilide</i>                                | 4         |                        |
| <i>flecainide</i>                                | 2         |                        |
| <i>mexiletine</i>                                | 2         |                        |
| MULTAQ   | 3         | QL (60 EA per 30 days) |
| <i>propafenone oral tablet</i>                   | 2         |                        |
| <i>quinidine gluconate oral</i>                  | 4         |                        |
| <i>quinidine sulfate oral tablet</i>             | 2         |                        |
| <i>sorine</i>                                    | 2         |                        |
| <i>sotalol af oral tablet 120 mg</i>             | 2         |                        |
| <i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i> | 2         |                        |
| <b>Beta-Adrenergic Blocking Agents</b>           |           |                        |
| <i>acebutolol</i>                                | 2         |                        |
| <i>atenolol</i>                                  | 1         |                        |
| <i>betaxolol oral</i>                            | 3         |                        |
| <i>bisoprolol fumarate</i>                       | 2         |                        |
| BYSTOLIC   | 3         |                        |
| <i>carvedilol</i>                                | 1         |                        |
| <i>labetalol oral</i>                            | 2         |                        |
| <i>metoprolol succinate</i>                      | 2         |                        |
| <i>metoprolol tartrate intravenous</i>           | 5         |                        |

| Drug Name  | Drug Tier | Requirement /Limits              |
|--|-----------|----------------------------------|
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                    | 1         |                                  |
| <i>nadolol</i>   | 2         |                                  |
| <i>pindolol</i>  | 2         |                                  |
| <i>propranolol intravenous</i>   | 5         |                                  |
| <i>propranolol oral</i>  | 2         |                                  |
| <i>timolol maleate oral</i>  | 2         |                                  |
| <b>Calcium Channel Blocking Agents</b>   |           |                                  |
| <i>adalat cc oral tablet extended release 30 mg, 60 mg</i>                     | 2         |                                  |
| ADALAT CC ORAL TABLET EXTENDED RELEASE 90 MG                                   | 2         |                                  |
| <i>afeditab cr</i>   | 2         |                                  |
| <i>amlodipine</i>  | 1         |                                  |
| <i>cartia xt</i>   | 2         |                                  |
| <i>diltiazem hcl intravenous recon soln</i>                                    | 5         |                                  |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg</i>                | 2         | (generic Cardizem SR)            |
| <i>diltiazem hcl oral capsule,extended release 12 hr 60 mg, 90 mg</i>          | 2         |                                  |
| <i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 360 mg</i>        | 2         | (generic Taztia XT, Tiazac)      |
| <i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>                | 2         |                                  |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i> | 2         | (generic Cardizem CD, Cartia XT) |
| <i>diltiazem hcl oral tablet</i>   | 2         |                                  |
| <i>dilt-xr</i>   | 2         |                                  |

| Drug Name  | Drug Tier | Requirement /Limits          |
|--|-----------|------------------------------|
| <i>felodipine</i>  | 2         |                              |
| <i>isradipine</i>  | 3         |                              |
| <i>matzim la</i>   | 2         |                              |
| <i>nicardipine oral</i>                                      | 2         |                              |
| <i>nifedipine oral tablet extended release</i>               | 2         |                              |
| <i>nifedipine oral tablet extended release 24hr</i>          | 2         |                              |
| <i>nimodipine</i>  | 4         |                              |
| <i>taztia xt</i>   | 2         |                              |
| <i>verapamil intravenous solution</i>                        | 5         |                              |
| <i>verapamil oral</i>  | 2         |                              |
| <b>Cardiovascular Agents, Other</b>                          |           |                              |
| <i>digitek</i>   | 2         | PA                           |
| <i>digoxin oral solution 50 mcg/ml</i>                       | 3         | PA                           |
| <i>digoxin oral tablet</i>                                   | 2         | PA                           |
| LANOXIN ORAL TABLET 125 MCG, 250 MCG                         | 4         | PA                           |
| LANOXIN ORAL TABLET 187.5 MCG                                | 4         | PA; QL (30 EA per 30 days)   |
| LANOXIN ORAL TABLET 62.5 MCG                                 | 4         | PA; QL (60 EA per 30 days)   |
| <i>pentoxifylline</i>  | 2         |                              |
| RANEXA   | 4         | ST; QL (60 EA per 30 days)   |
| UPTRAVI ORAL TABLET  | 6         | PA; QL (60 EA per 30 days)   |
| UPTRAVI ORAL TABLETS,DOSE PACK                               | 6         | PA; QL (200 EA per 180 days) |
| <b>Cardiovascular Agents</b>                                 |           |                              |
| <i>amiloride-hydrochlorothiazide</i>                         | 2         |                              |
| <i>amlodipine-atorvastatin</i>                               | 4         | QL (30 EA per 30 days)       |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg</i> | 2         | QL (30 EA per 30 days)       |

| Drug Name   | Drug Tier | Requirement /Limits        |
|---|-----------|----------------------------|
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i> | 2         |                            |
| <i>amlodipine-benazepril oral capsule 5-40 mg</i>                     | 2         | QL (60 EA per 30 days)     |
| <i>atenolol-chlorthalidone</i>  | 2         |                            |
| <i>benazepril-hydrochlorothiazide</i>                                 | 1         |                            |
| <i>bisoprolol-hydrochlorothiazide</i>                                 | 2         |                            |
| <i>candesartan-hydrochlorothiazid</i>                                 | 3         | ST; QL (30 EA per 30 days) |
| <i>captopril-hydrochlorothiazide</i>                                  | 2         |                            |
| DEMSER  | 4         |                            |
| EDARBYCLOR  | 3         | ST; QL (30 EA per 30 days) |
| <i>enalapril-hydrochlorothiazide</i>                                  | 1         |                            |
| <i>ezetimibe-simvastatin</i>  | 4         | QL (30 EA per 30 days)     |
| <i>fosinopril-hydrochlorothiazide</i>                                 | 2         | QL (120 EA per 30 days)    |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>         | 2         | QL (60 EA per 30 days)     |
| <i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>         | 2         | QL (30 EA per 30 days)     |
| <i>lisinopril-hydrochlorothiazide</i>                                 | 1         |                            |
| <i>losartan-hydrochlorothiazide</i>                                   | 1         | QL (30 EA per 30 days)     |
| <i>metoprolol ta-hydrochlorothiaz</i>                                 | 2         |                            |
| <i>moexipril-hydrochlorothiazide</i>                                  | 2         |                            |
| <i>nadolol-bendroflumethiazide</i>                                    | 2         |                            |
| <i>propranolol-hydrochlorothiazid</i>                                 | 2         |                            |

| Drug Name  | Drug Tier | Requirement /Limits                          |
|--|-----------|--|
| <i>quinapril-hydrochlorothiazide</i>   | 2         | QL (30 EA per 30 days)                       |
| <i>spironolacton-hydrochlorothiaz</i>  | 2         |  |
| <i>triamterene-hydrochlorothiazid</i>  | 2         |  |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg</i>                                   | 2         | QL (60 EA per 30 days)                       |
| <i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | 2         | QL (30 EA per 30 days)                       |
| <b><i>Diuretics, Carbonic Anhydrase Inhibitors</i></b>   |           |  |
| <i>acetazolamide oral capsule, extended release</i>  | 4         |  |
| <i>acetazolamide oral tablet</i>   | 2         |  |
| <i>methazolamide</i>   | 3         |  |
| <b><i>Diuretics, Loop</i></b>  |           |  |
| <i>bumetanide injection</i>  | 5         |  |
| <i>bumetanide oral</i>   | 1         |  |
| <i>furosemide injection solution</i>   | 5         |  |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>                                 | 2         |  |
| <i>furosemide oral tablet</i>  | 1         |  |
| <i>torseamide oral</i>   | 2         |  |
| <b><i>Diuretics, Potassium-Sparing</i></b>   |           |  |
| <i>amiloride</i>   | 2         |  |
| <i>eplerenone</i>  | 4         |  |
| <i>spironolactone</i>  | 2         |  |
| <b><i>Dyslipidemics, Fibric Acid Derivatives</i></b>   |           |  |
| <i>fenofibrate micronized oral capsule 130 mg</i>  | 4         | ST; (generic Antara); QL (30 EA per 30 days) |

| Drug Name  | Drug Tier | Requirement /Limits                          |
|--|-----------|--|
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> | 2         | (generic Lofibra); QL (30 EA per 30 days)    |
| <i>fenofibrate micronized oral capsule 43 mg</i>                 | 4         | ST; (generic Antara); QL (60 EA per 30 days) |
| <i>fenofibrate nanocrystallized oral tablet 145 mg</i>           | 2         | (generic Tricor); QL (30 EA per 30 days)     |
| <i>fenofibrate nanocrystallized oral tablet 48 mg</i>            | 2         | (generic Tricor); QL (90 EA per 30 days)     |
| <i>fenofibrate oral tablet 160 mg</i>                            | 2         | (generic Lofibra); QL (30 EA per 30 days)    |
| <i>fenofibrate oral tablet 54 mg</i>                             | 2         | (generic Lofibra); QL (60 EA per 30 days)    |
| <i>fenofibric acid</i>   | 2         | QL (30 EA per 30 days)                       |
| <i>fenofibric acid (choline)</i>                                 | 3         | QL (30 EA per 30 days)                       |
| <i>gemfibrozil</i>   | 2         | QL (75 EA per 30 days)                       |
| <b>Dyslipidemics, Hmg Coa Reductase Inhibitors</b>               |           |  |
| <i>atorvastatin</i>  | 2         | QL (30 EA per 30 days)                       |
| <i>lovastatin oral tablet 10 mg, 20 mg</i>                       | 2         | QL (30 EA per 30 days)                       |
| <i>lovastatin oral tablet 40 mg</i>                              | 2         | QL (60 EA per 30 days)                       |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg</i>               | 2         | QL (60 EA per 30 days)                       |
| <i>pravastatin oral tablet 80 mg</i>                             | 2         | QL (30 EA per 30 days)                       |
| <i>simvastatin</i>   | 1         | QL (30 EA per 30 days)                       |
| <b>Dyslipidemics, Other</b>                                      |           |  |
| <i>cholestyramine light</i>                                      | 2         |  |
| <i>colestipol oral granules</i>                                  | 3         |  |

| Drug Name   | Drug Tier | Requirement /Limits         |
|---|-----------|-----------------------------|
| <i>colestipol oral tablet</i>                                     | 2         |                             |
| <i>ezetimibe</i>  | 4         | QL (30 EA per 30 days)      |
| JUXTAPID  | 6         | PA; QL (30 EA per 30 days)  |
| KYNAMRO   | 6         | PA; QL (4 ML per 28 days)   |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i> | 3         | QL (60 EA per 30 days)      |
| <i>niacin oral tablet extended release 24 hr 500 mg</i>           | 3         | QL (120 EA per 30 days)     |
| <i>niacor</i>   | 2         |                             |
| <i>omega-3 acid ethyl esters</i>                                  | 4         | QL (120 EA per 30 days)     |
| PRALUENT PEN  | 6         | PA; QL (2 ML per 28 days)   |
| <i>prevalite oral powder</i>                                      | 2         |                             |
| WELCHOL   | 4         |                             |
| <b>Vasodilators, Direct-Acting Arterial/ Venous</b>               |           |                             |
| <i>isosorbide dinitrate oral</i>                                  | 2         |                             |
| <i>isosorbide mononitrate</i>                                     | 2         |                             |
| <i>minitran</i>   | 2         |                             |
| NITRO-BID   | 3         |                             |
| <i>nitroglycerin intravenous</i>                                  | 5         |                             |
| <i>nitroglycerin sublingual</i>                                   | 3         |                             |
| <i>nitroglycerin transdermal patch 24 hour</i>                    | 2         |                             |
| <i>nitroglycerin translingual spray,non-aerosol</i>               | 4         |                             |
| <b>Vasodilators, Direct-Acting Arterial</b>                       |           |                             |
| BIDIL   | 4         | PA; QL (180 EA per 30 days) |
| <i>hydralazine injection</i>                                      | 5         |                             |
| <i>hydralazine oral</i>   | 2         |                             |
| <i>minoxidil oral</i>   | 2         |                             |

| Drug Name | Drug Tier | Requirement /Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

**Central Nervous System Agents**

|   |   |  |
|---|---|--|
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg</i> | 2 | (generic Cymbalta); QL (90 EA per 30 days) |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>        | 2 | (generic Irenka); QL (60 EA per 30 days)   |
| <i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>        | 2 | (generic Cymbalta); QL (60 EA per 30 days) |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG             | 3 | QL (90 EA per 30 days)                     |
| LYRICA ORAL CAPSULE 200 MG, 225 MG, 300 MG                          | 3 | QL (60 EA per 30 days)                     |
| LYRICA ORAL SOLUTION  | 3 | QL (900 ML per 30 days)                    |

**Attention Deficit Hyperactivity Disorder Agents, Amphetamines**

|   |   |                         |
|---|---|-------------------------|
| <i>dextroamphetamine oral tablet</i>  | 4 |                         |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>    | 4 | QL (60 EA per 30 days)  |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i> | 2 | QL (120 EA per 30 days) |
| <i>dextroamphetamine-amphetamine oral tablet 12.5 mg</i>                    | 2 | QL (150 EA per 30 days) |
| <i>dextroamphetamine-amphetamine oral tablet 20 mg</i>                      | 2 | QL (90 EA per 30 days)  |
| <i>dextroamphetamine-amphetamine oral tablet 30 mg</i>                      | 2 | QL (60 EA per 30 days)  |

**Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines**

| Drug Name | Drug Tier | Requirement /Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

|   |   |  |
|---|---|--|
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg</i>           | 3 | QL (120 EA per 30 days)                        |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>          | 3 | QL (30 EA per 30 days)                         |
| <i>atomoxetine oral capsule 40 mg</i>                         | 3 | QL (60 EA per 30 days)                         |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50</i>     | 4 | QL (30 EA per 30 days)                         |
| <i>dexmethylphenidate oral tablet</i>                         | 2 | QL (60 EA per 30 days)                         |
| <i>guanfacine oral tablet extended release 24 hr</i>          | 4 | QL (30 EA per 30 days)                         |
| <i>metadate er</i>  | 3 | QL (90 EA per 30 days)                         |
| <i>methylphenidate hcl oral solution 10 mg/5 ml</i>           | 4 | (generic Concerta); QL (900 ML per 30 days)    |
| <i>methylphenidate hcl oral solution 5 mg/5 ml</i>            | 4 | (generic Concerta); QL (1800 ML per 30 days)   |
| <i>methylphenidate hcl oral tablet 10 mg</i>                  | 2 | (generic Ritalin); QL (180 EA per 30 days)     |
| <i>methylphenidate hcl oral tablet 20 mg</i>                  | 2 | (generic Ritalin); QL (90 EA per 30 days)      |
| <i>methylphenidate hcl oral tablet 5 mg</i>                   | 2 | (generic Ritalin); QL (360 EA per 30 days)     |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i> | 3 | (generic Metadate ER); QL (180 EA per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 20 mg</i> | 3 | (generic Metadate ER); QL (90 EA per 30 days)  |

| Drug Name  | Drug Tier | Requirement /Limits                        |
|--|-----------|--|
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> | 4         | (generic Concerta); QL (30 EA per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>               | 4         | (generic Concerta); QL (60 EA per 30 days) |
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG                                       | 3         | QL (120 EA per 30 days)                    |
| STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG                                      | 3         | QL (30 EA per 30 days)                     |
| STRATTERA ORAL CAPSULE 40 MG   | 3         | QL (60 EA per 30 days)                     |
| <b>Central Nervous System, Other</b>   |           |  |
| AUSTEDO  | 6         | PA; LA; QL (120 EA per 30 days)            |
| NUEDEXTA   | 3         | QL (60 EA per 30 days)                     |
| <i>riluzole</i>  | 4         |  |
| <i>tetrabenazine oral tablet 12.5 mg</i>   | 6         | PA; QL (240 EA per 30 days)                |
| <i>tetrabenazine oral tablet 25 mg</i>   | 6         | PA; QL (120 EA per 30 days)                |
| <b>Multiple Sclerosis Agents</b>   |           |  |
| AMPYRA   | 6         | PA; QL (60 EA per 30 days)                 |
| AUBAGIO  | 6         | PA; QL (30 EA per 30 days)                 |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML   | 6         | PA; QL (30 ML per 30 days)                 |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML   | 6         | PA; QL (12 ML per 28 days)                 |
| EXTAVIA SUBCUTANEOUS KIT   | 6         | PA; QL (15 EA per 30 days)                 |
| GILENYA  | 6         | PA; QL (30 EA per 30 days)                 |
| <i>mitoxantrone</i>  | 3         | BvD  |

| Drug Name  | Drug Tier | Requirement /Limits        |
|--|-----------|----------------------------|
| TECFIDERA  | 6         | PA; QL (60 EA per 30 days) |
| TYSABRI  | 6         | PA; LA                     |
| <b>Dental And Oral Agents</b>                            |           |                            |
| <b>Dental And Oral Agents</b>                            |           |                            |
| <i>chlorhexidine gluconate mucous membrane</i>           | 2         |                            |
| <i>doxycycline hyclate oral capsule</i>                  | 2         |                            |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>     | 2         |                            |
| <i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i> | 2         |                            |
| KEPIVANCE  | 6         | BvD                        |
| <i>minocycline oral capsule</i>                          | 2         |                            |
| <i>minocycline oral tablet</i>                           | 3         |                            |
| <i>periogard</i>   | 2         |                            |
| <i>pilocarpine hcl oral</i>                              | 3         |                            |
| <i>triamcinolone acetonide dental</i>                    | 3         |                            |
| <b>Dermatological Agents</b>                             |           |                            |
| <b>Dermatological Agents</b>                             |           |                            |
| <i>acitretin</i>   | 6         |                            |
| <i>adapalene topical cream</i>                           | 4         | PA                         |
| <i>adapalene topical gel 0.1 %</i>                       | 4         | PA                         |
| <i>ammonium lactate</i>                                  | 2         |                            |
| <i>betamethasone dipropionate topical lotion</i>         | 2         |                            |
| <i>calcipotriene</i>                                     | 4         |                            |
| <i>calcitriol topical</i>                                | 4         |                            |
| <i>claravis</i>  | 4         |                            |
| <i>clotrimazole-betamethasone topical cream</i>          | 2         |                            |



| Drug Name   | Drug Tier | Requirement /Limits         | Drug Name  | Drug Tier | Requirement /Limits        |
|---|-----------|-----------------------------|--|-----------|----------------------------|
| <i>clotrimazole-<br/>betamethasone topical<br/>lotion</i>         | 4         |                             | REGRANEX   | 6         | PA; QL (15 GM per 2 days)  |
| COSENTYX  | 6         | PA                          | SANTYL   | 4         | QL (180 GM per 30 days)    |
| COSENTYX PEN  | 6         | PA                          | <i>selenium sulfide<br/>topical lotion</i>           | 2         |                            |
| <i>diclofenac sodium<br/>topical gel 1 %</i>                      | 3         |                             | <i>tazarotene</i>                                    | 4         | PA                         |
| <i>diclofenac sodium<br/>topical gel 3 %</i>                      | 6         |                             | TAZORAC TOPICAL<br>CREAM 0.05 %                      | 4         | PA                         |
| <i>doxycycline hyclate<br/>oral capsule 50 mg</i>                 | 2         |                             | TAZORAC TOPICAL<br>GEL                               | 4         | PA                         |
| <i>doxycycline<br/>monohydrate oral<br/>capsule 100 mg, 50 mg</i> | 2         |                             | TOLAK  | 3         |                            |
| <i>doxycycline<br/>monohydrate oral<br/>tablet 100 mg, 50 mg</i>  | 2         |                             | <i>tretinoin topical cream</i>                       | 2         | PA                         |
| ELIDEL  | 4         | ST; QL (100 GM per 30 days) | <i>tretinoin topical gel<br/>0.01 %, 0.025 %</i>     | 2         | PA                         |
| <i>erythromycin-benzoyl<br/>peroxide</i>                          | 2         |                             | VALCHLOR   | 6         | PA; QL (60 GM per 30 days) |
| <i>fluorouracil<br/>intravenous solution<br/>2.5 gram/50 ml</i>   | 5         | BvD                         | <i>zenatane oral capsule<br/>10 mg, 20 mg, 30 mg</i> | 4         |                            |
| <i>fluorouracil topical</i>                                       | 3         |                             | ZENATANE ORAL<br>CAPSULE 40 MG                       | 4         |                            |
| <i>fluticasone topical<br/>cream</i>                              | 2         |                             | <b>Enzyme Replacement/ Modifiers</b>                 |           |                            |
| <i>fluticasone topical<br/>ointment</i>                           | 2         |                             | <i>Enzyme Replacement/ Modifiers</i>                 |           |                            |
| <i>imiquimod</i>  | 2         | QL (24 EA per 30 days)      | ADAGEN   | 5         |                            |
| <i>methoxsalen</i>  | 6         |                             | ALDURAZYME   | 6         |                            |
| <i>myorisan</i>   | 4         |                             | BUPHENYL ORAL<br>TABLET                              | 6         | PA                         |
| <i>nystatin-triamcinolone</i>                                     | 4         |                             | CERDELGA   | 6         | PA; QL (60 EA per 30 days) |
| PICATO TOPICAL<br>GEL 0.015 %                                     | 3         | QL (3 EA per 30 days)       | CEREZYME<br>INTRAVENOUS<br>RECON SOLN 400<br>UNIT    | 6         | PA                         |
| PICATO TOPICAL<br>GEL 0.05 %                                      | 3         | QL (2 EA per 30 days)       | CREON  | 3         |                            |
| <i>podofilox</i>  | 2         |                             | CYSTADANE  | 6         |                            |
| <i>prednicarbate topical<br/>cream</i>                            | 3         |                             | CYSTAGON   | 4         | PA                         |
|   |           |                             | ELAPRASE   | 6         | BvD                        |
|   |           |                             | FABRAZYME<br>INTRAVENOUS<br>RECON SOLN 35<br>MG      | 6         | BvD                        |
|   |           |                             | KUVAN  | 6         | PA                         |

| Drug Name                                | Drug Tier | Requirement /Limits              |
|--|-----------|----------------------------------|
| NAGLAZYME                                | 6         | BvD                              |
| ORFADIN                                  | 6         | PA                               |
| PROCYSBI                                 | 6         | PA                               |
| RAVICTI                                  | 6         | PA; QL (525 ML per 30 days)      |
| STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML | 6         | PA; LA; QL (38.4 ML per 28 days) |
| STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML  | 6         | PA; LA                           |
| SUCRAID                                  | 6         |                                  |
| VPRIV                                    | 6         |                                  |
| ZAVESCA                                  | 6         | PA; QL (90 EA per 30 days)       |
| ZENPEP                                   | 4         |                                  |

### Gastrointestinal Agents

#### Antispasmodics, Gastrointestinal

|  |   |  |
|--|---|--|
| <i>atropine injection syringe 0.05 mg/ml</i> | 5 |  |
| <i>dicyclomine oral capsule</i>              | 2 |  |
| <i>dicyclomine oral solution</i>             | 2 |  |
| <i>dicyclomine oral tablet</i>               | 2 |  |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | 2 |  |
| <i>methscopolamine</i>                       | 4 |  |
| <i>propantheline</i>                         | 2 |  |
| TRANSDERM-SCOP                               | 4 |  |

#### Gastrointestinal Agents, Other

|                                |   |                             |
|--------------------------------|---|-----------------------------|
| CHOLBAM ORAL CAPSULE 250 MG    | 6 | PA; QL (150 EA per 30 days) |
| CHOLBAM ORAL CAPSULE 50 MG     | 6 | PA; QL (120 EA per 30 days) |
| GATTEX ONE-VIAL                | 6 | PA; QL (30 EA per 30 days)  |
| <i>loperamide oral capsule</i> | 2 |                             |

| Drug Name                                    | Drug Tier | Requirement /Limits        |
|--|-----------|----------------------------|
| <i>metoclopramide hcl injection solution</i> | 5         |                            |
| <i>metoclopramide hcl oral solution</i>      | 2         |                            |
| <i>metoclopramide hcl oral tablet</i>        | 2         |                            |
| OICALIVA                                     | 6         | PA; QL (30 EA per 30 days) |
| <i>proctozone-hc</i>                         | 2         |                            |
| RELISTOR ORAL                                | 6         | PA; QL (90 EA per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION               | 5         | PA                         |
| RELISTOR SUBCUTANEOUS SYRINGE                | 6         | PA                         |
| <i>ursodiol oral capsule</i>                 | 2         |                            |
| <i>ursodiol oral tablet</i>                  | 4         |                            |

### Histamine2 (H2) Receptor Antagonists

|  |   |  |
|--|---|--|
| <i>cimetidine</i>  | 2 |  |
| <i>cimetidine hcl oral</i>                                     | 2 |  |
| <i>famotidine (pf)</i>   | 5 |  |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                     | 2 |  |
| <i>nizatidine</i>  | 2 |  |
| <i>ranitidine hcl injection solution 50 mg/2 ml (25 mg/ml)</i> | 5 |  |
| <i>ranitidine hcl oral capsule</i>                             | 2 |  |
| <i>ranitidine hcl oral syrup</i>                               | 2 |  |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i>               | 2 |  |

### Irritable Bowel Syndrome Agents

|                        |   |                            |
|------------------------|---|----------------------------|
| <i>alosetron</i>       | 6 | PA                         |
| AMITIZA                | 3 | QL (60 EA per 30 days)     |
| <i>budesonide oral</i> | 6 | PA; QL (90 EA per 30 days) |

### Laxatives

| Drug Name   | Drug Tier | Requirement /Limits        |
|---|-----------|----------------------------|
| <i>constulose</i>   | 2         |                            |
| <i>enulose</i>  | 2         |                            |
| <i>gavilyte-c</i>   | 2         |                            |
| <i>gavilyte-g</i>   | 2         |                            |
| <i>gavilyte-n</i>   | 2         |                            |
| <i>generlac</i>   | 2         |                            |
| <i>golytely</i>   | 2         |                            |
| <i>lactulose oral solution 10 gram/15 ml</i>                            | 2         |                            |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>  | 2         |                            |
| <i>peg-electrolyte soln</i>   | 2         |                            |
| <i>polyethylene glycol 3350 oral powder</i>                             | 2         |                            |
| <i>trilyte with flavor packets</i>                                      | 2         |                            |
| <b>Protectants</b>  |           |                            |
| <i>misoprostol</i>  | 2         |                            |
| <i>sucralfate oral tablet</i>   | 2         |                            |
| <b>Proton Pump Inhibitors</b>   |           |                            |
| DEXILANT  | 3         | ST; QL (30 EA per 30 days) |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> | 4         |                            |
| <i>esomeprazole sodium</i>  | 5         |                            |
| <i>lansoprazole oral capsule,delayed release(dr/ec)</i>                 | 2         |                            |
| <i>omeprazole oral capsule,delayed release(dr/ec)</i>                   | 2         |                            |
| <i>pantoprazole intravenous</i>   | 5         |                            |
| <i>pantoprazole oral</i>  | 2         |                            |
| <i>rabeprazole</i>  | 2         |                            |
| <b>Genitourinary Agents</b>   |           |                            |
| <b>Antispasmodics, Urinary</b>  |           |                            |
| <i>flavoxate</i>  | 3         |                            |

| Drug Name  | Drug Tier | Requirement /Limits        |
|--|-----------|----------------------------|
| MYRBETRIQ  | 3         | ST; QL (30 EA per 30 days) |
| <i>oxybutynin chloride oral syrup</i>                              | 2         |                            |
| <i>oxybutynin chloride oral tablet</i>                             | 2         |                            |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg</i> | 2         | QL (90 EA per 30 days)     |
| <i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i> | 2         | QL (60 EA per 30 days)     |
| <i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>  | 2         | QL (180 EA per 30 days)    |
| <i>tolterodine oral tablet</i>                                     | 3         | ST; QL (60 EA per 30 days) |
| <i>trospium oral capsule,extended release 24hr</i>                 | 4         | QL (30 EA per 30 days)     |
| <i>trospium oral tablet</i>  | 3         | QL (60 EA per 30 days)     |
| VESICARE ORAL TABLET 10 MG   | 3         | ST; QL (30 EA per 30 days) |
| VESICARE ORAL TABLET 5 MG  | 3         | ST; QL (60 EA per 30 days) |
| <b>Benign Prostatic Hypertrophy Agents</b>                         |           |                            |
| <i>alfuzosin</i>   | 2         | QL (30 EA per 30 days)     |
| <i>doxazosin</i>   | 2         |                            |
| <i>dutasteride</i>   | 3         | QL (30 EA per 30 days)     |
| <i>finasteride oral tablet 5 mg</i>                                | 2         |                            |
| <i>prazosin</i>  | 2         |                            |
| <i>tamsulosin</i>  | 2         |                            |
| <i>terazosin</i>   | 2         |                            |
| <b>Genitourinary Agents, Other</b>                                 |           |                            |
| <i>bethanechol chloride</i>  | 2         |                            |
| DEPEN TITRATABS  | 6         | PA                         |
| ELMIRON  | 4         |                            |
| <i>potassium citrate</i>   | 3         |                            |

| Drug Name                                 | Drug Tier | Requirement /Limits |
|---|-----------|---------------------|
| <i>sodium phenylbutyrate oral powder</i>  | 6         | PA                  |
| THIOLA                                    | 6         | PA                  |
| <b>Phosphate Binders</b>                  |           |                     |
| <i>calcium acetate oral capsule</i>       | 3         |                     |
| <i>calcium acetate oral tablet 667 mg</i> | 3         |                     |
| <i>eliphos</i>                            | 3         |                     |
| FOSRENOL                                  | 6         |                     |
| REVELA                                    | 3         |                     |
| <i>sevelamer carbonate</i>                | 3         |                     |

**Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)**

| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b> |   |    |
|---|---|----|
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b> |   |    |
| ACTHAR H.P.   | 6 | PA |
| ALA-CORT TOPICAL CREAM 1 %  | 2 |    |
| <i>ala-cort topical cream 2.5 %</i>                                 | 2 |    |
| <i>alclometasone</i>  | 2 |    |
| <i>betamethasone dipropionate topical cream</i>                     | 2 |    |
| <i>betamethasone dipropionate topical ointment</i>                  | 2 |    |
| <i>betamethasone valerate topical cream</i>                         | 2 |    |
| <i>betamethasone valerate topical lotion</i>                        | 2 |    |
| <i>betamethasone valerate topical ointment</i>                      | 2 |    |
| <i>betamethasone, augmented</i>                                     | 2 |    |
| <i>clobetasol scalp</i>   | 2 |    |
| <i>clobetasol topical gel</i>                                       | 2 |    |
| <i>clobetasol topical ointment</i>                                  | 3 |    |

| Drug Name  | Drug Tier | Requirement /Limits |
|--|-----------|---------------------|
| <i>clobetasol-emollient topical cream</i>                | 3         |                     |
| <i>cortisone</i>   | 3         |                     |
| <i>desoximetasone topical cream 0.25 %</i>               | 4         |                     |
| <i>desoximetasone topical gel</i>                        | 4         |                     |
| <i>dexamethasone oral elixir</i>                         | 2         |                     |
| <i>dexamethasone oral tablet</i>                         | 2         |                     |
| <i>dexamethasone sodium phosphate injection solution</i> | 5         |                     |
| <i>fludrocortisone</i>                                   | 2         |                     |
| <i>fluocinolone acetonide oil</i>                        | 4         |                     |
| <i>fluocinolone topical cream</i>                        | 3         |                     |
| <i>fluocinolone topical ointment</i>                     | 3         |                     |
| <i>fluocinolone topical solution</i>                     | 3         |                     |
| <i>fluocinonide topical cream 0.05 %</i>                 | 2         |                     |
| <i>fluocinonide topical gel</i>                          | 2         |                     |
| <i>fluocinonide topical ointment</i>                     | 2         |                     |
| <i>fluocinonide topical solution</i>                     | 3         |                     |
| <i>fluocinonide-e</i>                                    | 2         |                     |
| <i>fluticasone topical cream</i>                         | 2         |                     |
| <i>fluticasone topical ointment</i>                      | 2         |                     |
| <i>halobetasol propionate</i>                            | 3         |                     |
| <i>hydrocortisone butyrate topical ointment</i>          | 3         | ST                  |
| <i>hydrocortisone butyrate topical solution</i>          | 3         | ST                  |

| Drug Name   | Drug Tier | Requirement /Limits |
|---|-----------|---------------------|
| <i>hydrocortisone oral</i>  | 2         |                     |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>  | 2         |                     |
| <i>hydrocortisone topical lotion 2.5 %</i>  | 2         |                     |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>   | 2         |                     |
| <i>hydrocortisone valerate</i>  | 3         | ST                  |
| <i>methylprednisolone</i>   | 2         |                     |
| <i>methylprednisolone acetate</i>   | 5         |                     |
| <i>methylprednisolone sodium succ injection recon soln 40 mg</i>                              | 5         |                     |
| <i>methylprednisolone sodium succ intravenous</i>   | 5         |                     |
| <i>micort-hc topical cream with perineal applicator 2.5 %</i>                                 | 2         |                     |
| <i>mometasone topical</i>   | 2         |                     |
| <i>prednicarbate topical ointment</i>   | 3         |                     |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i> | 2         |                     |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>               | 3         |                     |
| <i>prednisone intensol</i>  | 2         |                     |
| <i>prednisone oral solution</i>   | 2         |                     |
| <i>prednisone oral tablet</i>   | 2         |                     |
| <i>procto-pak</i>   | 2         |                     |
| <i>proctozone-hc</i>  | 2         |                     |
| <i>triamcinolone acetonide topical cream</i>  | 2         |                     |

| Drug Name  | Drug Tier | Requirement /Limits        |
|--|-----------|----------------------------|
| <i>triamcinolone acetonide topical lotion</i>  | 2         |                            |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>  | 2         |                            |
| <i>triderm topical cream 0.1 %</i>   | 2         |                            |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>  |           |                            |
| <i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>  |           |                            |
| <i>chorionic gonadotropin, human</i>   | 5         | BvD                        |
| <i>desmopressin injection</i>  | 5         |                            |
| <i>desmopressin nasal solution</i>   | 4         |                            |
| <i>desmopressin nasal spray, non-aerosol</i>   | 4         |                            |
| <i>desmopressin oral</i>   | 3         |                            |
| EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG   | 6         | PA; QL (60 EA per 30 days) |
| GENOTROPIN   | 6         | PA                         |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML   | 5         | PA                         |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | 6         | PA                         |
| INCRELEX   | 6         | PA; LA                     |

| Drug Name   | Drug Tier | Requirement /Limits            |
|---|-----------|--------------------------------|
| MYALEPT   | 6         | PA; LA; QL (60 EA per 30 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 6         | PA                             |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG            | 6         | PA                             |
| ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG             | 5         | PA                             |

**Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)**

*Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)*

|  |   |  |
|--|---|--|
| <i>misoprostol oral tablet 200 mcg</i> | 2 |  |
|--|---|--|

**Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)**

*Anabolic Steroids*

|                                       |   |    |
|---------------------------------------|---|----|
| ANADROL-50                            | 6 |    |
| <i>oxandrolone oral tablet 10 mg</i>  | 6 | PA |
| <i>oxandrolone oral tablet 2.5 mg</i> | 3 | PA |

*Androgens*

|   |   |                              |
|---|---|------------------------------|
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) | 3 | PA; QL (150 GM per 30 days)  |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)            | 3 | PA; QL (37.5 GM per 30 days) |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)              | 3 | PA; QL (150 GM per 30 days)  |
| <i>danazol</i>  | 4 |                              |

| Drug Name  | Drug Tier | Requirement /Limits        |
|--|-----------|----------------------------|
| <i>testosterone cypionate</i>  | 5         | BvD                        |
| <i>testosterone enanthate</i>  | 5         | BvD; QL (5 ML per 30 days) |
| <b><i>Estrogens</i></b>  |           |                            |
| ALORA  | 4         | PA; QL (16 EA per 28 days) |
| DEPO-ESTRADIOL   | 5         | BvD                        |
| <i>estradiol oral</i>  | 2         | PA                         |
| <i>estradiol transdermal patch semiweekly</i>  | 2         | PA; QL (16 EA per 28 days) |
| <i>estradiol transdermal patch weekly</i>  | 2         | PA; QL (8 EA per 28 days)  |
| ESTRING  | 3         | QL (1 EA per 84 days)      |
| <i>estropipate</i>   | 2         | PA                         |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG   | 4         | PA                         |
| PREMARIN VAGINAL   | 3         |                            |
| <b><i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i></b> |           |                            |
| <i>alyacen 1/35 (28)</i>   | 2         |                            |
| <i>amabelz</i>   | 3         | PA                         |
| <i>amethia</i>   | 2         |                            |
| <i>apri</i>  | 2         |                            |
| <i>aranelle (28)</i>   | 2         |                            |
| <i>aubra</i>   | 2         |                            |
| <i>aviane</i>  | 2         |                            |
| <i>balziva (28)</i>  | 2         |                            |
| <i>bekyree (28)</i>  | 2         |                            |
| <i>blisovi fe 1.5/30 (28)</i>  | 2         |                            |
| <i>briellyn</i>  | 2         |                            |
| <i>budesonide oral</i>   | 6         | PA; QL (90 EA per 30 days) |
| <i>caziant (28)</i>  | 2         |                            |
| COMBIPATCH   | 4         | PA; QL (8 EA per 28 days)  |
| <i>cryselle (28)</i>   | 2         |                            |
| <i>deblitane</i>   | 2         |                            |
| <i>delyla (28)</i>   | 2         |                            |

| Drug Name   | Drug Tier | Requirement /Limits | Drug Name  | Drug Tier | Requirement /Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| <i>desog-e.estradiol/e.estradiol</i>  | 2         |                     | <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>                              | 2         |                     |
| <i>desogestrel-ethinyl estradiol</i>  | 2         |                     | <i>levora-28</i>   | 2         |                     |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>   | 2         |                     | <i>lomedica 24 fe</i>  | 2         |                     |
| <i>emoquette</i>  | 2         |                     | <i>low-ogestrel (28)</i>   | 2         |                     |
| <i>enpresse</i>   | 2         |                     | <i>lutura (28)</i>   | 2         |                     |
| <i>estradiol-norethindrone acet</i>   | 3         | PA                  | <i>microgestin 1.5/30 (21)</i>   | 2         |                     |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>  | 2         |                     | <i>microgestin 1/20 (21)</i>   | 2         |                     |
| <i>falmina (28)</i>   | 2         |                     | <i>microgestin fe 1.5/30 (28)</i>  | 2         |                     |
| <i>femynor</i>  | 2         |                     | <i>microgestin fe 1/20 (28)</i>  | 2         |                     |
| <i>gianvi (28)</i>  | 2         |                     | <i>mimvey</i>  | 3         | PA                  |
| <i>gildagia</i>   | 2         |                     | <i>mimvey lo</i>   | 2         | PA                  |
| <i>introvale</i>  | 2         |                     | <i>mononessa (28)</i>  | 2         |                     |
| <i>isibloom</i>   | 2         |                     | <i>necon 0.5/35 (28)</i>   | 2         |                     |
| <i>jinteli</i>  | 2         | PA                  | <i>necon 1/50 (28)</i>   | 2         |                     |
| <i>juleber</i>  | 2         |                     | <i>necon 7/7/7 (28)</i>  | 2         |                     |
| <i>junel 1.5/30 (21)</i>  | 2         |                     | <i>nikki (28)</i>  | 2         |                     |
| <i>junel 1/20 (21)</i>  | 2         |                     | <i>nora-be</i>   | 2         |                     |
| <i>junel fe 1.5/30 (28)</i>   | 2         |                     | <i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>          | 2         |                     |
| <i>junel fe 1/20 (28)</i>   | 2         |                     | <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>                                    | 2         |                     |
| <i>junel fe 24</i>  | 2         |                     | <i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>                                     | 2         | PA                  |
| <i>kariva (28)</i>  | 2         |                     | <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                     | 2         |                     |
| <i>kelnor 1/35 (28)</i>   | 2         |                     | <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i> | 2         |                     |
| <i>kimidess (28)</i>  | 2         |                     |  |           |                     |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2         |                     |  |           |                     |
| <i>larin 1.5/30 (21)</i>  | 2         |                     |  |           |                     |
| <i>larissia</i>   | 2         |                     |  |           |                     |
| <i>lessina</i>  | 2         |                     |  |           |                     |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>                           | 2         |                     |  |           |                     |

| Drug Name                               | Drug Tier | Requirement /Limits   |
|---|-----------|-----------------------|
| <i>norlyroc</i>                         | 2         |                       |
| <i>nortrel 0.5/35 (28)</i>              | 2         |                       |
| <i>nortrel 1/35 (21)</i>                | 2         |                       |
| <i>nortrel 1/35 (28)</i>                | 2         |                       |
| <i>nortrel 7/7/7 (28)</i>               | 2         |                       |
| NUVARING                                | 3         | QL (1 EA per 28 days) |
| <i>ocella</i>                           | 2         |                       |
| <i>ogestrel (28)</i>                    | 2         |                       |
| <i>orsythia</i>                         | 2         |                       |
| <i>pimtreea (28)</i>                    | 2         |                       |
| <i>pirmella oral tablet 1-35 mg-mcg</i> | 2         |                       |
| <i>portia</i>                           | 2         |                       |
| <i>previfem</i>                         | 2         |                       |
| <i>quasense</i>                         | 2         |                       |
| <i>reclipsen (28)</i>                   | 2         |                       |
| <i>setlakin</i>                         | 2         |                       |
| <i>sharobel</i>                         | 2         |                       |
| <i>sprintec (28)</i>                    | 2         |                       |
| <i>tarina fe 1/20 (28)</i>              | 2         |                       |
| <i>tri-legest fe</i>                    | 2         |                       |
| <i>trinessa (28)</i>                    | 2         |                       |
| <i>tri-previfem (28)</i>                | 2         |                       |
| <i>tri-sprintec (28)</i>                | 2         |                       |
| <i>trivora (28)</i>                     | 2         |                       |
| <i>velivet triphasic regimen (28)</i>   | 2         |                       |
| <i>vestura (28)</i>                     | 2         |                       |
| <i>vienva</i>                           | 2         |                       |
| <i>vyfemla (28)</i>                     | 2         |                       |
| <i>wymzya fe</i>                        | 2         |                       |
| <i>zenchent (28)</i>                    | 2         |                       |
| <i>zenchent fe</i>                      | 2         |                       |
| <i>zovia 1/35e (28)</i>                 | 2         |                       |
| <i>zovia 1/50e (28)</i>                 | 2         |                       |
| <b>Progestins</b>                       |           |                       |
| <i>camila</i>                           | 2         |                       |

| Drug Name   | Drug Tier | Requirement /Limits       |
|---|-----------|---------------------------|
| DEPO-PROVERA INTRAMUSCULAR SOLUTION   | 5         | BvD                       |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION   | 5         |                           |
| <i>errin</i>  | 2         |                           |
| <i>hydroxyprogesterone caproate</i>   | 6         | PA; QL (5 ML per 30 days) |
| <i>jolivette</i>  | 2         |                           |
| <i>medroxyprogesterone intramuscular suspension</i>   | 5         | BvD                       |
| <i>medroxyprogesterone oral</i>   | 2         |                           |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>  | 2         | PA                        |
| <i>megestrol oral suspension 625 mg/5 ml</i>  | 4         | PA                        |
| <i>megestrol oral tablet</i>  | 2         | PA                        |
| <i>norethindrone (contraceptive)</i>  | 2         |                           |
| <i>norethindrone acetate</i>  | 2         |                           |
| <i>progesterone micronized</i>  | 2         |                           |
| <b>Selective Estrogen Receptor Modifying Agents</b>   |           |                           |
| <i>raloxifene</i>   | 3         | QL (30 EA per 30 days)    |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>   |           |                           |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>   |           |                           |
| <i>levothyroxine oral</i>   | 1         |                           |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 2         |                           |
| <i>liothyronine oral</i>  | 2         |                           |



| Drug Name   | Drug Tier | Requirement /Limits |
|---|-----------|---------------------|
| SYNTHROID   | 3         |                     |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 2         |                     |

### Hormonal Agents, Suppressant (Adrenal)

#### Hormonal Agents, Suppressant (Adrenal)

LYSODREN 3

### Hormonal Agents, Suppressant (Parathyroid)

#### Hormonal Agents, Suppressant (Parathyroid)

SENSIPAR ORAL TABLET 30 MG 3

SENSIPAR ORAL TABLET 60 MG, 90 MG 6

### Hormonal Agents, Suppressant (Pituitary)

#### Hormonal Agents, Suppressant (Pituitary)

*bromocriptine* 3

*cabergoline* 3 QL (16 EA per 30 days)

FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG 6 BvD

FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG 5 BvD

*leuprolide subcutaneous kit* 5

LUPRON DEPOT 6 BvD

LUPRON DEPOT (3 MONTH) 6 BvD

LUPRON DEPOT (4 MONTH) 6 BvD

LUPRON DEPOT (6 MONTH) 6 BvD

| Drug Name  | Drug Tier | Requirement /Limits |
|--|-----------|---------------------|
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG                 | 6         | BvD                 |
| <i>octreotide acetate injection solution 1,000 mcg/ml</i>          | 6         | PA; (vial)          |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i> | 5         | PA; (ampul)         |
| <i>octreotide acetate injection solution 200 mcg/ml</i>            | 5         | PA; (vial)          |
| <i>octreotide acetate injection solution 500 mcg/ml</i>            | 6         | PA; (ampul)         |

SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 6 PA

SIGNIFOR 6 PA; QL (60 ML per 30 days)

SOMATULINE DEPOT 6 PA

SOMAVERT 6 PA; QL (30 EA per 30 days)

SYNAREL 6

**Hormonal Agents, Suppressant (Thyroid)**

**Antithyroid Agents**

*methimazole oral tablet 10 mg, 5 mg* 2

*propylthiouracil* 2

### Immunological Agents

#### Angioedema (Hae) Agents

BERINERT INTRAVENOUS KIT 6 PA

CINRYZE 6 BvD

FIRAZYR 6 PA; QL (36 ML per 60 days)

RUCONEST 6 PA

#### Immune Suppressants

| Drug Name   | Drug Tier | Requirement /Limits         | Drug Name  | Drug Tier | Requirement /Limits        |
|---|-----------|-----------------------------|--|-----------|----------------------------|
| ACTEMRA INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 6         | PA; QL (40 ML per 28 days)  | HUMIRA PEDIATRIC CROHN'S START                                       | 6         | PA                         |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG                            | 6         | PA; QL (60 EA per 30 days)  | HUMIRA PEN CROHN'S-UC-HS START                                       | 6         | PA                         |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG                            | 6         | PA; QL (120 EA per 30 days) | HUMIRA PEN PSORIASIS-UVEITIS   | 6         | PA                         |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG                            | 6         | PA; QL (30 EA per 30 days)  | HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML                         | 6         | PA; QL (2 EA per 30 days)  |
| AFINITOR ORAL TABLET 2.5 MG   | 6         | PA; QL (30 EA per 30 days)  | HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML           | 6         | PA                         |
| <i>azathioprine</i>   | 2         | BvD                         | <i>mercaptopurine</i>  | 2         |                            |
| <i>azathioprine sodium</i>  | 5         | BvD                         | <i>methotrexate sodium (pf)</i>                                      | 5         | BvD                        |
| BENLYSTA INTRAVENOUS  | 6         | PA                          | <i>methotrexate sodium injection</i>                                 | 5         | BvD                        |
| BENLYSTA SUBCUTANEOUS   | 6         | PA; QL (4 ML per 28 days)   | <i>methotrexate sodium oral</i>                                      | 2         |                            |
| <i>cyclosporine intravenous</i>   | 5         | BvD                         | <i>mycophenolate mofetil hcl</i>                                     | 5         | PA                         |
| <i>cyclosporine modified</i>  | 3         | BvD                         | <i>mycophenolate mofetil oral capsule</i>                            | 3         | PA                         |
| <i>cyclosporine oral capsule</i>  | 4         | BvD                         | <i>mycophenolate mofetil oral suspension for reconstitution</i>      | 4         | PA                         |
| DEPEN TITRATABS   | 6         | PA                          | <i>mycophenolate mofetil oral tablet</i>                             | 3         | PA                         |
| ELIDEL  | 4         | ST; QL (100 GM per 30 days) | <i>mycophenolate sodium</i>  | 4         | PA                         |
| ENBREL  | 6         | PA                          | NULOJIX  | 6         | BvD                        |
| ENBREL SURECLICK  | 6         | PA                          | OTEZLA   | 6         | PA; QL (60 EA per 30 days) |
| ENVARUSUS XR  | 4         | BvD; ST                     | OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | 6         | PA; QL (55 EA per 28 days) |
| <i>engraf oral capsule 100 mg, 25 mg</i>                                    | 3         | BvD                         |  |           |                            |
| GENGRAF ORAL CAPSULE 50 MG  | 3         | BvD                         |  |           |                            |
| <i>engraf oral solution</i>   | 3         | BvD                         |  |           |                            |

| Drug Name   | Drug Tier | Requirement /Limits               | Drug Name   | Drug Tier | Requirement /Limits               |
|---|-----------|-----------------------------------|---|-----------|-----------------------------------|
| OTREXUP (PF)<br>SUBCUTANEOUS<br>AUTO-INJECTOR 10<br>MG/0.4 ML, 12.5<br>MG/0.4 ML, 15<br>MG/0.4 ML, 17.5<br>MG/0.4 ML, 20<br>MG/0.4 ML, 22.5<br>MG/0.4 ML, 25<br>MG/0.4 ML | 5         | PA; QL (1.6<br>ML per 28<br>days) | RASUVO (PF)<br>SUBCUTANEOUS<br>AUTO-INJECTOR 7.5<br>MG/0.15 ML            | 5         | PA; QL (0.6<br>ML per 30<br>days) |
| PROGRAF<br>INTRAVENOUS  | 5         | BvD                               | REMICADE  | 6         | PA                                |
| RAPAMUNE ORAL<br>SOLUTION   | 6         | PA                                | SANDIMMUNE<br>ORAL SOLUTION   | 4         | BvD                               |
| RASUVO (PF)<br>SUBCUTANEOUS<br>AUTO-INJECTOR 10<br>MG/0.2 ML  | 5         | PA; QL (0.8<br>ML per 30<br>days) | <i>sirolimus oral tablet<br/>0.5 mg</i>                                   | 3         | PA                                |
| RASUVO (PF)<br>SUBCUTANEOUS<br>AUTO-INJECTOR<br>12.5 MG/0.25 ML   | 5         | PA; QL (1 ML<br>per 30 days)      | <i>sirolimus oral tablet 1<br/>mg</i>                                     | 4         | PA                                |
| RASUVO (PF)<br>SUBCUTANEOUS<br>AUTO-INJECTOR 15<br>MG/0.3 ML  | 5         | PA; QL (1.2<br>ML per 30<br>days) | <i>sirolimus oral tablet 2<br/>mg</i>                                     | 6         | PA                                |
| RASUVO (PF)<br>SUBCUTANEOUS<br>AUTO-INJECTOR<br>17.5 MG/0.35 ML   | 5         | PA; QL (1.4<br>ML per 30<br>days) | <i>tacrolimus oral</i>  | 3         | BvD                               |
| RASUVO (PF)<br>SUBCUTANEOUS<br>AUTO-INJECTOR 20<br>MG/0.4 ML  | 5         | PA; QL (1.6<br>ML per 30<br>days) | TORISEL   | 6         | BvD                               |
| RASUVO (PF)<br>SUBCUTANEOUS<br>AUTO-INJECTOR<br>22.5 MG/0.45 ML   | 5         | PA; QL (1.8<br>ML per 30<br>days) | TREXALL   | 4         |                                   |
| RASUVO (PF)<br>SUBCUTANEOUS<br>AUTO-INJECTOR 25<br>MG/0.5 ML  | 5         | PA; QL (2 ML<br>per 30 days)      | XATMEP  | 6         | PA; QL (120<br>ML per 30<br>days) |
| RASUVO (PF)<br>SUBCUTANEOUS<br>AUTO-INJECTOR 30<br>MG/0.6 ML  | 5         | PA; QL (2.4<br>ML per 30<br>days) | XELJANZ   | 6         | PA; QL (60 EA<br>per 30 days)     |
|   |           |                                   | XELJANZ XR  | 6         | PA; QL (30 EA<br>per 30 days)     |
|   |           |                                   | ZORTRESS ORAL<br>TABLET 0.25 MG   | 4         | BvD; QL (60<br>EA per 30 days)    |
|   |           |                                   | ZORTRESS ORAL<br>TABLET 0.5 MG  | 6         | BvD; QL (120<br>EA per 30 days)   |
|   |           |                                   | ZORTRESS ORAL<br>TABLET 0.75 MG   | 6         | BvD; QL (60<br>EA per 30 days)    |
|   |           |                                   | <b><i>Immunizing Agents, Passive</i></b>                                  |           |                                   |
|   |           |                                   | BIVIGAM   | 6         | PA                                |
|   |           |                                   | <i>carimune nf<br/>nanofiltered<br/>intravenous recon soln<br/>6 gram</i> | 6         | PA                                |
|   |           |                                   | FLEBOGAMMA DIF<br>INTRAVENOUS<br>SOLUTION 10 %                            | 6         | PA                                |
|   |           |                                   | GAMASTAN S/D  | 5         | PA                                |
|   |           |                                   | <i>gammagard liquid</i>   | 6         | PA                                |
|   |           |                                   | GAMMAGARD S-D<br>(IGA < 1 MCG/ML)   | 6         | PA                                |

| Drug Name   | Drug Tier | Requirement /Limits        | Drug Name  | Drug Tier | Requirement /Limits |
|---|-----------|----------------------------|--|-----------|---------------------|
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)                             | 6         | PA                         | SYLVANT INTRAVENOUS RECON SOLN 100 MG                    | 6         | PA                  |
| GAMMAPLEX   | 6         | PA                         | TYSABRI  | 6         | PA; LA              |
| GAMMAPLEX (WITH SORBITOL)   | 6         | PA                         | <b>Vaccines</b>  |           |                     |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)                            | 6         | PA                         | ACTHIB (PF)  | 5         |                     |
| IMOGAM RABIES-HT (PF)   | 5         | BvD                        | ADACEL(TDAP ADOLESN/ADULT)(PF)                           | 5         |                     |
| OCTAGAM   | 6         | PA                         | INTRAMUSCULAR SUSPENSION                                 |           |                     |
| <i>privigen</i>   | 6         | PA                         | BCG VACCINE, LIVE (PF)                                   | 5         |                     |
| SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML                                 | 6         | PA                         | BEXSERO  | 5         |                     |
| THYMOGLOBULIN   | 6         | PA                         | BOOSTRIX TDAP  | 5         |                     |
| <b>Immunological Agents</b>   |           |                            | DAPTACEL (DTAP PEDIATRIC) (PF)                           | 5         |                     |
| <i>leflunomide</i>  | 2         |                            | ENGERIX-B (PF) INTRAMUSCULAR SYRINGE                     | 5         | BvD                 |
| SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML                                 | 6         | PA                         | ENGERIX-B PEDIATRIC (PF)                                 | 5         | BvD                 |
| <b>Immunomodulators</b>   |           |                            | GARDASIL 9 (PF)  | 5         |                     |
| ACTEMRA INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 6         | PA; QL (40 ML per 28 days) | HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML | 5         |                     |
| ACTIMMUNE   | 6         | PA                         | HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML  | 5         |                     |
| ARCALYST  | 6         | PA                         | HIBERIX (PF)   | 5         |                     |
| ILARIS (PF) SUBCUTANEOUS RECON SOLN   | 6         | PA                         | IMOVAX RABIES VACCINE (PF)                               | 5         |                     |
| KEYTRUDA  | 6         | PA                         | INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION            | 5         |                     |
| <i>leflunomide</i>  | 2         |                            | IPOL   | 5         |                     |
| RIDAURA   | 6         |                            | IXIARO (PF)  | 5         |                     |
|   |           |                            | KINRIX (PF)  | 5         |                     |

| Drug Name                                     | Drug Tier | Requirement /Limits |
|---|-----------|---------------------|
| MENACTRA (PF)                                 | 5         |                     |
| INTRAMUSCULAR SOLUTION                        |           |                     |
| MENVEO A-C-Y-W-135-DIP (PF)                   | 5         |                     |
| M-M-R II (PF)                                 | 5         |                     |
| PEDIARIX (PF)                                 | 5         | BvD                 |
| PEDVAX HIB (PF)                               | 5         |                     |
| PROQUAD (PF)                                  | 5         |                     |
| QUADRACEL (PF)                                | 5         |                     |
| RABAVERT (PF)                                 | 5         |                     |
| RECOMBIVAX HB (PF)                            | 5         | BvD                 |
| INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML |           |                     |
| RECOMBIVAX HB (PF)                            | 5         | BvD                 |
| INTRAMUSCULAR SYRINGE                         |           |                     |
| ROTARIX                                       | 4         |                     |
| ROTATEQ VACCINE                               | 3         |                     |
| TENIVAC (PF)                                  | 5         |                     |
| INTRAMUSCULAR SYRINGE                         |           |                     |
| <i>tetanus,diphtheria tox ped(pf)</i>         | 5         |                     |
| <i>tetanus-diphtheria toxoids-td</i>          | 5         |                     |
| TRUMENBA                                      | 5         |                     |
| TWINRIX (PF)                                  | 5         |                     |
| INTRAMUSCULAR SUSPENSION                      |           |                     |
| TYPHIM VI                                     | 5         |                     |
| VAQTA (PF)                                    | 5         |                     |
| INTRAMUSCULAR SYRINGE                         |           |                     |
| VARIVAX (PF)                                  | 5         |                     |
| VARIZIG                                       | 5         |                     |
| INTRAMUSCULAR SOLUTION                        |           |                     |

| Drug Name   | Drug Tier | Requirement /Limits        |
|---|-----------|----------------------------|
| YF-VAX (PF)   | 5         |                            |
| ZOSTAVAX (PF)   | 5         | QL (1 EA per 365 days)     |
| <b>Inflammatory Bowel Disease Agents</b>  |           |                            |
| <i>Aminosalicylates</i>   |           |                            |
| APRISO  | 3         | QL (120 EA per 30 days)    |
| <i>balsalazide</i>  | 2         |                            |
| CANASA  | 6         |                            |
| DIPENTUM  | 6         | ST                         |
| LIALDA  | 3         | QL (120 EA per 30 days)    |
| <i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>                  | 3         | QL (120 EA per 30 days)    |
| <i>Glucocorticoids</i>  |           |                            |
| <i>budesonide oral</i>  | 6         | PA; QL (90 EA per 30 days) |
| <i>colocort</i>   | 4         |                            |
| <i>cortisone</i>  | 3         |                            |
| <i>dexamethasone oral elixir</i>  | 2         |                            |
| <i>dexamethasone oral tablet</i>  | 2         |                            |
| <i>hydrocortisone oral</i>  | 2         |                            |
| <i>hydrocortisone rectal</i>  | 3         |                            |
| <i>methylprednisolone</i>   | 2         |                            |
| <i>methylprednisolone acetate</i>   | 5         |                            |
| <i>prednisolone acetate</i>   | 2         |                            |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>         | 2         |                            |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> | 3         |                            |
| <i>prednisone intensol</i>  | 2         |                            |
| <i>prednisone oral solution</i>   | 2         |                            |
| <i>prednisone oral tablet</i>   | 2         |                            |

| Drug Name  | Drug Tier | Requirement /Limits       |
|--|-----------|---------------------------|
| <i>procto-med hc</i>                               | 2         |                           |
| <i>proctosol hc topical</i>                        | 2         |                           |
| <b>Sulfonamides</b>                                |           |                           |
| <i>sulfasalazine</i>                               | 1         |                           |
| <b>Metabolic Bone Disease Agents</b>               |           |                           |
| <b>Metabolic Bone Disease Agents</b>               |           |                           |
| <i>alendronate oral solution</i>                   | 2         | QL (300 ML per 28 days)   |
| <i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>  | 2         | QL (30 EA per 30 days)    |
| <i>alendronate oral tablet 35 mg, 70 mg</i>        | 2         | QL (4 EA per 28 days)     |
| <i>calcitonin (salmon)</i>                         | 2         | QL (3.7 ML per 30 days)   |
| <i>calcitriol intravenous solution 1 mcg/ml</i>    | 5         | BvD                       |
| <i>calcitriol oral capsule</i>                     | 2         | BvD                       |
| <i>calcitriol oral solution</i>                    | 3         | BvD                       |
| <i>doxercalciferol intravenous</i>                 | 5         | BvD                       |
| <i>doxercalciferol oral capsule 0.5 mcg</i>        | 3         | BvD                       |
| <i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i> | 6         | BvD                       |
| <i>etidronate disodium</i>                         | 3         |                           |
| FORTEO   | 6         | PA                        |
| <i>ibandronate intravenous solution</i>            | 5         | PA                        |
| <i>ibandronate oral</i>                            | 2         | ST; QL (1 EA per 30 days) |
| MIACALCIN INJECTION                                | 5         |                           |
| NATPARA  | 6         | PA; QL (2 EA per 28 days) |
| <i>paricalcitol intravenous</i>                    | 5         | BvD                       |
| <i>paricalcitol oral</i>                           | 4         |                           |
| PROLIA   | 5         | PA                        |
| <i>risedronate oral tablet 30 mg</i>               | 3         |                           |

| Drug Name   | Drug Tier | Requirement /Limits          |
|---|-----------|------------------------------|
| TYMLOS  | 6         | PA; QL (1.56 ML per 30 days) |
| XGEVA   | 6         | PA; QL (1.7 ML per 28 days)  |
| ZEMPLAR INTRAVENOUS   | 5         | BvD                          |
| <i>zoledronic acid intravenous solution</i>                         | 5         | PA                           |
| <i>zoledronic acid-mannitol-water</i>                               | 5         | PA                           |
| <b>Non-Frf</b>  |           |                              |
| <b>Non-Frf</b>  |           |                              |
| <i>abacavir oral solution</i>                                       | 4         | QL (900 ML per 30 days)      |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG | 6         | PA                           |
| ADCETRIS  | 6         | PA; QL (2 EA per 2 days)     |
| ALIMTA INTRAVENOUS RECON SOLN 100 MG                                | 6         | BvD                          |
| <i>amethyst</i>   | 2         |                              |
| AMINOSYN II 7 %   | 5         | BvD                          |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 150 MCG/0.75 ML         | 6         | PA; QL (3 ML per 28 days)    |
| <i>aripiprazole oral solution</i>                                   | 6         | QL (750 ML per 30 days)      |
| <i>aspirin-caffeine-dihydrocodein</i>                               | 2         | QL (360 EA per 30 days)      |
| ATROPINE INJECTION SYRINGE 0.1 MG/ML                                | 5         |                              |
| BENDEKA   | 6         | PA                           |

| Drug Name   | Drug Tier | Requirement /Limits         | Drug Name  | Drug Tier | Requirement /Limits     |
|---|-----------|-----------------------------|--|-----------|-------------------------|
| BESPONSA  | 6         | PA                          | <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml</i>                      | 5         |                         |
| <i>butalbital-aspirin-caffeine oral tablet</i>  | 2         | QL (180 EA per 30 days)     | <i>fluoride (sodium) dental</i>  | 1         |                         |
| CAMPATH   | 6         | BvD                         | <i>fluoride (sodium) oral drops</i>  | 1         |                         |
| CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM                                 | 6         | PA                          | <i>fluoridex daily defense dental paste</i>  | 1         |                         |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/100 ml, 2 gram/50 ml</i> | 5         |                             | <i>fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)</i>                        | 1         |                         |
| <i>clindamycin in 0.9 % sod chlor</i>   | 5         |                             | <i>fosamprenavir</i>   | 6         | QL (120 EA per 30 days) |
| COSENTYX (2 SYRINGES)   | 6         | PA                          | <i>fosphenytoin injection solution 500 mg pe/10 ml</i>                                       | 5         |                         |
| COSENTYX PEN (2 PENS)   | 6         | PA                          | GAMUNEX-C INJECTION SOLUTION 40 GRAM/400 ML (10 %)   | 6         | PA                      |
| <i>cyred</i>  | 2         |                             | GAZYVA   | 6         | PA                      |
| <i>desvenlafaxine fumarate</i>  | 4         | ST; QL (30 EA per 30 days)  | <i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> | 5         | BvD                     |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg</i>   | 4         | QL (40 EA per 30 days)      | <i>gentamicin ophthalmic (eye) ointment</i>  | 2         |                         |
| <i>diphenhydramine hcl injection syringe</i>  | 5         | BvD                         | HAEGARDA   | 6         | PA; LA                  |
| <i>docetaxel intravenous solution 20 mg/ml</i>  | 5         | BvD                         | <i>havrix (pf) intramuscular suspension 720 elisa unit/0.5 ml</i>                            | 5         |                         |
| <i>doxorubicin intravenous recon soln 50 mg</i>   | 5         | BvD                         | <i>havrix (pf) intramuscular syringe 1,440 elisa unit/ml</i>                                 | 5         |                         |
| <i>elite-ob</i>   | 2         |                             | <i>heparin (porcine) injection syringe 5,000 unit/ml</i>                                     | 5         |                         |
| EXTAVIA SUBCUTANEOUS RECON SOLN   | 6         | PA; QL (15 EA per 30 days)  |  |           |                         |
| <i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>               | 5         | BvD; QL (14 ML per 30 days) |  |           |                         |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %   | 6         | PA                          |  |           |                         |

| Drug Name   | Drug Tier | Requirement /Limits    | Drug Name   | Drug Tier | Requirement /Limits           |
|---|-----------|------------------------|---|-----------|-------------------------------|
| HERCEPTIN INTRAVENOUS RECON SOLN 150 MG                                     | 6         | BvD                    | <i>megestrol oral suspension 800 mg/20 ml (20 ml)</i>                   | 2         | PA                            |
| HIZENTRA SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %)                         | 6         | PA                     | MENHIBRIX (PF)  | 5         |                               |
| HUMALOG JUNIOR KWIKPEN  | 3         |                        | MENOMUNE - A/C/Y/W-135 (PF)   | 5         |                               |
| <i>ibandronate intravenous syringe</i>                                      | 5         | PA                     | <i>mesalamine rectal</i>  | 4         |                               |
| ILARIS (PF) SUBCUTANEOUS SOLUTION   | 6         | PA                     | <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>                   | 1         |                               |
| IPRIVASK  | 6         | QL (24 EA per 68 days) | MIRCERA INJECTION SYRINGE 150 MCG/0.3 ML, 30 MCG/0.3 ML                 | 5         | PA; QL (0.6 ML per 28 days)   |
| KADCYLA INTRAVENOUS RECON SOLN 160 MG                                       | 6         | PA                     | <i>morphine (pf) injection solution 0.5 mg/ml</i>                       | 5         | BvD; QL (1260 ML per 30 days) |
| KRYSTEXXA   | 6         | PA                     | <i>morphine in 0.9 % nacl intravenous syringe 10 mg/10 ml (1 mg/ml)</i> | 5         | BvD; QL (2700 ML per 30 days) |
| <i>lanthanum</i>  | 6         |                        | <i>morphine injection syringe 2 mg/ml</i>                               | 5         | BvD                           |
| <i>levoleucovorin intravenous recon soln 175 mg</i>                         | 5         | BvD                    | <i>morphine intravenous cartridge 10 mg/ml</i>                          | 5         | BvD; QL (63 ML per 30 days)   |
| <i>lidocaine-prilocaine topical kit</i>                                     | 2         |                        | <i>morphine intravenous cartridge 2 mg/ml</i>                           | 5         | BvD; QL (1350 ML per 30 days) |
| <i>ludent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride)</i> | 1         |                        | <i>morphine intravenous cartridge 4 mg/ml</i>                           | 5         | BvD; QL (690 ML per 30 days)  |
| LUDENT FLUORIDE ORAL TABLET, CHEWABLE 1 MG (2.2 MG SOD. FLUORIDE)           | 1         |                        | <i>morphine intravenous cartridge 8 mg/ml</i>                           | 5         | BvD; QL (77 ML per 30 days)   |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG                  | 6         | BvD                    | <i>morphine rectal suppository 10 mg</i>                                | 3         | QL (270 EA per 30 days)       |
| MARQIBO   | 6         | PA                     | <i>morphine rectal suppository 20 mg</i>                                | 3         | QL (150 EA per 30 days)       |
|   |           |                        | <i>morphine rectal suppository 30 mg</i>                                | 3         | QL (90 EA per 30 days)        |
|   |           |                        | <i>morphine rectal suppository 5 mg</i>                                 | 3         | QL (360 EA per 30 days)       |



| Drug Name   | Drug Tier | Requirement /Limits        | Drug Name  | Drug Tier | Requirement /Limits         |
|---|-----------|----------------------------|--|-----------|-----------------------------|
| <i>multi-vit with fluoride-iron</i>   | 2         |                            | <i>oxacillin intravenous recon soln 2 gram</i>                     | 5         |                             |
| <i>multi-vitamin with fluoride oral drops</i>                                   | 1         |                            | PENTACEL ACTHIB COMPONENT (PF)                                     | 5         |                             |
| <i>multivitamins with fluoride</i>  | 1         |                            | PENTACEL DTAP-IPV COMPNT (PF)                                      | 5         |                             |
| MYLOTARG  | 6         | PA                         | <i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>    | 5         |                             |
| <i>naloxone injection syringe 0.4 mg/ml</i>                                     | 5         | QL (2 ML per 30 days)      | <i>pvn cmb#95-ferrous fumarate-fa</i>                              | 1         |                             |
| NEULASTA  | 6         | PA                         | <i>polyethylene glycol 3350 oral powder in packet</i>              | 2         |                             |
| SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR                                      |           |                            | PORTRAZZA  | 6         | PA                          |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>    | 2         |                            | <i>prenatal 19 (with docusate)</i>                                 | 1         |                             |
| NOVAREL   | 5         | BvD                        | <i>prenatal low iron</i>   | 2         |                             |
| INTRAMUSCULAR RECON SOLN 5,000 UNIT   |           |                            | <i>prenatal plus</i>   | 1         |                             |
| NOXAFIL   | 6         | PA                         | <i>prenatal plus (calcium carb)</i>                                | 2         |                             |
| INTRAVENOUS   |           |                            | <i>prenatal-u</i>  | 2         |                             |
| NYMALIZE ORAL SOLUTION 60 MG/20 ML  | 6         | QL (2520 ML per 180 days)  | <i>prevident dental gel</i>  | 1         | (prevident 1.1% gel only)   |
| <i>obstetrix one</i>  | 2         |                            | <i>ranitidine hcl injection solution 25 mg/ml</i>                  | 5         |                             |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i> | 5         | PA                         | RESTASIS MULTIDOSE   | 3         | QL (5.5 ML per 30 days)     |
| <i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>                   | 6         | PA                         | <i>ribavirin inhalation</i>  | 6         | BvD                         |
| ONIVYDE   | 6         | PA                         | RITUXAN HYCELA   | 6         | PA                          |
| OPDIVO  | 6         | PA                         | RUBRACA ORAL TABLET 250 MG   | 6         | PA; QL (120 EA per 30 days) |
| INTRAVENOUS SOLUTION 100 MG/10 ML   |           |                            | <i>scopolamine base</i>  | 4         |                             |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)             | 6         | PA; QL (27 EA per 14 days) | SELZENTRY ORAL SOLUTION  | 4         | QL (1800 ML per 30 days)    |
|   |           |                            | <i>sf 5000 plus</i>  | 1         |                             |
|   |           |                            | SMOFLIPID  | 5         | BvD                         |
|   |           |                            | <i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %)</i> | 5         | BvD                         |
|   |           |                            | <i>sodium chlor 0.9% bacteriostat</i>                              | 5         |                             |

| Drug Name  | Drug Tier | Requirement /Limits         |
|--|-----------|-----------------------------|
| <i>sodium phenylbutyrate oral tablet</i>   | 6         | PA                          |
| <i>stavudine oral recon soln</i>   | 2         | QL (2400 ML per 30 days)    |
| SYLVANT INTRAVENOUS RECON SOLN 400 MG  | 6         | PA                          |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG | 3         | QL (60 EA per 30 days)      |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG                            | 3         | QL (30 EA per 30 days)      |
| <i>teniposide</i>  | 5         | BvD                         |
| <i>tobramycin with nebulizer</i>   | 6         | PA; QL (280 ML per 56 days) |
| <i>tri-vitamin with fluoride</i>   | 1         |                             |
| UNITUXIN   | 6         | PA                          |
| <i>vancomycin in 0.9% sodium cl intravenous piggyback</i>                              | 5         |                             |
| <i>virt-advance</i>  | 1         |                             |
| <i>virt-nate</i>   | 2         |                             |
| ZALTRAP INTRAVENOUS SOLUTION 200 MG/8 ML (25 MG/ML)                                    | 6         | PA                          |
| <i>zoledronic acid intravenous recon soln</i>  | 5         | PA                          |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG  | 4         | PA; QL (90 EA per 30 days)  |

### Ophthalmic Agents

#### Ophthalmic Agents, Other

*atropine ophthalmic (eye) drops* 2

| Drug Name   | Drug Tier | Requirement /Limits        |
|---|-----------|----------------------------|
| CYSTARAN  | 6         | PA; QL (60 ML per 28 days) |
| LACRISERT   | 4         |                            |
| RESTASIS  | 3         | QL (64 EA per 30 days)     |
| <i>sulfacetamide sodium ophthalmic (eye) ointment</i> | 2         |                            |
| <b>Ophthalmic Agents</b>                              |           |                            |
| <i>bacitracin-polymyxin b ophthalmic (eye)</i>        | 2         |                            |
| BLEPHAMIDE S.O.P.                                     | 4         |                            |
| <i>neomycin-bacitracin-poly-hc</i>                    | 2         |                            |
| <i>neomycin-bacitracin-polymyxin</i>                  | 2         |                            |
| <i>neomycin-polymyxin b-dexameth</i>                  | 2         |                            |
| <i>neomycin-polymyxin-gramicidin</i>                  | 2         |                            |
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i>         | 2         |                            |
| <i>polymyxin b sulf-trimethoprim</i>                  | 2         |                            |
| <i>sulfacetamide sodium ophthalmic (eye) ointment</i> | 2         |                            |
| <i>sulfacetamide-prednisolone</i>                     | 2         |                            |
| <i>tobramycin-dexamethasone</i>                       | 3         |                            |
| ZYLET   | 3         |                            |
| <b>Ophthalmic Anti-Allergy Agents</b>                 |           |                            |
| <i>azelastine ophthalmic (eye)</i>                    | 2         |                            |
| BEPREVE   | 4         |                            |
| <i>cromolyn ophthalmic (eye)</i>                      | 2         |                            |
| <i>epinastine</i>                                     | 2         |                            |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i>       | 2         | QL (10 ML per 30 days)     |

| Drug Name   | Drug Tier | Requirement /Limits       |
|---|-----------|---------------------------|
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i>             | 3         | QL (3 ML per 30 days)     |
| PATADAY   | 3         | QL (3 ML per 30 days)     |
| <b>Ophthalmic Antiglaucoma Agents</b>                       |           |                           |
| <i>acetazolamide oral tablet</i>                            | 2         |                           |
| ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %                      | 3         |                           |
| <i>apraclonidine</i>  | 2         |                           |
| AZOPT   | 3         |                           |
| <i>betaxolol ophthalmic (eye)</i>                           | 2         |                           |
| BETIMOL   | 3         |                           |
| BETOPTIC S  | 4         |                           |
| <i>bimatoprost ophthalmic (eye)</i>                         | 3         | ST; QL (5 ML per 30 days) |
| <i>brimonidine ophthalmic (eye) drops 0.15 %</i>            | 3         |                           |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>             | 2         |                           |
| <i>carteolol</i>  | 2         |                           |
| COSOPT (PF)   | 3         | QL (60 EA per 30 days)    |
| <i>dorzolamide</i>  | 2         |                           |
| <i>dorzolamide-timolol</i>                                  | 2         |                           |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>             | 2         |                           |
| <i>methazolamide</i>  | 3         |                           |
| <i>metipranolol</i>   | 2         |                           |
| PHOSPHOLINE IODIDE  | 4         |                           |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 2         |                           |
| <i>timolol maleate ophthalmic (eye)</i>                     | 2         |                           |
| <b>Ophthalmic Anti-Inflammatories</b>                       |           |                           |

| Drug Name   | Drug Tier | Requirement /Limits       |
|---|-----------|---------------------------|
| ALREX   | 3         |                           |
| <i>bromfenac</i>  | 4         |                           |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i>    | 2         |                           |
| <i>diclofenac sodium ophthalmic (eye)</i>                 | 2         |                           |
| DUREZOL   | 4         |                           |
| <i>fluorometholone</i>                                    | 2         |                           |
| <i>flurbiprofen sodium</i>                                | 2         |                           |
| ILEVRO  | 4         | QL (1.7 ML per 30 days)   |
| <i>ketorolac ophthalmic (eye)</i>                         | 2         |                           |
| LOTEMAX OPTHALMIC (EYE) DROPS,GEL                         | 3         |                           |
| LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION                  | 3         |                           |
| MAXIDEX   | 4         |                           |
| NEVANAC   | 4         |                           |
| <i>prednisolone acetate</i>                               | 2         |                           |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i>     | 2         |                           |
| <b>Ophthalmic Prostaglandin And Prostaglandin Analogs</b> |           |                           |
| <i>bimatoprost ophthalmic (eye)</i>                       | 3         | ST; QL (5 ML per 30 days) |
| <i>latanoprost</i>  | 2         |                           |
| LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %                      | 3         | ST; QL (5 ML per 30 days) |
| TRAVATAN Z  | 3         | ST; QL (5 ML per 30 days) |
| <b>Otic Agents</b>  |           |                           |
| <b>Otic Agents</b>  |           |                           |
| CIPRODEX  | 4         |                           |
| COLY-MYCIN S  | 3         |                           |

| Drug Name                               | Drug Tier | Requirement /Limits |
|---|-----------|---------------------|
| <i>hydrocortisone-acetic acid</i>       | 3         |                     |
| <i>neomycin-polymyxin-hc otic (ear)</i> | 2         |                     |
| <i>ofloxacin oral tablet 300 mg</i>     | 2         |                     |

**Respiratory Tract/ Pulmonary Agents**

| <b>Antihistamines</b>                                  |   |                            |
|--|---|----------------------------|
| <i>azelastine nasal aerosol,spray</i>                  | 2 | QL (30 ML per 30 days)     |
| <i>azelastine nasal spray,non-aerosol</i>              | 2 | QL (30 ML per 25 days)     |
| <i>carbinoxamine maleate</i>                           | 2 |                            |
| <i>clemastine oral tablet 2.68 mg</i>                  | 2 |                            |
| <i>cyproheptadine oral tablet</i>                      | 2 | PA                         |
| <i>desloratadine oral tablet</i>                       | 2 | ST; QL (30 EA per 30 days) |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | 5 |                            |
| <i>hydroxyzine hcl oral tablet</i>                     | 2 | PA                         |
| <i>levocetirizine oral solution</i>                    | 4 |                            |
| <i>levocetirizine oral tablet</i>                      | 2 |                            |
| <i>promethazine oral tablet</i>                        | 2 | PA                         |

**Anti-Inflammatories, Inhaled Corticosteroids**

|  |   |                              |
|--|---|------------------------------|
| ADVAIR DISKUS  | 3 | QL (60 EA per 30 days)       |
| ADVAIR HFA   | 3 | QL (12 GM per 30 days)       |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> | 3 | BvD; QL (120 ML per 30 days) |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>                 | 3 | BvD; QL (60 ML per 30 days)  |

| Drug Name   | Drug Tier | Requirement /Limits        |
|---|-----------|----------------------------|
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION | 3         | QL (60 EA per 30 days)     |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION                   | 3         | QL (240 EA per 30 days)    |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION   | 3         | QL (24 GM per 30 days)     |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION                       | 3         | QL (22 GM per 30 days)     |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>                       | 2         | ST; QL (50 ML per 30 days) |
| <i>fluticasone nasal</i>  | 2         | QL (16 GM per 30 days)     |
| PULMICORT FLEXHALER   | 3         | QL (2 EA per 30 days)      |
| QVAR INHALATION AEROSOL 40 MCG/ACTUATION  | 3         | QL (36.5 GM per 30 days)   |
| QVAR INHALATION AEROSOL 80 MCG/ACTUATION  | 3         | QL (21.9 GM per 30 days)   |
| <b>Antileukotrienes</b>   |           |                            |
| <i>montelukast</i>  | 2         | QL (30 EA per 30 days)     |
| <i>zafirlukast</i>  | 3         |                            |
| <i>zileuton</i>   | 6         |                            |
| <b>Bronchodilators, Anticholinergic</b>   |           |                            |
| ATROVENT HFA  | 4         | QL (52 GM per 30 days)     |

| Drug Name  | Drug Tier | Requirement /Limits          |
|--|-----------|------------------------------|
| INCRUSE ELLIPTA  | 3         | QL (30 EA per 30 days)       |
| <i>ipratropium bromide inhalation</i>  | 2         | BvD; QL (360 ML per 30 days) |
| <i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>                           | 2         | QL (30 ML per 28 days)       |
| <i>ipratropium bromide nasal spray, non-aerosol 0.06 %</i>                           | 2         | QL (45 ML per 28 days)       |
| TUDORZA PRESSAIR   | 3         | QL (1 EA per 30 days)        |
| <b>Bronchodilators, Sympathomimetic</b>  |           |                              |
| ADVAIR DISKUS  | 3         | QL (60 EA per 30 days)       |
| ADVAIR HFA   | 3         | QL (12 GM per 30 days)       |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml</i>           | 2         | BvD; QL (375 ML per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml</i>           | 2         | BvD; QL (180 ML per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i> | 2         | BvD; QL (360 ML per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>                | 2         | BvD; QL (40 ML per 30 days)  |
| <i>albuterol sulfate oral tablet</i>   | 2         |                              |
| BREO ELLIPTA   | 3         | QL (60 EA per 30 days)       |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>            | 3         | QL (4 EA per 2 days)         |
| EPIPEN 2-PAK   | 3         | QL (4 EA per 2 days)         |
| EPIPEN JR 2-PAK  | 3         | QL (4 EA per 2 days)         |

| Drug Name   | Drug Tier | Requirement /Limits          |
|---|-----------|------------------------------|
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml</i> | 4         | PA; QL (288 ML per 30 days)  |
| <i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>             | 4         | PA; QL (90 EA per 30 days)   |
| <i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/3 ml</i>               | 4         | PA; QL (90 ML per 30 days)   |
| <i>levalbuterol tartrate</i>  | 2         | QL (30 GM per 30 days)       |
| SEREVENT DISKUS   | 3         | QL (60 EA per 30 days)       |
| <i>terbutaline oral</i>   | 2         |                              |
| <i>terbutaline subcutaneous</i>   | 5         |                              |
| VENTOLIN HFA  | 3         | QL (36 GM per 30 days)       |
| <b>Cystic Fibrosis Agents</b>   |           |                              |
| CAYSTON   | 6         | PA; QL (84 ML per 28 days)   |
| KALYDECO  | 6         | PA; QL (60 EA per 30 days)   |
| ORKAMBI   | 6         | PA; QL (120 EA per 30 days)  |
| PULMOZYME   | 6         | BvD; QL (150 ML per 30 days) |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE                                   | 6         | PA; QL (224 EA per 28 days)  |
| <b>Mast Cell Stabilizers</b>  |           |                              |
| <i>cromolyn inhalation</i>  | 2         | BvD; QL (240 ML per 30 days) |
| <i>cromolyn oral</i>  | 4         |                              |
| <b>Phosphodiesterase Inhibitors, Airways Disease</b>                                    |           |                              |

| Drug Name   | Drug Tier | Requirement /Limits             |
|---|-----------|---------------------------------|
| <i>aminophylline intravenous solution 250 mg/10 ml</i>  | 5         |                                 |
| DALIRESP  | 4         | PA; QL (30 EA per 30 days)      |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 300 MG       | 4         |                                 |
| <i>theophylline oral tablet extended release 12 hr</i>  | 2         |                                 |
| <i>theophylline oral tablet extended release 24 hr</i>  | 2         |                                 |
| <b><i>Pulmonary Antihypertensives</i></b>               |           |                                 |
| ADCIRCA   | 6         | PA; QL (60 EA per 30 days)      |
| ADEMPAS   | 6         | PA; QL (90 EA per 30 days)      |
| LETAIRIS ORAL TABLET 10 MG                              | 6         | PA; QL (30 EA per 30 days)      |
| LETAIRIS ORAL TABLET 5 MG                               | 6         | PA; QL (60 EA per 30 days)      |
| OPSUMIT   | 6         | PA; QL (30 EA per 30 days)      |
| REVATIO ORAL SUSPENSION FOR RECONSTITUTION              | 6         | PA; QL (180 ML per 30 days)     |
| <i>sildenafil oral</i>                                  | 3         | PA; QL (90 EA per 30 days)      |
| TRACLEER ORAL TABLET 125 MG                             | 6         | PA; LA; QL (60 EA per 30 days)  |
| TRACLEER ORAL TABLET 62.5 MG                            | 6         | PA; LA; QL (120 EA per 30 days) |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML | 6         | BvD; QL (540 ML per 30 days)    |
| <b><i>Respiratory Tract Agents, Other</i></b>           |           |                                 |
| <i>acetylcysteine</i>                                   | 2         | BvD                             |

| Drug Name  | Drug Tier | Requirement /Limits           |
|--|-----------|-------------------------------|
| ANORO ELLIPTA  | 3         | QL (60 EA per 30 days)        |
| ARALAST NP INTRAVENOUS RECON SOLN 500 MG                       | 6         | BvD                           |
| INCRUSE ELLIPTA  | 3         | QL (30 EA per 30 days)        |
| LUMIZYME   | 6         | BvD                           |
| PROLASTIN-C  | 6         | BvD                           |
| <b><i>Respiratory Tract/ Pulmonary Agents</i></b>              |           |                               |
| ADVAIR DISKUS  | 3         | QL (60 EA per 30 days)        |
| ADVAIR HFA   | 3         | QL (12 GM per 30 days)        |
| COMBIVENT RESPIMAT   | 4         | QL (4 GM per 30 days)         |
| ESBRIET ORAL CAPSULE   | 6         | PA; QL (270 EA per 30 days)   |
| ESBRIET ORAL TABLET 267 MG                                     | 6         | PA; QL (270 EA per 30 days)   |
| ESBRIET ORAL TABLET 801 MG                                     | 6         | PA; QL (90 EA per 30 days)    |
| <i>ipratropium-albuterol</i>                                   | 2         | BvD; QL (540 ML per 30 days)  |
| NUCALA   | 6         | PA; LA; QL (1 EA per 28 days) |
| OFEV   | 6         | PA; QL (60 EA per 30 days)    |
| PULMOZYME  | 6         | BvD; QL (150 ML per 30 days)  |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION | 3         | QL (10.2 GM per 30 days)      |
| SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION  | 3         | QL (6.9 GM per 30 days)       |
| XOLAIR   | 6         | PA                            |

| Drug Name  | Drug Tier | Requirement /Limits                          |
|--|-----------|--|
| <b>Skeletal Muscle Relaxants</b>                               |           |  |
| <i>Skeletal Muscle Relaxants</i>                               |           |  |
| <i>carisoprodol oral tablet 350 mg</i>                         | 3         | PA; QL (120 EA per 30 days)                  |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                 | 2         | PA   |
| <i>cyclobenzaprine oral tablet 7.5 mg</i>                      | 2         | PA; QL (90 EA per 30 days)                   |
| <b>Sleep Disorder Agents</b>                                   |           |  |
| <i>Gaba Receptor Modulators</i>                                |           |  |
| <i>eszopiclone</i>   | 2         | PA; QL (30 EA per 30 days)                   |
| <i>zaleplon oral capsule 10 mg</i>                             | 2         | PA; QL (60 EA per 30 days)                   |
| <i>zaleplon oral capsule 5 mg</i>                              | 2         | PA; QL (120 EA per 30 days)                  |
| <i>zolpidem oral tablet 10 mg</i>                              | 2         | PA; (generic Ambien); QL (30 EA per 30 days) |
| <i>zolpidem oral tablet 5 mg</i>                               | 2         | PA; (generic Ambien); QL (60 EA per 30 days) |
| <i>Sleep Disorders, Other</i>                                  |           |  |
| <i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i> | 2         |  |
| <i>doxepin oral concentrate</i>                                | 2         |  |
| HETLIOZ  | 6         | PA; QL (30 EA per 30 days)                   |
| <i>modafinil oral tablet 100 mg</i>                            | 4         | PA; QL (90 EA per 30 days)                   |
| <i>modafinil oral tablet 200 mg</i>                            | 4         | PA; QL (60 EA per 30 days)                   |
| ROZEREM  | 3         | QL (30 EA per 30 days)                       |
| XYREM  | 6         | PA; LA; QL (540 ML per 30 days)              |

**Therapeutic Nutrients/ Minerals/ Electrolytes**

| Drug Name  | Drug Tier | Requirement /Limits |
|--|-----------|---------------------|
| <i>Electrolyte/ Mineral Modifiers</i>  |           |                     |
| <i>amino acids 15 %</i>  | 5         | BvD                 |
| AMINOSYN 7 % WITH ELECTROLYTES   | 5         | BvD                 |
| AMINOSYN-RF 5.2 %  | 5         | BvD                 |
| DEPEN TITRATABS  | 6         | PA                  |
| EXJADE   | 6         | LA                  |
| FERRIPROX  | 6         | PA                  |
| JADENU   | 6         |                     |
| JADENU SPRINKLE  | 6         |                     |
| <i>kionex</i>  | 3         |                     |
| <i>sodium polystyrene (sorb free)</i>  | 2         |                     |
| SYPRINE  | 6         | PA                  |
| <i>Electrolyte/ Mineral Replacement</i>                                      |           |                     |
| CARBAGLU   | 6         | PA                  |
| <i>fluoride (sodium) oral tablet</i>   | 1         |                     |
| KLOR-CON 10  | 2         |                     |
| KLOR-CON 8   | 2         |                     |
| <i>klor-con m10</i>  | 2         |                     |
| KLOR-CON M15   | 2         |                     |
| <i>klor-con m20</i>  | 2         |                     |
| <i>magnesium sulfate injection solution</i>                                  | 5         |                     |
| PHYSIOLYTE   | 2         |                     |
| PHYSIOSOL IRRIGATION   | 2         |                     |
| <i>potassium chloride intravenous piggyback 10 meq/100 ml</i>                | 5         |                     |
| <i>potassium chloride intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i> | 5         | BvD                 |
| <i>potassium chloride intravenous solution</i>                               | 5         |                     |
| <i>potassium chloride oral capsule, extended release</i>                     | 2         |                     |

| Drug Name   | Drug Tier | Requirement /Limits | Drug Name  | Drug Tier | Requirement /Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| <i>potassium chloride oral liquid</i>                             | 2         |                     | <i>d5 % and 0.9 % sodium chloride</i>  | 5         |                     |
| <i>potassium chloride oral tablet extended release</i>            | 2         |                     | <i>d5 %-0.45 % sodium chloride</i>   | 5         |                     |
| <i>potassium chloride oral tablet,er particles/crystals</i>       | 2         |                     | <i>dextrose 10 % and 0.2 % nacl</i>  | 5         |                     |
| <i>sodium chloride 0.45 % intravenous parenteral solution</i>     | 5         |                     | <i>dextrose 10 % in water (d10w)</i>   | 5         |                     |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>      | 5         |                     | <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>             | 5         |                     |
| <i>sodium chloride 3 %</i>  | 5         |                     | <i>dextrose 5 %-lactated ringers</i>   | 5         |                     |
| <i>sodium chloride 5 %</i>  | 5         |                     | <i>dextrose 5%-0.2 % sod chloride</i>  | 5         |                     |
| <i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i> | 5         |                     | <i>dextrose 5%-0.3 % sod.chloride</i>  | 5         |                     |
| <i>sodium chloride irrigation</i>                                 | 2         |                     | HEPATAMINE 8%  | 5         | BvD                 |
| SUPREP BOWEL PREP KIT   | 3         |                     | INTRALIPID   | 5         | BvD                 |
| <b>Therapeutic Nutrients/ Minerals/ Electrolytes</b>              |           |                     | INTRAVENOUS EMULSION 30 %  |           |                     |
| <i>amino acids 15 %</i>   | 5         | BvD                 | <i>lactated ringers intravenous</i>  | 5         |                     |
| AMINOSYN 8.5 %-ELECTROLYTES                                       | 5         | BvD                 | <i>lactated ringers irrigation</i>   | 2         |                     |
| AMINOSYN II 10 %  | 5         | BvD                 | <i>levocarnitine oral tablet</i>   | 3         |                     |
| AMINOSYN II 15 %  | 5         | BvD                 | NORMOSOL-M IN 5 % DEXTROSE   | 5         |                     |
| AMINOSYN II 8.5 %   | 5         | BvD                 | NUTRILIPID   | 5         | BvD                 |
| AMINOSYN II 8.5 %-ELECTROLYTES                                    | 5         | BvD                 | <i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i> | 5         |                     |
| AMINOSYN-HBC 7%   | 5         | BvD                 | <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>    | 5         |                     |
| AMINOSYN-PF 10 %  | 5         | BvD                 | PREMASOL 10 %  | 5         | BvD                 |
| AMINOSYN-PF 7 % (SULFITE-FREE)                                    | 5         | BvD                 | PREMASOL 6 %   | 5         | BvD                 |
| <i>clinisol sf 15 % d10 %-0.45 % sodium chloride</i>              | 5         | BvD                 | <i>prenatal vitamin plus low iron</i>  | 2         |                     |
| <i>d2.5 %-0.45 % sodium chloride</i>                              | 5         |                     | <i>ringer's intravenous</i>  | 5         |                     |



| Drug Name  | Drug Tier | Requirement /Limits |
|--|-----------|---------------------|
| <i>ringer's irrigation</i>                                 | 2         |                     |
| TPN<br>ELECTROLYTES  | 5         | BvD                 |
| <i>water for irrigation,<br/>sterile</i>                   | 2         |                     |
| <b><i>Vitamins</i></b>                                     |           |                     |
| <i>doxercalciferol<br/>intravenous</i>                     | 5         | BvD                 |
| <i>doxercalciferol oral<br/>capsule 0.5 mcg</i>            | 3         | BvD                 |
| <i>doxercalciferol oral<br/>capsule 1 mcg, 2.5<br/>mcg</i> | 6         | BvD                 |

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