



This document represents the efforts of Pharmacy and Therapeutics (P&T) and Formulary Committees, on behalf of BeRx, a pharmacy solution provided by Consolidated Health Plans (CHP), in collaboration with Kroger Prescription Plans (KPP), to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. A structured approach to the drug selection.

This is accomplished through the auspices of the P&T and Formulary Committees. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary.

The P&T and Formulary Committees use the following criteria in the evaluation of drug selection for the National Preferred Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapies

**How to Use the Formulary**

The Formulary is a list of medications available to BeRx members under their pharmacy benefit. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name (in capital letters) and by therapeutic drug category. *In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only. Brand names usually cost more and are not preferred over generic alternatives.* Any drugs not found in this formulary listing or any formulary updates published by KPP are considered non-formulary drugs and require prior authorization.

All drugs are listed in each category in alphabetical order by generic name. All drugs have a generic name. If the generic drug is FDA approved it will appear **bolded** in the formulary listing.

Some drugs on the formulary have certain process requirements or limitations for coverage. These are denoted throughout the document using the following symbols:

|     |                     |  |
|-----|---------------------|--|
| AGE | Age Edit            | Drug may not be recommended for some patients based on age.                        |
| G   | Gender Edit         | Drug may not be recommended for some patients based on gender.                     |
| PA  | Prior Authorization | Requires your doctor to request prior authorization to support use of this drug.   |
| QL  | Quantity Limit      | Coverage may be limited to specific quantities per prescription and/or time period |
| ST  | Step Therapy        | Coverage may depend on previous use of another drug                                |
| SP  | Specialty Drug      | Specialty drug benefit will apply  |

**Benefit Coverage and Limitations**

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Formulary. For example, drugs for the treatment of infertility may not be covered. Refer to your benefit summary for more information regarding your specific coverage. Inclusion of a drug in the formulary does not guarantee that a provider of health care will prescribe that drug for a particular medical condition.

The Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact CHP or BeRx at the phone numbers listed on their ID card.

### Excluded Agents

As new drugs become available, they will be considered for coverage under the National Preferred Formulary. The plan administrator has the right to decide what drugs are covered and to what extent, as well as the right to modify coverage including the exclusion of any prescription drugs. Please note that prescribing guidelines such as Prior Authorization, Step Therapy, Quantity Limit, etc., may still apply to Formulary Therapeutic Alternatives.

### Non-Formulary and Step Therapy Exception Requests

A member (or their appointed representative, prescribing physician, or authorized prescriber) may request a standard/non-urgent or expedited/urgent preservice/prior and current authorization for a drug that is subjected to utilization management tools such as step therapy. To initiate an exception request, contact 800-482-1285. Prior authorization guidelines will be made available to the member, member's authorization representative, prescribing physician and other authorized prescriber upon request.

Depending upon a member's specific benefit, the following topics may apply:

#### 1. Generic Substitution

When available, FDA approved generic drug used in most situations, regardless of the brand name indicated. Members usually have lower copays and or co-insurance when they use generic drugs.

This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by the P&T Committee. BeRx approves such multi- source drugs for addition to the MAC list based on the following criteria:

- A multi- source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the P&T Committee.
- Drug product will be approved for generic substitution by the P&T Committee.

If a member requests a brand name drug instead of an approved generic, the member, based on their coverage, is typically required to pay the difference in cost between the brand and the generic. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

#### 2. Three Tier Benefit

The Formulary may be applied to a three tier benefit design, where the member shares the cost of prescription drug therapy at three levels of copayment. In most instances, generically available drugs will be covered under the first or lowest copay tier, branded drugs listed on the Formulary will be covered under the second copay tier, and branded drugs not on the Formulary will be covered under the third or highest copay tier.

#### 3. Medication Request Process

Depending upon plan benefit design, a medication request process may apply as follows:

##### A. Formulary Drugs

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per P&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.

##### B. Non-Formulary Drugs

Any drug not found in the Formulary listing, or any Formulary updates published by BeRx, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance. When a member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist will evaluate the patient's drug history and contact the physician to determine if there is a reasonable medical need for a non-formulary drug. Each request will be reviewed on an individual patient need basis. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of formulary drugs is contraindicated in the patient.
- The patient has failed an appropriate trial of formulary or related agents.
- The choices available in the formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a formulary drug may provoke an underlying condition, which would be detrimental to patient care.

If the request does not meet the guidelines established by the P&T Committees, the request will not be approved and alternative therapy may be recommended.

**C. Obtaining Coverage**

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

1. Faxing a completed **Medication Request Form** to (858) 790-7100.
2. Contacting BeRx at (800) 482-1285 and providing all necessary information requested.

BeRx will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

**4. General Exclusions**

- A. Over the Counter (OTC) medications or their equivalents, unless otherwise specified in the Formulary listing.
- B. Nicotine Smoking Cessation products (i.e., transdermal nicotine, nicotine gum, nicotine inhaler).
- C. Drugs specifically listed as not covered.
- D. Any drug products used for cosmetic purposes.
- E. Experimental drug products or any drug product used in an experimental manner.
- F. Replacement of lost or stolen medication.
- G. Non self-administered injectable drug products unless otherwise specified in the Formulary listing.
- H. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration.

The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

**5. Pharmacist and Physician Communication**

The Formulary is a tool to promote cost- effective prescription drug use. The P&T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however the art of medicine makes this formidable task.

**6. Mail-order Option**

If your plan covers medications through mail order, prescriptions can be obtained through the mail via Postal Prescription Services (PPS). To have a current prescription filled with PPS, you may contact your physician and have them send a new prescription to any PPS pharmacy or you are able to have PPS transfer-in any current Prescription by calling them at 1-800-552-6694 and providing your current pharmacy's information. Online access to patient information and prescription ordering is also available through [ppsr.com](http://ppsr.com).

Drug list created: Originally created on 1/1/2018

Last updated on 6/1/2018, for changes effective on 7/1/2018

Next planned update on 9/1/2018, for changes that will be effective 1/1/2019<sup>1</sup>

<sup>1</sup>State laws in Texas and Louisiana require your plan to cover your medications at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, these changes will not go into effect until your renewal date.



## National Preferred Formulary 2018 Exclusions

The excluded medications shown below are not covered on the formulary. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

**Take action to avoid paying full price.** If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

| Drug Class   | Excluded Medications   | Preferred Alternatives  |
|--|--|---|
| <b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b><br>Anti-Migraine Therapy           | Sumavel Dosepro  | sumatriptan injection   |
| Duchenne Muscular Dystrophy (DMD) Agents   | Emflaza  | prednisone solution, prednisone tablets   |
|  | Exondys 51   | No alternatives recommended   |
| Long-Acting Opioid Oral Analgesics   | Opana ER, Oxycodone ER   | hydromorphone ER, morphine sulfate ER, oxymorphone ER, Hysingla ER, Nucynta ER, Oxycontin                   |
| Narcotic Analgesics  | Buprenorphine Patches, Butrans   | fentanyl patches, hydromorphone ER, morphine sulfate ER, oxymorphone ER, Hysingla ER, Nucynta ER, Oxycontin |
| Narcotic Antagonists   | Evzio  | naloxone syringe, Narcan Nasal Spray  |
| Transmucosal Fentanyl Analgesics   | Abstral, Fentora, Lazanda  | fentanyl citrate lozenges   |
| <b>DERMATOLOGICAL</b><br>Oral Agents For Rosacea                                 | Doxycycline 40 MG Capsules   | Oracea  |
| Topical Acne/Antibiotic Combinations   | Aktipak, Veltin  | clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, Acanya, Onexton         |
| Topical Agents for Actinic Keratosis   | Fluorouracil 0.5% Cream, Zyclara   | diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, Carac, Picato       |
| <b>DIABETES</b><br>Blood Glucose Meters & Test Strips                            | Abbott (FreeStyle, Precision), Bayer (Breeze, Contour),<br>National Medical (Advocate), Omnis Health (Embrace, Victory), Roche (Accu-Chek), Trividia (TRUEtest, TRUEtrack), UniStrip | LifeScan (OneTouch), Kroger   |
| Dipeptidyl Peptidase-4 Inhibitors & Combinations                                 | Alogliptin, Nesina, Onglyza  | Januvia, Tradjenta  |
| Glucagon-Like Peptide-1 Agonists   | Alogliptin/Metformin, Kazano, Kombiglyze XR  | Janumet, Janumet XR, Jentadueto, Jentadueto XR  |
|  | Adlyxin, Tanzeum, Victoza  | Bydureon, Byetta, Trulicity   |
| Insulins   | Novolin  | Humulin   |
|  | Apidra, NovoLog  | Humalog   |
| <b>EAR/NOSE</b><br>Nasal Steroids  | Beconase AQ, Zetonna   | budesonide, flunisolide, fluticasone, mometasone, Qnasl   |
| Otic Fluoroquinolone Antibiotics   | Cetraxal   | ciprofloxacin ear solution, ofloxacin ear solution, Ciprodex, Otovel  |
| <b>ENDOCRINE (OTHER)</b><br>Estrogen and Estrogen Modifiers for Vaginal Symptoms | Femring  | estradiol patches, estradiol tablets, yuvafem, Estrace Cream, Estring, Premarin Cream, Premarin             |



## National Preferred Formulary 2018 Exclusions

| Growth Hormones  | Genotropin, Humatrope, Nutropin AQ, Nutropin AQ Nuspin, Omnitrope, Saizen, SaizenPrep, Zomacton | Tablets<br>Norditropin  |
|--|---|---|
| Somatostatin Analogs   | Sandostatin LAR Depot, Signifor LAR   | Somatuline Depot  |
| Topical Estrogen Gels  | EstroGel  | Divigel   |
| Topical Testosterone Products  | Fortesta, Natesto, Testim, Testosterone Gel, Vogelxo  | AndroGel 1.62%  |
| Drug Class   | Excluded Medications  | Preferred Alternatives  |
| <b>GASTROINTESTINAL</b><br>Inflammatory Bowel Agents   | Asacol HD, Delzicol, Dipentum, Mesalamine 800 MG Delayed-Release                                | balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, Apriso, Pentasa |
| Irritable Bowel Syndrome and Chronic Constipation Agents   | Trulance  | Amitiza, Linzess  |
| Pancreatic Enzymes   | Pancreaze, Pertyze, Ultresa   | Creon, Zenpep   |
| Proton Pump Inhibitors   | Aciphex Sprinkle, Prevacid Solutab, Prilosec Suspension, Protonix Suspension                    | esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, Nexium Packets       |
| <b>HEMATOLOGICAL</b><br>Erythropoiesis-Stimulating Agents  | Aranesp, Epogen   | Procrit   |
| Granulocyte Colony Stimulating Factors   | Neupogen  | Granix, Zarxio  |
| <b>HEPATITIS</b><br>Hepatitis C  | Daklinza, Mavyret, Olysio, Technivie, Viekira Pak, Viekira XR, Zepatier                         | Eplclusa, Harvoni, Sovaldi, Vosevi  |
| <b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b><br>Gout Therapy  | Colchicine  | Colcrys, Mitigare   |
| Osteoporosis   | Forteo  | Tymlos  |
| <b>OBSTETICAL &amp; GYNECOLOGICAL</b><br>Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility) | Ganirelix Acetate   | Cetrotide   |
| Ovulatory Stimulants (Follitropins)  | Bravelle, Gonal-f, Gonal-f RFF, Gonal-f RFF Redi-ject   | Follistim AQ  |
| Vaginal Progestones  | Endometrin  | Crinone 8% Gel  |
| <b>OPHTHALMIC</b><br>Antiglaucoma Drugs (Beta-Adrenergic Blockers)   | Istalol, Timoptic Ocudose   | Betaxolol drops, levobunolol drops, timolol drops, Alphagan P 0.1%, Combigan            |
| Antiglaucoma Drugs (Ophthalmic Prostaglandins)   | Zioptan   | Bimatoprost drops, latanoprost drops, Lumigan, Travatan Z                               |
| Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)  | Acuvail, Nevanac  | bromfenac drops, diclofenac drops, ketorolac drops, Illevo, Prolensa                    |
| <b>OSTEOARTHRITIS</b><br>Hyaluronic Acid Derivatives   | Gel-One, Gelsyn-3, Genvisc 850, Hyalgan, Hymovis, Supartz, Supartz FX, Synvisc, Synvisc-One     | Euflexxa, Monovisc, Orthovisc   |
| <b>RENAL DISEASE</b><br>Phosphate Binders  | Fosrenol, Renagel   | Sevelamer carbonate, Phoslyra, Renvela Tablets, Velphoro                                |
| <b>RESPIRATORY</b><br>Epinephrine Auto-Injector Systems  | Auvi-Q, Epinephrine Auto-Injector (by A-S Medication, Impax & Lineage)                          | Epinephrine Auto-Injector (by Mylan), EpiPen, EpiPen Jr                                 |
| Pulmonary Anti-Inflammatory Inhalers   | Alvesco, ArmonAir RespiClick, Arnuity Ellipta, Flovent Diskus/HFA, Pulmicort Flexhaler          | Asmanex HFA/Twisthaler, Qvar  |
| Short-Acting Beta <sub>2</sub> -Agonist Inhalers   | Levalbuterol HFA, Proventil HFA, Xopenex HFA  | ProAir HFA/Respiclick, Ventolin HFA   |



## National Preferred Formulary 2018 Exclusions

|   |                          |  |
|---|--------------------------|--|
| <b>UROLOGICAL</b><br>Erectile Dysfunction Oral Agents | Levitra, Staxyn, Stendra | Cialis, Viagra                             |
| <b>WEIGHT LOSS</b><br>Weight Loss Agents              | Qsymia                   | Benzphetamine, diethylpropion, phentermine |

**National Formulary**

| Drug Name   |                                | Tier | Requirements/Limits     |
|---|--------------------------------|------|-------------------------|
| <b>ALLERGY</b>  |                                |      |                         |
| <b>ANTIHISTAMINES - 1ST GENERATION</b>                      |                                |      |                         |
| carbinoxamine maleate                                       | CLISTIN                        | 1    | AGE: >= 2 YEARS         |
| carbinoxamine maleate                                       | PALGIC                         | 1    | AGE: >= 2 YEARS         |
| clemastine fumarate   | TAVIST                         | 1    |                         |
| cyproheptadine hcl  | PERIACTIN                      | 1    |                         |
| diphenhydramine hcl   | BENADRYL (50 MG/ML) (SYRINGE)  | 1    |                         |
| diphenhydramine hcl   | BENADRYL (50 MG/ML) (VIAL)     | 1    |                         |
| diphenhydramine in 0.9 % nacl                               |                                | 1    |                         |
| hydroxyzine hcl   | ATARAX                         | 1    |                         |
| hydroxyzine hcl   | VISTARIL                       | 1    |                         |
| hydroxyzine pamoate   | VISTARIL                       | 1    |                         |
| promethazine hcl  | PHENERGAN (12.5 MG) (TABLET)   | 1    |                         |
| promethazine hcl  | PHENERGAN (25 MG) (TABLET)     | 1    |                         |
| promethazine hcl  | PHENERGAN (25 MG/ML) (AMPUL)   | 1    |                         |
| promethazine hcl  | PHENERGAN (25 MG/ML) (SYRINGE) | 1    |                         |
| promethazine hcl  | PHENERGAN (25 MG/ML) (VIAL)    | 1    |                         |
| promethazine hcl  | PHENERGAN (50 MG) (TABLET)     | 1    |                         |
| promethazine hcl  | PHENERGAN (50 MG/ML) (AMPUL)   | 1    |                         |
| promethazine hcl  | PHENERGAN (50 MG/ML) (VIAL)    | 1    |                         |
| promethazine hcl  | PHENERGAN VC                   | 1    |                         |
| promethazine hcl in 0.9 % nacl                              | PHENERGAN                      | 1    |                         |
| <b>ANTIHISTAMINES - 2ND GENERATION</b>                      |                                |      |                         |
| cetirizine hcl  | ZYRTEC (1 MG/ML) (SOLUTION)    | 1    |                         |
| desloratadine   | CLARINEX (2.5 MG) (TAB RAPDIS) | 1    | QL: 1 IN 1 DAY          |
| desloratadine   | CLARINEX (5 MG) (TAB RAPDIS)   | 1    | QL: 1 IN 1 DAY          |
| desloratadine   | CLARINEX (5 MG) (TABLET)       | 1    | QL: 1 IN 1 DAY          |
| levocetirizine dihydrochloride                              | XYZAL (2.5 MG/5ML) (SOLUTION)  | 1    | QL: 10mL IN 1 DAY       |
| levocetirizine dihydrochloride                              | XYZAL (5 MG) (TABLET)          | 1    |                         |
| <b>NASAL ANTIHISTAMINE</b>                                  |                                |      |                         |
| azelastine hcl  | ASTELIN                        | 1    | QL: 60mL IN 30 DAYS     |
| azelastine hcl  | ASTEPRO                        | 1    | QL: 60mL IN 30 DAYS     |
| olopatadine hcl   | PATANASE                       | 1    | QL: 30.5gm IN 30 DAYS   |
| <b>NASAL ANTIHISTAMINE &amp; ANTI-INFLAM. STEROID COMB.</b> |                                |      |                         |
| AZELAS/FLUTICASONE/SOD CHLORID                              | TICALAST                       | 3    | ST                      |
| AZELASTINE/FLUTICASONE                                      | DYMISTA                        | 2    | ST, QL: 23gm IN 30 DAYS |
| <b>NASAL ANTI-INFLAMMATORY STEROIDS</b>                     |                                |      |                         |
| BECLOMETHASONE DIPROPIONATE                                 | QNASL                          | 2    | QL: 8.7gm IN 30 DAYS    |
| BECLOMETHASONE DIPROPIONATE                                 | QNASL CHILDREN                 | 2    | QL: 4.9gm IN 30 DAYS    |
| CICLESONIDE   | OMNARIS                        | 3    | ST                      |
| flunisolide   | NASALIDE                       | 1    | QL: 25mL IN 30 DAYS     |

**National Formulary**

| Drug Name                            |                                    | Tier | Requirements/Limits     |
|--------------------------------------|------------------------------------|------|-------------------------|
| <b>fluticasone propionate</b>        | FLONASE                            | 1    | QL: 16gm IN 30 DAYS     |
| FLUTICASONE PROPIONATE               | XHANCE                             | 3    | ST, QL: 16mL IN 30 DAYS |
| FLUTICASONE/SOD CHL/SOD BICARB       | TICANASE                           | 3    | ST                      |
| FLUTICASONE/SOD CHL/SOD BICARB       | TICASPRAY                          | 3    | ST                      |
| <b>mometasone furoate</b>            | NASONEX                            | 1    | QL: 17gm IN 30 DAYS     |
| MOMETASONE FUROATE                   | SINUVA                             | 3    | PA                      |
| <b>ANTIEMESIS/ANTIVERTIGO</b>        |                                    |      |                         |
| <b>ANTIEMETIC/ANTIVERTIGO AGENTS</b> |                                    |      |                         |
| APREPITANT                           | CINVANTI                           | 3    |                         |
| <b>aprepitant</b>                    | EMEND (125 MG)<br>(CAPSULE)        | 1    | QL: 1 IN 21 DAYS        |
| APREPITANT                           | EMEND (125 MG)<br>(SUSP RECON)     | 2    | QL: 3 IN 21 DAYS        |
| <b>aprepitant</b>                    | EMEND (125MG-<br>80MG) (CAP DS PK) | 1    | QL: 3 IN 21 DAYS        |
| <b>aprepitant</b>                    | EMEND (40 MG)<br>(CAPSULE)         | 1    | QL: 1 IN 28 DAYS        |
| <b>aprepitant</b>                    | EMEND (80 MG)<br>(CAPSULE)         | 1    | QL: 2 IN 21 DAYS        |
| <b>dimenhydrinate</b>                | DRAMAMINE (50<br>MG/ML) (VIAL)     | 1    |                         |
| DOLASETRON MESYLATE                  | ANZEMET (100 MG)<br>(TABLET)       | 3    | ST, QL: 4 PER FILL      |
| DOLASETRON MESYLATE                  | ANZEMET (50 MG)<br>(TABLET)        | 3    | ST, QL: 8 PER FILL      |
| <b>dronabinol</b>                    | MARINOL                            | 1    | ST, QL: 2 IN 1 DAY      |
| DRONABINOL                           | SYNDROS                            | 3    | ST, QL: 60mL IN 30 DAYS |
| FOSAPREPITANT DIMEGLUMINE            | EMEND                              | 2    |                         |
| GRANISETRON                          | SANCUSO                            | 2    | ST, QL: 1 IN 7 DAYS     |
| <b>granisetron hcl</b>               | KYTRIL (1 MG)<br>(TABLET)          | 1    | ST, QL: 8 IN 30 DAYS    |
| <b>granisetron hcl</b>               | KYTRIL (1<br>MG/ML(1)) (VIAL)      | 1    |                         |
| <b>granisetron hcl</b>               | KYTRIL (1 MG/ML)<br>(VIAL)         | 1    |                         |
| <b>granisetron hcl/pf</b>            |                                    | 1    |                         |
| <b>meclizine hcl</b>                 | ANTIVERT (12.5<br>MG) (TABLET)     | 1    |                         |
| <b>meclizine hcl</b>                 | ANTIVERT (25 MG)<br>(TABLET)       | 1    |                         |
| NETUPITANT/PALONOSETRON HCL          | AKYNZEO                            | 2    | QL: 1 IN 28 DAYS        |
| <b>ondansetron</b>                   | ZOFRAN ODT                         | 1    |                         |
| ONDANSETRON                          | ZUPLENZ                            | 3    | ST                      |
| <b>ondansetron hcl</b>               | ZOFRAN (2 MG/ML)<br>(VIAL)         | 1    |                         |
| <b>ondansetron hcl</b>               | ZOFRAN (24 MG)<br>(TABLET)         | 1    |                         |
| <b>ondansetron hcl</b>               | ZOFRAN (4 MG)<br>(TABLET)          | 1    |                         |
| <b>ondansetron hcl</b>               | ZOFRAN (4 MG/5<br>ML) (SOLUTION)   | 1    | QL: 50mL IN 15 DAYS     |
| <b>ondansetron hcl</b>               | ZOFRAN (8 MG)<br>(TABLET)          | 1    |                         |
| <b>ondansetron hcl in 0.9 % nacl</b> |                                    | 1    |                         |
| <b>ondansetron hcl in d5w</b>        |                                    | 1    |                         |
| <b>ondansetron hcl/pf</b>            | ZOFRAN<br>PRESERVATIVE<br>FREE     | 1    |                         |
| <b>palonosetron hcl</b>              | ALOXI                              | 1    |                         |



**National Formulary**

| <b>Drug Name</b>   | <b>Tier</b>                         | <b>Requirements/Limits</b> |                              |
|--|-------------------------------------|----------------------------|------------------------------|
| PALONOSETRON HCL (0.25MG/2ML) (VIAL)                       | 3                                   |                            |                              |
| PALONOSETRON HCL (0.25MG/5ML) (VIAL)                       | 2                                   |                            |                              |
| <b>prochlorperazine</b>                                    | COMPАЗINE                           | 1                          |                              |
| <b>prochlorperazine edisylate</b>                          |                                     | 1                          |                              |
| <b>prochlorperazine maleate</b>                            | COMPАЗINE                           | 1                          |                              |
| <b>promethazine hcl</b>                                    | PHENERGAN                           | 1                          |                              |
| ROLAPITANT HCL   | VARUBI (166.5/92.5) (VIAL)          | 3                          |                              |
| ROLAPITANT HCL   | VARUBI (90 MG) (TABLET)             | 2                          | QL: 2 IN 14 DAYS             |
| <b>scopolamine</b>   | TRANSDERM-SCOP                      | 1                          |                              |
| <b>trimethobenzamide hcl</b>                               | TIGAN                               | 1                          |                              |
| <b>ASTHMA AND COPD</b>                                     |                                     |                            |                              |
| <b>5-LIPOXYGENASE INHIBITORS</b>                           |                                     |                            |                              |
| ZILEUTON   | ZYFLO                               | 3                          |                              |
| <b>ANTICHOLINERGIC, ORALLY INHALED SHORT ACTING</b>        |                                     |                            |                              |
| <b>ipratropium bromide</b>                                 | ATROVENT                            | 1                          |                              |
| IPRATROPIUM BROMIDE  | ATROVENT HFA                        | 2                          | QL: 25.8gm IN 30 DAYS        |
| <b>ANTICHOLINERGICS, ORALLY INHALED LONG ACTING</b>        |                                     |                            |                              |
| ACLIDINIUM BROMIDE   | TUDORZA<br>PRESSAIR                 | 2                          |                              |
| GLYCOPYRROL/NEBULIZER/ACCESSOR                             | LONHALA<br>MAGNAIR STARTER          | 3                          | ST, QL: 2mL IN 1 DAY         |
| GLYCOPYRROLATE   | SEEBRI NEOHALER                     | 3                          | ST                           |
| GLYCOPYRROLATE/NEB.ACCESSORIES                             | LONHALA<br>MAGNAIR REFILL           | 3                          | ST, QL: 2mL IN 1 DAY         |
| TIOTROPIUM BROMIDE   | SPIRIVA                             | 2                          | QL: 1 INHALER IN 30 DAYS     |
| TIOTROPIUM BROMIDE   | SPIRIVA RESPIMAT                    | 2                          | QL: 4gm IN 30 DAYS           |
| UMECLIDINIUM BROMIDE                                       | INCRUSE ELLIPTA                     | 2                          | ST, QL: 1 INHALER IN 30 DAYS |
| <b>BETA-ADRENERGIC AGENTS</b>                              |                                     |                            |                              |
| <b>albuterol sulfate</b>                                   |                                     | 1                          |                              |
| <b>metaproterenol sulfate</b>                              | ALUPENT                             | 1                          |                              |
| <b>terbutaline sulfate (1 mg/ml) (vial)</b>                |                                     | 1                          |                              |
| <b>terbutaline sulfate (2.5 mg) (tablet)</b>               |                                     | 1                          |                              |
| <b>terbutaline sulfate (5 mg) (tablet)</b>                 |                                     | 1                          |                              |
| <b>BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING</b>       |                                     |                            |                              |
| <b>albuterol sulfate</b>                                   |                                     | 1                          |                              |
| ALBUTEROL SULFATE  | PROAIR HFA                          | 2                          |                              |
| ALBUTEROL SULFATE  | PROAIR<br>RESPICLICK                | 2                          |                              |
| ALBUTEROL SULFATE  | PROVENTIL HFA (90 MCG) (HFA AER AD) | 2                          |                              |
| ALBUTEROL SULFATE  | VENTOLIN HFA                        | 2                          |                              |
| <b>levalbuterol hcl</b>                                    | XOPENEX                             | 1                          |                              |
| <b>levalbuterol hcl</b>                                    | XOPENEX<br>CONCENTRATE              | 1                          |                              |
| <b>terbutaline sulfate</b>                                 | BRETHINE                            | 1                          |                              |
| <b>BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING</b>  |                                     |                            |                              |
| INDACATEROL MALEATE  | ARCAPTA<br>NEOHALER                 | 2                          | QL: 1 INHALER IN 30 DAYS     |
| OLODATEROL HCL   | STRIVERDI<br>RESPIMAT               | 2                          | QL: 4gm IN 30 DAYS           |
| <b>BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING</b> |                                     |                            |                              |
| ARFORMOTEROL TARTRATE                                      | BROVANA                             | 3                          | QL: 120mL IN 30 DAYS         |
| FORMOTEROL FUMARATE  | PERFOROMIST                         | 2                          | QL: 120mL IN 30 DAYS         |
| SALMETEROL XINAFOATE                                       | SEREVENT DISKUS                     | 2                          | QL: 1 INHALER IN 30 DAYS     |

**National Formulary**

| Drug Name   |   | Tier | Requirements/Limits           |
|---|---|------|-------------------------------|
| <b>BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS</b>   |   |      |                               |
| GLYCOPYRROLATE/FORMOTEROL FUM                             | BEVESPI<br>AEROSPHERE                       | 2    |                               |
| INDACATEROL/GLYCOPYRROLATE                                | UTIBRON<br>NEOHALER                         | 3    | ST                            |
| IPRATROPIUM/ALBUTEROL SULFATE                             | COMBIVENT<br>RESPIMAT                       | 2    |                               |
| <b>ipratropium/albuterol sulfate</b>                      | DUONEB                                      | 1    |                               |
| TIOTROPIUM BR/OLODATEROL HCL                              | STIOLTO RESPIMAT                            | 2    | QL: 4gm IN 30 DAYS            |
| UMECLIDINIUM BRM/VILANTEROL TR                            | ANORO ELLIPTA                               | 2    | QL: 1 INHALER IN 30 DAYS      |
| <b>BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS</b>    |   |      |                               |
| BUDESONIDE/FORMOTEROL FUMARATE                            | SYMBICORT                                   | 2    | QL: 10.2gm IN 30 DAYS         |
| FLUTICASONE/SALMETEROL                                    | ADVAIR DISKUS                               | 2    | QL: 1 INHALER IN 30 DAYS      |
| FLUTICASONE/SALMETEROL                                    | ADVAIR HFA                                  | 2    | QL: 12gm IN 30 DAYS           |
| <b>fluticasone/salmeterol</b>                             | AIRDUO<br>RESPICLICK                        | 1    | ST                            |
| FLUTICASONE/VILANTEROL                                    | BREO ELLIPTA                                | 2    | QL: 1 INHALER IN 30 DAYS      |
| MOMETASONE/FORMOTEROL                                     | DULERA                                      | 2    | QL: 13gm IN 30 DAYS           |
| <b>BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED</b> |   |      |                               |
| FLUTICASONE/UMECLIDIN/VILANTER                            | TRELEGY ELLIPTA                             | 3    | ST, QL: 1 INHALER IN 30 DAYS  |
| <b>GLUCOCORTICOID, ORALLY INHALED</b>                     |   |      |                               |
| BECLOMETHASONE DIPROPIONATE                               | QVAR  | 2    | QL: 17.4gm IN 30 DAYS         |
| BECLOMETHASONE DIPROPIONATE                               | QVAR REDHALER                               | 2    | QL: 21.2gm IN 30 DAYS         |
| <b>budesonide</b>   | PULMICORT<br>(0.25MG/2ML)<br>(AMPUL-NEB)    | 1    | QL: 120mL IN 30 DAYS          |
| <b>budesonide</b>   | PULMICORT (0.5<br>MG/2ML) (AMPUL-<br>NEB)   | 1    | QL: 120mL IN 30 DAYS          |
| <b>budesonide</b>   | PULMICORT (1<br>MG/2 ML) (AMPUL-<br>NEB)    | 1    | QL: 60mL IN 30 DAYS           |
| BUDESONIDE  | PULMICORT<br>FLEXHALER                      | 3    | ST, QL: 1 INHALER IN 30 DAYS  |
| FLUTICASONE FUROATE                                       | ARNUITY ELLIPTA                             | 3    | ST, QL: 1 INHALER IN 30 DAYS  |
| FLUTICASONE PROPIONATE                                    | ARMONAIR<br>RESPICLICK                      | 3    | ST, QL: 1 INHALER IN 30 DAYS  |
| FLUTICASONE PROPIONATE                                    | FLOVENT DISKUS<br>(100 MCG) (BLST<br>W/DEV) | 3    | ST, QL: 1 INHALER IN 30 DAYS  |
| FLUTICASONE PROPIONATE                                    | FLOVENT DISKUS<br>(250 MCG) (BLST<br>W/DEV) | 3    | ST, QL: 2 INHALERS IN 30 DAYS |
| FLUTICASONE PROPIONATE                                    | FLOVENT DISKUS<br>(50 MCG) (BLST<br>W/DEV)  | 3    | ST, QL: 1 INHALER IN 30 DAYS  |
| FLUTICASONE PROPIONATE                                    | FLOVENT HFA (110<br>MCG) (AER<br>W/ADAP)    | 3    | ST, QL: 12gm IN 30 DAYS       |
| FLUTICASONE PROPIONATE                                    | FLOVENT HFA (220<br>MCG) (AER<br>W/ADAP)    | 3    | ST, QL: 24gm IN 30 DAYS       |
| FLUTICASONE PROPIONATE                                    | FLOVENT HFA (44<br>MCG) (AER<br>W/ADAP)     | 3    | ST, QL: 21.2gm IN 30 DAYS     |
| MOMETASONE FUROATE  | ASMANEX                                     | 2    | QL: 1 IN 30 DAYS              |
| MOMETASONE FUROATE  | ASMANEX HFA                                 | 2    | QL: 13gm IN 30 DAYS           |
| <b>INTERLEUKIN-5(IL-5) RECEPTOR ALPHA ANTAGONIST, MAB</b> |   |      |                               |
| BENRALIZUMAB  | FASENRA                                     | 3    | PA                            |

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| <b>Drug Name</b>                                       |                                    | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|------------------------------------|-------------|----------------------------|
| <b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>                |                                    |             |                            |
| montelukast sodium                                     | SINGULAIR                          | 1           |                            |
| zafirlukast  | ACCOLATE                           | 1           |                            |
| <b>MAST CELL STABILIZERS</b>                           |                                    |             |                            |
| cromolyn sodium  | GASTROCROM                         | 1           |                            |
| <b>MAST CELL STABILIZERS, ORALLY INHALED</b>           |                                    |             |                            |
| cromolyn sodium  |                                    | 1           |                            |
| <b>MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)</b>  |                                    |             |                            |
| OMALIZUMAB   | XOLAIR                             | 2           | PA, SP                     |
| <b>MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS</b> |                                    |             |                            |
| MEPOLIZUMAB  | NUCALA                             | 2           | PA, SP                     |
| RESLIZUMAB   | CINQAIR                            | 3           | PA, SP                     |
| <b>PHOSPHODIESTERASE-4 (PDE4) INHIBITORS</b>           |                                    |             |                            |
| ROFLUMILAST  | DALIRESP                           | 2           | QL: 1 IN 1 DAY             |
| <b>RESPIRATORY AIDS,DEVICES,EQUIPMENT</b>              |                                    |             |                            |
| MUCUS CLEARING DEVICE                                  | AEROBIKA                           | 3           |                            |
| MUCUS CLEARING DEVICE                                  | QUAKE                              | 3           |                            |
| NASAL EXHALATION RESISTANC.DEV                         | PROVENT                            | 3           |                            |
| PEAK FLOW METER  | MINI-WRIGHT<br>PEAK FLOW<br>METER  | 3           |                            |
| PEAK FLOW METER  | TRUZONE PEAK<br>FLOW METER         | 3           |                            |
| PEAK FLOW METER/INH ASSIT DEV                          | AEROGEAR<br>ASTHMA ACTION<br>KIT   | 3           |                            |
| PEAK FLOW METER/INH ASSIT DEV                          | ASTHMAPACK<br>CHILDREN'S           | 3           |                            |
| SPIROMETER/DRUG DELIVERY ADAPT                         | MISTASSIST KIT                     | 3           |                            |
| <b>XANTHINES</b>                                       |                                    |             |                            |
| aminophylline  |                                    | 1           |                            |
| caffeine citrate                                       | CAPCIT (60 MG/3<br>ML) (SOLUTION)  | 1           |                            |
| caffeine citrate                                       | CAPCIT (60 MG/3<br>ML) (VIAL)      | 1           |                            |
| caffeine/sodium benzoate                               |                                    | 1           |                            |
| theophylline anhydrous                                 | SLO-PHYLLIN                        | 1           |                            |
| theophylline anhydrous                                 | THEO-DUR                           | 1           |                            |
| theophylline anhydrous                                 | UNIPHYL                            | 1           |                            |
| theophylline in dextrose 5 %                           |                                    | 1           |                            |
| <b>AUTONOMIC NERVOUS SYSTEM DISORDERS</b>              |                                    |             |                            |
| <b>ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS</b>  |                                    |             |                            |
| memantine hcl  | NAMENDA (10 MG)<br>(TABLET)        | 1           | QL: 2 IN 1 DAY             |
| memantine hcl  | NAMENDA (2<br>MG/ML)<br>(SOLUTION) | 1           | QL: 300mL IN 30 DAYS       |
| memantine hcl  | NAMENDA (5 MG)<br>(TABLET)         | 1           | QL: 2 IN 1 DAY             |
| memantine hcl  | NAMENDA XR (14<br>MG) (CAP SPR 24) | 1           | QL: 1 IN 1 DAY             |
| memantine hcl  | NAMENDA XR (21<br>MG) (CAP SPR 24) | 1           | QL: 1 IN 1 DAY             |
| memantine hcl  | NAMENDA XR (28<br>MG) (CAP SPR 24) | 1           | QL: 1 IN 1 DAY             |
| memantine hcl  | NAMENDA XR (7<br>MG) (CAP SPR 24)  | 1           | QL: 1 IN 1 DAY             |

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| <b>Drug Name</b>  |                                      | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|--------------------------------------|-------------|----------------------------|
| MEMANTINE HCL   | NAMENDA XR (7-14-21-28) (CAP24 DSPK) | 2           | QL: 28 IN 28 DAYS          |
| <b>ALZHEIMER'S THX,NMDA RECEPT ANTAG &amp; CHOLINES INHIB</b> |                                      |             |                            |
| MEMANTINE HCL/DONEPEZIL HCL                                   | NAMZARIC (14MG-10MG) (CAP SPR 24)    | 2           | ST, QL: 1 IN 1 DAY         |
| MEMANTINE HCL/DONEPEZIL HCL                                   | NAMZARIC (21 MG-10MG) (CAP SPR 24)   | 2           | ST, QL: 1 IN 1 DAY         |
| MEMANTINE HCL/DONEPEZIL HCL                                   | NAMZARIC (28 MG-10MG) (CAP SPR 24)   | 2           | ST, QL: 1 IN 1 DAY         |
| MEMANTINE HCL/DONEPEZIL HCL                                   | NAMZARIC (7 MG-10 MG) (CAP SPR 24)   | 2           | ST, QL: 1 IN 1 DAY         |
| MEMANTINE HCL/DONEPEZIL HCL                                   | NAMZARIC (7-10/14-10) (CAP24 DSPK)   | 2           | ST, QL: 28 IN 28 DAYS      |
| <b>CHOLINESTERASE INHIBITORS</b>                              |                                      |             |                            |
| donepezil hcl   | ARICEPT                              | 1           |                            |
| donepezil hcl   | ARICEPT ODT                          | 1           |                            |
| galantamine hbr   | RAZADYNE (12 MG) (TABLET)            | 1           | QL: 2 IN 1 DAY             |
| galantamine hbr   | RAZADYNE (4 MG) (TABLET)             | 1           | QL: 2 IN 1 DAY             |
| galantamine hbr   | RAZADYNE (4 MG/ML) (SOLUTION)        | 1           | QL: 200mL IN 30 DAYS       |
| galantamine hbr   | RAZADYNE (8 MG) (TABLET)             | 1           | QL: 2 IN 1 DAY             |
| galantamine hbr   | RAZADYNE ER                          | 1           | QL: 1 IN 1 DAY             |
| neostigmine in sterile water                                  |                                      | 1           |                            |
| neostigmine methylsulfate (0.5 mg/ml) (vial)                  |                                      | 1           |                            |
| NEOSTIGMINE METHYLSULFATE (0.5 MG/ML) (VIAL)                  |                                      | 2           |                            |
| neostigmine methylsulfate (1 mg/ml) (vial)                    |                                      | 1           |                            |
| neostigmine methylsulfate (2 mg/2 ml) (syringe)               |                                      | 1           |                            |
| neostigmine methylsulfate (3 mg/3 ml) (syringe)               |                                      | 1           |                            |
| neostigmine methylsulfate (4 mg/4 ml) (syringe)               |                                      | 1           |                            |
| neostigmine methylsulfate (5 mg/5 ml) (syringe)               |                                      | 1           |                            |
| physostigmine salicylate                                      |                                      | 1           |                            |
| pyridostigmine bromide  | MESTINON (180 MG) (TABLET ER)        | 1           |                            |
| pyridostigmine bromide  | MESTINON (60 MG) (TABLET)            | 1           |                            |
| PYRIDOSTIGMINE BROMIDE  | MESTINON (60 MG/5 ML) (SYRUP)        | 2           |                            |
| PYRIDOSTIGMINE BROMIDE  | REGONOL                              | 2           |                            |
| rivastigmine  | EXELON                               | 1           | QL: 1 IN 1 DAY             |
| rivastigmine tartrate   | EXELON                               | 1           |                            |
| <b>BEHAVIORAL HEALTH - ANTIDEPRESSANTS</b>                    |                                      |             |                            |
| <b>ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS</b>            |                                      |             |                            |
| mirtazapine   |                                      | 1           |                            |
| <b>MAOIS - NON-SELECTIVE &amp; IRREVERSIBLE</b>               |                                      |             |                            |
| phenelzine sulfate  | NARDIL                               | 1           |                            |
| tranylcypromine sulfate                                       | PARNATE                              | 1           |                            |
| <b>NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)</b>     |                                      |             |                            |
| BUPROPION HBR   | APLENZIN                             | 3           | ST, QL: 1 IN 1 DAY         |
| BUPROPION HCL   | FORFIVO XL                           | 3           | ST                         |
| bupropion hcl   | WELLBUTRIN                           | 1           |                            |

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| Drug Name   |                                   | Tier | Requirements/Limits |
|---|-----------------------------------|------|---------------------|
| bupropion hcl   | WELLBUTRIN SR                     | 1    |                     |
| bupropion hcl   | WELLBUTRIN XL                     | 1    |                     |
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)</b>         |                                   |      |                     |
| citalopram hydrobromide                                       | CELEXA                            | 1    |                     |
| escitalopram oxalate  | LEXAPRO                           | 1    |                     |
| fluoxetine hcl  | PROZAC                            | 1    |                     |
| fluoxetine hcl  | PROZAC WEEKLY                     | 1    |                     |
| fluvoxamine maleate   | LUVOX                             | 1    |                     |
| fluvoxamine maleate   | LUVOX CR                          | 1    | QL: 2 IN 1 DAY      |
| paroxetine hcl  | PAXIL (10 MG)<br>(TABLET)         | 1    |                     |
| PAROXETINE HCL  | PAXIL (10 MG/5 ML)<br>(ORAL SUSP) | 3    |                     |
| paroxetine hcl  | PAXIL (20 MG)<br>(TABLET)         | 1    |                     |
| paroxetine hcl  | PAXIL (30 MG)<br>(TABLET)         | 1    |                     |
| paroxetine hcl  | PAXIL (40 MG)<br>(TABLET)         | 1    |                     |
| paroxetine hcl  | PAXIL CR                          | 1    |                     |
| paroxetine mesylate   | BRISDELLE                         | 1    | ST, QL: 1 IN 1 DAY  |
| PAROXETINE MESYLATE   | PEXEVA                            | 3    | ST                  |
| sertraline hcl  | ZOLOFT                            | 1    |                     |
| <b>SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)</b>     |                                   |      |                     |
| nefazodone hcl  | SERZONE                           | 1    |                     |
| trazodone hcl   | DESYREL                           | 1    |                     |
| <b>SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)</b>        |                                   |      |                     |
| DESVENLAFAXINE ER   |                                   | 3    | ST, QL: 1 IN 1 DAY  |
| desvenlafaxine  | KHEDEZLA                          | 1    | ST, QL: 1 IN 1 DAY  |
| DESVENLAFAXINE FUMARATE ER                                    |                                   | 3    | ST, QL: 1 IN 1 DAY  |
| desvenlafaxine succinate                                      | PRISTIQ                           | 1    | QL: 1 IN 1 DAY      |
| duloxetine hcl  |                                   | 1    | QL: 2 IN 1 DAY      |
| LEVOMILNACIPRAN HCL   | FETZIMA                           | 2    | ST, QL: 1 IN 1 DAY  |
| venlafaxine hcl   | EFFEXOR                           | 1    |                     |
| venlafaxine hcl   | EFFEXOR XR                        | 1    |                     |
| venlafaxine hcl er  |                                   | 1    |                     |
| <b>SSRI &amp; 5HT1A PARTIAL AGONIST ANTIDEPRESSANT</b>        |                                   |      |                     |
| VILAZODONE HCL  | VIIBRYD                           | 2    | ST, QL: 1 IN 1 DAY  |
| <b>SSRI &amp; SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT</b> |                                   |      |                     |
| VORTIOXETINE HYDROBROMIDE                                     | TRINTELLIX                        | 3    | ST, QL: 1 IN 1 DAY  |
| <b>TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS</b>     |                                   |      |                     |
| amitriptyline/chlordiazepoxide                                | LIMBITROL                         | 1    |                     |
| amitriptyline/chlordiazepoxide                                | LIMBITROL DS                      | 1    |                     |
| <b>TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS</b>      |                                   |      |                     |
| perphenazine/amitriptyline hcl                                | ETRAFON-A                         | 1    |                     |
| perphenazine/amitriptyline hcl                                | TRIAVIL 2-10                      | 1    |                     |
| perphenazine/amitriptyline hcl                                | TRIAVIL 2-25                      | 1    |                     |
| perphenazine/amitriptyline hcl                                | TRIAVIL 4-25                      | 1    |                     |
| perphenazine/amitriptyline hcl                                | TRIAVIL 4-50                      | 1    |                     |
| <b>TRICYCLIC ANTIDEPRESSANTS &amp; REL. NON-SEL. RU-INHIB</b> |                                   |      |                     |
| amitriptyline hcl   | ELAVIL                            | 1    |                     |
| amoxapine   | ASENDIN                           | 1    |                     |
| clomipramine hcl  | ANAFRANIL                         | 1    |                     |
| desipramine hcl   | NORPRAMIN                         | 1    |                     |
| doxepin hcl   | SINEQUAN                          | 1    |                     |
| imipramine hcl  | TOFRANIL                          | 1    |                     |
| imipramine pamoate  | TOFRANIL-PM                       | 1    |                     |

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| Drug Name                                       |                                  | Tier | Requirements/Limits                  |
|---|----------------------------------|------|--------------------------------------|
| maprotiline hcl                                 | LUDIOMIL                         | 1    |                                      |
| nortriptyline hcl                               | PAMELOR                          | 1    |                                      |
| protriptyline hcl                               | VIVACTIL                         | 1    |                                      |
| trimipramine maleate                            | SURMONTIL                        | 1    |                                      |
| <b>BEHAVIORAL HEALTH - OTHER</b>                |                                  |      |                                      |
| <b>ADRENERGICS, AROMATIC, NON-CATECHOLAMINE</b> |                                  |      |                                      |
| AMPHETAMINE                                     | ADZENYS ER                       | 3    | ST, QL: 450mL IN 30 DAYS             |
| AMPHETAMINE                                     | ADZENYS XR-ODT                   | 3    | ST                                   |
| AMPHETAMINE SULFATE                             | EVEKEO                           | 2    | PA                                   |
| dextroamphetamine sulfate                       | DEXEDRINE (10 MG) (CAPSULE ER)   | 1    | QL: 2 IN 1 DAY                       |
| dextroamphetamine sulfate                       | DEXEDRINE (10 MG) (TABLET)       | 1    | QL: 6 IN 1 DAY                       |
| dextroamphetamine sulfate                       | DEXEDRINE (15 MG) (CAPSULE ER)   | 1    | QL: 4 IN 1 DAY                       |
| dextroamphetamine sulfate                       | DEXEDRINE (5 MG) (CAPSULE ER)    | 1    | QL: 2 IN 1 DAY                       |
| dextroamphetamine sulfate                       | DEXEDRINE (5 MG) (TABLET)        | 1    | QL: 3 IN 1 DAY                       |
| dextroamphetamine sulfate                       | PROCENTRA                        | 1    | QL: 1800mL IN 30 DAYS                |
| dextroamphetamine/amphetamine                   | ADDERALL                         | 1    | QL: 2 IN 1 DAY                       |
| dextroamphetamine/amphetamine                   | ADDERALL XR (10 MG) (CAP ER 24H) | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY     |
| dextroamphetamine/amphetamine                   | ADDERALL XR (15 MG) (CAP ER 24H) | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY     |
| dextroamphetamine/amphetamine                   | ADDERALL XR (20 MG) (CAP ER 24H) | 1    | AGE: <= 18 YEARS, QL: 2 IN 1 DAY     |
| dextroamphetamine/amphetamine                   | ADDERALL XR (25 MG) (CAP ER 24H) | 1    | AGE: <= 18 YEARS, QL: 2 IN 1 DAY     |
| dextroamphetamine/amphetamine                   | ADDERALL XR (30 MG) (CAP ER 24H) | 1    | AGE: <= 18 YEARS, QL: 2 IN 1 DAY     |
| dextroamphetamine/amphetamine                   | ADDERALL XR (5 MG) (CAP ER 24H)  | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY     |
| DEXTROAMPHETAMINE/AMPHETAMINE                   | MYDAYIS                          | 3    | ST, AGE: <= 18 YEARS, QL: 1 IN 1 DAY |
| LISDEXAMFETAMINE DIMESYLATE                     | VYVANSE                          | 2    | ST, QL: 1 IN 1 DAY                   |
| methamphetamine hcl                             | DESOXYN                          | 1    | QL: 5 IN 1 DAY                       |
| <b>ANTI-ALCOHOLIC PREPARATIONS</b>              |                                  |      |                                      |
| acamprosate calcium                             | CAMPRAL                          | 1    |                                      |
| disulfiram                                      | ANTABUSE                         | 1    |                                      |
| NALTREXONE MICROSPHERES                         | VIVITROL                         | 2    |                                      |
| <b>ANTI-ANXIETY - BENZODIAZEPINES</b>           |                                  |      |                                      |
| alprazolam                                      |                                  | 1    |                                      |
| ALPRAZOLAM INTENSOL                             |                                  | 2    |                                      |
| chlordiazepoxide hcl                            |                                  | 1    |                                      |
| clorazepate dipotassium                         |                                  | 1    |                                      |
| diazepam (10 mg) (tablet)                       |                                  | 1    |                                      |
| diazepam (2 mg) (tablet)                        |                                  | 1    |                                      |
| diazepam (5 mg) (tablet)                        |                                  | 1    |                                      |
| diazepam (5 mg/5 ml) (solution)                 |                                  | 1    |                                      |
| diazepam (5 mg/ml) (oral conc)                  |                                  | 1    |                                      |
| diazepam (5 mg/ml) (syringe)                    |                                  | 1    |                                      |
| diazepam (5 mg/ml) (vial)                       |                                  | 1    |                                      |
| lorazepam                                       |                                  | 1    |                                      |
| oxazepam  |                                  | 1    |                                      |
| <b>ANTI-ANXIETY DRUGS</b>                       |                                  |      |                                      |
| alprazolam                                      |                                  | 1    |                                      |
| bupirone hcl                                    | BUSPAR                           | 1    |                                      |

**National Formulary**

| <b>Drug Name</b>   |   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|---|-------------|----------------------------|
| meprobamate  |   | 1           |                            |
| <b>ANTI-MANIA DRUGS</b>  |   |             |                            |
| CARBAMAZEPINE  | EQUETRO                                     | 3           |                            |
| lithium carbonate  |   | 1           |                            |
| lithium citrate  |   | 1           |                            |
| <b>ANTI-NARCOLEPSY &amp; ANTI-CATAPLEXY, SEDATIVE-TYPE AGT</b> |   |             |                            |
| SODIUM OXYBATE   | XYREM                                       | 2           | PA                         |
| <b>ANTIPSYCH, DOPAMINE ANTAG., DIPHENYLBUTYLPIPERIDINES</b>    |   |             |                            |
| pimozide   |   | 1           |                            |
| <b>ANTIPSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED</b>      |   |             |                            |
| CARIPRAZINE HCL  | VRAYLAR (1.5 MG)<br>(CAPSULE)               | 3           | ST, QL: 1 IN 1 DAY         |
| CARIPRAZINE HCL  | VRAYLAR (1.5 MG-<br>3MG) (CAP DS PK)        | 3           | ST, QL: 7 IN 28 DAYS       |
| CARIPRAZINE HCL  | VRAYLAR (3 MG)<br>(CAPSULE)                 | 3           | ST, QL: 1 IN 1 DAY         |
| CARIPRAZINE HCL  | VRAYLAR (4.5 MG)<br>(CAPSULE)               | 3           | ST, QL: 1 IN 1 DAY         |
| CARIPRAZINE HCL  | VRAYLAR (6 MG)<br>(CAPSULE)                 | 3           | ST, QL: 1 IN 1 DAY         |
| <b>ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED</b>      |   |             |                            |
| aripiprazole   | ABILIFY (1 MG/ML)<br>(SOLUTION)             | 1           | ST, QL: 30mL IN 1 DAY      |
| aripiprazole   | ABILIFY (10 MG)<br>(TABLET)                 | 1           | QL: 1 IN 1 DAY             |
| aripiprazole   | ABILIFY (15 MG)<br>(TABLET)                 | 1           | QL: 1 IN 1 DAY             |
| aripiprazole   | ABILIFY (2 MG)<br>(TABLET)                  | 1           | QL: 1 IN 1 DAY             |
| aripiprazole   | ABILIFY (20 MG)<br>(TABLET)                 | 1           | QL: 1 IN 1 DAY             |
| aripiprazole   | ABILIFY (30 MG)<br>(TABLET)                 | 1           | QL: 1 IN 1 DAY             |
| aripiprazole   | ABILIFY (5 MG)<br>(TABLET)                  | 1           | QL: 1 IN 1 DAY             |
| aripiprazole   | ABILIFY DISCMELT<br>(10 MG) (TAB<br>RAPDIS) | 1           | ST, QL: 3 IN 1 DAY         |
| aripiprazole   | ABILIFY DISCMELT<br>(15 MG) (TAB<br>RAPDIS) | 1           | ST, QL: 2 IN 1 DAY         |
| ARIPIPRAZOLE   | ABILIFY<br>MAINTENA                         | 2           |                            |
| ARIPIPRAZOLE LAUROXIL  | ARISTADA<br>(1064MG/3.9)<br>(SUSER SYR)     | 3           |                            |
| ARIPIPRAZOLE LAUROXIL  | ARISTADA (441<br>MG/1.6) (SUSER<br>SYR)     | 2           |                            |
| ARIPIPRAZOLE LAUROXIL  | ARISTADA (662<br>MG/2.4) (SUSER<br>SYR)     | 2           |                            |
| ARIPIPRAZOLE LAUROXIL  | ARISTADA (882<br>MG/3.2) (SUSER<br>SYR)     | 2           |                            |
| BREXPIPRAZOLE  | REXULTI                                     | 3           | ST, QL: 1 IN 1 DAY         |
| <b>ANTIPSYCHOTICS, DOPAMINE &amp; SEROTONIN ANTAGONISTS</b>    |   |             |                            |
| LOXAPINE   | ADASUVE                                     | 3           |                            |
| loxapine succinate   | LOXITANE                                    | 1           |                            |

## National Formulary

| Drug Name  | Tier | Requirements/Limits  |
|--|------|----------------------|
| <b>ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, &amp; SEROTONIN ANTAG</b> |      |                      |
| ASENAPINE MALEATE<br>SAPHRIS                                     | 3    | ST, QL: 2 IN 1 DAY   |
| clozapine  | 1    | QL: 3 IN 1 DAY       |
| clozapine<br>CLOZARIL  | 1    | QL: 3 IN 1 DAY       |
| clozapine<br>FAZACLO (100 MG)<br>(TAB RAPDIS)                    | 1    | ST, QL: 3 IN 1 DAY   |
| clozapine<br>FAZACLO (12.5 MG)<br>(TAB RAPDIS)                   | 1    | ST, QL: 3 IN 1 DAY   |
| clozapine<br>FAZACLO (150 MG)<br>(TAB RAPDIS)                    | 1    | ST, QL: 3 IN 1 DAY   |
| clozapine<br>FAZACLO (200 MG)<br>(TAB RAPDIS)                    | 1    | ST, QL: 3 IN 1 DAY   |
| clozapine<br>FAZACLO (25 MG)<br>(TAB RAPDIS)                     | 1    | ST, QL: 3 IN 1 DAY   |
| ILOPERIDONE<br>FANAPT (1 MG)<br>(TABLET)                         | 3    | ST, QL: 2 IN 1 DAY   |
| ILOPERIDONE<br>FANAPT (10 MG)<br>(TABLET)                        | 3    | ST, QL: 2 IN 1 DAY   |
| ILOPERIDONE<br>FANAPT (12 MG)<br>(TABLET)                        | 3    | ST, QL: 2 IN 1 DAY   |
| ILOPERIDONE<br>FANAPT (1-2-4-<br>6MG) (TAB DS PK)                | 3    | ST, QL: 8 IN 28 DAYS |
| ILOPERIDONE<br>FANAPT (2 MG)<br>(TABLET)                         | 3    | ST, QL: 2 IN 1 DAY   |
| ILOPERIDONE<br>FANAPT (4 MG)<br>(TABLET)                         | 3    | ST, QL: 2 IN 1 DAY   |
| ILOPERIDONE<br>FANAPT (6 MG)<br>(TABLET)                         | 3    | ST, QL: 2 IN 1 DAY   |
| ILOPERIDONE<br>FANAPT (8 MG)<br>(TABLET)                         | 3    | ST, QL: 2 IN 1 DAY   |
| LURASIDONE HCL<br>LATUDA (120 MG)<br>(TABLET)                    | 2    | ST, QL: 1 IN 1 DAY   |
| LURASIDONE HCL<br>LATUDA (20 MG)<br>(TABLET)                     | 2    | ST, QL: 1 IN 1 DAY   |
| LURASIDONE HCL<br>LATUDA (40 MG)<br>(TABLET)                     | 2    | ST, QL: 1 IN 1 DAY   |
| LURASIDONE HCL<br>LATUDA (60 MG)<br>(TABLET)                     | 2    | ST, QL: 1 IN 1 DAY   |
| LURASIDONE HCL<br>LATUDA (80 MG)<br>(TABLET)                     | 2    | ST, QL: 2 IN 1 DAY   |
| olanzapine<br>ZYPREXA (10 MG)<br>(TABLET)                        | 1    | QL: 1 IN 1 DAY       |
| olanzapine<br>ZYPREXA (10 MG)<br>(VIAL)                          | 1    | QL: 1 IN 1 DAY       |
| olanzapine<br>ZYPREXA (15 MG)<br>(TABLET)                        | 1    | QL: 1 IN 1 DAY       |
| olanzapine<br>ZYPREXA (2.5 MG)<br>(TABLET)                       | 1    | QL: 1 IN 1 DAY       |
| olanzapine<br>ZYPREXA (20 MG)<br>(TABLET)                        | 1    | QL: 1 IN 1 DAY       |
| olanzapine<br>ZYPREXA (5 MG)<br>(TABLET)                         | 1    | QL: 1 IN 1 DAY       |
| olanzapine<br>ZYPREXA (7.5 MG)<br>(TABLET)                       | 1    | QL: 1 IN 1 DAY       |
| olanzapine<br>ZYPREXA ZYDIS                                      | 1    | QL: 1 IN 1 DAY       |
| OLANZAPINE PAMOATE<br>ZYPREXA<br>RELPREVV                        | 3    |                      |
| paliperidone<br>INVEGA (1.5 MG)<br>(TAB ER 24)                   | 1    | ST, QL: 1 IN 1 DAY   |



**National Formulary**

| <b>Drug Name</b>  |  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|--|-------------|----------------------------|
| paliperidone  | INVEGA (3 MG)<br>(TAB ER 24)                 | 1           | ST, QL: 1 IN 1 DAY         |
| paliperidone  | INVEGA (6 MG)<br>(TAB ER 24)                 | 1           | ST, QL: 2 IN 1 DAY         |
| paliperidone  | INVEGA (9 MG)<br>(TAB ER 24)                 | 1           | ST, QL: 1 IN 1 DAY         |
| PALIPERIDONE PALMITATE                                    | INVEGA SUSTENNA                              | 3           |                            |
| PALIPERIDONE PALMITATE                                    | INVEGA TRINZA                                | 3           |                            |
| quetiapine fumarate                                       | SEROQUEL                                     | 1           | QL: 3 IN 1 DAY             |
| quetiapine fumarate                                       | SEROQUEL XR (150<br>MG) (TAB ER 24H)         | 1           | QL: 1 IN 1 DAY             |
| quetiapine fumarate                                       | SEROQUEL XR (200<br>MG) (TAB ER 24H)         | 1           | QL: 1 IN 1 DAY             |
| quetiapine fumarate                                       | SEROQUEL XR (300<br>MG) (TAB ER 24H)         | 1           | QL: 1 IN 1 DAY             |
| quetiapine fumarate                                       | SEROQUEL XR (400<br>MG) (TAB ER 24H)         | 1           | QL: 1 IN 1 DAY             |
| quetiapine fumarate                                       | SEROQUEL XR (50<br>MG) (TAB ER 24H)          | 1           | QL: 1 IN 1 DAY             |
| QUETIAPINE FUMARATE                                       | SEROQUEL XR (50-<br>200-300)<br>(TAB24HDSPK) | 3           |                            |
| risperidone (0.25 mg) (tab rapdis)                        |  | 1           | QL: 2 IN 1 DAY             |
| risperidone (0.25 mg) (tablet)                            |  | 1           | QL: 2 IN 1 DAY             |
| risperidone (0.5 mg) (tab rapdis)                         |  | 1           | QL: 2 IN 1 DAY             |
| risperidone (0.5 mg) (tablet)                             |  | 1           | QL: 2 IN 1 DAY             |
| risperidone (1 mg) (tab rapdis)                           |  | 1           | QL: 2 IN 1 DAY             |
| risperidone (1 mg) (tablet)                               |  | 1           | QL: 2 IN 1 DAY             |
| risperidone (1 mg/ml) (solution)                          |  | 1           | QL: 8mL IN 1 DAY           |
| risperidone (2 mg) (tab rapdis)                           |  | 1           | QL: 2 IN 1 DAY             |
| risperidone (2 mg) (tablet)                               |  | 1           | QL: 2 IN 1 DAY             |
| risperidone (3 mg) (tab rapdis)                           |  | 1           | QL: 2 IN 1 DAY             |
| risperidone (3 mg) (tablet)                               |  | 1           | QL: 2 IN 1 DAY             |
| risperidone (4 mg) (tab rapdis)                           |  | 1           | QL: 2 IN 1 DAY             |
| risperidone (4 mg) (tablet)                               |  | 1           | QL: 2 IN 1 DAY             |
| RISPERIDONE MICROSPHERES                                  | RISPERDAL                                    | 2           |                            |
| ziprasidone hcl   | CONSTA<br>GEODON                             | 1           | QL: 2 IN 1 DAY             |
| <b>ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES</b> |  |             |                            |
| thiothixene   | NAVANE                                       | 1           |                            |
| <b>ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES</b> |  |             |                            |
| droperidol  |  | 1           |                            |
| haloperidol   | HALDOL                                       | 1           |                            |
| haloperidol decanoate                                     | HALDOL                                       | 1           |                            |
| haloperidol decanoate                                     | HALDOL<br>DECANOATE 100                      | 1           |                            |
| haloperidol decanoate                                     | HALDOL<br>DECANOATE 50                       | 1           |                            |
| haloperidol lactate                                       |  | 1           |                            |
| <b>ANTI-PSYCHOTICS,PHENOTHIAZINES</b>                     |  |             |                            |
| chlorpromazine hcl  | THORAZINE (10<br>MG) (TABLET)                | 1           |                            |
| chlorpromazine hcl  | THORAZINE (100<br>MG) (TABLET)               | 1           |                            |
| chlorpromazine hcl  | THORAZINE (200<br>MG) (TABLET)               | 1           |                            |
| chlorpromazine hcl  | THORAZINE (25<br>MG) (TABLET)                | 1           |                            |

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| <b>Drug Name</b>                                       |                                | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|--------------------------------|-------------|----------------------------|
| chlorpromazine hcl                                     | THORAZINE (25 MG/ML) (AMPULE)  | 1           |                            |
| chlorpromazine hcl                                     | THORAZINE (50 MG) (TABLET)     | 1           |                            |
| fluphenazine decanoate                                 | PROLIXIN DECANOATE             | 1           |                            |
| fluphenazine hcl                                       | PROLIXIN (1 MG) (TABLET)       | 1           |                            |
| fluphenazine hcl                                       | PROLIXIN (10 MG) (TABLET)      | 1           |                            |
| fluphenazine hcl                                       | PROLIXIN (2.5 MG) (TABLET)     | 1           |                            |
| fluphenazine hcl                                       | PROLIXIN (2.5 MG/5ML) (ELIXIR) | 1           |                            |
| fluphenazine hcl                                       | PROLIXIN (2.5 MG/ML) (VIAL)    | 1           |                            |
| fluphenazine hcl                                       | PROLIXIN (5 MG) (TABLET)       | 1           |                            |
| fluphenazine hcl                                       | PROLIXIN (5 MG/ML) (ORAL CONC) | 1           |                            |
| perphenazine   | TRILAFON                       | 1           |                            |
| thioridazine hcl                                       | MELLARIL                       | 1           |                            |
| trifluoperazine hcl                                    | STELAZINE                      | 1           |                            |
| <b>BARBITURATES</b>                                    |                                |             |                            |
| amobarbital sodium                                     |                                | 1           |                            |
| pentobarbital sodium                                   | NEMBUTAL SODIUM                | 1           |                            |
| phenobarbital  |                                | 1           |                            |
| PHENOBARBITAL SODIUM                                   | LUMINAL SODIUM                 | 3           |                            |
| phenobarbital sodium                                   |                                | 1           |                            |
| phenobarbital/0.9 % sod chlor                          |                                | 1           |                            |
| SECOBARBITAL SODIUM                                    | SECONAL SODIUM                 | 2           |                            |
| <b>BENZODIAZEPINE ANTAGONISTS</b>                      |                                |             |                            |
| flumazenil   | ROMAZICON                      | 1           |                            |
| <b>CENTRAL NERVOUS SYSTEM STIMULANTS</b>               |                                |             |                            |
| doxapram hcl   | DOPRAM                         | 1           |                            |
| <b>HSDD AGENTS-MIXED SEROTONIN AGONIST/ANTAGONISTS</b> |                                |             |                            |
| FLIBANSERIN  | ADDYI                          | 3           | PA                         |
| <b>HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS</b>  |                                |             |                            |
| TASIMELTEON  | HETLIOZ                        | 3           | PA                         |
| <b>NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS</b>    |                                |             |                            |
| armodafinil  | NUVIGIL (150 MG) (TABLET)      | 1           | QL: 1 IN 1 DAY             |
| armodafinil  | NUVIGIL (200 MG) (TABLET)      | 1           | QL: 1 IN 1 DAY             |
| armodafinil  | NUVIGIL (250 MG) (TABLET)      | 1           | QL: 1 IN 1 DAY             |
| armodafinil  | NUVIGIL (50 MG) (TABLET)       | 1           | QL: 3 IN 1 DAY             |
| modafinil  | PROVIGIL                       | 1           | QL: 2 IN 1 DAY             |
| <b>NARCOTIC ANTAGONISTS</b>                            |                                |             |                            |
| naloxone hcl   | NARCAN (0.4 MG/ML) (SYRINGE)   | 1           |                            |
| naloxone hcl   | NARCAN (0.4 MG/ML) (VIAL)      | 1           |                            |
| naloxone hcl   | NARCAN (1 MG/ML) (SYRINGE)     | 1           |                            |

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| Drug Name  |   | Tier | Requirements/Limits                     |
|--|---|------|---|
| NALOXONE HCL   | NARCAN (4 MG)<br>(SPRAY)                      | 2    | QL: 4 IN 30 DAYS                        |
| naltrexone hcl   | REVIA   | 1    |   |
| <b>SEDATIVE-HYPNOTICS - BENZODIAZEPINES</b>                            |   |      |   |
| estazolam  |   | 1    |   |
| flurazepam hcl   |   | 1    |   |
| lorazepam  |   | 1    |   |
| lorazepam in 5 % dextrose  |   | 1    |   |
| lorazepam/0.9% sodium chloride   |   | 1    |   |
| midazolam hcl  |   | 1    |   |
| quazepam   | DORAL   | 1    |   |
| temazepam  | RESTORIL                                      | 1    |   |
| triazolam  |   | 1    |   |
| <b>SEDATIVE-HYPNOTICS, NON-BARBITURATE</b>                             |   |      |   |
| dexmedetomidine hcl  |   | 1    |   |
| dexmedetomidine in 0.9 % nacl  |   | 1    |   |
| DEXMEDETOMIDINE IN 0.9 % NACL  | PRECEDEX                                      | 3    |   |
| DOXEPIN HCL  | SILENOR                                       | 3    | ST, QL: 1 IN 1 DAY                      |
| eszopiclone  | LUNESTA                                       | 1    | QL: 1 IN 1 DAY                          |
| SUVOREXANT   | BELSOMRA                                      | 3    | ST, QL: 1 IN 1 DAY                      |
| zaleplon   | SONATA  | 1    | QL: 1 IN 1 DAY                          |
| zolpidem tartrate  | AMBIEN  | 1    | QL: 1 IN 1 DAY                          |
| zolpidem tartrate  | AMBIEN CR                                     | 1    | QL: 1 IN 1 DAY                          |
| ZOLPIDEM TARTRATE  | EDLUAR  | 3    | ST                                      |
| zolpidem tartrate  | INTERMEZZO                                    | 1    | ST                                      |
| ZOLPIDEM TARTRATE  | ZOLPIMIST                                     | 3    | ST                                      |
| <b>SSRI &amp; ANTIPSYCH, ATYP, DOPAMINE &amp; SEROTONIN ANTAG COMB</b> |   |      |   |
| olanzapine/fluoxetine hcl  | SYMBYAX                                       | 1    | QL: 1 IN 1 DAY                          |
| <b>TX FOR ADHD - SELECTIVE ALPHA-2A RECEPTOR AGONIST</b>               |   |      |   |
| clonidine hcl  | KAPVAY  | 1    | QL: 4 IN 1 DAY                          |
| guanfacine hcl   | INTUNIV                                       | 1    | QL: 1 IN 1 DAY                          |
| <b>TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY</b>              |   |      |   |
| dexmethylphenidate hcl   | FOCALIN                                       | 1    | QL: 2 IN 1 DAY                          |
| dexmethylphenidate hcl   | FOCALIN XR                                    | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY        |
| METHYLPHENIDATE  | COTEMPLA XR-<br>ODT (17.3 MG) (TAB<br>RAP BP) | 3    | ST, AGE: <= 18 YEARS, QL: 1 IN 1<br>DAY |
| METHYLPHENIDATE  | COTEMPLA XR-<br>ODT (25.9 MG) (TAB<br>RAP BP) | 3    | ST, AGE: <= 18 YEARS, QL: 2 IN 1<br>DAY |
| METHYLPHENIDATE  | COTEMPLA XR-<br>ODT (8.6 MG) (TAB<br>RAP BP)  | 3    | ST, AGE: <= 18 YEARS, QL: 1 IN 1<br>DAY |
| METHYLPHENIDATE  | DAYTRANA                                      | 2    | ST, AGE: <= 18 YEARS, QL: 1 IN 1<br>DAY |
| METHYLPHENIDATE HCL  | APTENSIO XR                                   | 3    | ST, QL: 1 IN 1 DAY                      |
| methylphenidate hcl (10 mg) (cpbp 30-70)                               |   | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY        |
| methylphenidate hcl (10 mg) (cpbp 50-50)                               |   | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY        |
| methylphenidate hcl (10 mg) (tab chew)                                 |   | 1    | QL: 3 IN 1 DAY                          |
| methylphenidate hcl (10 mg) (tablet er)                                |   | 1    |   |
| methylphenidate hcl (10 mg) (tablet)                                   |   | 1    | QL: 3 IN 1 DAY                          |
| methylphenidate hcl (10 mg/5 ml) (solution)                            |   | 1    |   |
| methylphenidate hcl (18 mg) (tab er 24)                                |   | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY        |
| methylphenidate hcl (2.5 mg) (tab chew)                                |   | 1    | QL: 3 IN 1 DAY                          |
| methylphenidate hcl (20 mg) (cpbp 30-70)                               |   | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY        |
| methylphenidate hcl (20 mg) (cpbp 50-50)                               |   | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY        |
| methylphenidate hcl (20 mg) (tablet er)                                |   | 1    | AGE: <= 18 YEARS, QL: 3 IN 1 DAY        |
| methylphenidate hcl (20 mg) (tablet)                                   |   | 1    | QL: 3 IN 1 DAY                          |

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| Drug Name   |                                      | Tier | Requirements/Limits                 |
|---|--------------------------------------|------|-------------------------------------|
| methylphenidate hcl (27 mg) (tab er 24)                   |                                      | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY    |
| methylphenidate hcl (30 mg) (cpbp 30-70)                  |                                      | 1    | AGE: <= 18 YEARS, QL: 2 IN 1 DAY    |
| methylphenidate hcl (30 mg) (cpbp 50-50)                  |                                      | 1    | AGE: <= 18 YEARS, QL: 2 IN 1 DAY    |
| methylphenidate hcl (36 mg) (tab er 24)                   |                                      | 1    | AGE: <= 18 YEARS, QL: 2 IN 1 DAY    |
| methylphenidate hcl (40 mg) (cpbp 30-70)                  |                                      | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY    |
| methylphenidate hcl (40 mg) (cpbp 50-50)                  |                                      | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY    |
| methylphenidate hcl (5 mg) (tab chew)                     |                                      | 1    | QL: 3 IN 1 DAY                      |
| methylphenidate hcl (5 mg) (tablet)                       |                                      | 1    | QL: 3 IN 1 DAY                      |
| methylphenidate hcl (5 mg/5 ml) (solution)                |                                      | 1    |                                     |
| methylphenidate hcl (50 mg) (cpbp 30-70)                  |                                      | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY    |
| methylphenidate hcl (54 mg) (tab er 24)                   |                                      | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY    |
| methylphenidate hcl (60 mg) (cpbp 30-70)                  |                                      | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY    |
| methylphenidate hcl (60 mg) (cpbp 50-50)                  |                                      | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY    |
| methylphenidate hcl (72 mg) (tab er 24)                   |                                      | 1    | AGE: <= 18 YEARS, QL: 1 IN 1 DAY    |
| METHYLPHENIDATE HCL                                       | QUILLICHEW ER (20 MG) (TAB CBP24H)   | 2    | ST, QL: 1 IN 1 DAY                  |
| METHYLPHENIDATE HCL                                       | QUILLICHEW ER (30 MG) (TAB CBP24H)   | 2    | ST, QL: 2 IN 1 DAY                  |
| METHYLPHENIDATE HCL                                       | QUILLICHEW ER (40 MG) (TAB CBP24H)   | 2    | ST, QL: 1 IN 1 DAY                  |
| METHYLPHENIDATE HCL                                       | QUILLIVANT XR (5 MG/ML) (SU ER RC24) | 2    | ST, QL: 10mL IN 1 DAY, 150mL BOTTLE |
| METHYLPHENIDATE HCL                                       | QUILLIVANT XR (5 MG/ML) (SU ER RC24) | 2    | ST, QL: 12mL IN 1 DAY, 180mL BOTTLE |
| METHYLPHENIDATE HCL                                       | QUILLIVANT XR (5 MG/ML) (SU ER RC24) | 2    | ST, QL: 2mL IN 1 DAY, 60mL BOTTLE   |
| METHYLPHENIDATE HCL                                       | QUILLIVANT XR (5 MG/ML) (SU ER RC24) | 2    | ST, QL: 8mL IN 1 DAY, 120mL BOTTLE  |
| <b>TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE</b> |                                      |      |                                     |
| atomoxetine hcl   | STRATTEKA (10 MG) (CAPSULE)          | 1    | QL: 2 IN 1 DAY                      |
| atomoxetine hcl   | STRATTEKA (100 MG) (CAPSULE)         | 1    | QL: 1 IN 1 DAY                      |
| atomoxetine hcl   | STRATTEKA (18 MG) (CAPSULE)          | 1    | QL: 2 IN 1 DAY                      |
| atomoxetine hcl   | STRATTEKA (25 MG) (CAPSULE)          | 1    | QL: 2 IN 1 DAY                      |
| atomoxetine hcl   | STRATTEKA (40 MG) (CAPSULE)          | 1    | QL: 2 IN 1 DAY                      |
| atomoxetine hcl   | STRATTEKA (60 MG) (CAPSULE)          | 1    | QL: 1 IN 1 DAY                      |
| atomoxetine hcl   | STRATTEKA (80 MG) (CAPSULE)          | 1    | QL: 1 IN 1 DAY                      |
| <b>CARDIOVASCULAR DISEASE - ARRHYTHMIA</b>                |                                      |      |                                     |
| <b>ANTIARRHYTHMICS</b>                                    |                                      |      |                                     |
| adenosine   | ADENOCARD                            | 1    |                                     |
| adenosine in 0.9 % sod chlor                              |                                      | 1    |                                     |
| amiodarone hcl  | CORDARONE (100 MG) (TABLET)          | 1    |                                     |
| amiodarone hcl  | CORDARONE (150 MG/3ML) (SYRINGE)     | 1    |                                     |

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| Drug Name   |                                | Tier | Requirements/Limits |
|---|--------------------------------|------|---------------------|
| amiodarone hcl                                    | CORDARONE (200 MG) (TABLET)    | 1    |                     |
| amiodarone hcl                                    | CORDARONE (400 MG) (TABLET)    | 1    |                     |
| amiodarone hcl                                    | CORDARONE (50 MG/ML) (VIAL)    | 1    |                     |
| amiodarone hcl/d5w                                |                                | 1    |                     |
| AMIODARONE IN DEXTROSE,ISO-OSM                    | NEXTERONE                      | 2    |                     |
| disopyramide phosphate                            | NORPACE                        | 1    |                     |
| DISOPYRAMIDE PHOSPHATE                            | NORPACE CR                     | 3    |                     |
| dofetilide  | TIKOSYN                        | 1    |                     |
| DRONEDARONE HCL                                   | MULTAQ                         | 3    | ST                  |
| flecainide acetate                                | TAMBOCOR                       | 1    |                     |
| ibutilide fumarate                                | CORVERT                        | 1    |                     |
| lidocaine hcl/dextrose 5 %/pf                     |                                | 1    |                     |
| mexiletine hcl                                    | MEXITIL                        | 1    |                     |
| procainamide hcl                                  |                                | 1    |                     |
| propafenone hcl                                   | RYTHMOL                        | 1    |                     |
| propafenone hcl                                   | RYTHMOL SR                     | 1    |                     |
| quinidine gluconate (324 mg) (tablet er)          |                                | 1    |                     |
| quinidine gluconate (80 mg/ml) (vial)             |                                | 1    |                     |
| quinidine sulfate                                 |                                | 1    |                     |
| <b>CARDIOVASCULAR DISEASE - CARDIAC STIMULANT</b> |                                |      |                     |
| <b>ADRENERGIC AGENTS,CATECHOLAMINES</b>           |                                |      |                     |
| dopamine hcl                                      |                                | 1    |                     |
| dopamine hcl in dextrose 5 %                      |                                | 1    |                     |
| epinephrine (0.1 mg/ml) (syringe)                 |                                | 1    |                     |
| epinephrine (1 mg/ml(1)) (ampul)                  |                                | 1    |                     |
| epinephrine (1 mg/ml) (vial)                      |                                | 1    |                     |
| epinephrine hcl in 0.9 % nacl                     |                                | 1    |                     |
| epinephrine hcl in dextrose 5%                    |                                | 1    |                     |
| epinephrine hcl/pf                                |                                | 1    |                     |
| isoproterenol hcl                                 |                                | 1    |                     |
| ISOPROTERENOL HCL                                 | ISUPREL                        | 3    |                     |
| norepinephrine bit/0.9 % nacl                     |                                | 1    |                     |
| norepinephrine bitartrate                         | LEVOPHED<br>BITARTRATE         | 1    |                     |
| norepinephrine bitartrate/d5w                     |                                | 1    |                     |
| norepinephrine-0.9 % nacl (pf)                    |                                | 1    |                     |
| <b>DIGITALIS GLYCOSIDES</b>                       |                                |      |                     |
| DIGOXIN   |                                | 2    |                     |
| digoxin   | LANOXIN (125 MCG) (TABLET)     | 1    |                     |
| DIGOXIN   | LANOXIN (187.5 MCG) (TABLET)   | 3    |                     |
| digoxin   | LANOXIN (250 MCG) (TABLET)     | 1    |                     |
| digoxin   | LANOXIN (250 MCG/ML) (AMPUL)   | 1    |                     |
| digoxin   | LANOXIN (250 MCG/ML) (SYRINGE) | 1    |                     |
| DIGOXIN   | LANOXIN (62.5 MCG) (TABLET)    | 3    |                     |
| DIGOXIN   | LANOXIN PEDIATRIC              | 2    |                     |
| <b>INOTROPIC DRUGS</b>                            |                                |      |                     |
| dobutamine hcl                                    | DOBUTREX                       | 1    |                     |

**National Formulary**

| Drug Name   |                                 | Tier | Requirements/Limits |
|---|---------------------------------|------|---------------------|
| <b>CARDIOVASCULAR DISEASE - HYPERTENSION</b>                  |                                 |      |                     |
| <b>ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION</b>      |                                 |      |                     |
| amlodipine besylate/benazepril                                | LOTREL                          | 1    |                     |
| PERINDOPRIL ARG/AMLODIPINE BES                                | PRESTALIA                       | 3    | ST                  |
| trandolapril/verapamil hcl                                    |                                 | 1    |                     |
| <b>ACE INHIBITOR/THIAZIDE &amp; THIAZIDE-LIKE DIURETIC</b>    |                                 |      |                     |
| benazepril/hydrochlorothiazide                                | LOTENSIN HCT                    | 1    |                     |
| captopril/hydrochlorothiazide                                 | CAPOZIDE                        | 1    |                     |
| enalapril/hydrochlorothiazide                                 | VASERETIC                       | 1    |                     |
| fosinopril/hydrochlorothiazide                                | MONOPRIL-HCT                    | 1    |                     |
| lisinopril/hydrochlorothiazide                                | ZESTORETIC                      | 1    |                     |
| moexipril/hydrochlorothiazide                                 | UNIRETIC                        | 1    |                     |
| quinapril/hydrochlorothiazide                                 | ACCURETIC                       | 1    |                     |
| <b>ALPHA/BETA-ADRENERGIC BLOCKING AGENTS</b>                  |                                 |      |                     |
| carvedilol  | COREG                           | 1    |                     |
| carvedilol phosphate  | COREG CR                        | 1    |                     |
| labetalol hcl   | TRANDATE (100 MG) (TABLET)      | 1    |                     |
| labetalol hcl   | TRANDATE (20 MG/4 ML) (SYRINGE) | 1    |                     |
| labetalol hcl   | TRANDATE (200 MG) (TABLET)      | 1    |                     |
| labetalol hcl   | TRANDATE (25 MG/5 ML) (SYRINGE) | 1    |                     |
| labetalol hcl   | TRANDATE (300 MG) (TABLET)      | 1    |                     |
| labetalol hcl   | TRANDATE (5 MG/ML) (VIAL)       | 1    |                     |
| labetalol hcl   | TRANDATE (50 MG/10ML) (SYRINGE) | 1    |                     |
| labetalol in dextrose 5 %                                     |                                 | 1    |                     |
| <b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>                       |                                 |      |                     |
| doxazosin mesylate  | CARDURA                         | 1    |                     |
| DOXAZOSIN MESYLATE  | CARDURA XL                      | 3    | ST                  |
| phenoxybenzamine hcl  | DIBENZYLINE (10 MG) (CAPSULE)   | 1    | SP                  |
| phentolamine mesylate   |                                 | 1    |                     |
| prazosin hcl  | MINIPRESS                       | 1    |                     |
| terazosin hcl   | HYTRIN                          | 1    |                     |
| <b>ANGIOTEN.RECEPTR ANTAG./CAL.CHANL BLKR/THIAZIDE CB</b>     |                                 |      |                     |
| amlodipine/valsartan/hcthiazid                                | EXFORGE HCT                     | 1    | ST                  |
| olmesartan/amlodipin/hcthiazid                                | TRIBENZOR                       | 1    | ST                  |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER-BETA BLOCKER COMB.</b>     |                                 |      |                     |
| NEBIVOLOL HCL/VALSARTAN                                       | BYVALSON                        | 2    |                     |
| <b>ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB</b>     |                                 |      |                     |
| AZILSARTAN MED/CHLORTHALIDONE                                 | EDARBYCLOR                      | 2    | ST                  |
| candesartan/hydrochlorothiazid                                | ATACAND HCT                     | 1    |                     |
| irbesartan/hydrochlorothiazide                                | AVALIDE                         | 1    |                     |
| losartan/hydrochlorothiazide                                  | HYZAAR                          | 1    |                     |
| olmesartan/hydrochlorothiazide                                | BENICAR HCT                     | 1    | ST                  |
| telmisartan/hydrochlorothiazid                                | MICARDIS HCT                    | 1    |                     |
| valsartan/hydrochlorothiazide                                 | DIOVAN HCT                      | 1    |                     |
| <b>ANGIOTENSIN RECEPTOR ANTGNST &amp; CALC.CHANNEL BLOCKR</b> |                                 |      |                     |
| amlodipine bes/olmesartan med                                 | AZOR                            | 1    | ST                  |

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| Drug Name   |                                       | Tier | Requirements/Limits |
|---|---------------------------------------|------|---------------------|
| amlodipine besylate/valsartan                             | EXFORGE                               | 1    | ST                  |
| telmisartan/amlodipine                                    | TWYNSTA                               | 1    |                     |
| <b>ANTIHYPERTENSIVES, ACE INHIBITORS</b>                  |                                       |      |                     |
| benazepril hcl  | LOTENSIN                              | 1    |                     |
| captopril   | CAPOTEN                               | 1    |                     |
| enalapril maleate   | VASOTEC                               | 1    |                     |
| enalaprilat dihydrate                                     |                                       | 1    |                     |
| fosinopril sodium   | MONOPRIL                              | 1    |                     |
| lisinopril  | PRINIVIL                              | 1    |                     |
| lisinopril  | ZESTRIL                               | 1    |                     |
| moexipril hcl   | UNIVASC                               | 1    |                     |
| perindopril erbumine                                      | ACEON                                 | 1    |                     |
| quinapril hcl   | ACCUPRIL                              | 1    |                     |
| ramipril  | ALTACE                                | 1    |                     |
| trandolapril  | MAVIK                                 | 1    |                     |
| <b>ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST</b> |                                       |      |                     |
| AZILSARTAN MEDOXOMIL                                      | EDARBI                                | 2    | ST                  |
| candesartan cilexetil                                     | ATACAND                               | 1    |                     |
| eprosartan mesylate                                       | TEVETEN                               | 1    | ST                  |
| irbesartan  | AVAPRO                                | 1    |                     |
| losartan potassium  | COZAAR                                | 1    |                     |
| olmesartan medoxomil                                      | BENICAR                               | 1    | ST                  |
| telmisartan   | MICARDIS                              | 1    |                     |
| valsartan   | DIOVAN                                | 1    |                     |
| <b>ANTIHYPERTENSIVES, GANGLIONIC BLOCKERS</b>             |                                       |      |                     |
| MECAMYLAMINE HCL  | VECAMYL                               | 3    | PA                  |
| <b>ANTIHYPERTENSIVES, MISCELLANEOUS</b>                   |                                       |      |                     |
| METYROSINE  | DEMSER                                | 2    |                     |
| NITROPRUSSIDE IN 0.9% NACL                                | NIPRIDE RTU                           | 3    |                     |
| nitroprusside sodium                                      | NITROPRESS                            | 1    |                     |
| <b>ANTIHYPERTENSIVES, SYMPATHOLYTIC</b>                   |                                       |      |                     |
| clonidine   | CATAPRES-TTS 1                        | 1    |                     |
| clonidine   | CATAPRES-TTS 2                        | 1    |                     |
| clonidine   | CATAPRES-TTS 3                        | 1    |                     |
| clonidine hcl   | CATAPRES                              | 1    |                     |
| clonidine hcl/chlorthalidone                              | COMBIPRES<br>(0.1MG-15MG)<br>(TABLET) | 1    |                     |
| clonidine hcl/chlorthalidone                              | COMBIPRES (0.2-<br>15MG) (TABLET)     | 1    |                     |
| guanfacine hcl  | TENEX                                 | 1    |                     |
| methyldopa  | ALDOMET                               | 1    |                     |
| methyldopa/hydrochlorothiazide                            | ALDORIL 15                            | 1    |                     |
| methyldopa/hydrochlorothiazide                            | ALDORIL 25                            | 1    |                     |
| methyldopate hcl  | ALDOMET                               | 1    |                     |
| <b>ANTIHYPERTENSIVES, VASODILATORS</b>                    |                                       |      |                     |
| FENOLDOPAM MESYLATE                                       | CORLOPAM                              | 3    |                     |
| hydralazine hcl   | APRESOLINE (10<br>MG) (TABLET)        | 1    |                     |
| hydralazine hcl   | APRESOLINE (100<br>MG) (TABLET)       | 1    |                     |
| hydralazine hcl   | APRESOLINE (20<br>MG/ML) (VIAL)       | 1    |                     |
| hydralazine hcl   | APRESOLINE (25<br>MG) (TABLET)        | 1    |                     |
| hydralazine hcl   | APRESOLINE (50<br>MG) (TABLET)        | 1    |                     |
| minoxidil   | LONITEN                               | 1    |                     |

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| Drug Name   | Tier                                      | Requirements/Limits |                           |
|---|---|---------------------|---------------------------|
| <b>BETA-ADRENERGIC BLOCKING AGENTS</b>                        |   |                     |                           |
| acebutolol hcl  | SECTRAL                                   | 1                   |                           |
| atenolol  | TENORMIN                                  | 1                   |                           |
| betaxolol hcl   | KERLONE                                   | 1                   |                           |
| bisoprolol fumarate   | ZEBETA                                    | 1                   |                           |
| esmolol hcl   |   | 1                   |                           |
| esmolol hcl in sterile water                                  |   | 1                   |                           |
| ESMOLOL IN SODIUM CHLORIDE,ISO                                | BREVIBLOC                                 | 3                   |                           |
| metoprolol succinate  | TOPROL XL                                 | 1                   |                           |
| metoprolol tartrate (100 mg) (tablet)                         |   | 1                   |                           |
| metoprolol tartrate (25 mg) (tablet)                          |   | 1                   |                           |
| metoprolol tartrate (37.5 mg) (tablet)                        |   | 1                   |                           |
| metoprolol tartrate (5 mg/5 ml) (ampul)                       |   | 1                   |                           |
| metoprolol tartrate (5 mg/5 ml) (syringe)                     |   | 1                   |                           |
| metoprolol tartrate (5 mg/5 ml) (vial)                        |   | 1                   |                           |
| metoprolol tartrate (50 mg) (tablet)                          |   | 1                   |                           |
| metoprolol tartrate (75 mg) (tablet)                          |   | 1                   |                           |
| nadolol   | CORGARD                                   | 1                   |                           |
| NEBIVOLOL HCL   | BYSTOLIC                                  | 2                   |                           |
| pindolol  | VISKEN                                    | 1                   |                           |
| propranolol hcl   | INDERAL (1<br>MG/ML) (VIAL)               | 1                   |                           |
| propranolol hcl   | INDERAL (10 MG)<br>(TABLET)               | 1                   |                           |
| propranolol hcl   | INDERAL (20 MG)<br>(TABLET)               | 1                   |                           |
| propranolol hcl   | INDERAL (20 MG/5<br>ML) (SOLUTION)        | 1                   |                           |
| propranolol hcl   | INDERAL (40 MG)<br>(TABLET)               | 1                   |                           |
| propranolol hcl   | INDERAL<br>(40MG/5ML)<br>(SOLUTION)       | 1                   |                           |
| propranolol hcl   | INDERAL (60 MG)<br>(TABLET)               | 1                   |                           |
| propranolol hcl   | INDERAL (80 MG)<br>(TABLET)               | 1                   |                           |
| propranolol hcl   | INDERAL LA                                | 1                   |                           |
| sotalol hcl (120 mg) (tablet)                                 |   | 1                   |                           |
| SOTALOL HCL (150MG/10ML) (VIAL)                               |   | 2                   |                           |
| sotalol hcl (160 mg) (tablet)                                 |   | 1                   |                           |
| sotalol hcl (240 mg) (tablet)                                 |   | 1                   |                           |
| sotalol hcl (80 mg) (tablet)                                  |   | 1                   |                           |
| SOTALOL HCL   | SOTYLIZE (5<br>MG/ML)<br>(SOLUTION)       | 2                   | ST, QL: 3840mL IN 30 DAYS |
| timolol maleate   | BLOCADREN                                 | 1                   |                           |
| <b>BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE &amp; RELATED</b> |   |                     |                           |
| atenolol/chlorthalidone                                       | TENORETIC 100                             | 1                   |                           |
| atenolol/chlorthalidone                                       | TENORETIC 50                              | 1                   |                           |
| bisoprolol/hydrochlorothiazide                                | ZIAC                                      | 1                   |                           |
| metoprolol su/hydrochlorothiaz                                | DUTOPROL (100-<br>12.5MG) (TAB ER<br>24H) | 1                   | ST, QL: 2 IN 1 DAY        |
| METOPROLOL SU/HYDROCHLOROTHIAZ                                | DUTOPROL (100-<br>12.5MG) (TAB ER<br>24H) | 3                   | ST, QL: 2 IN 1 DAY        |
| metoprolol su/hydrochlorothiaz                                | DUTOPROL (25-12.5<br>MG) (TAB ER 24H)     | 1                   | ST, QL: 1 IN 1 DAY        |



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| <b>Drug Name</b>                             |                                    | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|------------------------------------|-------------|----------------------------|
| METOPROLOL SU/HYDROCHLOROTHIAZ               | DUTOPROL (25-12.5 MG) (TAB ER 24H) | 3           | ST, QL: 1 IN 1 DAY         |
| <b>metoprolol su/hydrochlorothiaz</b>        | DUTOPROL (50-12.5 MG) (TAB ER 24H) | 1           | ST, QL: 1 IN 1 DAY         |
| METOPROLOL SU/HYDROCHLOROTHIAZ               | DUTOPROL (50-12.5 MG) (TAB ER 24H) | 3           | ST, QL: 1 IN 1 DAY         |
| <b>metoprolol/hydrochlorothiazide</b>        | LOPRESSOR HCT                      | 1           |                            |
| <b>nadolol/bendroflumethiazide</b>           | CORZIDE                            | 1           |                            |
| <b>propranolol/hydrochlorothiazid</b>        | INDERIDE-40/25                     | 1           |                            |
| <b>propranolol/hydrochlorothiazid</b>        | INDERIDE-80/25                     | 1           |                            |
| <b>CALCIUM CHANNEL BLOCKING AGENTS</b>       |                                    |             |                            |
| <b>amlodipine besylate</b>                   | NORVASC                            | 1           |                            |
| CLEVIDIPINE BUTYRATE                         | CLEVIPREX                          | 3           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM (100 MG) (VIAL PORT)      | 1           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM (120 MG) (TABLET)         | 1           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM (30 MG) (TABLET)          | 1           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM (5 MG/ML) (VIAL)          | 1           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM (60 MG) (TABLET)          | 1           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM (90 MG) (TABLET)          | 1           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM CD                        | 1           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM LA (180 MG) (TAB ER 24H)  | 1           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM LA (240 MG) (TAB ER 24H)  | 1           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM LA (300 MG) (TAB ER 24H)  | 1           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM LA (360 MG) (TAB ER 24H)  | 1           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM LA (420 MG) (TAB ER 24H)  | 1           |                            |
| <b>diltiazem hcl</b>                         | CARDIZEM SR                        | 1           |                            |
| <b>diltiazem hcl</b>                         | DILACOR XR                         | 1           |                            |
| <b>diltiazem hcl</b>                         | TIAZAC                             | 1           |                            |
| <b>diltiazem hcl in 0.9% nacl</b>            |                                    | 1           |                            |
| <b>diltiazem hcl/d5w</b>                     |                                    | 1           |                            |
| <b>felodipine</b>                            | PLENDIL                            | 1           |                            |
| <b>isradipine</b>                            | DYNACIRC                           | 1           |                            |
| <b>nicardipine hcl (2.5 mg/ml) (syringe)</b> |                                    | 1           |                            |
| <b>nicardipine hcl (20 mg) (capsule)</b>     |                                    | 1           |                            |
| <b>nicardipine hcl (25 mg/10ml) (ampul)</b>  |                                    | 1           |                            |
| <b>nicardipine hcl (25 mg/10ml) (vial)</b>   |                                    | 1           |                            |
| <b>nicardipine hcl (30 mg) (capsule)</b>     |                                    | 1           |                            |
| <b>nicardipine hcl in 0.9% nacl</b>          |                                    | 1           |                            |
| <b>nicardipine in 5 % dextrose</b>           |                                    | 1           |                            |
| NICARDIPINE IN DEXTROSE, ISO-OS              | CARDENE I.V.                       | 3           |                            |
| NICARDIPINE IN NA CL, ISO-OSM                | CARDENE I.V.                       | 3           |                            |
| <b>nifedipine</b>                            | ADALAT CC                          | 1           |                            |
| <b>nifedipine</b>                            | PROCARDIA                          | 1           |                            |
| <b>nifedipine</b>                            | PROCARDIA XL                       | 1           |                            |
| <b>nimodipine</b>                            | NIMOTOP                            | 1           |                            |
| NIMODIPINE                                   | NYMALIZE                           | 3           | PA, SP                     |
| <b>nisoldipine</b>                           | SULAR                              | 1           |                            |

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| <b>Drug Name</b>                                  |   | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|---|-------------|----------------------------|
| verapamil hcl                                     | CALAN (120 MG)<br>(TABLET)              | 1           |                            |
| verapamil hcl                                     | CALAN (2.5 MG/ML)<br>(AMPUL)            | 1           |                            |
| verapamil hcl                                     | CALAN (2.5 MG/ML)<br>(SYRINGE)          | 1           |                            |
| verapamil hcl                                     | CALAN (2.5 MG/ML)<br>(VIAL)             | 1           |                            |
| verapamil hcl                                     | CALAN (40 MG)<br>(TABLET)               | 1           |                            |
| verapamil hcl                                     | CALAN (80 MG)<br>(TABLET)               | 1           |                            |
| verapamil hcl                                     | CALAN SR                                | 1           |                            |
| verapamil hcl                                     | VERELAN                                 | 1           |                            |
| verapamil hcl                                     | VERELAN PM                              | 1           |                            |
| <b>LOOP DIURETICS</b>                             |   |             |                            |
| bumetanide  | BUMEX (0.25<br>MG/ML) (VIAL)            | 1           |                            |
| bumetanide  | BUMEX (0.5 MG)<br>(TABLET)              | 1           |                            |
| bumetanide  | BUMEX (1 MG)<br>(TABLET)                | 1           |                            |
| bumetanide  | BUMEX (2 MG)<br>(TABLET)                | 1           |                            |
| ethacrynate sodium                                | SODIUM EDECRIN                          | 1           |                            |
| ethacrynic acid                                   | EDECRIN                                 | 1           |                            |
| furosemide  | LASIX (10 MG/ML)<br>(SOLUTION)          | 1           |                            |
| furosemide  | LASIX (10 MG/ML)<br>(SYRINGE)           | 1           |                            |
| furosemide  | LASIX (10 MG/ML)<br>(VIAL)              | 1           |                            |
| furosemide  | LASIX (20 MG)<br>(TABLET)               | 1           |                            |
| furosemide  | LASIX (40 MG)<br>(TABLET)               | 1           |                            |
| furosemide  | LASIX (40MG/5ML)<br>(SOLUTION)          | 1           |                            |
| furosemide  | LASIX (80 MG)<br>(TABLET)               | 1           |                            |
| furosemide in 0.9 % nacl                          |   | 1           |                            |
| furosemide in dextrose 5 %                        |   | 1           |                            |
| torsemide   | DEMADEX                                 | 1           |                            |
| <b>OSMOTIC DIURETICS</b>                          |   |             |                            |
| mannitol  |   | 1           |                            |
| MANNITOL  | OSMITROL                                | 2           |                            |
| MANNITOL  | RESECTISOL                              | 2           |                            |
| <b>POTASSIUM SPARING DIURETICS</b>                |   |             |                            |
| amiloride hcl                                     | MIDAMOR                                 | 1           |                            |
| eplerenone  | INSPRA                                  | 1           |                            |
| spironolactone                                    | ALDACTONE                               | 1           |                            |
| <b>POTASSIUM SPARING DIURETICS IN COMBINATION</b> |   |             |                            |
| amiloride/hydrochlorothiazide                     | MODURETIC 5-50                          | 1           |                            |
| spironolact/hydrochlorothiazid                    | ALDACTAZIDE (25<br>MG-25MG)<br>(TABLET) | 1           |                            |
| SPIRONOLACT/HYDROCHLOROTHIAZID                    | ALDACTAZIDE (50<br>MG-50MG)<br>(TABLET) | 3           |                            |

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| <b>Drug Name</b>   |                                | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|--------------------------------|-------------|----------------------------|
| triamterene/hydrochlorothiazid                               | DYAZIDE                        | 1           |                            |
| triamterene/hydrochlorothiazid                               | MAXZIDE                        | 1           |                            |
| triamterene/hydrochlorothiazid                               | MAXZIDE-25 MG                  | 1           |                            |
| <b>PULM ANTI-HTN,SOLUBLE GUANYLATE CYCLASE STIMULATOR</b>    |                                |             |                            |
| RIOCIGUAT  | ADEMPAS                        | 2           | PA                         |
| <b>PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB</b>    |                                |             |                            |
| sildenafil citrate   | REVATIO (10 MG/12.5) (VIAL)    | 1           | PA, SP                     |
| sildenafil citrate   | REVATIO (20 MG) (TABLET)       | 1           | PA                         |
| TADALAFIL  | ADCIRCA                        | 2           | PA, SP                     |
| <b>PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST</b>    |                                |             |                            |
| AMBRISENTAN  | LETAIRIS                       | 2           | PA                         |
| BOSENTAN   | TRACLEER                       | 2           | PA                         |
| MACITENTAN   | OPSUMIT                        | 2           | PA                         |
| <b>PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE</b>        |                                |             |                            |
| EPOPROSTENOL SODIUM (ARGININE)                               | VELETRI                        | 2           | PA                         |
| epoprostenol sodium (glycine)                                | FLOLAN                         | 1           | PA                         |
| ILOPROST TROMETHAMINE  | VENTAVIS                       | 2           | PA                         |
| SELEXIPAG  | UPTRAVI                        | 2           | PA                         |
| TREPROSTINIL   | TYVASO                         | 2           | PA                         |
| TREPROSTINIL DIOLAMINE                                       | ORENITRAM ER                   | 3           | PA                         |
| TREPROSTINIL SODIUM  | REMODULIN                      | 2           | PA                         |
| TREPROSTINIL/NEB ACCESSORIES                                 | TYVASO REFILL KIT              | 2           | PA                         |
| TREPROSTINIL/NEBULIZER/ACCESOR                               | TYVASO INSTITUTIONAL START KIT | 2           | PA                         |
| TREPROSTINIL/NEBULIZER/ACCESOR                               | TYVASO STARTER KIT             | 2           | PA                         |
| <b>RENIN INHIBITOR, DIRECT</b>                               |                                |             |                            |
| ALISKIREN HEMIFUMARATE                                       | TEKTURNA                       | 2           | PA                         |
| <b>RENIN INHIBITOR, DIRECT/THIAZIDE DIURETIC COMB</b>        |                                |             |                            |
| ALISKIREN/HYDROCHLOROTHIAZIDE                                | TEKTURNA HCT                   | 2           | PA                         |
| <b>THIAZIDE AND RELATED DIURETICS</b>                        |                                |             |                            |
| chlorothiazide   | DIURIL (250 MG) (TABLET)       | 1           |                            |
| chlorothiazide   | DIURIL (500 MG) (TABLET)       | 1           |                            |
| chlorothiazide sodium  | SODIUM DIURIL                  | 1           |                            |
| chlorthalidone   | HYGROTON                       | 1           |                            |
| hydrochlorothiazide  |                                | 1           |                            |
| indapamide   | LOZOL                          | 1           |                            |
| methyclothiazide   |                                | 1           |                            |
| metolazone   | ZAROXOLYN                      | 1           |                            |
| phenoxybenzamine hcl   |                                | 1           |                            |
| <b>VASODILATORS,MISCELLANEOUS</b>                            |                                |             |                            |
| alprostadil  |                                | 1           |                            |
| <b>CARDIOVASCULAR DISEASE - LIPID IRREGULARITY</b>           |                                |             |                            |
| <b>ANTHYPERLIP.HMG COA REDUCT INHIB&amp;CHOLEST.AB.INHIB</b> |                                |             |                            |
| ezetimibe/simvastatin  | VYTORIN (10 MG-10MG) (TABLET)  | 1           | QL: 1 IN 1 DAY             |
| ezetimibe/simvastatin  | VYTORIN (10 MG-20MG) (TABLET)  | 1           | QL: 1 IN 1 DAY             |
| ezetimibe/simvastatin  | VYTORIN (10 MG-40MG) (TABLET)  | 1           | QL: 1 IN 1 DAY             |

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| <b>Drug Name</b>   |                               | <b>Tier</b> | <b>Requirements/Limits</b>  |
|--|-------------------------------|-------------|---|
| <b>ezetimibe/simvastatin</b>                             | VYTORIN (10 MG-80MG) (TABLET) | 1           | ST, QL: 1 IN 1 DAY  |
| <b>ANTHYPERLIPIDEMIC - APO B-100 SYNTHESIS INHIBITOR</b> |                               |             |   |
| <b>MIPOMERSEN SODIUM</b>                                 | KYNAMRO                       | 3           | PA  |
| <b>ANTHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS</b>  |                               |             |   |
| <b>atorvastatin calcium</b>                              | LIPITOR (10 MG) (TABLET)      | 1           | AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY     |
| <b>atorvastatin calcium</b>                              | LIPITOR (20 MG) (TABLET)      | 1           | AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY     |
| <b>atorvastatin calcium</b>                              | LIPITOR (40 MG) (TABLET)      | 1           | QL: 1 IN 1 DAY  |
| <b>atorvastatin calcium</b>                              | LIPITOR (80 MG) (TABLET)      | 1           | QL: 1 IN 1 DAY  |
| <b>fluvastatin sodium</b>                                | LESCOL                        | 1           | ST, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 2 IN 1 DAY |
| <b>fluvastatin sodium</b>                                | LESCOL XL                     | 1           | ST, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY |
| <b>LOVASTATIN</b>  | ALTOPREV                      | 3           | ST, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY |
| <b>lovastatin</b>  | MEVACOR                       | 1           | AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 2 IN 1 DAY     |
| <b>PITAVASTATIN CALCIUM</b>                              | LIVALO                        | 2           | AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY     |
| <b>PITAVASTATIN MAGNESIUM</b>                            | ZYPITAMAG                     | 3           | ST, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY |
| <b>pravastatin sodium</b>                                | PRAVACHOL                     | 1           | AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY     |
| <b>rosuvastatin calcium</b>                              | CRESTOR (10 MG) (TABLET)      | 1           | AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY     |
| <b>rosuvastatin calcium</b>                              | CRESTOR (20 MG) (TABLET)      | 1           | QL: 1 IN 1 DAY  |

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| <b>Drug Name</b>                            |                              | <b>Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------------------|-------------|---|
| rosuvastatin calcium                        | CRESTOR (40 MG)<br>(TABLET)  | 1           | QL: 1 IN 1 DAY  |
| rosuvastatin calcium                        | CRESTOR (5 MG)<br>(TABLET)   | 1           | AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY |
| SIMVASTATIN                                 | FLOLIPID                     | 3           | PA, AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS             |
| simvastatin                                 | ZOCOR (10 MG)<br>(TABLET)    | 1           | AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY |
| simvastatin                                 | ZOCOR (20 MG)<br>(TABLET)    | 1           | AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY |
| simvastatin                                 | ZOCOR (40 MG)<br>(TABLET)    | 1           | AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY |
| simvastatin                                 | ZOCOR (5 MG)<br>(TABLET)     | 1           | AGE: \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS, QL: 1 IN 1 DAY |
| simvastatin                                 | ZOCOR (80 MG)<br>(TABLET)    | 1           | ST, QL: 1 IN 1 DAY  |
| <b>ANTHYPERLIPIDEMIC - MTP INHIBITOR</b>    |                              |             |   |
| LOMITAPIDE MESYLATE                         | JUXTAPID                     | 2           | PA  |
| <b>ANTHYPERLIPIDEMIC - PCSK9 INHIBITORS</b> |                              |             |   |
| ALIROCUMAB                                  | PRALUENT PEN<br>REPATHA      | 2           | PA, SP  |
| EVOLOCUMAB                                  | PUSHTRONEX<br>REPATHA        | 2           | PA  |
| EVOLOCUMAB                                  | SURECLICK<br>REPETHA         | 2           | PA, SP  |
| EVOLOCUMAB                                  | REPETHA SYRINGE              | 2           | PA, SP  |
| <b>BILE SALT SEQUESTRANTS</b>               |                              |             |   |
| cholestyramine (with sugar)                 | QUESTRAN                     | 1           |   |
| cholestyramine/aspartame                    | QUESTRAN LIGHT               | 1           |   |
| COLESEVELAM HCL                             | WELCHOL                      | 2           |   |
| colestipol hcl                              | COLESTID (1 G)<br>(TABLET)   | 1           |   |
| colestipol hcl                              | COLESTID (5 G)<br>(GRANULES) | 1           |   |
| colestipol hcl                              | COLESTID (5 G)<br>(PACKET)   | 1           |   |
| <b>LIPOTROPICS</b>                          |                              |             |   |
| ezetimibe                                   | ZETIA                        | 1           | QL: 1 IN 1 DAY  |
| fenofibrate                                 | FENOGLIDE                    | 1           |   |
| fenofibrate                                 | LIPOFEN                      | 1           |   |
| fenofibrate                                 | LOFIBRA                      | 1           |   |
| fenofibrate nanocrystallized                | TRICOR                       | 1           |   |
| FENOFIBRATE NANOCRYSTALLIZED                | TRIGLIDE                     | 3           | ST  |

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| Drug Name  |   | Tier | Requirements/Limits |
|--|---|------|---------------------|
| fenofibrate,micronized   | ANTARA (130 MG)<br>(CAPSULE)            | 1    |                     |
| FENOFIBRATE,MICRONIZED   | ANTARA (30 MG)<br>(CAPSULE)             | 3    |                     |
| fenofibrate,micronized   | ANTARA (43 MG)<br>(CAPSULE)             | 1    |                     |
| FENOFIBRATE,MICRONIZED   | ANTARA (90 MG)<br>(CAPSULE)             | 3    |                     |
| fenofibrate,micronized   | LOFIBRA                                 | 1    |                     |
| fenofibric acid  | FIBRICOR                                | 1    |                     |
| fenofibric acid (choline)                                      | TRILIPIX                                | 1    |                     |
| gemfibrozil  | LOPID                                   | 1    |                     |
| ICOSAPENT ETHYL  | VASCEPA (0.5<br>GRAM) (CAPSULE)         | 2    | QL: 8 IN 1 DAY      |
| ICOSAPENT ETHYL  | VASCEPA (1 G)<br>(CAPSULE)              | 2    | QL: 4 IN 1 DAY      |
| niacin   | NIASPAN                                 | 1    |                     |
| omega-3 acid ethyl esters                                      | LOVAZA                                  | 1    | QL: 4 IN 1 DAY      |
| <b>CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS</b>           |   |      |                     |
| <b>ADRENERGIC VASOPRESSOR AGENTS</b>                           |   |      |                     |
| DROXIDOPA  | NORTHERA                                | 3    | PA                  |
| midodrine hcl  | PROAMATINE                              | 1    |                     |
| <b>ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)</b>      |   |      |                     |
| SACUBITRIL/VALSARTAN   | ENTRESTO                                | 2    | QL: 2 IN 1 DAY      |
| <b>ANTIANGINAL &amp; ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC</b> |   |      |                     |
| RANOLAZINE   | RANEXA (1000 MG)<br>(TAB ER 12H)        | 2    | QL: 2 IN 1 DAY      |
| RANOLAZINE   | RANEXA (500 MG)<br>(TAB ER 12H)         | 2    | QL: 4 IN 1 DAY      |
| <b>ANTIANGINAL, HEART RATE REDUCING, I(F) INHIBITOR</b>        |   |      |                     |
| IVABRADINE HCL   | CORLANOR                                | 2    | PA, QL: 2 IN 1 DAY  |
| <b>ANTHYPERLIP - HMG-COA&amp;CALCIUM CHANNEL BLOCKER CB</b>    |   |      |                     |
| amlodipine/atorvastatin  | CADUET                                  | 1    | QL: 1 IN 1 DAY      |
| <b>RENIN-ANGIOTENSIN-ALDOSTERONE SYS. (RAAS) HORMONES</b>      |   |      |                     |
| ANGIOTENSIN II ACETATE, HUMAN                                  | GIAPREZA                                | 3    |                     |
| <b>CARDIOVASCULAR DISEASE - VASODILATION</b>                   |   |      |                     |
| <b>VASODILATORS,CORONARY</b>                                   |   |      |                     |
| amyl nitrite   |   | 1    |                     |
| ISOSORBIDE DINITRATE   | DILATRATE-SR                            | 2    |                     |
| isosorbide dinitrate   | ISOCHRON                                | 1    |                     |
| isosorbide dinitrate   | ISORDIL (10 MG)<br>(TABLET)             | 1    |                     |
| isosorbide dinitrate   | ISORDIL (20 MG)<br>(TABLET)             | 1    |                     |
| isosorbide dinitrate   | ISORDIL (30 MG)<br>(TABLET)             | 1    |                     |
| isosorbide dinitrate   | ISORDIL                                 | 1    |                     |
| isosorbide mononitrate   | TITRADOSE                               | 1    |                     |
| isosorbide mononitrate   | IMDUR                                   | 1    |                     |
| isosorbide mononitrate   | MONOKET                                 | 1    |                     |
| NITROGLYCERIN  | NITRO-BID                               | 2    |                     |
| nitroglycerin  | NITRO-DUR<br>(0.1MG/HR) (PATCH<br>TD24) | 1    |                     |
| nitroglycerin  | NITRO-DUR<br>(0.2MG/HR) (PATCH<br>TD24) | 1    |                     |

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| <b>Drug Name</b>  |                                    | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|------------------------------------|-------------|----------------------------|
| NITROGLYCERIN   | NITRO-DUR (0.3 MG/HR) (PATCH TD24) | 3           |                            |
| nitroglycerin   | NITRO-DUR (0.4MG/HR) (PATCH TD24)  | 1           |                            |
| nitroglycerin   | NITRO-DUR (0.6MG/HR) (PATCH TD24)  | 1           |                            |
| NITROGLYCERIN   | NITRO-DUR (0.8MG/HR) (PATCH TD24)  | 3           |                            |
| nitroglycerin   | NITROLINGUAL                       | 1           |                            |
| NITROGLYCERIN   | NITROMIST                          | 3           |                            |
| nitroglycerin   | NITRONAL                           | 1           |                            |
| nitroglycerin   | NITROSTAT                          | 1           |                            |
| nitroglycerin   | NITRO-TIME                         | 1           |                            |
| nitroglycerin in 5 % dextrose                           |                                    | 1           |                            |
| <b>VASODILATORS,PERIPHERAL</b>                          |                                    |             |                            |
| ergoloid mesylates                                      | HYDERGINE                          | 1           |                            |
| isoxsuprine hcl   |                                    | 1           |                            |
| papaverine hcl  |                                    | 1           |                            |
| papaverine/phentolamine/water                           |                                    | 1           |                            |
| <b>CONTRACEPTION/OXYTOCICS</b>                          |                                    |             |                            |
| <b>CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC</b>           |                                    |             |                            |
| ETNOGESTREL/ETHINYL ESTRADIOL                           | NUVARING                           | 0           | QL: 1 IN 28 DAYS           |
| <b>CONTRACEPTIVES,IMPLANTABLE</b>                       |                                    |             |                            |
| ETNOGESTREL   | NEXPLANON                          | 0           | QL: 1 IN 365 DAYS          |
| <b>CONTRACEPTIVES,INJECTABLE</b>                        |                                    |             |                            |
| medroxyprogesterone acetate                             | DEPO-PROVERA                       | 0           | QL: 1mL IN 84 DAYS         |
| <b>CONTRACEPTIVES,INTRAVAGINAL</b>                      |                                    |             |                            |
| nonoxynol 9   | CONCEPTROL                         | 0           |                            |
| nonoxynol 9   | DELFIN                             | 0           |                            |
| NONOXYNOL 9   | GYNOL II                           | 0           |                            |
| NONOXYNOL 9   | TODAY CONTRACEPTIVE SPONGE         | 0           |                            |
| NONOXYNOL 9   | VCF                                | 0           |                            |
| <b>CONTRACEPTIVES,ORAL</b>                              |                                    |             |                            |
| desog-e.estradiol/e.estradiol                           | MIRCETTE                           | 0           |                            |
| desogestrel-ethinyl estradiol                           | CYCLESSA                           | 0           |                            |
| desogestrel-ethinyl estradiol                           | DESOGEN                            | 0           |                            |
| desogestrel-ethinyl estradiol                           | ORTHO-CEPT                         | 0           |                            |
| drospir/eth estra/levomefol ca                          | BEYAZ                              | 0           | ST                         |
| drospir/eth estra/levomefol ca                          | SAFYRAL                            | 0           | ST                         |
| ESTRADIOL VALERATE/DIENOGEST                            | NATAZIA                            | 0           | ST                         |
| ethinyl estradiol/drospirenone                          | YASMIN 28                          | 0           | ST                         |
| ethinyl estradiol/drospirenone                          | YAZ                                | 0           | ST                         |
| ethynodiol d-ethinyl estradiol                          | DEMULEN                            | 0           |                            |
| ethynodiol d-ethinyl estradiol                          | DEMULEN 1-50-21                    | 0           |                            |
| LEVONORGEST/ETH.ESTRADIOL/IRON                          | BALCOLTRA                          | 3           |                            |
| levonorgestrel  | PLAN B ONE-STEP                    | 0           |                            |
| levonorgestrel  | TAKE ACTION                        | 0           |                            |
| levonorgestrel-ethin estradiol (0.1-0.02mg) (tablet)    |                                    | 0           |                            |
| levonorgestrel-ethin estradiol (0.15-0.03) (tablet)     |                                    | 0           |                            |
| levonorgestrel-ethin estradiol (0.15-0.03) (tblspk 3mo) |                                    | 0           | QL: 91 IN 84 DAYS          |

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| Drug Name  |                                | Tier | Requirements/Limits |
|--|--------------------------------|------|---------------------|
| levonorgestrel-ethin estradiol (6-5-10) (tablet)             |                                | 0    |                     |
| levonorgestrel-ethin estradiol (90-20 mcg) (tablet)          |                                | 0    |                     |
| l-norgest/e.estradiol-e.estrad                               | LOSEASONIQUE                   | 0    | QL: 91 IN 84 DAYS   |
| l-norgest/e.estradiol-e.estrad                               | QUARTETTE                      | 0    |                     |
| l-norgest/e.estradiol-e.estrad                               | SEASONIQUE                     | 0    | QL: 91 IN 84 DAYS   |
| noreth-ethinyl estradiol/iron                                | FEMCON FE                      | 0    |                     |
| noreth-ethinyl estradiol/iron                                | GENERESS FE                    | 0    |                     |
| norethindrone  | NOR-Q-D                        | 0    |                     |
| norethindrone  | ORTHO MICRONOR                 | 0    |                     |
| norethindrone ac-eth estradiol                               | LOESTRIN                       | 0    |                     |
| norethindrone-e.estradiol-iron                               | ESTROSTEP FE                   | 0    |                     |
| NORETHINDRONE-E.ESTRADIOL-IRON                               | LO LOESTRIN FE                 | 0    | ST                  |
| norethindrone-e.estradiol-iron                               | LOESTRIN 24 FE                 | 0    |                     |
| norethindrone-e.estradiol-iron                               | LOESTRIN FE                    | 0    |                     |
| norethindrone-e.estradiol-iron                               | MINASTRIN 24 FE                | 0    |                     |
| NORETHINDRONE-E.ESTRADIOL-IRON                               | TAYTULLA                       | 0    |                     |
| norethindrone-ethinyl estrad                                 | MODICON (0.5-0.035) (TABLET)   | 0    |                     |
| norethindrone-ethinyl estrad                                 | ORTHO-NOVUM                    | 0    |                     |
| norethindrone-ethinyl estrad                                 | OVCON-35                       | 0    |                     |
| norethindrone-ethinyl estrad                                 | TRI-NORINYL                    | 0    |                     |
| norgestimate-ethinyl estradiol                               | ORTHO TRI-CYCLEN               | 0    |                     |
| norgestimate-ethinyl estradiol                               | ORTHO TRI-CYCLEN LO            | 0    |                     |
| norgestimate-ethinyl estradiol                               | ORTHO-CYCLEN                   | 0    |                     |
| norgestrel-ethinyl estradiol                                 | LO-OVRAL-28                    | 0    |                     |
| norgestrel-ethinyl estradiol                                 | LO-OVRAL-8                     | 0    |                     |
| norgestrel-ethinyl estradiol                                 | OVRAL                          | 0    |                     |
| ULIPRISTAL ACETATE   | ELLA                           | 0    |                     |
| <b>CONTRACEPTIVES, TRANSDERMAL</b>                           |                                |      |                     |
| norelgestromin/ethin.estradiol                               | ORTHO EVRA                     | 0    | QL: 3 IN 28 DAYS    |
| <b>DIAPHRAGMS/CERVICAL CAP</b>                               |                                |      |                     |
| CERVICAL CAP   | FEMCAP                         | 0    |                     |
| DIAPHRAGMS, CONTOURED  | CAYA CONTOURED                 | 0    |                     |
| DIAPHRAGMS, WIDE SEAL  | WIDE SEAL DIAPHRAGM            | 0    |                     |
| <b>OXYTOCICS</b>   |                                |      |                     |
| CARBOPROST TROMETHAMINE                                      | HEMABATE                       | 2    |                     |
| DINOPROSTONE   | CERVIDIL                       | 3    |                     |
| DINOPROSTONE   | PREPIDIL                       | 3    |                     |
| DINOPROSTONE   | PROSTIN E2 VAGINAL SUPPOSITORY | 3    |                     |
| METHYLERGONOVINE MALEATE                                     | METHERGINE                     | 2    |                     |
| methylergonovine maleate                                     |                                | 1    |                     |
| oxytocin in 5 % dextrose                                     |                                | 1    |                     |
| OXYTOCIN IN 5 % DEXTROSE                                     | OXYTOCIN-D5W                   | 3    |                     |
| oxytocin in dextrose 5 % in lr                               |                                | 1    |                     |
| oxytocin/0.9 % sodium chloride                               |                                | 1    |                     |
| oxytocin/ringer's lactate                                    |                                | 1    |                     |
| <b>COUGH AND COLD</b>  |                                |      |                     |
| <b>1ST GEN ANTIHISTAMINE &amp; DECONGESTANT COMBINATIONS</b> |                                |      |                     |
| chlorpheniramine/phenylephrine (1mg-2mg/ml) (drops)          |                                | 1    |                     |
| phenylephrine hcl/prometh hcl                                | PHENERGAN VC                   | 1    |                     |
| phenylephrine hcl/prometh hcl                                | PHEN-TUSS AD                   | 1    |                     |



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| Drug Name  |                              | Tier | Requirements/Limits  |
|--|------------------------------|------|----------------------|
| <b>1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB</b>     |                              |      |                      |
| pseudoephed/chlor-mal/bell alk                             |                              | 1    |                      |
| <b>ANTITUSSIVES, NON-NARCOTIC</b>                          |                              |      |                      |
| benzonatate  | TESSALON                     | 1    |                      |
| benzonatate  | TESSALON PERLE               | 1    |                      |
| benzonatate  | ZONATUSS                     | 1    |                      |
| <b>NARCOTIC ANTI TUSS-1ST GEN. ANTIHISTAMINE-DECONGEST</b> |                              |      |                      |
| hydrocodone/cpm/pseudoephed                                | ZUTRIPRO                     | 1    |                      |
| promethazine/phenyleph/codeine                             | PENTAZINE VC<br>WITH CODEINE | 1    | AGE: >= 12 YEARS     |
| promethazine/phenyleph/codeine                             | PHENERGAN VC<br>WITH CODEINE | 1    | AGE: >= 12 YEARS     |
| <b>NARCOTIC ANTI TUSSIVE-1ST GENERATION ANTIHISTAMINE</b>  |                              |      |                      |
| HYDROCODONE/CHLORPHEN P-STIREX                             | TUSSICAPS                    | 3    |                      |
| hydrocodone/chlorphen p-stirex                             | TUSSIONEX                    | 1    |                      |
| promethazine hcl/codeine                                   | PHENERGAN WITH<br>CODEINE    | 1    | AGE: >= 12 YEARS     |
| <b>NARCOTIC ANTI TUSSIVE-ANTICHOLINERGIC COMB.</b>         |                              |      |                      |
| hydrocodone bit/homatrop me-br                             |                              | 1    |                      |
| <b>NON-NARC ANTI TUSS-1ST GEN. ANTIHISTAMINE-DECONGEST</b> |                              |      |                      |
| brompheniramine/pseudoephed/dm (2-30-10/5)<br>(syrup)      |                              | 1    |                      |
| chlorpheniramine/phenyleph/dm (1-2-3mg/ml)<br>(drops)      |                              | 1    |                      |
| <b>NON-NARC ANTI TUSSIVE-1ST GEN ANTIHISTAMINE COMB.</b>   |                              |      |                      |
| promethazine/dextromethorphan                              | PHEN TUSS DM                 | 1    |                      |
| <b>NON-NARCOTIC ANTI TUSS-DECONGESTANT-EXPECTORANT CMB</b> |                              |      |                      |
| GUAIFEN/DEXTROMETHORPHAN/PE                                | G-TUSICOF                    | 2    |                      |
| GUAIFEN/DEXTROMETHORPHAN/PE                                | TUSICOF                      | 2    |                      |
| <b>NON-NARCOTIC ANTI TUSSIVE AND EXPECTORANT COMB.</b>     |                              |      |                      |
| GUAIFENESIN/DEXTROMETHORPHAN                               | SCOT-TUSSIN<br>SENIOR        | 2    |                      |
| <b>NOSE PREPARATIONS, VASOCONSTRICTORS (RX)</b>            |                              |      |                      |
| EPINEPHRINE HCL  | ADRENALIN<br>CHLORIDE        | 3    |                      |
| TETRAHYDROZOLINE HCL                                       | TYZINE                       | 3    |                      |
| <b>SYMPATHOMIMETIC AGENTS</b>                              |                              |      |                      |
| ephedrine sulfate  |                              | 1    |                      |
| ephedrine sulfate/0.9% nacl/pf                             |                              | 1    |                      |
| ephedrine sulfate/pf                                       |                              | 1    |                      |
| phenylephrine hcl  | VAZCULEP                     | 1    |                      |
| phenylephrine hcl in 0.9% nacl                             |                              | 1    |                      |
| phenylephrine hcl in water                                 |                              | 1    |                      |
| phenylephrine hcl/dextrose 5 %                             |                              | 1    |                      |
| <b>DERMATOLOGY - ACNE</b>                                  |                              |      |                      |
| <b>ACNE AGENTS, SYSTEMIC</b>                               |                              |      |                      |
| ISOTRETINOIN   | ABSORICA                     | 2    | ST                   |
| isotretinoin   |                              | 1    |                      |
| <b>ACNE AGENTS, TOPICAL</b>                                |                              |      |                      |
| adapalene/benzoyl peroxide                                 | EPIDUO                       | 1    | ST, AGE: <= 25 YEARS |
| ADAPALENE/BENZOYL PEROXIDE                                 | EPIDUO FORTE                 | 2    | ST, AGE: <= 25 YEARS |
| AZELAIC ACID   | AZELEX                       | 3    | ST                   |
| CLINDAMYCIN PHOS/BENZOYL PEROX                             | ACANYA                       | 2    | ST                   |
| clindamycin phos/benzoyl perox                             | BENZA CLIN                   | 1    |                      |
| clindamycin phos/benzoyl perox                             | DUAC                         | 1    |                      |
| CLINDAMYCIN PHOS/BENZOYL PEROX                             | ONEXTON                      | 2    | ST                   |

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| <b>Drug Name</b>                                   |  | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|--|-------------|----------------------------|
| CLINDAMYCIN/BENZOYL/EMOL CMB94                     | NEUAC                                    | 3           |                            |
| <b>clindamycin/tretinoin</b>                       | ZIANA                                    | 1           |                            |
| <b>dapsone</b>                                     | ACZONE (5 %) (GEL (GRAM))                | 1           |                            |
| DAPSONE  | ACZONE (7.5 %) (GEL W/PUMP)              | 3           |                            |
| <b>sulfacetamide sodium</b>                        | KLARON                                   | 1           |                            |
| <b>ANTIBIOTICS, MISCELLANEOUS, OTHER</b>           |  |             |                            |
| <b>bacitracin</b>                                  |  | 1           |                            |
| <b>KERATOLYTIC-GLUCOCORTICOID COMBINATIONS</b>     |  |             |                            |
| BENZOYL PEROXIDE/HYDROCORTISON                     | VANOXIDE-HC                              | 3           |                            |
| <b>ROSACEA AGENTS, TOPICAL</b>                     |  |             |                            |
| AZELAIC ACID                                       | FINACEA                                  | 2           |                            |
| BRIMONIDINE TARTRATE                               | MIRVASO                                  | 2           |                            |
| IVERMECTIN   | SOOLANTRA                                | 2           | ST                         |
| <b>metronidazole</b>                               | METROCREAM                               | 1           |                            |
| <b>metronidazole</b>                               | METROGEL                                 | 1           |                            |
| <b>metronidazole</b>                               | METROLOTION                              | 1           |                            |
| METRONIDAZOLE                                      | NORITATE                                 | 3           |                            |
| <b>metronidazole</b>                               | ROSDAN                                   | 1           |                            |
| METRONIDAZOLE/SKIN CLEANSER 23                     | ROSDAN                                   | 3           |                            |
| <b>TOPICAL PREPARATIONS,ANTIBACTERIALS</b>         |  |             |                            |
| CADEXOMER IODINE                                   | IODOFLEX                                 | 3           |                            |
| CADEXOMER IODINE                                   | IODOSORB                                 | 3           |                            |
| CLIOQUINOL/HYDROCORTISONE                          | ALA-QUIN                                 | 3           |                            |
| <b>hydrocortisone/iodoquin/aloe 2</b>              | ALCORTIN A (2 %-1 %-1%) (GEL (GRAM))     | 1           | ST                         |
| HYDROCORTISONE/IODOQUIN/ALOE 2                     | ALCORTIN A (2 %-1 %-1%) (GEL PACKET)     | 3           | ST                         |
| <b>hydrocortisone/iodoquinol</b>                   | DERMAZENE                                | 1           |                            |
| <b>hydrocortisone/iodoquinol/aloe</b>              | VYTONE                                   | 1           |                            |
| <b>iodine/potassium iodide (5%-10%) (solution)</b> |  | 1           |                            |
| IODOQUINOL/ALOE P-SACCHARIDE 1                     | ALOQUIN                                  | 3           |                            |
| IODOQUINOL/ALOE P-SACCHARIDE 1                     | QUINJA                                   | 3           |                            |
| SILVER CARBONATE                                   | NORMLGEL AG                              | 3           |                            |
| <b>silver nitrate</b>                              |  | 1           |                            |
| <b>VITAMIN A DERIVATIVES</b>                       |  |             |                            |
| <b>adapalene</b>                                   | DIFFERIN                                 | 1           | AGE: <= 25 YEARS           |
| <b>tretinoin</b>                                   | ATRALIN                                  | 1           | AGE: <= 25 YEARS           |
| <b>tretinoin</b>                                   | RETIN-A                                  | 1           | AGE: <= 25 YEARS           |
| TRETINOIN  | TRETIN-X                                 | 3           | AGE: <= 25 YEARS           |
| <b>tretinoin microspheres</b>                      | RETIN-A MICRO                            | 1           | AGE: <= 25 YEARS           |
| <b>tretinoin microspheres</b>                      | RETIN-A MICRO PUMP (0.04 %) (GEL W/PUMP) | 1           | AGE: <= 25 YEARS           |
| TRETINOIN MICROSPHERES                             | RETIN-A MICRO PUMP (0.06 %) (GEL W/PUMP) | 3           | ST                         |
| TRETINOIN MICROSPHERES                             | RETIN-A MICRO PUMP (0.08 %) (GEL W/PUMP) | 3           | AGE: <= 25 YEARS           |
| <b>tretinoin microspheres</b>                      | RETIN-A MICRO PUMP (0.1 %) (GEL W/PUMP)  | 1           | AGE: <= 25 YEARS           |
| TRETINOIN/EMOL 9/SKIN CLEANSR1                     | TRETIN-X                                 | 3           | AGE: <= 25 YEARS           |

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| Drug Name   |                              | Tier | Requirements/Limits |
|---|------------------------------|------|---------------------|
| <b>VITAMIN A DERIVATIVES, TOPICAL ACNE AGENTS</b>         |                              |      |                     |
| TAZAROTENE  | FABIOR                       | 3    | AGE: >= 12 YEARS    |
| <b>DERMATOLOGY - ANTIINFECTIVE</b>                        |                              |      |                     |
| <b>TOPICAL ANTIBIOTICS</b>                                |                              |      |                     |
| clindamycin phosphate                                     | CLEOCIN T                    | 1    |                     |
| clindamycin phosphate                                     | CLINDACIN ETZ                | 1    |                     |
| clindamycin phosphate                                     | CLINDACIN P                  | 1    |                     |
| clindamycin phosphate                                     | EVOCLIN                      | 1    |                     |
| erythromycin base/ethanol                                 | ERY                          | 1    |                     |
| erythromycin base/ethanol                                 | ERYGEL                       | 1    |                     |
| erythromycin base/ethanol                                 | ERYMAX                       | 1    |                     |
| erythromycin/benzoyl peroxide                             | BENZAMYCIN                   | 1    |                     |
| gentamicin sulfate  |                              | 1    |                     |
| mupirocin   | BACTROBAN                    | 1    |                     |
| mupirocin   | CENTANY                      | 1    |                     |
| mupirocin calcium   | BACTROBAN                    | 1    |                     |
| <b>TOPICAL ANTIFUNGAL/ANTIINFLAMMATORY, STERIOD AGENT</b> |                              |      |                     |
| CLOTRIMAZOLE/BETAMETH DIP/ZINC                            | DERMACINRX<br>THERAZOLE PAK  | 3    |                     |
| clotrimazole/betamethasone dip                            | LOTRISONE                    | 1    |                     |
| <b>TOPICAL ANTIFUNGALS</b>                                |                              |      |                     |
| ciclopirox  | CICLODAN                     | 1    |                     |
| ciclopirox  | LOPROX                       | 1    |                     |
| ciclopirox  | PENLAC                       | 1    |                     |
| ciclopirox olamine  | CICLODAN                     | 1    |                     |
| ciclopirox olamine  | LOPROX                       | 1    |                     |
| CICLOPIROX/SKIN CLEANSER NO.28                            | CICLODAN                     | 3    |                     |
| ciclopirox/urea/camph/men/euc                             | CICLODAN                     | 1    |                     |
| clotrimazole (1 %) (cream (g))                            |                              | 1    |                     |
| clotrimazole (1 %) (solution)                             |                              | 1    |                     |
| econazole nitrate   | SPECTAZOLE                   | 1    |                     |
| EFINACONAZOLE   | JUBLIA                       | 3    | PA                  |
| gentian violet/brgreen/proflav                            |                              | 1    |                     |
| ketoconazole  | EXTINA (2 %)<br>(FOAM)       | 1    |                     |
| ketoconazole  | NIZORAL                      | 1    |                     |
| KETOCONAZOLE  | XOLEGEL                      | 3    |                     |
| LULICONAZOLE  | LUZU                         | 3    | QL: 60gm IN 28 DAYS |
| naftifine hcl   | NAFTIN (1 %)<br>(CREAM (G))  | 1    |                     |
| NAFTIFINE HCL   | NAFTIN (1 %) (GEL<br>(GRAM)) | 3    |                     |
| naftifine hcl   | NAFTIN (2 %)<br>(CREAM (G))  | 1    |                     |
| NAFTIFINE HCL   | NAFTIN (2 %) (GEL<br>(GRAM)) | 3    |                     |
| nystatin  | MYCOSTATIN                   | 1    |                     |
| nystatin  | NYAMYC                       | 1    |                     |
| nystatin  | NYSTEX                       | 1    |                     |
| nystatin  | NYSTOP                       | 1    |                     |
| nystatin/triamcin   |                              | 1    |                     |
| oxiconazole nitrate                                       | OXISTAT (1 %)<br>(CREAM (G)) | 1    |                     |
| OXICONAZOLE NITRATE                                       | OXISTAT (1 %)<br>(LOTION)    | 3    |                     |
| SERTACONAZOLE NITRATE                                     | ERTACZO                      | 3    | ST                  |

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| Drug Name   |                                 | Tier | Requirements/Limits      |
|---|---------------------------------|------|--------------------------|
| <b>TOPICAL ANTIPARASITICS</b>                             |                                 |      |                          |
| IVERMECTIN  | SKLICE                          | 3    |                          |
| lindane   | KWELL                           | 1    |                          |
| malathion   | OVIDE                           | 1    |                          |
| permethrin (5 %) (cream (g))                              |                                 | 1    |                          |
| spinosad  | NATROBA                         | 1    |                          |
| <b>TOPICAL ANTIVIRALS</b>                                 |                                 |      |                          |
| ACYCLOVIR   | ZOVIRAX (5 %) (CREAM (G))       | 2    |                          |
| acyclovir   | ZOVIRAX (5 %) (OINT. (G))       | 1    |                          |
| <b>TOPICAL ANTIVIRALS/ANTIINFLAMMATORY, STEROID AGENT</b> |                                 |      |                          |
| ACYCLOVIR/HYDROCORTISONE                                  | XERESE                          | 3    | ST, QL: 10gm IN 365 DAYS |
| <b>TOPICAL SULFONAMIDES</b>                               |                                 |      |                          |
| mafenide acetate  |                                 | 1    |                          |
| MAFENIDE ACETATE  | SULFAMYLON                      | 2    |                          |
| silver sulfadiazine                                       | SILVADENE                       | 1    |                          |
| silver sulfadiazine                                       | THERMAZENE                      | 1    |                          |
| sulfacetamide sod/sulfur/urea                             |                                 | 1    |                          |
| sulfacetamide sodium/sulfur                               | AVAR (10-5%(W/W)) (CLEANSER)    | 1    |                          |
| sulfacetamide sodium/sulfur                               | AVAR LS (10 %-2 %) (CLEANSER)   | 1    |                          |
| sulfacetamide sodium/sulfur                               | AVAR-E                          | 1    |                          |
| sulfacetamide sodium/sulfur                               | AVAR-E GREEN                    | 1    |                          |
| sulfacetamide sodium/sulfur                               | AVAR-E LS                       | 1    |                          |
| sulfacetamide sodium/sulfur                               | BP 10-1                         | 1    |                          |
| sulfacetamide sodium/sulfur                               | CLARIFOAM EF                    | 1    |                          |
| sulfacetamide sodium/sulfur                               | PLEXION (10-5%(W/W)) (LOTION)   | 1    |                          |
| sulfacetamide sodium/sulfur                               | PLEXION (9.8%-4.8%) (CLEANSER)  | 1    |                          |
| sulfacetamide sodium/sulfur                               | PLEXION (9.8%-4.8%) (CREAM (G)) | 1    |                          |
| sulfacetamide sodium/sulfur                               | PLEXION (9.8%-4.8%) (LOTION)    | 1    |                          |
| sulfacetamide sodium/sulfur                               | PLEXION TS                      | 1    |                          |
| SULFACETAMIDE SODIUM/SULFUR                               | ROSULA (10 %-4.5 %) (CLEANSER)  | 3    |                          |
| sulfacetamide sodium/sulfur                               | ROSULA (10 %-5 %) (MED PAD)     | 1    |                          |
| sulfacetamide sodium/sulfur                               | SODIUM SULFACETAMIDE-SULFUR     | 1    |                          |
| sulfacetamide sodium/sulfur                               | SULFACET-R                      | 1    |                          |
| sulfacetamide sodium/sulfur                               | SUMADAN                         | 1    |                          |
| sulfacetamide sodium/sulfur                               | SUMAXIN                         | 1    |                          |
| sulfacetamide sodium/sulfur                               | SUMAXIN TS                      | 1    |                          |
| sulfacetamide sodium/sulfur                               | ZENCIA                          | 1    |                          |
| sulfacetamide/sulfur/cleansr23                            | PLEXION                         | 1    |                          |
| sulfact sod/sulur/avob/otn/oct                            | SUMADAN XLT                     | 1    |                          |
| <b>DERMATOLOGY - ANTIINFLAMMATORY</b>                     |                                 |      |                          |
| <b>TOP. ANTI-INFLAM.,PHOSPHODIESTERASE-4 (PDE4) INHIB</b> |                                 |      |                          |
| CRISABOROLE   | EUCRISA                         | 3    | ST                       |
| <b>TOPICAL ANTIBIOTICS/ANTIINFLAMMATORY,STEROIDAL</b>     |                                 |      |                          |
| NEOMYCIN SULFATE/FLUOCINOLONE                             | NEO-SYNALAR                     | 3    | ST                       |
| NEOMYCIN/FLUOCINOLONE/EMOLL 65                            | NEO-SYNALAR                     | 3    | ST                       |

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| Drug Name                                  | Tier                           | Requirements/Limits |
|--|--------------------------------|---------------------|
| <b>TOPICAL ANTI-INFLAMMATORY STEROIDAL</b> |                                |                     |
| alclometasone dipropionate                 | ACLOVATE                       | 1                   |
| amcinonide                                 | CYCLOCORT                      | 1                   |
| betamethasone dipropionate                 | DIPROLENE                      | 1                   |
| betamethasone valerate                     | LUXIQ                          | 1                   |
| betamethasone valerate                     | VALISONE                       | 1                   |
| betamethasone/propylene glyc               | DIPROLENE                      | 1                   |
| betamethasone/propylene glyc               | DIPROLENE AF                   | 1                   |
| clobetasol propionate                      | CLOBEX                         | 1                   |
| clobetasol propionate                      | CLODAN                         | 1                   |
| CLOBETASOL PROPIONATE                      | IMPOYZ                         | 3                   |
| clobetasol propionate                      | OLUX                           | 1                   |
| clobetasol propionate                      | TEMOVATE                       | 1                   |
| clobetasol propionate/emoll                | OLUX-E                         | 1                   |
| clobetasol propionate/emoll                | TEMOVATE E                     | 1                   |
| clobetasol propionate/emoll                | TEMOVATE                       | 1                   |
| CLOBETASOL/SKIN CLEANSER NO.28             | EMOLLIENT<br>CLODAN            | 3                   |
| clocortolone pivalate                      | CLODERM                        | 1                   |
| desonide                                   |                                | 1                   |
| desonide                                   | DESOWEN                        | 1                   |
| DESONIDE                                   | VERDESO                        | 3                   |
| desoximetasone                             | TOPICORT (0.05 %) (CREAM (G))  | 1                   |
| desoximetasone                             | TOPICORT (0.05 %) (GEL (GRAM)) | 1                   |
| desoximetasone                             | TOPICORT (0.05 %) (OINT. (G))  | 1                   |
| desoximetasone                             | TOPICORT (0.25 %) (CREAM (G))  | 1                   |
| desoximetasone                             | TOPICORT (0.25 %) (OINT. (G))  | 1                   |
| diflorasone diacetate                      | APEXICON                       | 1                   |
| diflorasone diacetate                      | PSORCON                        | 1                   |
| DIFLORASONE DIACETATE/EMOLL                | APEXICON E                     | 2                   |
| fluocinolone acetone                       | DERMA-SMOOTHES                 | 1                   |
| fluocinolone acetone                       | SYNALAR                        | 1                   |
| fluocinolone/shower cap                    | DERMA-SMOOTHES                 | 1                   |
| fluocinonide                               | LIDEX                          | 1                   |
| fluocinonide                               | VANOS                          | 1                   |
| fluocinonide/emollient base                | LIDEX-E                        | 1                   |
| flurandrenolide                            | CORDRAN (0.05 %) (CREAM (G))   | 1                   |
| flurandrenolide                            | CORDRAN (0.05 %) (LOTION)      | 1                   |
| flurandrenolide                            | CORDRAN (0.05 %) (OINT. (G))   | 1                   |
| flurandrenolide                            | NOLIX                          | 1                   |
| fluticasone propionate                     | CUTIVATE                       | 1                   |
| HALCINONIDE                                | HALOG                          | 3                   |
| halobetasol propionate                     | ULTRAVATE (0.05 %) (CREAM (G)) | 1                   |
| HALOBETASOL PROPIONATE                     | ULTRAVATE (0.05 %) (LOTION)    | 3                   |
| halobetasol propionate                     | ULTRAVATE (0.05 %) (OINT. (G)) | 1                   |
| HALOBETASOL/LACTIC ACID                    | ULTRAVATE X                    | 3                   |

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| <b>Drug Name</b>                                      |  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|--|-------------|----------------------------|
| HYDROCORT/SAL ACID/SULF/SHAMP1                        | SCALACORT DK                             | 3           |                            |
| <b>hydrocortisone (1 %) (cream (g))</b>               |  | 1           |                            |
| <b>hydrocortisone (1 %) (crm/pe app)</b>              |  | 1           |                            |
| <b>hydrocortisone (1 %) (oint. (g))</b>               |  | 1           |                            |
| <b>hydrocortisone (2 %) (lotion)</b>                  |  | 1           |                            |
| <b>hydrocortisone (2.5 %) (cream (g))</b>             |  | 1           |                            |
| <b>hydrocortisone (2.5 %) (crm/pe app)</b>            |  | 1           |                            |
| <b>hydrocortisone (2.5 %) (kit)</b>                   |  | 1           |                            |
| <b>hydrocortisone (2.5 %) (lotion)</b>                |  | 1           |                            |
| <b>hydrocortisone (2.5 %) (oint. (g))</b>             |  | 1           |                            |
| HYDROCORTISONE ACET/ALOE VERA                         | NUCORT                                   | 3           |                            |
| <b>hydrocortisone butyrate</b>                        | LOCOID                                   | 1           |                            |
| <b>hydrocortisone butyrate/emoll</b>                  | LOCOID<br>LIPOCREAM                      | 1           |                            |
| <b>hydrocortisone valerate</b>                        |  | 1           |                            |
| HYDROCORTISONE/SKIN CLEANSER25                        | AQUA GLYCOLIC<br>HC                      | 3           |                            |
| HYDROCORTISONE/SKIN CLEANSER35                        | DERMASORB HC                             | 3           |                            |
| <b>mometasone furoate</b>                             | ELOCON                                   | 1           |                            |
| <b>prednicarbate</b>                                  | DERMATOP                                 | 1           |                            |
| <b>triamcinolone acetonide</b>                        |  | 1           |                            |
| TRIAMCINOLONE/EMOLLIENT COMB86                        | DERMASORB TA                             | 3           |                            |
| <b>TOPICAL ANTI-INFLAMMATORY, NSAIDS</b>              |  |             |                            |
| DICLOFENAC EPOLAMINE                                  | FLECTOR                                  | 2           |                            |
| <b>diclofenac sodium</b>                              | PENNSAID (1.5 %)<br>(DROPS)              | 1           |                            |
| DICLOFENAC SODIUM                                     | PENNSAID<br>(20MG/G(2%)) (SOL<br>MD PMP) | 3           | ST                         |
| <b>diclofenac sodium</b>                              | VOLTAREN                                 | 1           |                            |
| <b>DERMATOLOGY - ANTIPRURITIC DRUGS</b>               |  |             |                            |
| <b>ANTIPRURITICS, TOPICAL</b>                         |  |             |                            |
| <b>doxepin hcl</b>                                    | PRUDOXIN                                 | 1           |                            |
| <b>doxepin hcl</b>                                    | ZONALON                                  | 1           |                            |
| E101/NAMG FL/NA PH/NA CL/HA-NAH                       | ALEVICYN PLUS                            | 3           |                            |
| NA MG FL/NA PHO/NA CL/HA/NA HYP                       | LEVICYN                                  | 3           |                            |
| NA MG FL/NA PHO/NA CL/HA/NA HYP                       | SP ANTIPRURITIC                          | 3           |                            |
| <b>DERMATOLOGY - MISCELLANEOUS</b>                    |  |             |                            |
| <b>ANTIPERSPIRANTS</b>                                |  |             |                            |
| ALUMINUM CHLORIDE                                     | DRYSOL                                   | 3           |                            |
| <b>ANTISEBORRHEIC AGENTS</b>                          |  |             |                            |
| <b>selenium sulfide (2.25 %) (shampoo)</b>            |  | 1           |                            |
| <b>selenium sulfide (2.5 %) (lotion)</b>              |  | 1           |                            |
| SULFACETAMIDE SODIUM                                  | OVACE PLUS                               | 3           |                            |
| <b>sulfacetamide sodium</b>                           |  | 1           |                            |
| <b>ANTISEPTICS, MISCELLANEOUS</b>                     |  |             |                            |
| GUAIACOL  |  | 2           |                            |
| <b>KERATOLYTICS</b>                                   |  |             |                            |
| <b>benzoyl peroxide (4 %) (gel (gram))</b>            |  | 1           |                            |
| <b>benzoyl peroxide (5.3%) (foam)</b>                 |  | 1           |                            |
| <b>benzoyl peroxide (6 %) (towelette)</b>             |  | 1           |                            |
| <b>benzoyl peroxide (8 %) (gel (gram))</b>            |  | 1           |                            |
| <b>benzoyl peroxide (9.8 %) (foam)</b>                |  | 1           |                            |
| BENZOYL PEROXIDE                                      | PACNEX HP                                | 3           |                            |
| BENZOYL PEROXIDE                                      | PACNEX LP                                | 3           |                            |
| <b>benzoyl peroxide microspheres (7 %) (cleanser)</b> |  | 1           |                            |
| BENZOYL PEROXIDE/SULFUR                               | NUOX                                     | 3           |                            |

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| Drug Name   |                                   | Tier | Requirements/Limits    |
|---|-----------------------------------|------|------------------------|
| podofilox   | CONDYLOX (0.5 %) (SOLUTION)       | 1    |                        |
| salicylic acid (26 %) (liquid)                                |                                   | 1    |                        |
| salicylic acid (27.5 %) (liq-film)                            |                                   | 1    |                        |
| salicylic acid (28.5 %) (sol-filmer)                          |                                   | 1    |                        |
| salicylic acid (6 %) (cream (g))                              |                                   | 1    |                        |
| salicylic acid (6 %) (cream (g))                              |                                   | 1    |                        |
| salicylic acid (6 %) (foam)                                   |                                   | 1    |                        |
| salicylic acid (6 %) (gel (gram))                             |                                   | 1    |                        |
| salicylic acid (6 %) (lotion er)                              |                                   | 1    |                        |
| salicylic acid (6 %) (lotion)                                 |                                   | 1    |                        |
| salicylic acid (6 %) (shampoo)                                |                                   | 1    |                        |
| SALICYLIC ACID  | SALIMEZ FORTE                     | 3    |                        |
| SALICYLIC ACID  | ULTRASAL-ER                       | 3    |                        |
| salicylic acid/ceramide comb 1                                | SALEX                             | 1    |                        |
| silver nitrate  |                                   | 1    |                        |
| silver nitrate applicator                                     |                                   | 1    |                        |
| UREA  | URAMAXIN                          | 3    |                        |
| urea (35 %) (foam)  |                                   | 1    |                        |
| urea (39 %) (cream (g))                                       |                                   | 1    |                        |
| urea (40 %) (cream (g))                                       |                                   | 1    |                        |
| urea (40 %) (foam)  |                                   | 1    |                        |
| urea (40 %) (lotion)  |                                   | 1    |                        |
| urea (45 %) (cream (g))                                       |                                   | 1    |                        |
| urea (45 %) (gel (ml))  |                                   | 1    |                        |
| urea (45 %) (gel/pf app)                                      |                                   | 1    |                        |
| urea (45 %) (lotion)  |                                   | 1    |                        |
| urea (47 %) (cream (g))                                       |                                   | 1    |                        |
| urea (50 %) (cream (g))                                       |                                   | 1    |                        |
| urea (50 %) (sol/pf app)                                      |                                   | 1    |                        |
| UREA/EMOLLIENT COMBINATION 65                                 | URAMAXIN GT                       | 3    |                        |
| <b>OXIDIZING AGENTS</b>                                       |                                   |      |                        |
| HYP AC/SOD CHL/SOD SUL/SOD PHO                                | LEVICYN                           | 3    |                        |
| HYPOC ACID/SOD HYPO/NACL/WATER                                | ATKAPRO DERMAL SPRAY              | 3    |                        |
| HYPOC ACID/SOD HYPO/NACL/WATER                                | HYCLODEX                          | 3    |                        |
| HYPOC ACID/SOD HYPO/NACL/WATER                                | MICROCYN                          | 3    |                        |
| <b>TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC</b>     |                                   |      |                        |
| HYDROCORTISONE/PRAMOXINE                                      | ANALPRAM HC                       | 3    |                        |
| HYDROCORTISONE/PRAMOXINE                                      | EPIFOAM                           | 3    |                        |
| hydrocortisone/pramoxine                                      | PRAMOSONE (2.5 %-1 %) (CREAM (G)) | 1    |                        |
| lidocaine/hydrocortisone ac                                   | LIDAMANTLE HC                     | 1    |                        |
| <b>TOPICAL ANTINEOPLASTIC &amp; PREMALIGNANT LESION AGNTS</b> |                                   |      |                        |
| ALITRETINOIN  | PANRETIN                          | 3    |                        |
| BEXAROTENE  | TARGRETIN                         | 2    | PA                     |
| diclofenac sodium   | SOLARAZE                          | 1    | PA, QL: 100gm PER FILL |
| FLUOROURACIL  | CAKAC (0.5 %) (CREAM (G))         | 1    |                        |
| fluorouracil  | EFUDEX                            | 1    |                        |
| INGENOL MEBUTATE  | PICATO (0.015 %) (GEL (EA))       | 2    | QL: 3 IN 28 DAYS       |
| INGENOL MEBUTATE  | PICATO (0.05 %) (GEL (EA))        | 2    | QL: 2 IN 28 DAYS       |
| MECHLORETHAMINE HCL   | VALCHLOR                          | 2    | PA                     |
| <b>TOPICAL LOCAL ANESTHETICS</b>                              |                                   |      |                        |
| BENZOCAINE  | ANACAINE                          | 3    |                        |
| cocaine hcl   |                                   | 1    |                        |

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| Drug Name   |                                       | Tier | Requirements/Limits      |
|---|---------------------------------------|------|--------------------------|
| ethyl chloride  |                                       | 1    |                          |
| lidocaine (5 %) (adh. patch)                              |                                       | 1    |                          |
| lidocaine (5 %) (oint. (g))                               |                                       | 1    | ST, QL: 240gm IN 30 DAYS |
| LIDOCAINE   | TRANZAREL                             | 3    |                          |
| LIDOCAINE HCL   | ANASTIA                               | 3    |                          |
| LIDOCAINE HCL   | ASTERO                                | 3    |                          |
| LIDOCAINE HCL   | LDO PLUS                              | 3    |                          |
| lidocaine hcl (3 %) (cream (g))                           |                                       | 1    |                          |
| lidocaine hcl (3 %) (lotion)                              |                                       | 1    |                          |
| lidocaine hcl (4 %) (solution)                            |                                       | 1    |                          |
| LIDOCAINE HCL   | LIDOPIN                               | 3    |                          |
| LIDOCAINE HCL   | NUMBONEX                              | 3    |                          |
| lidocaine/prilocaine                                      |                                       | 1    |                          |
| lidocaine/racepinep/tetracaine                            |                                       | 1    |                          |
| lidocaine/tetracaine                                      |                                       | 1    |                          |
| TETRACAINE HCL  | PLIAGLIS                              | 3    |                          |
| TETRACAINE/BENZOCAINE/BUTAMBEN                            | PONTOCAINE                            | 3    |                          |
| TETRACAINE/BENZOCAINE/BUTAMBEN                            | CETACAINE                             | 3    |                          |
| TETRACAINE/BENZOCAINE/BUTAMBEN                            | CETACAINE<br>ANESTHETIC               | 3    |                          |
| <b>DERMATOLOGY - PSORIASIS/ECZEMA</b>                     |                                       |      |                          |
| <b>ANTIPSORIATIC AGENTS,SYSTEMIC</b>                      |                                       |      |                          |
| acitretin   |                                       | 1    |                          |
| GUSELKUMAB  | SORIATANE                             | 3    | PA, SP                   |
| methoxsalen   |                                       | 1    |                          |
| SECUKINUMAB   | TREMFYA                               | 1    |                          |
| SECUKINUMAB   | COSENTYX (2<br>SYRINGES)              | 2    | PA, SP                   |
| SECUKINUMAB   | COSENTYX PEN                          | 2    | PA, SP                   |
| SECUKINUMAB   | COSENTYX PEN (2<br>PENS)              | 2    | PA, SP                   |
| SECUKINUMAB   | COSENTYX<br>SYRINGE                   | 2    | PA, SP                   |
| <b>ANTIPSORIATICS AGENTS</b>                              |                                       |      |                          |
| ANTHRALIN   | DRITHOCREME HP                        | 2    | ST                       |
| ANTHRALIN MICRONIZED                                      | ZITHRANOL                             | 3    |                          |
| calcipotriene   |                                       | 1    | ST                       |
| CALCIPOTRIENE   | DOVONEX                               | 3    | ST                       |
| calcitriol  |                                       | 1    | ST                       |
| TAZAROTENE  | SORILUX                               | 3    | ST                       |
| TAZAROTENE  | VECTICAL                              | 1    | ST                       |
| TAZAROTENE  | TAZORAC (0.05 %) (CREAM (G))          | 2    |                          |
| TAZAROTENE  | TAZORAC (0.05 %) (GEL (GRAM))         | 2    |                          |
| tazarotene  | TAZORAC (0.1 %) (CREAM (G))           | 1    |                          |
| TAZAROTENE  | TAZORAC (0.1 %) (GEL (GRAM))          | 2    |                          |
| <b>ECZEMA AGENTS,SYSTEMIC,INTERLEUKIN-4 REC.ANTAG MAB</b> |                                       |      |                          |
| DUPILUMAB   | DUPIXENT                              | 3    | PA, SP                   |
| <b>TOPICAL AGENTS,MISCELLANEOUS</b>                       |                                       |      |                          |
| UREA  | GORDO-UREA                            | 3    |                          |
| <b>TOPICAL IMMUNOSUPPRESSIVE AGENTS</b>                   |                                       |      |                          |
| PIMECROLIMUS  | ELIDEL                                | 2    | ST                       |
| tacrolimus  | PROTOPIC                              | 1    |                          |
| <b>TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL</b>   |                                       |      |                          |
| CALCIPOTRIENE/BETAMETHASONE                               | ENSTILAR                              | 2    | ST                       |
| calcipotriene/betamethasone                               | TACLONEX (0.005-<br>.064) (OINT. (G)) | 1    | ST                       |



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| Drug Name   |   | Tier | Requirements/Limits    |
|---|---|------|------------------------|
| CALCIPTRIENE/BETAMETHASONE                                    | TACLONEX (0.005-.064) (SUSPENSION)      | 2    |                        |
| <b>DIABETES</b>   |   |      |                        |
| <b>ANTIHYPERGLY, (DPP-4) INHIBITOR &amp; BIGUANIDE COMB.</b>  |   |      |                        |
| LINAGLIPTIN/METFORMIN HCL                                     | JENTADUETO                              | 2    | QL: 2 IN 1 DAY         |
| LINAGLIPTIN/METFORMIN HCL                                     | JENTADUETO XR (2.5-1000MG) (TAB BP 24H) | 2    | QL: 2 IN 1 DAY         |
| LINAGLIPTIN/METFORMIN HCL                                     | JENTADUETO XR (5MG-1000MG) (TAB BP 24H) | 2    | QL: 1 IN 1 DAY         |
| SITAGLIPTIN PHOS/METFORMIN HCL                                | JANUMET                                 | 2    | QL: 2 IN 1 DAY         |
| SITAGLIPTIN PHOS/METFORMIN HCL                                | JANUMET XR (100-1000MG) (TBMP 24HR)     | 2    | QL: 1 IN 1 DAY         |
| SITAGLIPTIN PHOS/METFORMIN HCL                                | JANUMET XR (50-1000 MG) (TBMP 24HR)     | 2    | QL: 2 IN 1 DAY         |
| SITAGLIPTIN PHOS/METFORMIN HCL                                | JANUMET XR (50MG-500MG) (TBMP 24HR)     | 2    | QL: 2 IN 1 DAY         |
| <b>ANTIHYPERGLY,DPP-4 ENZYME INHIB &amp;THIAZOLIDINEDIONE</b> |   |      |                        |
| alogliptin benz/pioglitazone                                  | OSENI                                   | 1    |                        |
| <b>ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)</b>     |   |      |                        |
| DULAGLUTIDE   | TRULICITY                               | 2    | ST, QL: 2mL IN 28 DAYS |
| EXENATIDE   | BYETTA                                  | 2    | ST                     |
| EXENATIDE MICROSPHERES  | BYDUREON                                | 2    | ST, QL: 1 IN 7 DAYS    |
| EXENATIDE MICROSPHERES  | BYDUREON BCISE                          | 2    | ST, QL: 1mL IN 7 DAYS  |
| EXENATIDE MICROSPHERES  | BYDUREON PEN                            | 2    | ST, QL: 1 IN 7 DAYS    |
| <b>ANTIHYPERGLYCEMC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB</b>     |   |      |                        |
| CANAGLIFLOZIN   | INVOKANA                                | 2    | ST, QL: 1 IN 1 DAY     |
| DAPAGLIFLOZIN PROPANEDIOL                                     | FARXIGA                                 | 2    | ST                     |
| EMPAGLIFLOZIN   | JARDIANCE                               | 2    | ST, QL: 1 IN 1 DAY     |
| <b>ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)</b>       |   |      |                        |
| acarbose  | PRECOSE                                 | 1    |                        |
| miglitol  | GLYSET                                  | 1    |                        |
| <b>ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE</b>                  |   |      |                        |
| PRAMLINTIDE ACETATE   | SYMLINPEN 120                           | 2    |                        |
| PRAMLINTIDE ACETATE   | SYMLINPEN 60                            | 2    |                        |
| <b>ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS</b>                    |   |      |                        |
| LINAGLIPTIN   | TRADJENTA                               | 2    | QL: 1 IN 1 DAY         |
| SITAGLIPTIN PHOSPHATE   | JANUVIA                                 | 2    | QL: 1 IN 1 DAY         |
| <b>ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE</b>      |   |      |                        |
| glimepiride   | AMARYL                                  | 1    |                        |
| glipizide   | GLUCOTROL                               | 1    |                        |
| glipizide   | GLUCOTROL XL                            | 1    |                        |
| glyburide   |   | 1    |                        |
| glyburide,micronized  | GLYNASE                                 | 1    |                        |
| nateglinide   | STARLIX                                 | 1    |                        |
| repaglinide   | PRANDIN                                 | 1    |                        |
| tolazamide  | TOLINASE                                | 1    |                        |
| tolbutamide   | ORINASE                                 | 1    |                        |
| <b>ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)</b>     |   |      |                        |
| pioglitazone hcl  | ACTOS                                   | 1    |                        |
| ROSIGLITAZONE MALEATE   | AVANDIA                                 | 3    | ST                     |
| <b>ANTIHYPERGLYCEMIC, SGLT-2 &amp; DPP-4 INHIBITOR COMB.</b>  |   |      |                        |
| EMPAGLIFLOZIN/LINAGLIPTIN                                     | GLYXAMBI                                | 2    | ST, QL: 1 IN 1 DAY     |

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| <b>Drug Name</b>  |  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|--|-------------|----------------------------|
| ERTUGLIFLOZIN/SITAGLIPTIN   | STEGLUJAN                              | 3           | ST, QL: 1 IN 1 DAY         |
| <b>ANTIHYPERTENSIVE, BIGUANIDE TYPE (NON-SULFONYLUREA)</b>          |  |             |                            |
| metformin hcl   | FORTAMET                               | 1           | ST                         |
| metformin hcl   | GLUCOPHAGE                             | 1           |                            |
| metformin hcl   | GLUCOPHAGE XR                          | 1           |                            |
| metformin hcl   | GLUMETZA                               | 1           |                            |
| <b>ANTIHYPERTENSIVE, INSULIN &amp; GLP-1 RECEPTOR AGONIST</b>       |  |             |                            |
| INSULIN DEGLUDEC/LIRAGLUTIDE  | XULTOPHY 100-3.6                       | 2           | ST, QL: 15mL IN 28 DAYS    |
| INSULIN GLARGINE/LIXISENATIDE                                       | SOLIQUA 100-33                         | 2           | ST, QL: 30mL IN 28 DAYS    |
| <b>ANTIHYPERTENSIVE, INSULIN-REL STIM. &amp; BIGUANIDE CMB</b>      |  |             |                            |
| glipizide/metformin hcl   | METAGLIP                               | 1           |                            |
| glyburide/metformin hcl   | GLUCOVANCE                             | 1           |                            |
| repaglinide/metformin hcl   | PRANDIMET                              | 1           |                            |
| <b>ANTIHYPERTENSIVE, INSULIN-RESPONSE &amp; RELEASE COMB.</b>       |  |             |                            |
| pioglitazone hcl/glimepiride  | DUETACT                                | 1           | ST                         |
| <b>ANTIHYPERTENSIVE-GLUCOCORTICOID RECEPTOR BLOCKER</b>             |  |             |                            |
| MIFEPRISTONE  | KORLYM                                 | 3           | PA                         |
| <b>ANTIHYPERTENSIVE-SGLT2 INHIBITOR &amp; BIGUANIDE COMB</b>        |  |             |                            |
| CANAGLIFLOZIN/METFORMIN HCL   | INVOKAMET                              | 2           | ST, QL: 2 IN 1 DAY         |
| CANAGLIFLOZIN/METFORMIN HCL   | INVOKAMET XR                           | 2           | ST, QL: 2 IN 1 DAY         |
| DAPAGLIFLOZIN/METFORMIN HCL   | XIGDUO XR (10-1000 MG) (TAB BP 24H)    | 2           | ST                         |
| DAPAGLIFLOZIN/METFORMIN HCL   | XIGDUO XR (10MG-500MG) (TAB BP 24H)    | 2           | ST                         |
| DAPAGLIFLOZIN/METFORMIN HCL   | XIGDUO XR (2.5-1000MG) (TAB BP 24H)    | 2           | ST, QL: 2 IN 1 DAY         |
| DAPAGLIFLOZIN/METFORMIN HCL   | XIGDUO XR (5 MG-500MG) (TAB BP 24H)    | 2           | ST                         |
| DAPAGLIFLOZIN/METFORMIN HCL   | XIGDUO XR (5MG-1000MG) (TAB BP 24H)    | 2           | ST                         |
| EMPAGLIFLOZIN/METFORMIN HCL   | SYNJARDY                               | 2           | QL: 2 IN 1 DAY             |
| EMPAGLIFLOZIN/METFORMIN HCL   | SYNJARDY XR (10-1000 MG) (TAB BP 24H)  | 2           | QL: 1 IN 1 DAY             |
| EMPAGLIFLOZIN/METFORMIN HCL   | SYNJARDY XR (12.5-1000) (TAB BP 24H)   | 2           | QL: 2 IN 1 DAY             |
| EMPAGLIFLOZIN/METFORMIN HCL   | SYNJARDY XR (25-1000 MG) (TAB BP 24H)  | 2           | QL: 1 IN 1 DAY             |
| EMPAGLIFLOZIN/METFORMIN HCL   | SYNJARDY XR (5MG-1000MG) (TAB BP 24H)  | 2           | QL: 2 IN 1 DAY             |
| ERTUGLIFLOZIN/METFORMIN   | SEGLUROMET                             | 3           | ST, QL: 2 IN 1 DAY         |
| <b>ANTIHYPERTENSIVE, INSULIN-RESP. ENHANCER &amp; BIGUANIDE CMB</b> |  |             |                            |
| pioglitazone hcl/metformin hcl                                      | ACTOPLUS MET                           | 1           | ST                         |
| PIOGLITAZONE HCL/METFORMIN HCL                                      | ACTOPLUS MET XR                        | 3           | ST                         |
| <b>BLOOD SUGAR DIAGNOSTICS</b>                                      |  |             |                            |
| BLOOD SUGAR DIAGNOSTIC  | BLOOD GLUCOSE TEST STRIP (STRIP) (OTC) | 1           |                            |
| BLOOD SUGAR DIAGNOSTIC  | CONTOUR NEXT TEST STRIP                | 2           | PA                         |

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| <b>Drug Name</b>               |  | <b>Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------|--|-------------|----------------------------|
| BLOOD SUGAR DIAGNOSTIC         | CONTOUR TEST STRIP                       | 2           | PA                         |
| BLOOD SUGAR DIAGNOSTIC         | ONETOUCH ULTRA BLUE TEST STRP            | 2           |                            |
| BLOOD SUGAR DIAGNOSTIC         | ONETOUCH VERIO                           | 2           |                            |
| BLOOD SUGAR DIAGNOSTIC         | PREMIUM BLOOD GLUCOSE TEST (STRIP) (OTC) | 1           |                            |
| BLOOD SUGAR DIAGNOSTIC         | WAVESENSE PRESTO                         | 1           |                            |
| <b>DIABETIC SUPPLIES</b>       |  |             |                            |
| BLOOD-GLUC TRANSMITTER/SENSOR  | PARADIGM REAL-TIME                       | 3           |                            |
| BLOOD-GLUCOSE CONTROL, NORMAL  | ONETOUCH ULTRA CONTROL SOLN (EACH) (OTC) | 2           |                            |
| BLOOD-GLUCOSE METER            | ONETOUCH ULTRA2                          | 2           |                            |
| BLOOD-GLUCOSE METER            | ONETOUCH III TRAMINI                     | 2           |                            |
| BLOOD-GLUCOSE METER            | ONETOUCH VERIO                           | 2           |                            |
| BLOOD-GLUCOSE METER            | ONETOUCH VERIO FLEX                      | 2           |                            |
| BLOOD-GLUCOSE METER            | ONETOUCH VERIO IQ                        | 2           |                            |
| BLOOD-GLUCOSE METER            | PREMIUM BLOOD GLUCOSE (EACH) (OTC)       | 1           |                            |
| BLOOD-GLUCOSE METER            | WAVESENSE PRESTO (KIT) (OTC)             | 1           |                            |
| BLOOD-GLUCOSE METER,CONTINUOUS | DEXCOM                                   | 2           |                            |
| BLOOD-GLUCOSE METER,CONTINUOUS | DEXCOM G4 (EACH)                         | 3           |                            |
| BLOOD-GLUCOSE METER,CONTINUOUS | DEXCOM G5                                | 2           |                            |
| BLOOD-GLUCOSE SENSOR           | DEXCOM G5-G4 SENSOR                      | 2           |                            |
| BLOOD-GLUCOSE SENSOR           | GUARDIAN SENSOR 3                        | 3           |                            |
| BLOOD-GLUCOSE TRANSMITTER      | DEXCOM G4                                | 2           |                            |
| BLOOD-GLUCOSE TRANSMITTER      | DEXCOM G5                                | 2           |                            |
| BLOOD-GLUCOSE TRANSMITTER      | GUARDIAN LINK 3                          | 3           |                            |
| BLOOD-GLUCOSE TRANSMITTER      | MINIMED 630G GUARDIAN START KT           | 3           |                            |
| DIABETIC SUPPLIES,MISCELL      | GLUCOCOM AUTOLINK                        | 3           |                            |
| FLASH GLUCOSE SCANNING READER  | FREESTYLE LIBRE READER                   | 3           |                            |
| FLASH GLUCOSE SENSOR           | FREESTYLE LIBRE SENSOR                   | 3           |                            |
| INFUSION SET FOR INSULIN PUMP  | AUTOSOFT 30                              | 3           |                            |
| INFUSION SET FOR INSULIN PUMP  | AUTOSOFT 90                              | 3           |                            |
| INFUSION SET FOR INSULIN PUMP  | CLEO 90 INFUSION SET                     | 3           |                            |
| INFUSION SET FOR INSULIN PUMP  | COMFORT (INFUS.SET)                      | 3           |                            |
| INFUSION SET FOR INSULIN PUMP  | CONTACT DETACH INFUSION SET              | 3           |                            |
| INFUSION SET FOR INSULIN PUMP  | INSET 30 INFUSION SET                    | 3           |                            |

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| <b>Drug Name</b>                            |                                | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|--------------------------------|-------------|----------------------------|
| INFUSION SET FOR INSULIN PUMP               | INSET INFUSION SET             | 3           |                            |
| INFUSION SET FOR INSULIN PUMP               | MINIMED PRO-SET                | 3           |                            |
| INFUSION SET FOR INSULIN PUMP               | MIO INFUSION SET               | 3           |                            |
| INFUSION SET FOR INSULIN PUMP               | TRUSTEEL INFUSION SET          | 3           |                            |
| INFUSION SET FOR INSULIN PUMP               | VARIOSOFT INFUSION SET         | 3           |                            |
| INFUSION SET-INSULIN PUMP BODY              | SNAP INSULIN PUMP-INFUSION SET | 3           |                            |
| INSULIN ADMIN. SUPPLIES                     | HUMAPEN LUXURA HD              | 3           |                            |
| INSULIN ADMIN. SUPPLIES                     | NOVOPEN ECHO                   | 3           |                            |
| INSULIN PUMP CARTRIDGE                      | OMNIPOD                        | 3           |                            |
| INSULIN PUMP CARTRIDGE                      | T:FLEX                         | 3           |                            |
| INSULIN PUMP CARTRIDGE                      | T:SLIM                         | 3           |                            |
| INSULIN PUMP CONTROLLER                     | SNAP INSULIN PUMP CONTROLLER   | 3           |                            |
| INSULIN PUMP/INFUS. SET/METER               | ACCU-CHEK                      | 3           |                            |
| LANCING DEVICE (EACH) (OTC)                 |                                | 2           |                            |
| LANCING DEVICE/LANCETS                      | LANCING DEVICE (KIT) (OTC)     | 1           |                            |
| LANCING DEVICE/LANCETS                      | ONETOUCH SURESOFT              | 2           |                            |
| LANCING DEVICE/LANCETS                      | UNISTIK 2 NORMAL (KIT)         | 3           |                            |
| SUBCUTANEOUS INSULIN PUMP                   | MINIMED 630G                   | 3           |                            |
| SUBCUTANEOUS INSULIN PUMP                   | MINIMED 670G                   | 3           |                            |
| SUBCUTANEOUS INSULIN PUMP                   | OMNIPOD                        | 3           |                            |
| SUBCUTANEOUS INSULIN PUMP                   | ONETOUCH PING                  | 3           |                            |
| SUBCUTANEOUS INSULIN PUMP                   | REVEL PROGRAMMABLE PUMP        | 3           |                            |
| SUBCUTANEOUS INSULIN PUMP                   | T:SLIM X2 (EACH)               | 3           |                            |
| SUB-Q INSULIN DEVICE, 20 UNIT               | VGO 20                         | 3           |                            |
| SUB-Q INSULIN DEVICE, 30 UNIT               | VGO 30                         | 3           |                            |
| SUB-Q INSULIN DEVICE, 40 UNIT               | VGO 40                         | 3           |                            |
| SUBQ INSULIN PUMP, GLUC. MON. SYS           | ANIMAS VIBE                    | 3           |                            |
| <b>DIABETIC ULCER PREPARATIONS, TOPICAL</b> |                                |             |                            |
| BECAPLERMIN                                 | REGRANEX                       | 2           |                            |
| <b>HYPERGLYCEMICS</b>                       |                                |             |                            |
| DIAZOXIDE                                   | PROGLYCEM                      | 2           |                            |
| GLUCAGON, HUMAN RECOMBINANT                 | GLUCAGEN                       | 2           |                            |
| GLUCAGON, HUMAN RECOMBINANT                 | EMERGENCY KIT                  | 2           |                            |
| <b>INSULINS</b>                             |                                |             |                            |
| INSULIN DEGLUDEC                            | TRESIBA FLEXTOUCH U-100        | 2           | QL: 30mL IN 28 DAYS        |
| INSULIN DEGLUDEC                            | TRESIBA FLEXTOUCH U-200        | 2           | QL: 18mL IN 28 DAYS        |
| INSULIN DETEMIR                             | LEVEMIR                        | 2           | QL: 40mL IN 28 DAYS        |
| INSULIN DETEMIR                             | LEVEMIR FLEXTOUCH              | 2           | QL: 30mL IN 28 DAYS        |
| INSULIN GLARGINE, HUM. REC. ANLOG           | BASAGLAR                       | 3           | ST                         |
| INSULIN GLARGINE, HUM. REC. ANLOG           | KWIKPEN U-100                  | 3           | ST                         |
| INSULIN GLARGINE, HUM. REC. ANLOG           | LANTUS                         | 2           | QL: 40mL IN 28 DAYS        |
| INSULIN GLARGINE, HUM. REC. ANLOG           | LANTUS SOLOSTAR                | 2           | QL: 30mL IN 28 DAYS        |

## National Formulary

| Drug Name  | Tier | Requirements/Limits    |
|--|------|------------------------|
| INSULIN GLARGINE,HUM.REC.ANLOG<br>TOUJEO MAX<br>SOLOSTAR           | 2    | QL: 18mL IN 28 DAYS    |
| INSULIN GLARGINE,HUM.REC.ANLOG<br>TOUJEO SOLOSTAR                  | 2    | QL: 13.5mL IN 28 DAYS  |
| INSULIN LISPRO<br>HUMALOG<br>(100/ML)<br>(CARTRIDGE)               | 2    | QL: 30mL IN 28 DAYS    |
| INSULIN LISPRO<br>HUMALOG<br>(100/ML) (VIAL)                       | 2    | QL: 40mL IN 28 DAYS    |
| INSULIN LISPRO<br>HUMALOG JUNIOR<br>KWIKPEN                        | 2    | QL: 30mL IN 28 DAYS    |
| INSULIN LISPRO<br>HUMALOG<br>KWIKPEN U-100                         | 2    | QL: 30mL IN 28 DAYS    |
| INSULIN LISPRO<br>HUMALOG<br>KWIKPEN U-200                         | 2    | QL: 12mL IN 28 DAYS    |
| INSULIN LISPRO PROTAMIN/LISPRO<br>HUMALOG MIX 50-<br>50            | 2    | QL: 40mL IN 28 DAYS    |
| INSULIN LISPRO PROTAMIN/LISPRO<br>HUMALOG MIX 50-<br>50 KWIKPEN    | 2    | QL: 30mL IN 28 DAYS    |
| INSULIN LISPRO PROTAMIN/LISPRO<br>HUMALOG MIX 75-<br>25            | 2    | QL: 40mL IN 28 DAYS    |
| INSULIN LISPRO PROTAMIN/LISPRO<br>HUMALOG MIX 75-<br>25 KWIKPEN    | 2    | QL: 30mL IN 28 DAYS    |
| INSULIN NPH HUM/REG INSULIN HM<br>HUMULIN 70/30<br>KWIKPEN         | 2    | QL: 30mL IN 28 DAYS    |
| INSULIN NPH HUM/REG INSULIN HM<br>HUMULIN 70-30                    | 2    | QL: 40mL IN 28 DAYS    |
| INSULIN NPH HUMAN ISOPHANE<br>HUMULIN N                            | 2    | QL: 40mL IN 28 DAYS    |
| INSULIN NPH HUMAN ISOPHANE<br>HUMULIN N<br>KWIKPEN                 | 2    | QL: 30mL IN 28 DAYS    |
| INSULIN REGULAR, HUMAN<br>AFREZZA (12 UNIT)<br>(CART INHAL)        | 3    | PA                     |
| INSULIN REGULAR, HUMAN<br>AFREZZA (4<br>UNIT(30)) (CART<br>INHAL)  | 3    | PA, QL: 360 IN 28 DAYS |
| INSULIN REGULAR, HUMAN<br>AFREZZA (4<br>UNIT(60)) (CART<br>INHAL)  | 3    | PA, QL: 360 IN 28 DAYS |
| INSULIN REGULAR, HUMAN<br>AFREZZA (4<br>UNIT(90)) (CART<br>INHAL)  | 3    | PA, QL: 180 IN 28 DAYS |
| INSULIN REGULAR, HUMAN<br>AFREZZA (4 UNIT)<br>(CART INHAL)         | 3    | PA, QL: 180 IN 28 DAYS |
| INSULIN REGULAR, HUMAN<br>AFREZZA (4-8-<br>12(60)) (CART<br>INHAL) | 3    | PA, QL: 180 IN 28 DAYS |
| INSULIN REGULAR, HUMAN<br>AFREZZA (8<br>UNIT(60)) (CART<br>INHAL)  | 3    | PA, QL: 360 IN 28 DAYS |
| INSULIN REGULAR, HUMAN<br>AFREZZA (8 UNIT)<br>(CART INHAL)         | 3    | PA                     |
| INSULIN REGULAR, HUMAN<br>HUMULIN R                                | 2    | QL: 40mL IN 28 DAYS    |
| INSULIN REGULAR, HUMAN<br>HUMULIN R U-500                          | 2    | QL: 40mL IN 28 DAYS    |
| INSULIN REGULAR, HUMAN<br>HUMULIN R U-500<br>KWIKPEN               | 2    | QL: 24mL IN 28 DAYS    |
| <b>EAR - GENERAL DISORDERS</b>                                     |      |                        |
| <b>EAR PREPARATIONS ANTI-INFLAMMATORY</b>                          |      |                        |
| fluocinolone acetamide oil<br>DERMOTIC                             | 1    |                        |
| <b>EAR PREPARATIONS, MISC. ANTI-INFECTIVES</b>                     |      |                        |
| acetic acid<br>VOSOL   | 1    |                        |
| hydrocortisone/acetic acid<br>VOSOL HC                             | 1    |                        |

**National Formulary**

| Drug Name  |                                  | Tier | Requirements/Limits |
|--|----------------------------------|------|---------------------|
| <b>EAR PREPARATIONS,ANTIBIOTICS</b>                    |                                  |      |                     |
| CIPROFLOXACIN  | OTIPRIO                          | 3    |                     |
| ciprofloxacin hcl                                      | CETRAXAL                         | 1    |                     |
| neomycin/polymyxin b/hydrocort                         |                                  | 1    |                     |
| ofloxacin  | FLOXIN                           | 1    |                     |
| <b>OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS</b> |                                  |      |                     |
| CIPROFLOXACIN HCL/DEXAMETH                             | CIPRODEX                         | 2    |                     |
| CIPROFLOXACIN HCL/FLUOCINOLONE                         | OTOVEL                           | 2    |                     |
| <b>ELECTROLYTE REGULATION</b>                          |                                  |      |                     |
| <b>ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS</b> |                                  |      |                     |
| TOLVAPTAN  | JYNARQUE                         | 3    |                     |
| TOLVAPTAN  | SAMSCA (15 MG)<br>(TABLET)       | 2    | QL: 30 IN 365 DAYS  |
| TOLVAPTAN  | SAMSCA (30 MG)<br>(TABLET)       | 2    | QL: 60 IN 365 DAYS  |
| <b>BICARBONATE PRODUCING/CONTAINING AGENTS</b>         |                                  |      |                     |
| CHOLERA VAC BUFFER COMP 1 OF 2                         | VAXCHORA<br>BUFFER<br>COMPONENT  | 3    |                     |
| sodium acetate   |                                  | 1    |                     |
| sodium bicarbonate in d5w                              |                                  | 1    |                     |
| <b>DRUGS USED TO TREAT ACIDOSIS</b>                    |                                  |      |                     |
| tromethamine in sterile water                          |                                  | 1    |                     |
| <b>ELECTROLYTE DEPLETERS</b>                           |                                  |      |                     |
| calcium acetate  | ELIPHOS                          | 1    |                     |
| calcium acetate  | PHOSLO                           | 1    |                     |
| CALCIUM ACETATE  | PHOSLYRA                         | 2    |                     |
| calcium carb/mag carb/folic ac                         |                                  | 1    |                     |
| lanthanum carbonate                                    | FOSRENOL (1000<br>MG) (TAB CHEW) | 1    |                     |
| lanthanum carbonate                                    | FOSRENOL (500<br>MG) (TAB CHEW)  | 1    |                     |
| lanthanum carbonate                                    | FOSRENOL (750<br>MG) (TAB CHEW)  | 1    |                     |
| PATIROMER CALCIUM SORBITE                              | VELTASSA                         | 2    | PA, QL: 1 IN 1 DAY  |
| sevelamer carbonate                                    | REVELA                           | 1    |                     |
| sodium polystyrene sulfon/sorb                         |                                  | 1    |                     |
| SODIUM POLYSTYRENE SULFON/SORB                         | SPS                              | 2    |                     |
| sodium polystyrene sulfonate                           |                                  | 1    |                     |
| SUCROFERRIC OXYHYDROXIDE                               | VELPHORO                         | 2    |                     |
| <b>PHOSPHATE REPLACEMENT</b>                           |                                  |      |                     |
| sodium glycerophosphate                                |                                  | 1    |                     |
| sodium phosphate in 0.9 % nacl                         |                                  | 1    |                     |
| sodium phosphate in d5w                                |                                  | 1    |                     |
| <b>POTASSIUM REPLACEMENT</b>                           |                                  |      |                     |
| pot chloride/pot bicarb/cit ac                         |                                  | 1    |                     |
| potassium acetate                                      |                                  | 1    |                     |
| potassium bicarbonate/cit ac                           | KLOR-CON-EF                      | 1    |                     |
| potassium chloride                                     |                                  | 1    |                     |
| potassium chloride in 0.9%nacl                         |                                  | 1    |                     |
| potassium chloride in d5w                              |                                  | 1    |                     |
| potassium chloride/d5-0.2%nacl                         |                                  | 1    |                     |
| potassium chloride/d5-0.3%nacl                         |                                  | 1    |                     |
| potassium chloride/d5-0.45nacl                         |                                  | 1    |                     |
| potassium chloride/d5-0.9%nacl                         |                                  | 1    |                     |
| potassium chloride-0.45% nacl                          |                                  | 1    |                     |
| potassium cl/lido/0.9 % nacl                           |                                  | 1    |                     |

**National Formulary**

| Drug Name   |                           | Tier | Requirements/Limits  |
|---|---------------------------|------|----------------------|
| <b>ENDOCRINE DISORDER - FERTILITY</b>                     |                           |      |                      |
| <b>DRUGS TO TREAT IMPOTENCY</b>                           |                           |      |                      |
| ALPROSTADIL   | CAVERJECT (10 MCG) (KIT)  | 3    | QL: 1 IN 5 DAYS      |
| ALPROSTADIL   | CAVERJECT (20 MCG) (KIT)  | 3    | QL: 1 IN 5 DAYS      |
| ALPROSTADIL   | CAVERJECT (20 MCG) (VIAL) | 2    | QL: 1 IN 5 DAYS      |
| ALPROSTADIL   | CAVERJECT (40 MCG) (VIAL) | 2    | QL: 1 IN 5 DAYS      |
| ALPROSTADIL   | EDEX (10 MCG) (KIT)       | 3    | ST, QL: 3 IN 30 DAYS |
| ALPROSTADIL   | EDEX (20 MCG) (KIT)       | 3    | ST, QL: 3 IN 30 DAYS |
| ALPROSTADIL   | EDEX (40 MCG) (KIT)       | 3    | ST, QL: 3 IN 30 DAYS |
| ALPROSTADIL   | MUSE                      | 2    | QL: 1 IN 5 DAYS      |
| <b>papav/phenolam/alprost/water</b>                       |                           | 1    |                      |
| <b>sildenafil citrate</b>                                 | VIAGRA                    | 1    | QL: 1 IN 5 DAYS      |
| TADALAFIL   | CIALIS (10 MG) (TABLET)   | 2    | PA, QL: 1 IN 5 DAYS  |
| TADALAFIL   | CIALIS (2.5 MG) (TABLET)  | 2    | PA, QL: 1 IN 1 DAY   |
| TADALAFIL   | CIALIS (20 MG) (TABLET)   | 2    | PA, QL: 1 IN 5 DAYS  |
| TADALAFIL   | CIALIS (5 MG) (TABLET)    | 2    | PA, QL: 1 IN 1 DAY   |
| <b>FERTILITY STIMULATING PREPARATIONS, NON-FSH</b>        |                           |      |                      |
| <b>clomiphene citrate</b>                                 | SEROPHENE                 | 1    |                      |
| <b>FOLLICLE STIM./LUTEINIZING HORMONES</b>                |                           |      |                      |
| MENOTROPINS   | MENOPUR                   | 2    |                      |
| <b>FOLLICLE-STIMULATING HORMONE (FSH)</b>                 |                           |      |                      |
| FOLLITROPIN ALFA, RECOMBINANT                             | GONAL-F                   | 3    | ST                   |
| FOLLITROPIN ALFA, RECOMBINANT                             | GONAL-F RFF               | 3    | ST                   |
| FOLLITROPIN ALFA, RECOMBINANT                             | GONAL-F RFF               | 3    | ST                   |
|   | REDI-JECT                 | 3    | ST                   |
| FOLLITROPIN BETA, RECOMB                                  | FOLLISTIM AQ              | 2    |                      |
| <b>HUMAN CHORIONIC GONADOTROPIN (HCG)</b>                 |                           |      |                      |
| CHORIOGONADOTROPIN ALFA                                   | OVIDREL                   | 3    |                      |
| CHORIONIC GONADOTROPIN, HUMAN                             | CHORIONIC GONADOTROPIN    | 2    |                      |
| CHORIONIC GONADOTROPIN, HUMAN                             | NOVAREL                   | 2    |                      |
| <b>PREGNANCY FACILITATING/MAINTAINING AGENT, HORMONAL</b> |                           |      |                      |
| HYDROXYPROGESTERONE CAPROAT/PF                            | MAKENA                    | 2    | PA, SP               |
| HYDROXYPROGESTERONE CAPROATE                              | MAKENA                    | 2    | PA, SP               |
| PROGESTERONE, MICRONIZED                                  | CRINONE                   | 2    |                      |
| <b>ENDOCRINE DISORDER - OTHER</b>                         |                           |      |                      |
| <b>ANTIDIURETIC AND VASOPRESSOR HORMONES</b>              |                           |      |                      |
| <b>desmopressin (nonrefrigerated)</b>                     | DDAVP                     | 1    |                      |
| <b>desmopressin acetate</b>                               |                           | 1    |                      |
| DESMOPRESSIN ACETATE                                      | NOCTIVA                   | 3    |                      |
| DESMOPRESSIN ACETATE                                      | STIMATE                   | 2    |                      |
| <b>vasopressin</b>  | PITRESSIN                 | 1    |                      |
| VASOPRESSIN   | VASOSTRICT                | 3    |                      |
| <b>vasopressin in 0.9 % nacl</b>                          |                           | 1    |                      |
| <b>vasopressin in dextrose 5 %</b>                        |                           | 1    |                      |

**National Formulary**

| Drug Name  | Tier | Requirements/Limits  |
|--|------|----------------------|
| <b>ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.</b>                      |      |                      |
| GOSERELIN ACETATE<br>ZOLADEX   | 2    | PA, SP               |
| HISTRELIN ACETATE<br>VANTAS  | 2    |                      |
| LEUPROLIDE ACETATE<br>ELIGARD (22.5 MG)<br>(SYRINGE)                           | 2    | PA, SP               |
| LEUPROLIDE ACETATE<br>ELIGARD (30 MG)<br>(SYRINGE)                             | 2    | PA, SP               |
| LEUPROLIDE ACETATE<br>ELIGARD (45 MG)<br>(SYRINGE)                             | 2    | PA, SP               |
| LEUPROLIDE ACETATE<br>ELIGARD (7.5 MG)<br>(SYRINGE)                            | 2    | PA, SP               |
| <b>leuprolide acetate (1 mg/0.2ml) (kit)</b>                                   | 1    | SP                   |
| <b>leuprolide acetate (1 mg/0.2ml) (vial)</b>                                  | 1    | SP                   |
| LEUPROLIDE ACETATE<br>LUPRON DEPOT   | 3    | SP                   |
| TRIPTORELIN PAMOATE<br>TRELSTAR  | 3    |                      |
| <b>BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES</b>                      |      |                      |
| ABALOPARATIDE<br>TYMLOS  | 2    | PA, SP               |
| <b>BONE RESORPTION INHIBITOR &amp; VITAMIN D COMBINATIONS</b>                  |      |                      |
| ALENDRONATE SODIUM/VITAMIN D3<br>FOSAMAX PLUS D                                | 3    |                      |
| <b>BONE RESORPTION INHIBITORS</b>  |      |                      |
| <b>alendronate sodium</b><br>FOSAMAX (10 MG)<br>(TABLET)                       | 1    |                      |
| <b>alendronate sodium</b><br>FOSAMAX (35 MG)<br>(TABLET)                       | 1    |                      |
| <b>alendronate sodium</b><br>FOSAMAX (40 MG)<br>(TABLET)                       | 1    |                      |
| <b>alendronate sodium</b><br>FOSAMAX (5 MG)<br>(TABLET)                        | 1    |                      |
| <b>alendronate sodium</b><br>FOSAMAX (70 MG)<br>(TABLET)                       | 1    |                      |
| <b>alendronate sodium</b><br>FOSAMAX (70<br>MG/75ML)<br>(SOLUTION)             | 1    | QL: 75mL IN 7 DAYS   |
| CALCITONIN,SALMON,SYNTHETIC<br>MIACALCIN<br>(200/ML) (VIAL)                    | 2    |                      |
| <b>calcitonin,salmon,synthetic</b><br>MIACALCIN<br>(200/SPRAY)<br>(SPRAY/PUMP) | 1    |                      |
| DENOSUMAB<br>PROLIA  | 3    | PA, SP               |
| DENOSUMAB<br>XGEVA   | 2    | PA, SP               |
| <b>etidronate disodium</b><br>DIDRONEL   | 1    |                      |
| <b>ibandronate sodium</b><br>BONIVA (150 MG)<br>(TABLET)                       | 1    |                      |
| <b>ibandronate sodium</b><br>BONIVA (3 MG/3<br>ML) (SYRINGE)                   | 1    |                      |
| <b>ibandronate sodium</b><br>BONIVA (3 MG/3<br>ML) (VIAL)                      | 1    |                      |
| <b>pamidronate disodium</b>  | 1    |                      |
| <b>raloxifene hcl</b><br>EVISTA  | 1    | PA, QL: 1 IN 1 DAY   |
| <b>risedronate sodium</b><br>ACTONEL (150 MG)<br>(TABLET)                      | 1    | ST, QL: 1 IN 30 DAYS |
| <b>risedronate sodium</b><br>ACTONEL (30 MG)<br>(TABLET)                       | 1    | ST, QL: 1 IN 1 DAY   |
| <b>risedronate sodium</b><br>ACTONEL (35 MG)<br>(TABLET)                       | 1    | ST, QL: 1 IN 7 DAYS  |
| <b>risedronate sodium</b><br>ACTONEL (5 MG)<br>(TABLET)                        | 1    | ST, QL: 1 IN 1 DAY   |
| <b>risedronate sodium</b><br>ATELVIA   | 1    | ST, QL: 1 IN 7 DAYS  |
| <b>zoledronic ac/mannitol/0.9nacl</b>  | 1    | SP                   |



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| Drug Name  |                            | Tier | Requirements/Limits   |
|--|----------------------------|------|-----------------------|
| zoledronic acid  | ZOMETA                     | 1    | SP                    |
| zoledronic acid/mannitol-water                               |                            | 1    | SP                    |
| ZOLEDRONIC ACID/MANNITOL-WATER                               | ZOMETA                     | 2    | SP                    |
| <b>CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER</b>             |                            |      |                       |
| CINACALCET HCL   | SENSIPAR                   | 2    |                       |
| ETELCALCETIDE HYDROCHLORIDE                                  | PARSABIV                   | 3    | PA, SP                |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>                   |                            |      |                       |
| PEGVISOMANT  | SOMAVERT                   | 2    |                       |
| <b>GROWTH HORMONE RELEASING HORMONE (GHRH) &amp; ANALOGS</b> |                            |      |                       |
| TESAMORELIN ACETATE  | EGRIFTA                    | 2    | PA, SP                |
| <b>GROWTH HORMONES</b>                                       |                            |      |                       |
| SOMATROPIN   | GENOTROPIN                 | 2    | PA, SP                |
| SOMATROPIN   | SEROSTIM                   | 2    | PA                    |
| SOMATROPIN   | ZORBTIVE                   | 3    | PA                    |
| <b>HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE</b>    |                            |      |                       |
| doxercalciferol (0.5 mcg) (capsule)                          |                            | 1    |                       |
| doxercalciferol (1 mcg) (capsule)                            |                            | 1    |                       |
| doxercalciferol (2.5 mcg) (capsule)                          |                            | 1    |                       |
| doxercalciferol (4mcg/2ml) (ampul)                           |                            | 1    |                       |
| paricalcitol   |                            | 1    |                       |
| <b>INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES</b>         |                            |      |                       |
| MECASERMIN   | INCRELEX                   | 2    | PA                    |
| <b>LEPTIN HORMONE ANALOGS</b>                                |                            |      |                       |
| METRELEPTIN  | MYALEPT                    | 2    | QL: 1 IN 1 DAY        |
| <b>LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>      |                            |      |                       |
| LEUPROLIDE ACETATE   | LUPRON DEPOT               | 2    | SP                    |
| LEUPROLIDE ACETATE   | LUPRON DEPOT<br>(LUPANETA) | 2    | SP                    |
| NAFARELIN ACETATE  | SYNAREL                    | 2    |                       |
| <b>LHRH(GNRH) ANTAGONIST,PITUITARY SUPPRESSANT AGENTS</b>    |                            |      |                       |
| CETRORELIX ACETATE   | CETROTIDE                  | 2    |                       |
| <b>LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY</b>    |                            |      |                       |
| LEUPROLIDE ACETATE   | LUPRON DEPOT-<br>PED       | 2    | SP                    |
| TRIPTORELIN PAMOATE  | TRIPTODUR                  | 3    | PA, QL: 1 IN 180 DAYS |
| <b>MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEP MODULATOR</b>    |                            |      |                       |
| OSPEMIFENE   | OSPHENA                    | 3    | QL: 1 IN 1 DAY        |
| <b>PARATHYROID HORMONES</b>                                  |                            |      |                       |
| PARATHYROID HORMONE  | NATPARA                    | 2    | PA                    |
| <b>PITUITARY SUPPRESSIVE AGENTS</b>                          |                            |      |                       |
| cabergoline  | DOSTINEX                   | 1    |                       |
| danazol  | DANOCRINE                  | 1    |                       |
| <b>THYROID FUNCTION DIAGNOSTIC AGENTS</b>                    |                            |      |                       |
| THYROTROPIN ALFA   | THYROGEN                   | 2    | PA, SP                |
| <b>ENDOCRINE DISORDER - THYROID</b>                          |                            |      |                       |
| <b>ANTITHYROID PREPARATIONS</b>                              |                            |      |                       |
| methimazole  | TAPAZOLE                   | 1    |                       |
| propylthiouracil   |                            | 1    |                       |
| <b>IODINE CONTAINING AGENTS</b>                              |                            |      |                       |
| potassium iodide/iodine                                      |                            | 1    |                       |
| sodium iodide  |                            | 1    |                       |
| <b>THYROID HORMONES</b>                                      |                            |      |                       |
| levothyroxine sodium   | LEVO-T                     | 1    |                       |
| levothyroxine sodium   | LEVOXYL                    | 1    |                       |

**National Formulary**

| <b>Drug Name</b>                                      | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| levothyroxine sodium<br>SYNTHROID (100 MCG) (TABLET)  | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (112 MCG) (TABLET)  | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (125 MCG) (TABLET)  | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (137 MCG) (TABLET)  | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (150 MCG) (TABLET)  | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (175MCG) (TABLET)   | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (200 MCG) (TABLET)  | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (200 MCG) (VIAL)    | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (25 MCG) (TABLET)   | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (300 MCG) (TABLET)  | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (50 MCG) (TABLET)   | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (500 MCG) (VIAL)    | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (75 MCG) (TABLET)   | 1           |                            |
| levothyroxine sodium<br>SYNTHROID (88 MCG) (TABLET)   | 1           |                            |
| LEVOTHYROXINE SODIUM<br>TIROSINT                      | 3           | ST                         |
| levothyroxine sodium<br>TIROSINT-SOL                  | 1           |                            |
| levothyroxine sodium<br>UNITHROID                     | 1           |                            |
| liothyronine sodium<br>CYTOMEL                        | 1           |                            |
| liothyronine sodium<br>TRIOSTAT                       | 1           |                            |
| THYROID,PORK<br>ARMOUR THYROID                        | 2           |                            |
| thyroid,pork (113.75 mg) (tablet)                     | 1           |                            |
| thyroid,pork (120 mg) (tablet)                        | 1           |                            |
| thyroid,pork (130 mg) (tablet)                        | 1           |                            |
| thyroid,pork (146.25 mg) (tablet)                     | 1           |                            |
| thyroid,pork (15 mg) (tablet)                         | 1           |                            |
| thyroid,pork (16.25 mg) (tablet)                      | 1           |                            |
| thyroid,pork (162.5 mg) (tablet)                      | 1           |                            |
| thyroid,pork (195 mg) (tablet)                        | 1           |                            |
| thyroid,pork (260 mg) (tablet)                        | 1           |                            |
| thyroid,pork (30 mg) (tablet)                         | 1           |                            |
| thyroid,pork (32.5 mg) (tablet)                       | 1           |                            |
| thyroid,pork (325 mg) (tablet)                        | 1           |                            |
| thyroid,pork (48.75 mg) (tablet)                      | 1           |                            |
| thyroid,pork (60 mg) (tablet)                         | 1           |                            |
| thyroid,pork (65 mg) (tablet)                         | 1           |                            |
| thyroid,pork (81.25 mg) (tablet)                      | 1           |                            |
| thyroid,pork (90 mg) (tablet)                         | 1           |                            |
| thyroid,pork (97.5 mg) (tablet)                       | 1           |                            |
| <b>EYE - GENERAL DISORDERS</b>                        |             |                            |
| <b>EYE ANTIBIOTIC, GLUCOCORTICOID AND NSAID COMB.</b> |             |                            |
| gatifloxacin/prednis/bromfenac                        | 1           |                            |
| <b>EYE ANTIBIOTIC-CORTICOID COMBINATIONS</b>          |             |                            |
| gatifloxacin/prednisolone                             | 1           |                            |
| neomycin/bacit/p-myx/hydrocort                        | 1           |                            |

**National Formulary**

| Drug Name                            |  | Tier | Requirements/Limits  |
|--------------------------------------|--|------|----------------------|
| neomycin/polymyxin b/dexametha       |  | 1    |                      |
| neomycin/polymyxin b/hydrocort       |  | 1    |                      |
| tobramycin/dexamethasone             | TOBRADEX (0.3 %-<br>0.1%) (DROPS SUSP) | 1    |                      |
| TOBRAMYCIN/DEXAMETHASONE             | TOBRADEX (0.3 %-<br>0.1%) (OINT (G))   | 2    |                      |
| TOBRAMYCIN/DEXAMETHASONE             | TOBRADEX ST                            | 2    |                      |
| TOBRAMYCIN/LOTEPRED ETAB             | ZYLET                                  | 2    |                      |
| <b>EYE ANTIHISTAMINES</b>            |  |      |                      |
| ALCAFTADINE                          | LASTACAFT                              | 3    | ST                   |
| azelastine hcl                       | OPTIVAR                                | 1    |                      |
| BEPOTASTINE BESILATE                 | BEPREVE                                | 2    |                      |
| EMEDASTINE DIFUMARATE                | EMADINE                                | 3    | ST                   |
| epinastine hcl                       | ELESTAT                                | 1    |                      |
| olopatadine hcl                      | PATADAY                                | 1    | QL: 2.5mL IN 30 DAYS |
| olopatadine hcl                      | PATANOL                                | 1    |                      |
| OLOPATADINE HCL                      | PAZEO                                  | 2    | ST                   |
| <b>EYE ANTI-INFECTIVES (RX ONLY)</b> |  |      |                      |
| povidone-iodine                      | BETADINE                               | 1    |                      |
| <b>EYE ANTIINFLAMMATORY AGENTS</b>   |  |      |                      |
| bromfenac sodium                     |  | 1    |                      |
| BROMFENAC SODIUM                     | BROMSITE                               | 3    | ST                   |
| BROMFENAC SODIUM                     | PROLENSA                               | 2    |                      |
| dexamethasone sod phosphate          | DEXASOL                                | 1    |                      |
| diclofenac sodium                    | VOLTAREN                               | 1    |                      |
| DIFLUPREDNATE                        | DUREZOL                                | 3    |                      |
| fluorometholone                      | FML                                    | 1    |                      |
| flurbiprofen sodium                  | OCUFEN                                 | 1    |                      |
| ketorolac tromethamine               | ACULAR                                 | 1    |                      |
| ketorolac tromethamine               | ACULAR LS                              | 1    |                      |
| LOTEPREDNOL ETABONATE                | ALREX                                  | 2    |                      |
| LOTEPREDNOL ETABONATE                | LOTEMAX                                | 2    |                      |
| NEPAFENAC                            | ILEVRO                                 | 2    |                      |
| prednisolone acetate                 | OMNIPRED                               | 1    |                      |
| prednisolone acetate                 | PRED FORTE                             | 1    |                      |
| PREDNISOLONE ACETATE                 | PRED MILD                              | 3    |                      |
| prednisolone acetate/bromfenac       |  | 1    |                      |
| prednisolone sod phosphate           |  | 1    |                      |
| <b>EYE ANTIVIRALS</b>                |  |      |                      |
| GANCICLOVIR                          | ZIRGAN                                 | 3    |                      |
| trifluridine                         | VIROPTIC                               | 1    |                      |
| <b>EYE LOCAL ANESTHETICS</b>         |  |      |                      |
| benoxinate hcl/fluorescein sod       | FLUORESCEIN-<br>BENOXINATE             | 1    |                      |
| benoxinate hcl/fluorescein sod       | FLURESS                                | 1    |                      |
| benoxinate hcl/fluorescein sod       | FLUROX                                 | 1    |                      |
| LIDOCAINE HCL/PF                     | AKTEN                                  | 3    |                      |
| proparacaine hcl                     |  | 1    |                      |
| proparacaine/fluorescein sod         |  | 1    |                      |
| tetracaine hcl                       | TETCAINE                               | 1    |                      |
| tetracaine hcl/pf                    | TETRACAINE<br>HYDROCHLORIDE            | 1    |                      |
| <b>EYE SULFONAMIDES</b>              |  |      |                      |
| sulfacetamide sodium                 | SODIUM SULAMYD<br>(10 %) (DROPS)       | 1    |                      |
| sulfacetamide sodium                 | SODIUM SULAMYD<br>(10 %) (OINT (G))    | 1    |                      |
| sulfacetamide/prednisolone sp        |  | 1    |                      |

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| Drug Name  |           | Tier | Requirements/Limits              |
|--|-----------|------|----------------------------------|
| <b>EYE VASOCONSTRICTORS (RX ONLY)</b>                    |           |      |                                  |
| phenylephrine hcl  |           | 1    |                                  |
| <b>OPHTHALMIC ANTIBIOTICS</b>                            |           |      |                                  |
| AZITHROMYCIN   | AZASITE   | 2    |                                  |
| bacitracin   |           | 1    |                                  |
| bacitracin/polymyxin b sulfate                           |           | 1    |                                  |
| BESIFLOXACIN HCL   | BESIVANCE | 3    | ST                               |
| ciprofloxacin hcl  |           | 1    |                                  |
|  |           |      | CIPROFLOXAN (0.3 %)<br>(DROPS)   |
| erythromycin base  |           | 1    |                                  |
|  |           |      | ILOTYCIN                         |
| gatifloxacin   |           | 1    |                                  |
|  |           |      | ZYMAXID                          |
| gentamicin sulfate                                       |           | 1    |                                  |
|  |           |      | GARAMYCIN                        |
| gentamicin sulfate                                       |           | 1    |                                  |
|  |           |      | GENTAK                           |
| levofloxacin   |           | 1    |                                  |
| MOXIFLOXACIN HCL   |           | 3    |                                  |
|  |           |      | MOXEZA                           |
| moxifloxacin hcl   |           | 1    |                                  |
|  |           |      | VIGAMOX                          |
| NATAMYCIN  |           | 2    |                                  |
|  |           |      | NATACYN                          |
| neomycin sulf/bacitracin/poly                            |           | 1    |                                  |
|  |           |      | NEO-POLYCIN                      |
| neomycin/polymyxin b/gramicidin                          |           | 1    |                                  |
|  |           |      | NEOSPORIN                        |
| ofloxacin  |           | 1    |                                  |
|  |           |      | OCUFLOX                          |
| polymyxin b sulf/trimethoprim                            |           | 1    |                                  |
|  |           |      | POLYTRIM                         |
| tobramycin   |           | 1    |                                  |
|  |           |      | TOBREX (0.3 %)<br>(DROPS)        |
| TOBRAMYCIN   |           | 3    |                                  |
|  |           |      | TOBREX (0.3 %)<br>(OINT. (G))    |
| <b>OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE</b> |           |      |                                  |
| CYCLOSPORINE   | RESTASIS  | 2    | QL: 60 IN 30 DAYS                |
|  |           |      | RESTASIS                         |
| CYCLOSPORINE   | MULTIDOSE | 2    | QL: 5.5mL IN 30 DAYS             |
|  |           |      | MULTIDOSE                        |
| LIFITEGRAST  | XIIDRA    | 2    | QL: 60 IN 30 DAYS                |
|  |           |      |                                  |
| <b>OPHTHALMIC MAST CELL STABILIZERS</b>                  |           |      |                                  |
| cromolyn sodium  |           | 1    |                                  |
|  |           |      | OPTICROM                         |
| LODOXAMIDE TROMETHAMINE                                  |           | 3    |                                  |
|  |           |      | ALOMIDE                          |
| NEDOCROMIL SODIUM  |           | 3    |                                  |
|  |           |      | ALOCRIL                          |
| <b>OPHTHALMIC PREPARATIONS, MISCELLANEOUS</b>            |           |      |                                  |
| HYPOCHLOROUS ACID/SODIUM CHLOR                           |           | 3    |                                  |
|  |           |      | ACUICYN                          |
| HYPOCHLOROUS ACID/SODIUM CHLOR                           |           | 3    |                                  |
|  |           |      | AVENOVA                          |
| <b>EYE - GLAUCOMA</b>                                    |           |      |                                  |
| <b>CARBONIC ANHYDRASE INHIBITORS</b>                     |           |      |                                  |
| acetazolamide  |           | 1    |                                  |
| acetazolamide sodium                                     |           | 1    |                                  |
|  |           |      | DIAMOX                           |
| methazolamide  |           | 1    |                                  |
|  |           |      | NEPTAZANE                        |
| <b>MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS</b>          |           |      |                                  |
| apraclonidine hcl  |           | 1    |                                  |
|  |           |      | APRACLONIDINE (0.5 %)<br>(DROPS) |
| betaxolol hcl  |           | 1    |                                  |
|  |           |      | BETOPTIC                         |
| BETAXOLOL HCL  |           | 3    |                                  |
|  |           |      | BETOPTIC S                       |
| BIMATOPROST  |           | 2    | QL: 1mL IN 12 DAYS               |
|  |           |      | LUMIGAN (0.01 %)<br>(DROPS)      |
| bimatoprost  |           | 1    | QL: 1mL IN 12 DAYS               |
|  |           |      | LUMIGAN (0.03 %)<br>(DROPS)      |
| brimonidine tartrate                                     |           | 1    |                                  |
|  |           |      | ALPHAGAN                         |
| BRIMONIDINE TARTRATE                                     |           | 2    |                                  |
|  |           |      | ALPHAGAN P (0.1<br>%) (DROPS)    |
| brimonidine tartrate                                     |           | 1    |                                  |
|  |           |      | ALPHAGAN P (0.15<br>%) (DROPS)   |
| BRIMONIDINE TARTRATE/TIMOLOL                             |           | 2    |                                  |
|  |           |      | COMBIGAN                         |

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| Drug Name  |                             | Tier | Requirements/Limits      |
|--|-----------------------------|------|--------------------------|
| BRINZOLAMIDE   | AZOPT                       | 3    | ST                       |
| BRINZOLAMIDE/BRIMONIDINE TART                        | SIMBRINZA                   | 3    | ST                       |
| carteolol hcl  | OCUPRESS                    | 1    |                          |
| dorzolamide hcl                                      | TRUSOPT                     | 1    |                          |
| dorzolamide hcl/timolol maleat                       | COSOFT                      | 1    |                          |
| DORZOLAMIDE/TIMOLOL/PF                               | COSOFT PF                   | 3    | ST, QL: 2 IN 1 DAY       |
| ECHOTHIOPHATE IODIDE                                 | PHOSPHOLINE IODIDE          | 2    |                          |
| latanoprost  | XALATAN                     | 1    |                          |
| LATANOPROSTENE BUNOD                                 | VYZULTA                     | 3    |                          |
| levobunolol hcl                                      | BETAGAN                     | 1    |                          |
| metipranolol   | OPTIPRANOLOL                | 1    |                          |
| NETARSUDIL MESYLATE                                  | RHOPRESSA                   | 3    | ST, QL: 2.5mL IN 30 DAYS |
| pilocarpine hcl                                      | ISOPTO CARPINE              | 1    |                          |
| TIMOLOL  | BETIMOL                     | 3    |                          |
| timolol maleate                                      | ISTALOL                     | 1    |                          |
| timolol maleate                                      | TIMOPTIC                    | 1    |                          |
| timolol maleate                                      | TIMOPTIC-XE                 | 1    |                          |
| TRAVOPROST   | TRAVATAN Z                  | 2    | QL: 1mL IN 12 DAYS       |
| <b>MYDRIATICS</b>                                    |                             |      |                          |
| atropine sulfate                                     |                             | 1    |                          |
| atropine sulfate                                     | ISOPTO ATROPINE             | 1    |                          |
| cyclopentol/lido/pe/tropicamid                       |                             | 1    |                          |
| cyclopentolat/tropic/phenyleph                       |                             | 1    |                          |
| cyclopentolate hcl                                   | CYCLOGYL                    | 1    |                          |
| CYCLOPENTOLATE/PHENYLEPHRINE                         | CYCLOMYDRIL                 | 3    |                          |
| homatropine hbr                                      | ISOPTO HOMATROPINE          | 1    |                          |
| HYDROXYAMPHETAMINE/TROPICAMIDE                       | PAREMYD                     | 3    |                          |
| tropicamide  | MYDRIACYL                   | 1    |                          |
| <b>OPHTHALMIC ANTIFIBROTIC AGENTS</b>                |                             |      |                          |
| MITOMYCIN  | MITOSOL                     | 3    |                          |
| <b>EYE - MISCELLANEOUS</b>                           |                             |      |                          |
| <b>OCULAR PHOTOACTIVATED VESSEL-OCCLUDING AGENTS</b> |                             |      |                          |
| VERTEPORFIN  | VISUDYNE                    | 2    |                          |
| <b>OPHTHALMIC CYSTINE DEPLETING AGENTS</b>           |                             |      |                          |
| CYSTEAMINE HCL                                       | CYSTARAN                    | 2    | PA                       |
| <b>FLUID REPLACEMENT</b>                             |                             |      |                          |
| <b>NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS</b>           |                             |      |                          |
| URIDINE TRIACETATE                                   | XURIDEN                     | 2    | PA                       |
| <b>GOUT AND RELATED DISEASES</b>                     |                             |      |                          |
| <b>COLCHICINE</b>                                    |                             |      |                          |
| COLCHICINE   | COLCRYS (0.6 MG) (TABLET)   | 1    | QL: 4 IN 1 DAY           |
| COLCHICINE   | MITIGARE (0.6 MG) (CAPSULE) | 1    | QL: 2 IN 1 DAY           |
| probenecid/colchicine                                |                             | 1    |                          |
| <b>HYPERURICEMIA TX - PURINE INHIBITORS</b>          |                             |      |                          |
| allopurinol  | ZYLOPRIM                    | 1    |                          |
| allopurinol sodium                                   | ALOPRIM                     | 1    |                          |
| FEBUXOSTAT   | ULORIC                      | 2    | ST, QL: 1 IN 1 DAY       |
| <b>HYPERURICEMIA TX - URATE-OXIDASE ENZYME-TYPE</b>  |                             |      |                          |
| PEGLOTICASE  | KRYSTEXXA                   | 2    |                          |
| RASBURICASE  | ELITEK                      | 2    |                          |
| <b>URICOSURIC AGENTS</b>                             |                             |      |                          |
| LESINURAD  | ZURAMPIC                    | 3    | ST, QL: 1 IN 1 DAY       |

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| <b>Drug Name</b>                                       |                               | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------------------------|-------------|----------------------------|
| <b>probenecid</b>                                      | BENEMID                       | 1           |                            |
| <b>URICOSURIC AND XANTHINE OXIDASE INHIBITOR COMB.</b> |                               |             |                            |
| LESINURAD/ALLOPURINOL                                  | DUZALLO                       | 3           | ST, QL: 1 IN 1 DAY         |
| <b>HEMATOLOGICAL DISORDERS</b>                         |                               |             |                            |
| <b>ANTICOAGULANT REVERSAL AGENTS</b>                   |                               |             |                            |
| IDARUCIZUMAB   | PRAXBIND                      | 3           |                            |
| <b>ANTICOAGULANTS, COUMARIN TYPE</b>                   |                               |             |                            |
| <b>warfarin sodium</b>                                 | COUMADIN                      | 1           |                            |
| <b>ANTIFIBRINOLYTIC AGENTS</b>                         |                               |             |                            |
| AMINOCAPROIC ACID                                      | AMICAR                        | 2           |                            |
| <b>aminocaproic acid</b>                               |                               | 1           |                            |
| FIBRINOGEN   | FIBRYGA                       | 3           |                            |
| FIBRINOGEN   | RIASTAP                       | 2           |                            |
| <b>tranexamic acid</b>                                 | CYKLOKAPRON                   | 1           |                            |
| <b>tranexamic acid</b>                                 | LYSTEDA                       | 1           |                            |
| <b>ANTIHEMOPHILIC FACTORS</b>                          |                               |             |                            |
| ANTIHEM.FVIII,SIN-CHN,B-DM TRU                         | AFSTYLA (1000 (+/-)) (VIAL)   | 2           | SP                         |
| ANTIHEM.FVIII,SIN-CHN,B-DM TRU                         | AFSTYLA (1500 (+/-)) (VIAL)   | 3           | SP                         |
| ANTIHEM.FVIII,SIN-CHN,B-DM TRU                         | AFSTYLA (2000 (+/-)) (VIAL)   | 2           | SP                         |
| ANTIHEM.FVIII,SIN-CHN,B-DM TRU                         | AFSTYLA (250 (+/-)) (VIAL)    | 2           | SP                         |
| ANTIHEM.FVIII,SIN-CHN,B-DM TRU                         | AFSTYLA (2500 (+/-)) (VIAL)   | 3           | SP                         |
| ANTIHEM.FVIII,SIN-CHN,B-DM TRU                         | AFSTYLA (3000 (+/-)) (VIAL)   | 2           | SP                         |
| ANTIHEM.FVIII,SIN-CHN,B-DM TRU                         | AFSTYLA (500 (+/-)) (VIAL)    | 2           | SP                         |
| ANTIHEMO.FVIII,FULL LENGTH PEG                         | ADYNOVATE (1000 (+/-)) (VIAL) | 2           | SP                         |
| ANTIHEMO.FVIII,FULL LENGTH PEG                         | ADYNOVATE (1500 (+/-)) (VIAL) | 2           | SP                         |
| ANTIHEMO.FVIII,FULL LENGTH PEG                         | ADYNOVATE (2000 (+/-)) (VIAL) | 2           | SP                         |
| ANTIHEMO.FVIII,FULL LENGTH PEG                         | ADYNOVATE (250 (+/-)) (VIAL)  | 2           | SP                         |
| ANTIHEMO.FVIII,FULL LENGTH PEG                         | ADYNOVATE (3000 (+/-)) (VIAL) | 3           | SP                         |
| ANTIHEMO.FVIII,FULL LENGTH PEG                         | ADYNOVATE (500 (+/-)) (VIAL)  | 2           | SP                         |
| ANTIHEMO.FVIII,FULL LENGTH PEG                         | ADYNOVATE (750 (+/-)) (VIAL)  | 2           | SP                         |
| ANTIHEMOPH.FVIII REC,FC FUSION                         | ELOCTATE                      | 3           | SP                         |
| ANTIHEMOPH.FVIII,B-DOM TRUNCAT                         | NOVOEIGHT                     | 2           | SP                         |
| ANTIHEMOPH.FVIII,B-DOMAIN DEL                          | XYNTHA (1000 (+/-)) (VIAL)    | 3           | SP                         |
| ANTIHEMOPH.FVIII,B-DOMAIN DEL                          | XYNTHA (250 (+/-)) (VIAL)     | 3           | SP                         |
| ANTIHEMOPH.FVIII,B-DOMAIN DEL                          | XYNTHA (500 (+/-)) (VIAL)     | 3           | SP                         |
| ANTIHEMOPH.FVIII,HEK B-DELETE                          | NUWIQ                         | 3           | SP                         |
| ANTIHEMOPHIL.FVIII,FULL LENGTH                         | ADVATE (1000 (+/-)) (VIAL)    | 2           | SP                         |
| ANTIHEMOPHIL.FVIII,FULL LENGTH                         | ADVATE (1500 (+/-)) (VIAL)    | 3           | SP                         |

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| <b>Drug Name</b>                      |                                 | <b>Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------|---------------------------------|-------------|----------------------------|
| ANTIHEMOPHIL.FVIII,FULL LENGTH        | ADVATE (2000 (+/-)) (VIAL)      | 2           | SP                         |
| ANTIHEMOPHIL.FVIII,FULL LENGTH        | ADVATE (250 (+/-)) (VIAL)       | 2           | SP                         |
| ANTIHEMOPHIL.FVIII,FULL LENGTH        | ADVATE (3000 (+/-)) (VIAL)      | 2           | SP                         |
| ANTIHEMOPHIL.FVIII,FULL LENGTH        | ADVATE (4000 (+/-)) (VIAL)      | 2           | SP                         |
| ANTIHEMOPHIL.FVIII,FULL LENGTH        | ADVATE (500 (+/-)) (VIAL)       | 2           | SP                         |
| ANTIHEMOPHIL.FVIII,FULL LENGTH        | HELIXATE FS                     | 2           | SP                         |
| ANTIHEMOPHIL.FVIII,FULL LENGTH        | KOGENATE FS                     | 2           | SP                         |
| ANTIHEMOPHIL.FVIII,FULL LENGTH        | KOVALTRY                        | 2           |                            |
| ANTIHEMOPHILIC FACTOR, HUM REC        | RECOMBINATE (1000 (+/-)) (VIAL) | 3           | SP                         |
| ANTIHEMOPHILIC FACTOR, HUM REC        | RECOMBINATE (1500 (+/-)) (VIAL) | 3           | SP                         |
| ANTIHEMOPHILIC FACTOR, HUM REC        | RECOMBINATE (2000 (+/-)) (VIAL) | 3           | SP                         |
| ANTIHEMOPHILIC FACTOR, HUM REC        | RECOMBINATE (250 (+/-)) (VIAL)  | 3           | SP                         |
| ANTIHEMOPHILIC FACTOR, HUM REC        | RECOMBINATE (500 (+/-)) (VIAL)  | 3           | SP                         |
| ANTIHEMOPHILIC FACTOR, HUMAN          | HEMOPIL M                       | 2           | SP                         |
| ANTIHEMOPHILIC FACTOR, HUMAN          | KOATE                           | 3           | SP                         |
| ANTIHEMOPHILIC FACTOR, HUMAN          | MONOCLATE-P (1000 (+/-)) (VIAL) | 3           | SP                         |
| ANTIHEMOPHILIC FACTOR, HUMAN          | MONOCLATE-P (1500 (+/-)) (VIAL) | 2           | SP                         |
| ANTIHEMOPHILIC FACTOR/VWF             | ALPHANATE (1000 (400)) (VIAL)   | 2           | SP                         |
| ANTIHEMOPHILIC FACTOR/VWF             | ALPHANATE (1500 (600)) (VIAL)   | 2           | SP                         |
| ANTIHEMOPHILIC FACTOR/VWF             | ALPHANATE (2000 (800)) (VIAL)   | 2           | SP                         |
| ANTIHEMOPHILIC FACTOR/VWF             | ALPHANATE (250 (100)) (VIAL)    | 2           | SP                         |
| ANTIHEMOPHILIC FACTOR/VWF             | ALPHANATE (500 (200)) (VIAL)    | 2           | SP                         |
| ANTIHEMOPHILIC FACTOR/VWF             | HUMATE-P                        | 2           | SP                         |
| ANTIHEMOPHILIC FACTOR/VWF             | WILATE (1K-1K UNIT) (VIAL)      | 2           | SP                         |
| ANTIHEMOPHILIC FACTOR/VWF             | WILATE (450-450) (VIAL)         | 2           |                            |
| ANTIHEMOPHILIC FACTOR/VWF             | WILATE (500-500) (VIAL)         | 2           | SP                         |
| ANTIHEMOPHILIC FACTOR/VWF             | WILATE (900-900) (VIAL)         | 2           |                            |
| ANTIHEMOPHILIC FVIII,REC PORC         | OBIZUR                          | 2           |                            |
| ANTI-INHIBITOR COAGULANT COMP.        | FEIBA NF                        | 2           | SP                         |
| COAGULATION FACTOR VIIA,RECOMB        | NOVOSEVEN RT                    | 2           | SP                         |
| <b>ANTIPORPHYRIA FACTORS</b>          |                                 |             |                            |
| HEMIN                                 | PANHEMATIN                      | 3           | SP                         |
| <b>BLOOD FACTORS,MISCELLANEOUS</b>    |                                 |             |                            |
| FACTOR XIII                           | CORIFACT                        | 2           | SP                         |
| VON WILLEBRAND FACTOR                 | VONVENDI                        | 2           |                            |
| <b>CITRATES AS ANTICOAGULANTS</b>     |                                 |             |                            |
| <b>citrate phosphate dextros soln</b> |                                 | 1           |                            |
| DEXTROSE/SOD CITRATE/CITRIC AC        | ACD                             | 2           |                            |

**National Formulary**

| Drug Name                                   |                                      | Tier | Requirements/Limits   |
|---|--------------------------------------|------|-----------------------|
| sodium citrate                              |                                      | 1    |                       |
| SODIUM CITRATE DIHYDRATE                    | TRICITRASOL                          | 2    | SP                    |
| sodium citrate in 0.9 % nacl                |                                      | 1    |                       |
| <b>COAGULANTS</b>                           |                                      |      |                       |
| protamine sulfate                           |                                      | 1    | SP                    |
| <b>DIRECT FACTOR XA INHIBITORS</b>          |                                      |      |                       |
| APIXABAN                                    | ELIQUIS (2.5 MG)<br>(TABLET)         | 2    | QL: 2 IN 1 DAY        |
| APIXABAN                                    | ELIQUIS (5 MG (74))<br>(TAB DS PK)   | 2    | QL: 74 IN 30 DAYS     |
| APIXABAN                                    | ELIQUIS (5 MG)<br>(TABLET)           | 2    | QL: 74 IN 30 DAYS     |
| BETRIXABAN MALEATE                          | BEVYXXA                              | 3    | PA, QL: 43 IN 42 DAYS |
| EDOxabAN TOSYLATE                           | SAVAYSA                              | 3    | ST, QL: 1 IN 1 DAY    |
| RIVAROXABAN                                 | XARELTO (10 MG)<br>(TABLET)          | 2    | QL: 1 IN 1 DAY        |
| RIVAROXABAN                                 | XARELTO (15 MG)<br>(TABLET)          | 2    | QL: 2 IN 1 DAY        |
| RIVAROXABAN                                 | XARELTO (15 MG-<br>20MG) (TAB DS PK) | 2    | QL: 51 IN 30 DAYS     |
| RIVAROXABAN                                 | XARELTO (20 MG)<br>(TABLET)          | 2    | QL: 1 IN 1 DAY        |
| <b>FACTOR IX COMPLEX (PCC) PREPARATIONS</b> |                                      |      |                       |
| HUM PROTHROMBIN CPLX(PCC)4FACT              | KCENTRA                              | 3    | SP                    |
| <b>FACTOR IX PREPARATIONS</b>               |                                      |      |                       |
| FACTOR IX                                   | ALPHANINE SD                         | 2    | SP                    |
| FACTOR IX                                   | MONONINE                             | 2    | SP                    |
| FACTOR IX CPLX(PCC)NO4,3FACTOR              | PROFILNINE                           | 2    | SP                    |
| FACTOR IX CPLX(PCC)NO6,3FACTOR              | BEBULIN                              | 2    | SP                    |
| FACTOR IX HUMAN REC, PEGYLATED              | REBINYN                              | 3    |                       |
| FACTOR IX HUMAN RECOMB, THR 148             | IXINITY                              | 2    |                       |
| FACTOR IX HUMAN RECOMBINANT                 | BENEFIX                              | 2    | SP                    |
| FACTOR IX HUMAN RECOMBINANT                 | RIXUBIS (1000<br>UNIT) (VIAL)        | 3    | SP                    |
| FACTOR IX HUMAN RECOMBINANT                 | RIXUBIS (2000<br>UNIT) (VIAL)        | 3    | SP                    |
| FACTOR IX HUMAN RECOMBINANT                 | RIXUBIS (250 UNIT)<br>(VIAL)         | 3    | SP                    |
| FACTOR IX HUMAN RECOMBINANT                 | RIXUBIS (3000<br>UNIT) (VIAL)        | 3    |                       |
| FACTOR IX HUMAN RECOMBINANT                 | RIXUBIS (300 UNIT)<br>(VIAL)         | 3    | SP                    |
| FACTOR IX REC, FC FUSION PROTN              | ALPROLIX                             | 2    | SP                    |
| <b>FACTOR X PREPARATIONS</b>                |                                      |      |                       |
| COAGULATION FACTOR X                        | COAGADEX                             | 2    | SP                    |
| <b>FACTOR XIII PREPARATIONS</b>             |                                      |      |                       |
| FACTOR XIII A-SUBUNIT, RECOMB               | TRETTEN                              | 2    | SP                    |
| <b>HEMATINICS, OTHER</b>                    |                                      |      |                       |
| EPOETIN ALFA                                | PROCRIT<br>(10000/ML) (VIAL)         | 2    | PA, SP                |
| EPOETIN ALFA                                | PROCRIT (2000/ML)<br>(VIAL)          | 2    | PA, SP                |
| EPOETIN ALFA                                | PROCRIT<br>(20000/2ML) (VIAL)        | 2    | PA, SP                |
| EPOETIN ALFA                                | PROCRIT<br>(20000/ML) (VIAL)         | 2    | PA, SP                |
| EPOETIN ALFA                                | PROCRIT (3000/ML)<br>(VIAL)          | 2    | PA, SP                |



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| <b>Drug Name</b>   |                                      | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|--------------------------------------|-------------|----------------------------|
| EPOETIN ALFA   | PROCRIT (4000/ML)<br>(VIAL)          | 2           | PA, SP                     |
| EPOETIN ALFA   | PROCRIT<br>(40000/ML) (VIAL)         | 2           | PA, SP                     |
| METHOXY PEG-EPOETIN BETA                                   | MIRCERA                              | 3           | PA                         |
| <b>HEMOPHILIA TREATMENT AGENTS, NON-FACTOR REPLACEMENT</b> |                                      |             |                            |
| EMICIZUMAB-KXWH  | HEMLIBRA                             | 3           | PA, SP                     |
| <b>HEMORRHOLOGIC AGENTS</b>                                |                                      |             |                            |
| <b>pentoxifylline</b>                                      | TRENTAL                              | 1           |                            |
| <b>HEPARIN AND RELATED PREPARATIONS</b>                    |                                      |             |                            |
| DALTEPARIN SODIUM, PORCINE                                 | FRAGMIN<br>(10000/ML)<br>(SYRINGE)   | 2           | QL: 10mL IN 30 DAYS        |
| DALTEPARIN SODIUM, PORCINE                                 | FRAGMIN<br>(12500/0.5)<br>(SYRINGE)  | 2           | QL: 5mL IN 30 DAYS         |
| DALTEPARIN SODIUM, PORCINE                                 | FRAGMIN<br>(15000/0.6)<br>(SYRINGE)  | 2           | QL: 6mL IN 30 DAYS         |
| DALTEPARIN SODIUM, PORCINE                                 | FRAGMIN<br>(18000/0.72)<br>(SYRINGE) | 2           | QL: 7.2mL IN 30 DAYS       |
| DALTEPARIN SODIUM, PORCINE                                 | FRAGMIN<br>(2500/0.2ML)<br>(SYRINGE) | 2           | QL: 2mL IN 30 DAYS         |
| DALTEPARIN SODIUM, PORCINE                                 | FRAGMIN<br>(25000/ML) (VIAL)         | 2           | QL: 7.6mL IN 30 DAYS       |
| DALTEPARIN SODIUM, PORCINE                                 | FRAGMIN<br>(5000/0.2ML)<br>(SYRINGE) | 2           | QL: 2mL IN 30 DAYS         |
| DALTEPARIN SODIUM, PORCINE                                 | FRAGMIN<br>(7500/0.3ML)<br>(SYRINGE) | 2           | QL: 3mL IN 30 DAYS         |
| <b>enoxaparin sodium</b>                                   | LOVENOX (100<br>MG/ML) (SYRINGE)     | 1           | QL: 20mL IN 30 DAYS        |
| <b>enoxaparin sodium</b>                                   | LOVENOX<br>(120MG/.8ML)<br>(SYRINGE) | 1           | QL: 16mL IN 30 DAYS        |
| <b>enoxaparin sodium</b>                                   | LOVENOX (150<br>MG/ML) (SYRINGE)     | 1           | QL: 20mL IN 30 DAYS        |
| <b>enoxaparin sodium</b>                                   | LOVENOX<br>(300MG/3ML)<br>(VIAL)     | 1           | QL: 30mL IN 30 DAYS        |
| <b>enoxaparin sodium</b>                                   | LOVENOX<br>(30MG/0.3ML)<br>(SYRINGE) | 1           | QL: 6mL IN 30 DAYS         |
| <b>enoxaparin sodium</b>                                   | LOVENOX<br>(40MG/0.4ML)<br>(SYRINGE) | 1           | QL: 8mL IN 30 DAYS         |
| <b>enoxaparin sodium</b>                                   | LOVENOX<br>(60MG/0.6ML)<br>(SYRINGE) | 1           | QL: 12mL IN 30 DAYS        |
| <b>enoxaparin sodium</b>                                   | LOVENOX<br>(80MG/0.8ML)<br>(SYRINGE) | 1           | QL: 16mL IN 30 DAYS        |
| <b>fondaparinux sodium</b>                                 | ARIXTRA<br>(10MG/0.8ML)<br>(SYRINGE) | 1           | QL: 8mL IN 30 DAYS         |
| <b>fondaparinux sodium</b>                                 | ARIXTRA (2.5<br>MG/0.5) (SYRINGE)    | 1           | QL: 5mL IN 30 DAYS         |

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| Drug Name   |                                     | Tier | Requirements/Limits |
|---|-------------------------------------|------|---------------------|
| fondaparinux sodium                                       | ARIXTRA<br>(5MG/0.4ML)<br>(SYRINGE) | 1    | QL: 4mL IN 30 DAYS  |
| fondaparinux sodium                                       | ARIXTRA<br>(7.5MG/0.6)<br>(SYRINGE) | 1    | QL: 6mL IN 30 DAYS  |
| heparin sod,porcine/0.9 % nacl                            |                                     | 1    |                     |
| heparin sod,pork in 0.45% nacl                            |                                     | 1    |                     |
| HEPARIN SOD,PORK IN 0.45% NACL                            | HEPARIN SODIUM<br>IN 0.45% NACL     | 3    |                     |
| HEPARIN SOD,PORK IN 0.45% NACL                            | HEPARIN SODIUM-<br>0.45% NACL       | 3    |                     |
| heparin sodium,porcine                                    |                                     | 1    |                     |
| heparin sodium,porcine/d5w                                |                                     | 1    |                     |
| heparin sodium,porcine/ns/pf                              |                                     | 1    |                     |
| heparin sodium,porcine/pf                                 |                                     | 1    |                     |
| heparin,pork in 0.45% nacl/pf                             |                                     | 1    |                     |
| <b>HUMAN MONOCLONAL ANTIBODY COMPLEMENT(C5) INHIBITOR</b> |                                     |      |                     |
| ECULIZUMAB  | SOLIRIS                             | 2    | PA, SP              |
| <b>LEUKOCYTE (WBC) STIMULANTS</b>                         |                                     |      |                     |
| FILGRASTIM  | NEUPOGEN                            | 3    | PA, SP              |
| FILGRASTIM-SNDZ   | ZARXIO                              | 2    | SP                  |
| PEGFILGRASTIM   | NEULASTA                            | 2    | PA, SP              |
| SARGRAMOSTIM  | LEUKINE (250 MCG)<br>(VIAL)         | 2    | PA, SP              |
| TBO-FILGRASTIM  | GRANIX                              | 2    | PA                  |
| <b>PLATELET AGGREGATION INHIBITORS</b>                    |                                     |      |                     |
| ABCIXIMAB   | REOPRO                              | 2    | SP                  |
| aspirin   |                                     | 0    |                     |
| aspirin   | BAYER CHEWABLE<br>ASPIRIN           | 0    |                     |
| aspirin   | ECOTRIN                             | 0    |                     |
| ASPIRIN/DIPYRIDAMOLE                                      | AGGRENOX                            | 3    |                     |
| aspirin/dipyridamole                                      |                                     | 1    |                     |
| ASPIRIN/OMEPRAZOLE  | YOSPRALA                            | 3    | PA                  |
| CANGRELOR TETRASODIUM                                     | KENGREAL                            | 3    | SP                  |
| cilostazol  | PLETAL                              | 1    |                     |
| clopidogrel bisulfate                                     | PLAVIX (300 MG)<br>(TABLET)         | 1    | QL: 4 IN 30 DAYS    |
| clopidogrel bisulfate                                     | PLAVIX (75 MG)<br>(TABLET)          | 1    |                     |
| dipyridamole  | PERSANTINE                          | 1    |                     |
| eptifibatide  | INTEGRILIN                          | 1    | SP                  |
| prasugrel hcl   | EFFIENT                             | 1    | QL: 1 IN 1 DAY      |
| TICAGRELOR  | BRILINTA                            | 2    | QL: 2 IN 1 DAY      |
| TIROFIBAN HCL MONOHYDRATE                                 | AGGRASTAT                           | 3    | SP                  |
| TIROFIBAN-0.9% SODIUM CHLORIDE                            | AGGRASTAT                           | 3    | SP                  |
| VORAPAXAR SULFATE   | ZONTIVITY                           | 2    | QL: 1 IN 1 DAY      |
| <b>PLATELET REDUCING AGENTS</b>                           |                                     |      |                     |
| anagrelide hcl  | AGRYLIN                             | 1    |                     |
| <b>PROTEIN C PREPARATIONS</b>                             |                                     |      |                     |
| PROTEIN C, HUMAN  | CEPROTIN (1000<br>UNIT) (VIAL)      | 2    | SP                  |
| PROTEIN C, HUMAN  | CEPROTIN (500<br>UNIT) (VIAL)       | 2    | SP                  |
| <b>SICKLE CELL ANEMIA AGENTS</b>                          |                                     |      |                     |
| HYDROXYUREA   | DROXIA                              | 2    |                     |

**National Formulary**

| Drug Name   |                                    | Tier | Requirements/Limits |
|---|------------------------------------|------|---------------------|
| <b>THROMBIN INHIBITORS,SELECTIVE,DIRECT, &amp; REVERSIBLE</b> |                                    |      |                     |
| DABIGATRAN ETEXILATE MESYLATE                                 | PRADAXA                            | 3    | ST, QL: 2 IN 1 DAY  |
| <b>THROMBOPOIETIN RECEPTOR AGONISTS</b>                       |                                    |      |                     |
| ELTROMBOPAG OLAMINE   | PROMACTA                           | 2    | PA                  |
| <b>VITAMIN K PREPARATIONS</b>                                 |                                    |      |                     |
| PHYTONADIONE (VIT K1)   | MEPHYTON                           | 2    |                     |
| phytonadione (vit k1) (10 mg/ml) (ampul)                      |                                    | 1    |                     |
| phytonadione (vit k1) (1mg/0.5ml) (ampul)                     |                                    | 1    |                     |
| phytonadione (vit k1) (1mg/0.5ml) (syringe)                   |                                    | 1    |                     |
| <b>HORMONAL DEFICIENCY</b>                                    |                                    |      |                     |
| <b>ANDROGENIC AGENTS</b>                                      |                                    |      |                     |
| methyltestosterone  | ANDROID                            | 1    | PA                  |
| METHYLTESTOSTERONE  | METHITEST                          | 2    | PA                  |
| methyltestosterone  | TESTRED                            | 1    | PA                  |
| oxandrolone   | OXANDRIN                           | 1    | PA                  |
| TESTOSTERONE  | ANDRODERM                          | 2    | PA                  |
| TESTOSTERONE  | ANDROGEL (1.25G-1.62) (GEL PACKET) | 2    | PA                  |
| testosterone  | ANDROGEL (12.5/1.25G) (GEL MD PMP) | 1    | PA                  |
| TESTOSTERONE  | ANDROGEL (2.5G-1.62%) (GEL PACKET) | 2    | PA                  |
| TESTOSTERONE  | ANDROGEL (20.25/1.25) (GEL MD PMP) | 2    | PA                  |
| testosterone  | ANDROGEL (25MG(1%)) (GEL PACKET)   | 1    | PA                  |
| testosterone  | ANDROGEL (50 MG (1%)) (GEL PACKET) | 1    | PA                  |
| testosterone  | AXIRON                             | 1    | PA                  |
| TESTOSTERONE  | STRIANT                            | 3    | PA                  |
| testosterone  | TESTIM (50 MG (1%)) (GEL (GRAM))   | 1    | PA                  |
| TESTOSTERONE  | TESTOPEL                           | 3    |                     |
| testosterone  | VOGELXO (12.5/1.25G) (GEL MD PMP)  | 1    | PA                  |
| testosterone  | VOGELXO (50 MG (1%)) (GEL (GRAM))  | 1    | PA                  |
| testosterone  | VOGELXO (50 MG (1%)) (GEL PACKET)  | 1    | PA                  |
| testosterone cypionate  | DEPO-TESTOSTERONE                  | 1    | PA                  |
| TESTOSTERONE CYPIONATE  | TESTONE CIK                        | 3    | PA                  |
| testosterone enanthate  | DELATESTRYL                        | 1    | PA                  |
| <b>ESTROGEN &amp; PROGESTIN WITH ANTIMINERALOCORTICOID CB</b> |                                    |      |                     |
| DROSPIRENONE/ESTRADIOL  | ANGELIQ                            | 3    |                     |
| <b>ESTROGEN &amp; SELECTIVE ESTROGEN RECEPT MOD(SERM)COMB</b> |                                    |      |                     |
| ESTROGENS,CONJ/BAZEDOXIFENE                                   | DUAVEE                             | 2    |                     |
| <b>ESTROGEN/ANDROGEN COMBINATIONS</b>                         |                                    |      |                     |
| estrogen,ester/me-testosterone                                | COVARYX                            | 1    |                     |
| estrogen,ester/me-testosterone                                | COVARYX H.S.                       | 1    |                     |
| <b>ESTROGENIC AGENTS</b>                                      |                                    |      |                     |
| ESTRADIOL   | ALORA                              | 3    | QL: 2 IN 7 DAYS     |

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| <b>Drug Name</b>                      |                                | <b>Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------|--------------------------------|-------------|----------------------------|
| <b>estradiol</b>                      | CLIMARA                        | 1           | QL: 1 IN 7 DAYS            |
| ESTRADIOL                             | DIVIGEL                        | 2           |                            |
| <b>estradiol</b>                      | ESTRACE                        | 1           |                            |
| ESTRADIOL                             | MINIVELLE                      | 3           | QL: 2 IN 7 DAYS            |
| <b>estradiol</b>                      | VIVELLE-DOT                    | 1           | QL: 2 IN 7 DAYS            |
| ESTRADIOL CYPIONATE                   | DEPO-ESTRADIOL                 | 2           |                            |
| <b>estradiol valerate</b>             | DELESTROGEN (20 MG/ML) (VIAL)  | 1           |                            |
| <b>estradiol valerate</b>             | DELESTROGEN (40 MG/ML) (VIAL)  | 1           |                            |
| ESTRADIOL/LEVONORGESTREL              | CLIMARA PRO                    | 3           | QL: 1 IN 7 DAYS            |
| <b>estradiol/norethindrone acet</b>   | ACTIVELLA                      | 1           |                            |
| ESTRADIOL/NORETHINDRONE ACET          | COMBIPATCH                     | 2           | QL: 2 IN 7 DAYS            |
| ESTROGEN,CON/M-PROGEST ACET           | PREMPHASE                      | 2           |                            |
| ESTROGEN,CON/M-PROGEST ACET           | PREMPRO                        | 2           |                            |
| ESTROGENS, CONJUGATED                 | PREMARIN (0.3 MG) (TABLET)     | 2           |                            |
| ESTROGENS, CONJUGATED                 | PREMARIN (0.45MG) (TABLET)     | 2           |                            |
| ESTROGENS, CONJUGATED                 | PREMARIN (0.625 MG) (TABLET)   | 2           |                            |
| ESTROGENS, CONJUGATED                 | PREMARIN (0.9 MG) (TABLET)     | 2           |                            |
| ESTROGENS, CONJUGATED                 | PREMARIN (1.25 MG) (TABLET)    | 2           |                            |
| ESTROGENS, CONJUGATED                 | PREMARIN (25 MG) (VIAL)        | 2           |                            |
| ESTROGENS,ESTERIFIED                  | MENEST                         | 3           |                            |
| <b>estropipate</b>                    | ORTHO-EST                      | 1           |                            |
| <b>norethindrone ac-eth estradiol</b> | FEMHRT                         | 1           |                            |
| <b>norethindrone ac-eth estradiol</b> | JEVANTIQUE                     | 1           |                            |
| <b>norethindrone ac-eth estradiol</b> | JEVANTIQUE LO                  | 1           |                            |
| <b>PROGESTATIONAL AGENTS</b>          |                                |             |                            |
| <b>hydroxyprogesterone caproate</b>   |                                | 1           |                            |
| MEDROXYPROGESTERONE ACETATE           | DEPO-PROVERA                   | 2           |                            |
| <b>medroxyprogesterone acetate</b>    | PROVERA                        | 1           |                            |
| <b>norethindrone acetate</b>          | AYGESTIN                       | 1           |                            |
| <b>progesterone</b>                   |                                | 1           |                            |
| PROGESTERONE, MICRONIZED              | CRINONE                        | 2           |                            |
| <b>progesterone, micronized</b>       | PROMETRIUM                     | 1           |                            |
| <b>IMMUNIZATION</b>                   |                                |             |                            |
| <b>ANTISERA</b>                       |                                |             |                            |
| <b>botulism antitoxin 7/maltose</b>   |                                | 1           | SP                         |
| BOTULISM ANTITOXIN 7/MALTOSE          | BOTULISM ANTITOXIN HEPTAVALENT | 3           | SP                         |
| BOTULISM IMMUNE GLOBULIN,HUMAN        | BABYBIG                        | 3           | SP                         |
| CYTOMEGALOVIRUS IMMUNE GLOBULN        | CYTOGAM                        | 2           | SP                         |
| HEPATITIS B IMMUN GLOB/MALTOSE        | HEPAGAM B                      | 2           | SP                         |
| HEPATITIS B IMMUNE GLOBULIN           | HYPERHEP B S-D                 | 2           | SP                         |
| IGG/HYALURONIDASE,RECOMBINANT         | HYQVIA                         | 3           | PA                         |
| IMM GLOB G (IGG)/SORB/IGA 0-50        | FLEBOGAMMA DIF (5 %) (VIAL)    | 3           | PA, SP                     |
| IMMUN GLOB G(IGG)/GLY/IGA 0-50        | GAMMAPLEX                      | 3           | PA, SP                     |
| IMMUN GLOB G(IGG)/GLY/IGA OV50        | CUVITRU                        | 3           | PA                         |
| IMMUN GLOB G(IGG)/GLY/IGA OV50        | GAMMAGARD LIQUID (10 %) (VIAL) | 2           | PA, SP                     |

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| <b>Drug Name</b>                               |                               | <b>Tier</b> | <b>Requirements/Limits</b>              |
|--|-------------------------------|-------------|---|
| IMMUN GLOB G(IGG)/GLY/IGA OV50                 | HYQVIA IG COMPONENT           | 3           | PA                                      |
| IMMUN GLOB G(IGG)/PRO/IGA 0-50                 | HIZENTRA (1 G/5 ML) (VIAL)    | 2           | PA, SP                                  |
| IMMUN GLOB G(IGG)/PRO/IGA 0-50                 | HIZENTRA (10 G/50 ML) (VIAL)  | 2           | PA, SP                                  |
| IMMUN GLOB G(IGG)/PRO/IGA 0-50                 | HIZENTRA (2 G/10 ML) (VIAL)   | 2           | PA, SP                                  |
| IMMUN GLOB G(IGG)/PRO/IGA 0-50                 | HIZENTRA (4 G/20 ML) (VIAL)   | 2           | PA, SP                                  |
| IMMUN GLOB G(IGG)/PRO/IGA 0-50                 | PRIVIGEN                      | 2           | PA, SP                                  |
| IMMUN GLOB G/GLY/GLUC/IGA 0-50                 | GAMMAGARD S-D                 | 2           | PA, SP                                  |
| IMMUN GLOB G/SORB/GLY/IGA 0-50                 | GAMMAPLEX                     | 3           | PA, SP                                  |
| IMMUNE GLOBUL G (IGG)/GLYCINE                  | GAMASTAN S-D                  | 2           | PA, SP                                  |
| IMMUNE GLOBUL G/GLY/IGA AVG 46                 | GAMMAKED                      | 2           | PA, SP                                  |
| IMMUNE GLOBUL G/GLY/IGA AVG 46                 | GAMUNEX-C (1 G/10 ML) (VIAL)  | 2           | PA, SP                                  |
| IMMUNE GLOBUL G/GLY/IGA AVG 46                 | GAMUNEX-C (10 G/100ML) (VIAL) | 2           | PA, SP                                  |
| IMMUNE GLOBUL G/GLY/IGA AVG 46                 | GAMUNEX-C (2.5G/25ML) (VIAL)  | 2           | PA, SP                                  |
| IMMUNE GLOBUL G/GLY/IGA AVG 46                 | GAMUNEX-C (20 G/200ML) (VIAL) | 2           | PA, SP                                  |
| IMMUNE GLOBUL G/GLY/IGA AVG 46                 | GAMUNEX-C (40 G/400ML) (VIAL) | 2           | SP                                      |
| IMMUNE GLOBUL G/GLY/IGA AVG 46                 | GAMUNEX-C (5 G/50 ML) (VIAL)  | 2           | PA, SP                                  |
| LYMPHOCYTE IG, ANTITHYMOCYTE                   | ATGAM                         | 2           |   |
| LYMPHOCYTE IMMUNE GLOB,RABBIT                  | THYMOGLOBULIN                 | 2           |   |
| RABIES IMMUNE GLOBULIN/PF                      | HYPERRAB                      | 3           |   |
| RABIES IMMUNE GLOBULIN/PF                      | HYPERRAB S-D                  | 2           |   |
| RABIES IMMUNE GLOBULIN/PF                      | IMOGAM RABIES-HT              | 2           |   |
| RHO(D) IMMUNE GLOBULIN                         | HYPERRHO S-D                  | 2           |   |
| RHO(D) IMMUNE GLOBULIN                         | RHOPHYLAC                     | 3           |   |
| RHO(D) IMMUNE GLOBULIN/MALTOSE                 | WINRHO SDF                    | 3           |   |
| TETANUS IMMUNE GLOBULIN/PF                     | HYPERTET S-D                  | 2           |   |
| VARICELLA-ZOSTER IG/MALTOSE                    | VARIZIG                       | 2           |   |
| <b>ENTERIC VIRUS VACCINES</b>                  |                               |             |   |
| POLIOMYELITIS VACCINE, KILLED                  | IPOL (40-8-32) (SYRINGE)      | 3           |   |
| POLIOMYELITIS VACCINE, KILLED                  | IPOL (40-8-32) (VIAL)         | 2           |   |
| ROTAVIRUS VACCINE,LIVE ORAL PV                 | ROTATEQ                       | 2           |   |
| <b>GRAM (-) BACILLI (NON-ENTERIC) VACCINES</b> |                               |             |   |
| TYPHOID VACC,LIVE,ATTENUATED                   | VIVOTIF                       | 2           |   |
| TYPHOID VI POLYSACCH VACCINE                   | TYPHIM VI                     | 2           |   |
| <b>GRAM NEGATIVE COCCI VACCINES</b>            |                               |             |   |
| MENING A CONJ VACC, 1 OF 2/PF                  | MENVEO MENA COMPONENT         | 3           |   |
| MENING C,Y,W-135 VAC 2 OF 2/PF                 | MENVEO MENCYW-135 COMPONENT   | 3           |   |
| MENING VAC A,C,Y,W-135 DIP/PF                  | MENACTRA                      | 0           | AGE: 11-23 YEARS, QL: 0.5mL IN 365 DAYS |
| MENINGOCOCCAL B VACCINE,4-COMP                 | BEXSERO                       | 0           | AGE: 10-25 YEARS, QL: 1mL IN 365 DAYS   |
| N.MENINGITIDIS B,LIPID FHBP RC                 | TRUMENBA                      | 0           | AGE: 10-25 YEARS, QL: 1.5mL IN 365 DAYS |

## National Formulary

| Drug Name  | Tier | Requirements/Limits                     |
|--|------|---|
| <b>GRAM POSITIVE COCCI VACCINES</b>                              |      |   |
| PNEUMOC 13-VAL CONJ-DIP CRM/PF<br>PREVNAR 13                     | 0    | AGE: >= 65 YEARS, QL: 0.5mL IN 365 DAYS |
| PNEUMOCOCCAL 23-VAL P-SAC VAC<br>PNEUMOVAX 23                    | 0    | QL: 0.5mL IN 365 DAYS                   |
| <b>INFLUENZA VIRUS VACCINES</b>                                  |      |   |
| FLU VAC QS 17-18 (4YR UP) CELL<br>FLUCELVAX QUAD 2017-2018       | 0    | QL: 0.5mL IN 180 DAYS                   |
| FLU VAC QS 17-18(4YR UP)CEL/PF<br>FLUCELVAX QUAD 2017-2018       | 0    | QL: 0.5mL IN 180 DAYS                   |
| FLU VAC QV 2017(18YR UP)RCM/PF<br>FLUBLOK QUAD 2017-2018         | 0    | AGE: >= 18 YEARS, QL: 0.5mL IN 180 DAYS |
| FLU VAC TS 2017-18(4 YR UP)/PF<br>FLUVIRIN 2017-2018             | 0    | QL: 0.5mL IN 180 DAYS                   |
| FLU VAC TV 2017(18YR UP)RCM/PF<br>FLUBLOK 2017-2018              | 0    | AGE: >= 18 YEARS, QL: 0.5mL IN 180 DAYS |
| FLU VACC QS 2017 (18-64YRS)/PF<br>FLUZONE INTRADERM QUAD 2017-18 | 0    | AGE: >= 18 YEARS, QL: 0.1mL IN 180 DAYS |
| FLU VACC QS 2017 (6-35MOS)/PF<br>FLUZONE QUAD PEDI 2017-2018     | 0    | QL: 0.25mL IN 180 DAYS                  |
| FLU VACC QS2017-18 36MOS UP/PF<br>FLUZONE QUAD 2017-2018         | 0    | QL: 0.5mL IN 180 DAYS                   |
| FLU VACC QS2017-18(6MOS UP)/PF<br>FLUARIX QUAD 2017-2018         | 0    | QL: 0.5mL IN 180 DAYS                   |
| FLU VACC QS2017-18(6MOS UP)/PF<br>FLULAVAL QUAD 2017-2018        | 0    | QL: 0.5mL IN 180 DAYS                   |
| FLU VACC QUAD 2017(5 YR UP)/PF<br>AFLURIA QUAD 2017-2018         | 0    | QL: 0.5mL IN 180 DAYS                   |
| FLU VACC QUAD 2017-18(5 YR UP)<br>AFLURIA QUAD 2017-2018         | 0    | QL: 0.5mL IN 180 DAYS                   |
| FLU VACC QUAD 2017-18(6MOS UP)<br>FLULAVAL QUAD 2017-2018        | 0    | QL: 0.5mL IN 180 DAYS                   |
| FLU VACC QUAD 2017-18(6MOS UP)<br>FLUZONE QUAD 2017-2018         | 0    | QL: 0.5mL IN 180 DAYS                   |
| FLU VACC QV LIVE 2017(2-49YRS)<br>FLUMIST QUAD 2017-2018         | 3    | QL: 1 IN 180 DAYS                       |
| FLU VACC TS2017(65UP)/MF59C/PF<br>FLUAD 2017-2018                | 0    | AGE: >= 65 YEARS, QL: 0.5mL IN 180 DAYS |
| FLU VACC TS2017-18(65YR UP)/PF<br>FLUZONE HIGH-DOSE 2017-2018    | 0    | AGE: >= 65 YEARS, QL: 0.5mL IN 180 DAYS |
| FLU VACCIN TS2017-18 5YR UP/PF<br>AFLURIA 2017-2018              | 0    | QL: 0.5mL IN 180 DAYS                   |
| FLU VACCINE TS2017-18(4 YR UP)<br>FLUVIRIN 2017-2018             | 0    | QL: 0.5mL IN 180 DAYS                   |
| FLU VACCINE TS2017-18(5 YR UP)<br>AFLURIA 2017-2018              | 0    | QL: 0.5mL IN 180 DAYS                   |
| <b>NEUROTOXIC VIRUS VACCINES</b>                                 |      |   |
| JAPANESE ENCEPHALITIS VACC/PF<br>IXIARO                          | 2    |   |
| RABIES VACC, HUMAN DIPLOID/PF<br>IMOVAX RABIES VACCINE           | 2    |   |
| RABIES VACCINE (PCEC)/PF<br>RABAVERT                             | 2    |   |
| YELLOW FEVER VACCINE LIVE/PF<br>STAMARIL                         | 3    |   |
| YELLOW FEVER VACCINE LIVE/PF<br>YF-VAX                           | 2    |   |
| <b>TOXIN-PRODUCING BACILLI VACCINES/TOXOIDS</b>                  |      |   |
| ANTHRAX VACCINE<br>BIOTHRAX                                      | 2    |   |
| BCG VACCINE, LIVE/PF<br>BCG VACCINE (TICE STRAIN)                | 2    |   |
| CHOLERA VACCINE, LIVE<br>VAXCHORA ACTIVE COMPONENT               | 2    |   |
| CHOLERA VACCINE, LIVE<br>VAXCHORA VACCINE                        | 2    |   |

**National Formulary**

| <b>Drug Name</b>                                 |                                | <b>Tier</b> | <b>Requirements/Limits</b>              |
|--|--------------------------------|-------------|---|
| <b>VACCINE/TOXOID PREPARATIONS, COMBINATIONS</b> |                                |             |   |
| DIPH, PERTUS(ACEL), TET, POLIO/PF                | PENTACEL DTAP-IPV COMPONENT    | 2           |   |
| DIPH, PERTUS(ACEL), TET, POLIO/PF                | QUADRACEL DTAP-IPV             | 2           |   |
| DIPH, PERTUSS(ACELL), TET PED/PF                 | DAPTACEL DTAP                  | 2           |   |
| DIPH, PERTUSS(ACELL), TET PED/PF                 | INFANRIX DTAP                  | 2           |   |
| DIPH, PERTUSS(ACELL), TET VAC/PF                 | ADACEL TDAP                    | 0           | AGE: >= 18 YEARS, QL: 0.5mL IN 365 DAYS |
| DIPHT, PERT(A), TET-POLIO/HIB/PF                 | PENTACEL                       | 2           |   |
| DIPHTH, PERTUSS(ACELL), TET VAC                  | BOOSTRIX TDAP                  | 0           | AGE: >= 18 YEARS, QL: 0.5mL IN 365 DAYS |
| HAEMOPH B POLY CONJ-TET TOX/PF                   | ACTHIB                         | 2           |   |
| HAEMOPH B POLY CONJ-TET TOX/PF                   | HIBERIX                        | 2           |   |
| HAEMOPH B POLY CONJ-TET TOX/PF                   | PENTACEL ACTHIB COMPONENT      | 2           |   |
| HAEMPH B POLYSAC CONJ-MENIN/PF                   | PEDVAXHIB                      | 2           |   |
| MEASLES, MUMPS, RUB, VARICELLA/PF                | PROQUAD                        | 0           | AGE: >= 18 YEARS, QL: 2 IN 365 DAYS     |
| MEASLES, MUMPS, RUBELLA VACC/PF                  | M-M-R II VACCINE               | 0           | AGE: >= 18 YEARS, QL: 2 IN 365 DAYS     |
| TETANUS, DIPHTHERIA TOX, ADULT                   | TETANUS DIPHTHERIA TOXOIDS     | 0           | AGE: >= 18 YEARS, QL: 0.5mL IN 365 DAYS |
| TETANUS, DIPHTHERIA TOXD PED/PF                  | DIPHTHERIA-TETANUS TOXOIDS-PED | 2           |   |
| <b>VIRAL/TUMORIGENIC VACCINES</b>                |                                |             |   |
| ADENOVIRUS LIVE TYPES-4,7 VACC                   | ADENOVIRUS TYPE 4 AND TYPE 7   | 3           |   |
| ADENOVIRUS VACCINE LIVE TYPE-4                   | ADENOVIRUS TYPE 4              | 3           |   |
| ADENOVIRUS VACCINE LIVE TYPE-7                   | ADENOVIRUS TYPE 7              | 3           |   |
| HEP B VACCINE/DP(A)T-POLIO/PF                    | PEDIARIX                       | 2           |   |
| HEPATITIS A AND B VACCINE/PF                     | TWINRIX                        | 0           | AGE: >= 18 YEARS, QL: 4mL IN 365 DAYS   |
| HEPATITIS A VIRUS VACCINE/PF                     | HAVRIX (1440/ML) (SYRINGE)     | 0           | AGE: >= 18 YEARS, QL: 2mL IN 365 DAYS   |
| HEPATITIS A VIRUS VACCINE/PF                     | HAVRIX (1440/ML) (VIAL)        | 0           | AGE: >= 18 YEARS, QL: 2mL IN 365 DAYS   |
| HEPATITIS A VIRUS VACCINE/PF                     | HAVRIX (720/0.5ML) (SYRINGE)   | 2           |   |
| HEPATITIS A VIRUS VACCINE/PF                     | HAVRIX (720/0.5ML) (VIAL)      | 2           |   |
| HEPATITIS A VIRUS VACCINE/PF                     | VAQTA (25/0.5ML) (SYRINGE)     | 2           |   |
| HEPATITIS A VIRUS VACCINE/PF                     | VAQTA (25/0.5ML) (VIAL)        | 2           |   |
| HEPATITIS A VIRUS VACCINE/PF                     | VAQTA (50 UNIT/ML) (SYRINGE)   | 0           | AGE: >= 18 YEARS, QL: 2mL IN 365 DAYS   |
| HEPATITIS A VIRUS VACCINE/PF                     | VAQTA (50 UNIT/ML) (VIAL)      | 0           | AGE: >= 18 YEARS, QL: 2mL IN 365 DAYS   |
| HEPATITIS B VACCINE/CPG1018/PF                   | HEPLISAV-B                     | 0           | AGE: >= 18 YEARS, QL: 1mL IN 365 DAYS   |
| HEPATITIS B VIRUS VACCINE/PF                     | ENGERIX-B ADULT                | 0           | AGE: >= 18 YEARS, QL: 3mL IN 365 DAYS   |

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| Drug Name  |  | Tier | Requirements/Limits                       |
|--|--|------|---|
| HEPATITIS B VIRUS VACCINE/PF                             | ENGERIX-B<br>PEDIATRIC-<br>ADOLESCENT      | 2    |   |
| HEPATITIS B VIRUS VACCINE/PF                             | RECOMBIVAX HB<br>(10 MCG/ML)<br>(SYRINGE)  | 0    | AGE: >= 18 YEARS, QL: 3mL IN<br>365 DAYS  |
| HEPATITIS B VIRUS VACCINE/PF                             | RECOMBIVAX HB<br>(10 MCG/ML) (VIAL)        | 0    | AGE: >= 18 YEARS, QL: 3mL IN<br>365 DAYS  |
| HEPATITIS B VIRUS VACCINE/PF                             | RECOMBIVAX HB<br>(40 MCG/ML) (VIAL)        | 0    | AGE: >= 18 YEARS, QL: 3mL IN<br>365 DAYS  |
| HEPATITIS B VIRUS VACCINE/PF                             | RECOMBIVAX HB<br>(5MCG/0.5ML)<br>(SYRINGE) | 2    |   |
| HEPATITIS B VIRUS VACCINE/PF                             | RECOMBIVAX HB<br>(5MCG/0.5ML)<br>(VIAL)    | 2    |   |
| HPV VACCINE 9-VALENT/PF                                  | GARDASIL 9                                 | 0    | AGE: 9-26 YEARS, QL: 1.5mL IN<br>365 DAYS |
| VARICELLA VACCINE LIVE/PF                                | VARIVAX VACCINE                            | 0    | AGE: >= 18 YEARS, QL: 2 IN 365<br>DAYS    |
| VARICELLA-ZOSTER GE VAC,2 OF 2                           | SHINGRIX GE<br>ANTIGEN<br>COMPONENT        | 0    | AGE: >= 50 YEARS, QL: 2 IN 365<br>DAYS    |
| VARICELLA-ZOSTER GE/AS01B/PF                             | SHINGRIX                                   | 0    | AGE: >= 50 YEARS, QL: 2 IN 365<br>DAYS    |
| ZOSTER VACCINE LIVE/PF                                   | ZOSTAVAX                                   | 0    | AGE: >= 60 YEARS, QL: 1 IN 365<br>DAYS    |
| <b>IMMUNOSUPPRESSION/MODULATION</b>                      |  |      |   |
| <b>IMMUNOMODULATORS</b>                                  |  |      |   |
| ALDESLEUKIN  | PROLEUKIN                                  | 2    | SP  |
| <b>imiquimod</b>   | ALDARA                                     | 1    | QL: 24 IN 30 DAYS                         |
| INTERFERON ALFA-2B,RECOMB.                               | INTRON A                                   | 2    | PA, SP                                    |
| INTERFERON ALFA-N3                                       | ALFERON N                                  | 2    | SP  |
| INTERFERON GAMMA-1B,RECOMB.                              | ACTIMMUNE                                  | 2    |   |
| <b>IMMUNOSUPP - MONOCLONAL AB INHIBITING T LYMPH FXN</b> |  |      |   |
| BASILIXIMAB  | SIMULECT                                   | 2    | SP  |
| <b>IMMUNOSUPPRESSIVES</b>                                |  |      |   |
| <b>azathioprine</b>                                      | IMURAN                                     | 1    |   |
| <b>azathioprine sodium</b>                               | IMURAN                                     | 1    |   |
| BELATACEPT   | NULOJIX                                    | 2    | SP  |
| <b>cyclosporine</b>                                      | SANDIMMUNE (100<br>MG) (CAPSULE)           | 1    |   |
| CYCLOSPORINE   | SANDIMMUNE (100<br>MG/ML)<br>(SOLUTION)    | 2    |   |
| <b>cyclosporine</b>                                      | SANDIMMUNE (25<br>MG) (CAPSULE)            | 1    |   |
| <b>cyclosporine</b>                                      | SANDIMMUNE (250<br>MG/5ML) (AMPUL)         | 1    | SP  |
| <b>cyclosporine, modified</b>                            | GENGRAF                                    | 1    |   |
| <b>cyclosporine, modified</b>                            | NEORAL                                     | 1    |   |
| EVEROLIMUS   | ZORTRESS                                   | 2    |   |
| <b>mycophenolate mofetil</b>                             | CELLCEPT                                   | 1    |   |
| <b>mycophenolate mofetil hcl</b>                         | CELLCEPT                                   | 1    |   |
| <b>mycophenolate sodium</b>                              | MYFORTIC                                   | 1    |   |
| <b>sirolimus</b>   | RAPAMUNE (0.5<br>MG) (TABLET)              | 1    |   |
| <b>sirolimus</b>   | RAPAMUNE (1 MG)<br>(TABLET)                | 1    |   |



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| Drug Name  |  | Tier | Requirements/Limits |
|--|--|------|---------------------|
| SIROLIMUS  | RAPAMUNE (1 MG/ML)<br>(SOLUTION)       | 2    |                     |
| <b>sirolimus</b>                                     | RAPAMUNE (2 MG)<br>(TABLET)            | 1    |                     |
| TACROLIMUS   | ASTAGRAF XL                            | 3    |                     |
| TACROLIMUS   | ENVARUS XR                             | 3    |                     |
| <b>tacrolimus</b>                                    | PROGRAF (0.5 MG)<br>(CAPSULE)          | 1    |                     |
| <b>tacrolimus</b>                                    | PROGRAF (1 MG)<br>(CAPSULE)            | 1    |                     |
| <b>tacrolimus</b>                                    | PROGRAF (5 MG)<br>(CAPSULE)            | 1    |                     |
| TACROLIMUS   | PROGRAF (5<br>MG/ML) (AMPUL)           | 3    |                     |
| <b>INFECTIOUS DISEASE - BACTERIAL</b>                |  |      |                     |
| <b>BETALACTAMS</b>                                   |  |      |                     |
| <b>aztreonam</b>                                     | AZACTAM                                | 1    |                     |
| AZTREONAM LYSINE                                     | CAYSTON                                | 2    | PA, SP              |
| AZTREONAM/DEXTROSE-WATER                             | AZACTAM-ISO-<br>OSMOTIC<br>DEXTROSE    | 2    |                     |
| <b>CARBAPENEMS (THIENAMYCINS)</b>                    |  |      |                     |
| ERTAPENEM SODIUM                                     | INVANZ                                 | 2    |                     |
| <b>imipenem/cilastatin sodium</b>                    | PRIMAXIN                               | 1    |                     |
| <b>meropenem</b>                                     | MERREM                                 | 1    |                     |
| MEROPENEM/VABORBACTAM                                | VABOMERE                               | 3    |                     |
| <b>meropenem-0.9% sodium chloride</b>                |  | 1    |                     |
| <b>CEPHALOSPORINS - EXTENDED SPECTRUM, ANTI-MRSA</b> |  |      |                     |
| CEFTAROLINE FOSAMIL ACETATE                          | TEFLARO                                | 2    |                     |
| <b>CEPHALOSPORINS - 1ST GENERATION</b>               |  |      |                     |
| <b>cefadroxil</b>                                    | DURICEF                                | 1    |                     |
| <b>cefazolin sodium</b>                              | ANCEF                                  | 1    |                     |
| <b>cefazolin sodium in 0.9 % nacl</b>                |  | 1    |                     |
| <b>cefazolin sodium/d5w</b>                          |  | 1    |                     |
| <b>cefazolin sodium/dextrose,iso</b>                 |  | 1    |                     |
| <b>cefazolin sodium/water</b>                        |  | 1    |                     |
| <b>cephalexin</b>                                    | KEFLEX                                 | 1    |                     |
| <b>CEPHALOSPORINS - 2ND GENERATION</b>               |  |      |                     |
| <b>cefaclor</b>                                      | CECLOR                                 | 1    |                     |
| <b>cefaclor</b>                                      | CECLOR CD                              | 1    |                     |
| <b>cefotetan disod/isosm dextrose</b>                |  | 1    |                     |
| <b>cefotetan disodium</b>                            | CEFOTAN                                | 1    |                     |
| <b>cefoxitin sodium</b>                              | MEFOXIN                                | 1    |                     |
| <b>cefoxitin sodium/dextrose,iso</b>                 |  | 1    |                     |
| <b>cefprozil</b>                                     | CEFZIL                                 | 1    |                     |
| <b>cefuroxime axetil</b>                             | CEFTIN                                 | 1    |                     |
| <b>cefuroxime sodium</b>                             | ZINACEF                                | 1    |                     |
| <b>CEPHALOSPORINS - 3RD GENERATION</b>               |  |      |                     |
| <b>cefdinir</b>                                      | OMNICEF                                | 1    |                     |
| <b>cefditoren pivoxil</b>                            | SPECTRACEF                             | 1    |                     |
| <b>cefixime</b>                                      | SUPRAX (100<br>MG/5ML) (SUSP<br>RECON) | 1    |                     |
| <b>cefixime</b>                                      | SUPRAX (200<br>MG/5ML) (SUSP<br>RECON) | 1    |                     |
| <b>cefotaxime sodium</b>                             |  | 1    |                     |

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| <b>Drug Name</b>                               |   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|---|-------------|----------------------------|
| cefepime proxetil                              | VANTIN                                    | 1           |                            |
| ceftazidime                                    | FORTAZ                                    | 1           |                            |
| CEFTAZIDIME IN DEXTROSE 5% WATER               | CEFTAZIDIME                               | 2           |                            |
| CEFTAZIDIME/AVIBACTAM                          | AVYCAZ                                    | 2           |                            |
| CEFTOLOZANE/TAZOBACTAM                         | ZERBAXA                                   | 2           |                            |
| CEFTRIAXONE IN IS-OSM DEXTROSE                 | CEFTRIAXONE                               | 2           |                            |
| ceftriaxone in is-osm dextrose                 |   | 1           |                            |
| ceftriaxone sodium                             | ROCEPHIN                                  | 1           |                            |
| <b>CEPHALOSPORINS - 4TH GENERATION</b>         |   |             |                            |
| cefepime hcl                                   | MAXIPIME                                  | 1           |                            |
| CEFEPIME HCL IN DEXTROSE 5 %                   | CEFEPIME-<br>DEXTROSE                     | 3           |                            |
| CEFEPIME IN ISO-OSM DEXTROSE                   | CEFEPIME                                  | 2           |                            |
| <b>CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.</b> |   |             |                            |
| meth/meblue/sod phos/psal/hyos                 |   | 1           |                            |
| METH/MEBLUE/SOD PHOS/PSAL/HYOS                 | PHOSPHASAL                                | 2           |                            |
| METH/MEBLUE/SOD PHOS/PSAL/HYOS                 | URETRON D-S                               | 2           |                            |
| METH/MEBLUE/SOD PHOS/PSAL/HYOS                 | URIN D.S.                                 | 2           |                            |
| methen/mblue/sal/sod phos/hyos                 |   | 1           |                            |
| methenam/m.blue/salicyl/hyoscy                 |   | 1           |                            |
| methenam/sod phos/mblue/hyoscy                 | URYL                                      | 1           |                            |
| methenam/sod phos/mblue/hyoscy                 | UTA                                       | 1           |                            |
| methenamine hippurate                          | HIPREX                                    | 1           |                            |
| methenamine mandelate                          | MANDELAMINE                               | 1           |                            |
| trimethoprim                                   | PROLOPRIM                                 | 1           |                            |
| <b>MACROLIDES</b>                              |   |             |                            |
| azithromycin                                   | ZITHROMAX (1 G)<br>(PACKET)               | 1           |                            |
| azithromycin                                   | ZITHROMAX (100<br>MG/5ML) (SUSP<br>RECON) | 1           |                            |
| azithromycin                                   | ZITHROMAX (200<br>MG/5ML) (SUSP<br>RECON) | 1           |                            |
| azithromycin                                   | ZITHROMAX (250<br>MG) (TABLET)            | 1           |                            |
| azithromycin                                   | ZITHROMAX (500<br>MG) (TABLET)            | 1           |                            |
| azithromycin                                   | ZITHROMAX (500<br>MG) (VIAL PORT)         | 1           |                            |
| azithromycin                                   | ZITHROMAX (500<br>MG) (VIAL)              | 1           |                            |
| azithromycin                                   | ZITHROMAX (600<br>MG) (TABLET)            | 1           |                            |
| azithromycin                                   | ZITHROMAX TRI-<br>PAK                     | 1           |                            |
| AZITHROMYCIN                                   | ZMAX                                      | 3           |                            |
| clarithromycin                                 | BIAXIN                                    | 1           |                            |
| clarithromycin                                 | BIAXIN XL                                 | 1           |                            |
| ERYTHROMYCIN BASE                              | ERY-TAB                                   | 2           |                            |
| erythromycin base (250 mg) (capsule dr)        |   | 1           |                            |
| erythromycin base (250 mg) (tablet dr)         |   | 1           |                            |
| erythromycin base (250 mg) (tablet)            |   | 1           |                            |
| erythromycin base (500 mg) (tablet)            |   | 1           |                            |
| erythromycin ethylsuccinate                    |   | 1           |                            |
| ERYTHROMYCIN LACTOBIONATE                      | ERYTHROCIN<br>LACTOBIONATE                | 2           |                            |
| erythromycin stearate                          | ERYTHROCIN<br>STEARATE                    | 1           |                            |

**National Formulary**

| Drug Name                      |                                     | Tier | Requirements/Limits |
|--------------------------------|-------------------------------------|------|---------------------|
| <b>NITROFURAN DERIVATIVES</b>  |                                     |      |                     |
| nitrofurantoin                 | FURADANTIN                          | 1    |                     |
| nitrofurantoin macrocrystal    | MACRODANTIN                         | 1    |                     |
| nitrofurantoin monohyd/m-cryst | MACROBID                            | 1    |                     |
| <b>OXAZOLIDINONES</b>          |                                     |      |                     |
| linezolid                      | ZYVOX (100 MG/5ML) (SUSP RECON)     | 1    |                     |
| linezolid                      | ZYVOX (600 MG) (TABLET)             | 1    |                     |
| linezolid                      | ZYVOX (600MG/300) (PIGGYBACK)       | 1    |                     |
| linezolid-0.9% sodium chloride |                                     | 1    |                     |
| TEDIZOLID PHOSPHATE            | SIVEXTRO (200 MG) (TABLET)          | 3    | PA                  |
| TEDIZOLID PHOSPHATE            | SIVEXTRO (200 MG) (VIAL)            | 2    |                     |
| <b>PENICILLINS</b>             |                                     |      |                     |
| amoxicillin                    | AMOXIL                              | 1    |                     |
| AMOXICILLIN/POTASSIUM CLAV     | AUGMENTIN (125-31.25/) (SUSP RECON) | 2    |                     |
| amoxicillin/potassium clav     | AUGMENTIN (200-28.5/5) (SUSP RECON) | 1    |                     |
| amoxicillin/potassium clav     | AUGMENTIN (200-28.5MG) (TAB CHEW)   | 1    |                     |
| amoxicillin/potassium clav     | AUGMENTIN (250-125 MG) (TABLET)     | 1    |                     |
| amoxicillin/potassium clav     | AUGMENTIN (250-62.5/5) (SUSP RECON) | 1    |                     |
| amoxicillin/potassium clav     | AUGMENTIN (400-57MG) (TAB CHEW)     | 1    |                     |
| amoxicillin/potassium clav     | AUGMENTIN (400-57MG/5) (SUSP RECON) | 1    |                     |
| amoxicillin/potassium clav     | AUGMENTIN (500-125 MG) (TABLET)     | 1    |                     |
| amoxicillin/potassium clav     | AUGMENTIN (875-125 MG) (TABLET)     | 1    |                     |
| amoxicillin/potassium clav     | AUGMENTIN ES-600                    | 1    |                     |
| amoxicillin/potassium clav     | AUGMENTIN XR                        | 1    |                     |
| ampicillin sodium              |                                     | 1    |                     |
| ampicillin sodium/sulbactam na | UNASYN                              | 1    |                     |
| ampicillin trihydrate          | AMPICILLIN                          | 1    |                     |
| dicloxacillin sodium           | PATHOCIL                            | 1    |                     |
| nafcillin in dextrose,iso-osm  |                                     | 1    |                     |
| nafcillin sodium               |                                     | 1    |                     |
| oxacillin in dextrose(iso-osm) |                                     | 1    |                     |
| oxacillin sodium               |                                     | 1    |                     |
| PEN G BENZ/PEN G PROCAINE      | BICILLIN C-R                        | 2    |                     |
| pen g pot/dextrose-water       |                                     | 1    |                     |
| PENICILLIN G BENZATHINE        | BICILLIN L-A                        | 2    |                     |
| penicillin g potassium         |                                     | 1    |                     |
| penicillin g procaine          |                                     | 1    |                     |
| penicillin g sodium            |                                     | 1    |                     |
| penicillin v potassium         |                                     | 1    |                     |

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| <b>Drug Name</b>                |  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------|--|-------------|----------------------------|
| penicillin v potassium          | VEETIDS                                | 1           |                            |
| piperacillin sodium/tazobactam  |  | 1           |                            |
| PIPERACILLIN-TAZO-DEXTROSE,ISO  | ZOSYN                                  | 2           |                            |
| <b>QUINOLONES</b>               |  |             |                            |
| ciprofloxacin                   |  | 1           |                            |
| ciprofloxacin hcl               | CIPRO                                  | 1           |                            |
| ciprofloxacin in 5 % dextrose   | CIPRO I.V.                             | 1           |                            |
| ciprofloxacin/ciprofloxacin hcl | CIPRO XR                               | 1           |                            |
| DELAFLORACIN MEGLUMINE          | BAXDELA (300 MG)<br>(VIAL)             | 3           | PA                         |
| DELAFLORACIN MEGLUMINE          | BAXDELA (450 MG)<br>(TABLET)           | 3           | PA                         |
| levofloxacin                    | LEVAQUIN (250<br>MG/ML) (VIAL)         | 1           |                            |
| levofloxacin                    | LEVAQUIN (250 MG)<br>(TABLET)          | 1           |                            |
| levofloxacin                    | LEVAQUIN<br>(250MG/10ML)<br>(SOLUTION) | 1           |                            |
| levofloxacin                    | LEVAQUIN (500 MG)<br>(TABLET)          | 1           |                            |
| levofloxacin                    | LEVAQUIN (750 MG)<br>(TABLET)          | 1           |                            |
| levofloxacin in dextrose 5 %    | LEVAQUIN                               | 1           |                            |
| moxifloxacin hcl                | AVELOX                                 | 1           |                            |
| moxifloxacin hcl                | AVELOX ABC PACK                        | 1           |                            |
| moxifloxacin in nacl (iso-osm)  | AVELOX IV                              | 1           |                            |
| moxifloxacin/sod.ace,sul/water  |  | 1           |                            |
| ofloxacin                       | FLOXIN                                 | 1           |                            |
| <b>STREPTOGRAMINS</b>           |  |             |                            |
| QUINUPRISTIN/DALFOPRISTIN       | SYNERCID                               | 2           |                            |
| <b>TETRACYCLINES</b>            |  |             |                            |
| demeclocycline hcl              | DECLOMYCIN                             | 1           |                            |
| doxycycline hyclate             | ACTICLATE                              | 1           | ST, QL: 2 IN 1 DAY         |
| doxycycline hyclate             | DORYX (100 MG)<br>(TABLET DR)          | 1           | ST, QL: 2 IN 1 DAY         |
| doxycycline hyclate             | DORYX (150 MG)<br>(TABLET DR)          | 1           | ST, QL: 2 IN 1 DAY         |
| doxycycline hyclate             | DORYX (200 MG)<br>(TABLET DR)          | 1           | ST                         |
| doxycycline hyclate             | DORYX (50 MG)<br>(TABLET DR)           | 1           | ST, QL: 2 IN 1 DAY         |
| doxycycline hyclate             | DORYX (75 MG)<br>(TABLET DR)           | 1           | ST, QL: 2 IN 1 DAY         |
| doxycycline hyclate             | MORGIDOX                               | 1           | QL: 2 IN 1 DAY             |
| DOXYCYCLINE HYCLATE             | TARGADOX                               | 3           | ST, QL: 4 IN 1 DAY         |
| doxycycline hyclate             | VIBRAMYCIN (100<br>MG) (CAPSULE)       | 1           | QL: 2 IN 1 DAY             |
| doxycycline hyclate             | VIBRAMYCIN (100<br>MG) (VIAL)          | 1           |                            |
| doxycycline hyclate             | VIBRA-TABS                             | 1           | QL: 2 IN 1 DAY             |
| doxycycline monohydrate         | ADOXA                                  | 1           | QL: 2 IN 1 DAY             |
| doxycycline monohydrate         | AVIDOXY                                | 1           | QL: 2 IN 1 DAY             |
| doxycycline monohydrate         | MONODOX (100<br>MG) (CAPSULE)          | 1           | QL: 2 IN 1 DAY             |
| doxycycline monohydrate         | MONODOX (50 MG)<br>(CAPSULE)           | 1           | QL: 2 IN 1 DAY             |
| doxycycline monohydrate         | MONODOX (50 MG)<br>(TABLET)            | 1           | QL: 2 IN 1 DAY             |

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| Drug Name   | Tier | Requirements/Limits                  |
|---|------|--------------------------------------|
| doxycycline monohydrate<br>MONODOX (75 MG)<br>(CAPSULE)   | 1    | ST, QL: 2 IN 1 DAY                   |
| doxycycline monohydrate<br>MONODOX (75 MG)<br>(TABLET)    | 1    | QL: 2 IN 1 DAY                       |
| DOXYCYCLINE MONOHYDRATE<br>ORACEA (40 MG)<br>(CAP IR DR)  | 1    | ST, AGE: >= 18 YEARS, QL: 1 IN 1 DAY |
| doxycycline monohydrate<br>VIBRAMYCIN                     | 1    |                                      |
| minocycline hcl<br>DYNACIN                                | 1    |                                      |
| minocycline hcl<br>MINOCIN (100 MG)<br>(CAPSULE)          | 1    |                                      |
| MINOCYCLINE HCL<br>MINOCIN (100 MG)<br>(VIAL)             | 2    |                                      |
| minocycline hcl<br>MINOCIN (50 MG)<br>(CAPSULE)           | 1    |                                      |
| minocycline hcl<br>MINOCIN (75 MG)<br>(CAPSULE)           | 1    |                                      |
| MINOCYCLINE HCL<br>SOLODYN (105 MG)<br>(TAB ER 24H)       | 2    | ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY |
| minocycline hcl<br>SOLODYN (115MG)<br>(TAB ER 24H)        | 1    | ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY |
| minocycline hcl<br>SOLODYN (135 MG)<br>(TAB ER 24H)       | 1    | ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY |
| minocycline hcl<br>SOLODYN (45 MG)<br>(TAB ER 24H)        | 1    | ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY |
| MINOCYCLINE HCL<br>SOLODYN (55 MG)<br>(TAB ER 24H)        | 2    | ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY |
| minocycline hcl<br>SOLODYN (65 MG)<br>(TAB ER 24H)        | 1    | ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY |
| MINOCYCLINE HCL<br>SOLODYN (80 MG)<br>(TAB ER 24H)        | 2    | ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY |
| minocycline hcl<br>SOLODYN (90 MG)<br>(TAB ER 24H)        | 1    | ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY |
| tetracycline hcl<br>PANMYCIN                              | 1    |                                      |
| tetracycline hcl<br>SUMYCIN                               | 1    |                                      |
| <b>INFECTIOUS DISEASE - FUNGAL</b>                        |      |                                      |
| <b>ANTIFUNGAL AGENTS</b>                                  |      |                                      |
| clotrimazole<br>MYCELEX                                   | 1    |                                      |
| fluconazole<br>DIFLUCAN                                   | 1    |                                      |
| fluconazole in dextrose,iso-os                            | 1    |                                      |
| fluconazole in nacl,iso-osm                               | 1    |                                      |
| flucytosine<br>ANCOBON                                    | 1    |                                      |
| ISAVUCONAZONIUM SULFATE<br>CRESEMBA (186<br>MG) (CAPSULE) | 2    |                                      |
| ISAVUCONAZONIUM SULFATE<br>CRESEMBA (372<br>MG) (VIAL)    | 2    |                                      |
| ITRACONAZOLE<br>SPORANOX (10<br>MG/ML)<br>(SOLUTION)      | 2    |                                      |
| itraconazole<br>SPORANOX (100<br>MG) (CAPSULE)            | 1    |                                      |
| ketoconazole<br>NIZORAL                                   | 1    |                                      |
| POSACONAZOLE<br>NOXAFIL (100 MG)<br>(TABLET DR)           | 2    |                                      |
| POSACONAZOLE<br>NOXAFIL (200<br>MG/5ML) (ORAL<br>SUSP)    | 2    |                                      |
| POSACONAZOLE<br>NOXAFIL<br>(300MG/16.7) (VIAL)            | 2    |                                      |
| terbinafine hcl   | 1    |                                      |

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| <b>Drug Name</b>                                 |                                   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-----------------------------------|-------------|----------------------------|
| voriconazole                                     | VFEND                             | 1           |                            |
| voriconazole                                     | VFEND IV                          | 1           |                            |
| <b>ANTIFUNGAL ANTIBIOTICS</b>                    |                                   |             |                            |
| amphotericin b                                   |                                   | 1           |                            |
| AMPHOTERICIN B LIPID COMPLEX                     | ABELCET                           | 2           |                            |
| AMPHOTERICIN B LIPOSOME                          | AMBISOME                          | 2           |                            |
| ANIDULAFUNGIN                                    | ERAXIS (WATER DILUENT)            | 2           |                            |
| caspofungin acetate                              | CANCIDAS                          | 1           |                            |
| griseofulvin ultramicrosize                      | GRIS-PEG                          | 1           |                            |
| griseofulvin, microsize                          | GRIFULVIN V                       | 1           |                            |
| MICAFUNGIN SODIUM                                | MYCAMINE                          | 2           |                            |
| nystatin   |                                   | 1           |                            |
| <b>INFECTIOUS DISEASE - MISCELLANEOUS</b>        |                                   |             |                            |
| <b>AMINOGLYCOSIDE-ANTICOAGULANT COMBINATIONS</b> |                                   |             |                            |
| gentamicin sulf/sodium citrate                   |                                   | 1           |                            |
| <b>AMINOGLYCOSIDES</b>                           |                                   |             |                            |
| amikacin sulfate                                 |                                   | 1           |                            |
| gentamicin in nacl, iso-osm                      |                                   | 1           |                            |
| gentamicin sulf/sodium citrate                   |                                   | 1           |                            |
| gentamicin sulfate                               |                                   | 1           |                            |
| gentamicin sulfate/pf                            |                                   | 1           |                            |
| neomycin sulfate                                 |                                   | 1           |                            |
| streptomycin sulfate                             |                                   | 1           |                            |
| TOBRAMYCIN                                       | BETHKIS                           | 2           | PA, SP                     |
| TOBRAMYCIN                                       | TOBI PODHALER (28 MG) (CAP W/DEV) | 2           | PA, SP                     |
| TOBRAMYCIN                                       | TOBI PODHALER (28 MG) (CAPSULE)   | 2           | SP                         |
| tobramycin in 0.225% sod chlor                   | TOBI (300 MG/5ML) (AMPULE-NEB)    | 1           | PA, SP                     |
| tobramycin sulfate                               |                                   | 1           | SP                         |
| tobramycin/nebulizer                             | KITABIS PAK                       | 1           | PA                         |
| tobramycin/sodium chloride                       |                                   | 1           | SP                         |
| <b>ANTIBACTERIAL AGENTS,MISCELLANEOUS</b>        |                                   |             |                            |
| glycine urologic solution                        | AMINOACETIC ACID                  | 1           |                            |
| <b>ANTILEPTOTICS</b>                             |                                   |             |                            |
| dapsone  |                                   | 1           |                            |
| THALIDOMIDE                                      | THALOMID                          | 2           | PA, QL: 2 IN 1 DAY, SP     |
| <b>ANTI-MYCOBACTERIUM AGENTS</b>                 |                                   |             |                            |
| AMINOSALICYLIC ACID                              | PASER                             | 3           |                            |
| ethambutol hcl                                   | MYAMBUTOL                         | 1           |                            |
| ETHIONAMIDE                                      | TRECTOR                           | 3           |                            |
| isoniazid (100 mg) (tablet)                      |                                   | 1           |                            |
| isoniazid (100 mg/ml) (vial)                     |                                   | 1           |                            |
| isoniazid (300 mg) (tablet)                      |                                   | 1           |                            |
| isoniazid (50 mg/5 ml) (solution)                |                                   | 1           |                            |
| pyrazinamide                                     |                                   | 1           |                            |
| rifabutin  | MYCOBUTIN                         | 1           |                            |
| <b>ANTITUBERCULAR ANTIBIOTICS</b>                |                                   |             |                            |
| BEDAQUILINE FUMARATE                             | SIRTURO                           | 2           | PA                         |
| CAPREOMYCIN SULFATE                              | CAPASTAT SULFATE                  | 2           |                            |
| cycloserine                                      | SEROMYCIN                         | 1           |                            |
| RIFAMP/ISONIAZID/PYRAZINAMIDE                    | RIFATER                           | 3           |                            |

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| Drug Name   |                                | Tier | Requirements/Limits |
|---|--------------------------------|------|---------------------|
| rifampin  | RIFADIN (150 MG)<br>(CAPSULE)  | 1    |                     |
| rifampin  | RIFADIN (300 MG)<br>(CAPSULE)  | 1    |                     |
| rifampin  | RIFADIN (600 MG)<br>(VIAL)     | 1    |                     |
| RIFAPENTINE   | PRIFTIN                        | 2    |                     |
| <b>LINCOSAMIDES</b>                                   |                                |      |                     |
| clindamycin hcl                                       | CLEOCIN HCL                    | 1    |                     |
| CLINDAMYCIN IN 0.9 % SOD CHLOR                        | CLINDAMYCIN-<br>0.9% NACL      | 3    |                     |
| clindamycin palmitate hcl                             | CLEOCIN<br>PALMITATE           | 1    |                     |
| clindamycin phosphate                                 | CLEOCIN<br>PHOSPHATE           | 1    |                     |
| CLINDAMYCIN PHOSPHATE                                 | CLIN SINGLE USE                | 3    |                     |
| clindamycin phosphate/d5w                             | CLEOCIN<br>PHOSPHATE IN<br>D5W | 1    |                     |
| lincomycin hcl  | LINCOCIN                       | 1    |                     |
| <b>LIPOGLYCOPEPTIDE ANTIBIOTIC</b>                    |                                |      |                     |
| DALBAVANCIN HCL                                       | DALVANCE                       | 2    |                     |
| ORITAVANCIN DIPHOSPHATE                               | ORBACTIV                       | 2    |                     |
| <b>POLYMYXIN AND DERIVATIVES</b>                      |                                |      |                     |
| colistin (colistimethate na)                          | COLY-MYCIN M<br>PARENTERAL     | 1    |                     |
| polymyxin b sulfate                                   |                                | 1    |                     |
| <b>RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS</b>  |                                |      |                     |
| RIFAXIMIN   | XIFAXAN (200 MG)<br>(TABLET)   | 2    | QL: 9 PER FILL      |
| RIFAXIMIN   | XIFAXAN (550 MG)<br>(TABLET)   | 2    | PA                  |
| <b>VANCOMYCIN AND DERIVATIVES</b>                     |                                |      |                     |
| TELAVANCIN HCL  | VIBATIV                        | 2    |                     |
| VANCOMYCIN HCL  | FIRVANQ                        | 3    |                     |
| vancomycin hcl (1 g) (vial port)                      |                                | 1    |                     |
| vancomycin hcl (1 g) (vial)                           |                                | 1    |                     |
| vancomycin hcl (10 g) (vial)                          |                                | 1    |                     |
| vancomycin hcl (100 g) (bulkbaginj)                   |                                | 1    |                     |
| vancomycin hcl (125 mg) (capsule)                     |                                | 1    | QL: 40 IN 30 DAYS   |
| vancomycin hcl (125mg/2.5) (syringe)                  |                                | 1    |                     |
| vancomycin hcl (250 mg) (capsule)                     |                                | 1    | QL: 80 IN 30 DAYS   |
| vancomycin hcl (5 g) (vial)                           |                                | 1    |                     |
| vancomycin hcl (500 mg) (vial port)                   |                                | 1    |                     |
| vancomycin hcl (500 mg) (vial)                        |                                | 1    |                     |
| vancomycin hcl (750 mg) (vial port)                   |                                | 1    |                     |
| vancomycin hcl (750 mg) (vial)                        |                                | 1    |                     |
| vancomycin hcl in 5 % dextrose                        |                                | 1    |                     |
| VANCOMYCIN HCL IN 5 % DEXTROSE                        | VANCOMYCIN<br>HCL-D5W          | 2    |                     |
| vancomycin/0.9 % sod chloride                         |                                | 1    |                     |
| <b>INFECTIOUS DISEASE - PARASITIC</b>                 |                                |      |                     |
| <b>2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL</b> |                                |      |                     |
| SECNIDAZOLE   | SOLOSEC                        | 3    |                     |
| tinidazole  | TINDAMAX                       | 1    |                     |
| <b>AMEBACIDES</b>                                     |                                |      |                     |
| paromomycin sulfate                                   | HUMATIN                        | 1    |                     |

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| <b>Drug Name</b>  |                                      | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|--------------------------------------|-------------|----------------------------|
| <b>ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS</b>       |                                      |             |                            |
| metronidazole   | FLAGYL                               | 1           |                            |
| metronidazole/sodium chloride                             | METRO IV                             | 1           |                            |
| <b>ANTHELMINTICS</b>                                      |                                      |             |                            |
| ALBENDAZOLE   | ALBENZA                              | 2           |                            |
| ivermectin  | STROMEKTOL                           | 1           |                            |
| MEBENDAZOLE   | EMVERM                               | 2           | PA                         |
| PRAZICUANTEL  | BILTRICIDE                           | 2           |                            |
| <b>ANTIMALARIAL DRUGS</b>                                 |                                      |             |                            |
| ARTEMETHER/LUMEFANTRINE                                   | COARTEM                              | 2           |                            |
| atovaquone/proguanil hcl                                  | MALARONE                             | 1           |                            |
| chloroquine phosphate                                     |                                      | 1           |                            |
| hydroxychloroquine sulfate                                | PLAQUENIL                            | 1           |                            |
| mefloquine hcl  | LARIAM                               | 1           |                            |
| PRIMAQUINE PHOSPHATE                                      | PRIMAQUINE                           | 2           |                            |
| PYRIMETHAMINE   | DARAPRIM                             | 2           | PA                         |
| quinine sulfate   | QUALAQUIN                            | 1           |                            |
| <b>ANTIPARASITICS</b>                                     |                                      |             |                            |
| NITAZOXANIDE  | ALINIA                               | 2           |                            |
| <b>ANTIPROTOZOAL DRUGS,MISCELLANEOUS</b>                  |                                      |             |                            |
| atovaquone  | MEPRON                               | 1           |                            |
| benznidazole  |                                      | 1           |                            |
| MILTEFOSINE   | IMPAVIDO                             | 2           |                            |
| PENTAMIDINE ISETHIONATE                                   | NEBUPENT                             | 2           |                            |
| <b>INFECTIOUS DISEASE - VIRAL</b>                         |                                      |             |                            |
| <b>ANTIRETROVIRAL - ANTI-CD4 DOMAIN 2 MONOCLONAL AB</b>   |                                      |             |                            |
| IBALIZUMAB-UIYK   | TROGARZO                             | 3           |                            |
| <b>ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB.</b> |                                      |             |                            |
| DOLUTEGRAVIR/RILPIVIRINE                                  | JULUCA                               | 3           |                            |
| <b>ANTIVIRAL MONOCLONAL ANTIBODIES</b>                    |                                      |             |                            |
| PALIVIZUMAB   | SYNAGIS                              | 2           | PA, SP                     |
| <b>ANTIVIRALS, GENERAL</b>                                |                                      |             |                            |
| ACYCLOVIR   | SITAVIG                              | 3           | QL: 4 IN 365 DAYS          |
| acyclovir   | ZOVIRAX                              | 1           |                            |
| acyclovir sod in dextrose 5 %                             |                                      | 1           |                            |
| acyclovir sodium  | ZOVIRAX                              | 1           |                            |
| cidofovir   | VISTIDE                              | 1           |                            |
| famciclovir   | FAMVIR                               | 1           |                            |
| foscarnet sodium  | FOSCAVIR                             | 1           |                            |
| GANCICLOVIR   |                                      | 3           |                            |
| ganciclovir sodium  | CYTOVENE                             | 1           |                            |
| LETERMOVIR  | PREVYMIS                             | 3           |                            |
| oseltamivir phosphate (30 mg) (capsule)                   |                                      | 1           | QL: 40 IN 183 DAYS         |
| oseltamivir phosphate (45 mg) (capsule)                   |                                      | 1           | QL: 20 IN 183 DAYS         |
| oseltamivir phosphate (6 mg/ml) (susp recon)              |                                      | 1           | QL: 360mL IN 183 DAYS      |
| oseltamivir phosphate (75 mg) (capsule)                   |                                      | 1           | QL: 20 IN 183 DAYS         |
| OSELTAMIVIR PHOSPHATE                                     | TAMIFLU (30 MG)<br>(CAPSULE)         | 1           | QL: 40 IN 183 DAYS         |
| OSELTAMIVIR PHOSPHATE                                     | TAMIFLU (45 MG)<br>(CAPSULE)         | 1           | QL: 20 IN 183 DAYS         |
| OSELTAMIVIR PHOSPHATE                                     | TAMIFLU (6<br>MG/ML) (SUSP<br>RECON) | 1           | QL: 360mL IN 183 DAYS      |
| OSELTAMIVIR PHOSPHATE                                     | TAMIFLU (75 MG)<br>(CAPSULE)         | 1           | QL: 20 IN 183 DAYS         |
| PERAMIVIR/PF  | RAPIVAB                              | 2           |                            |
| ribavirin   | VIRAZOLE                             | 1           |                            |



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| <b>Drug Name</b>  |                                   | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-----------------------------------|-------------|----------------------------|
| <b>rimantadine hcl</b>                                    | FLUMADINE                         | 1           |                            |
| <b>valacyclovir hcl</b>                                   | VALTREX                           | 1           |                            |
| <b>valganciclovir hcl</b>                                 | VALCYTE                           | 1           |                            |
| ZANAMIVIR   | RELENZA                           | 2           | QL: 40 IN 183 DAYS         |
| <b>ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB</b>  |                                   |             |                            |
| DARUNAVIR ETHANOLATE                                      | PREZISTA (100 MG/ML) (ORAL SUSP)  | 2           | QL: 400mL IN 30 DAYS       |
| DARUNAVIR ETHANOLATE                                      | PREZISTA (150 MG) (TABLET)        | 2           | QL: 8 IN 1 DAY             |
| DARUNAVIR ETHANOLATE                                      | PREZISTA (600 MG) (TABLET)        | 2           | QL: 2 IN 1 DAY             |
| DARUNAVIR ETHANOLATE                                      | PREZISTA (75 MG) (TABLET)         | 2           | QL: 16 IN 1 DAY            |
| DARUNAVIR ETHANOLATE                                      | PREZISTA (800 MG) (TABLET)        | 2           | QL: 1 IN 1 DAY             |
| DARUNAVIR/COBICISTAT                                      | PREZCOBIX                         | 3           | ST, QL: 1 IN 1 DAY         |
| TIPRANA VIR   | APTIVUS                           | 2           | QL: 4 IN 1 DAY             |
| TIPRANA VIR/VITAMIN E TPGS                                | APTIVUS                           | 2           | QL: 380mL IN 30 DAYS       |
| <b>ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG</b> |                                   |             |                            |
| EMTRICITABINE/TENOFOV ALAFENAM                            | DESCOVY                           | 2           | QL: 1 IN 1 DAY             |
| EMTRICITABINE/TENOFOVIR (TDF)                             | TRUVADA                           | 2           | QL: 1 IN 1 DAY             |
| LAMIVUDINE/TENOFOVIR DISOP FUM                            | CIMDUO                            | 3           | QL: 1 IN 1 DAY             |
| <b>ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB</b> |                                   |             |                            |
| <b>abacavir sulfate/lamivudine</b>                        | EPZICOM                           | 1           | QL: 1 IN 1 DAY             |
| <b>abacavir/lamivudine/zidovudine</b>                     | TRIZIVIR                          | 1           | QL: 2 IN 1 DAY             |
| <b>lamivudine/zidovudine</b>                              | COMBIVIR                          | 1           | QL: 2 IN 1 DAY             |
| <b>ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.</b>  |                                   |             |                            |
| MARAVIROC   | SELZENTRY (150 MG) (TABLET)       | 2           | QL: 2 IN 1 DAY             |
| MARAVIROC   | SELZENTRY (20 MG/ML) (SOLUTION)   | 2           | QL: 31mL IN 1 DAY          |
| MARAVIROC   | SELZENTRY (25 MG) (TABLET)        | 2           | QL: 4 IN 1 DAY             |
| MARAVIROC   | SELZENTRY (300 MG) (TABLET)       | 2           | QL: 4 IN 1 DAY             |
| MARAVIROC   | SELZENTRY (75 MG) (TABLET)        | 2           | QL: 2 IN 1 DAY             |
| <b>ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS</b>        |                                   |             |                            |
| ENFUVRTIDE  | FUZEON                            | 2           | ST, QL: 2 IN 1 DAY         |
| <b>ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI</b>      |                                   |             |                            |
| DELAVIRDINE MESYLATE                                      | RESCRIPTOR                        | 2           |                            |
| <b>efavirenz</b>  | SUSTIVA                           | 1           |                            |
| ETRAVIRINE  | INTELENCE (100 MG) (TABLET)       | 2           | QL: 4 IN 1 DAY             |
| ETRAVIRINE  | INTELENCE (200 MG) (TABLET)       | 2           | QL: 2 IN 1 DAY             |
| ETRAVIRINE  | INTELENCE (25 MG) (TABLET)        | 2           | QL: 4 IN 1 DAY             |
| <b>nevirapine</b>   | VIRAMUNE (200 MG) (TABLET)        | 1           | QL: 2 IN 1 DAY             |
| <b>nevirapine</b>   | VIRAMUNE (50 MG/5 ML) (ORAL SUSP) | 1           | QL: 1200mL IN 30 DAYS      |
| <b>nevirapine</b>   | VIRAMUNE XR (100 MG) (TAB ER 24H) | 1           | QL: 3 IN 1 DAY             |
| <b>nevirapine</b>   | VIRAMUNE XR (400 MG) (TAB ER 24H) | 1           | QL: 1 IN 1 DAY             |

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| <b>Drug Name</b>   |                                     | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------------------------------|-------------|----------------------------|
| RILPIVIRINE HCL  | EDURANT                             | 2           | QL: 1 IN 1 DAY             |
| <b>ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI</b>  |                                     |             |                            |
| <b>abacavir sulfate</b>                                  | ZIAGEN (20 MG/ML)<br>(SOLUTION)     | 1           | QL: 960mL IN 30 DAYS, SP   |
| <b>abacavir sulfate</b>                                  | ZIAGEN (300 MG)<br>(TABLET)         | 1           | QL: 2 IN 1 DAY, SP         |
| DIDANOSINE   | VIDEX                               | 2           | QL: 600mL IN 30 DAYS       |
| <b>didanosine</b>  | VIDEX EC (125 MG)<br>(CAPSULE DR)   | 1           | QL: 2 IN 1 DAY             |
| <b>didanosine</b>  | VIDEX EC (200 MG)<br>(CAPSULE DR)   | 1           | QL: 2 IN 1 DAY             |
| <b>didanosine</b>  | VIDEX EC (250 MG)<br>(CAPSULE DR)   | 1           | QL: 1 IN 1 DAY             |
| <b>didanosine</b>  | VIDEX EC (400 MG)<br>(CAPSULE DR)   | 1           | QL: 1 IN 1 DAY             |
| EMTRICITABINE  | EMTRIVA (10<br>MG/ML)<br>(SOLUTION) | 2           | QL: 850mL IN 30 DAYS       |
| EMTRICITABINE  | EMTRIVA (200 MG)<br>(CAPSULE)       | 2           | QL: 1 IN 1 DAY             |
| <b>lamivudine</b>  | EPIVIR (10 MG/ML)<br>(SOLUTION)     | 1           | QL: 960mL IN 30 DAYS       |
| <b>lamivudine</b>  | EPIVIR (150 MG)<br>(TABLET)         | 1           | QL: 2 IN 1 DAY             |
| <b>lamivudine</b>  | EPIVIR (300 MG)<br>(TABLET)         | 1           | QL: 1 IN 1 DAY             |
| STAVUDINE  | ZERIT (1 MG/ML)<br>(SOLN RECON)     | 3           | QL: 2400mL IN 30 DAYS      |
| <b>stavudine</b>   | ZERIT (15 MG)<br>(CAPSULE)          | 1           | QL: 2 IN 1 DAY             |
| <b>stavudine</b>   | ZERIT (20 MG)<br>(CAPSULE)          | 1           | QL: 2 IN 1 DAY             |
| <b>stavudine</b>   | ZERIT (30 MG)<br>(CAPSULE)          | 1           | QL: 2 IN 1 DAY             |
| <b>stavudine</b>   | ZERIT (40 MG)<br>(CAPSULE)          | 1           | QL: 2 IN 1 DAY             |
| <b>zidovudine</b>  | RETROVIR (10<br>MG/ML) (SYRUP)      | 1           | QL: 1920mL IN 30 DAYS      |
| ZIDOVUDINE   | RETROVIR (10<br>MG/ML) (VIAL)       | 2           |                            |
| <b>zidovudine</b>  | RETROVIR (100 MG)<br>(CAPSULE)      | 1           | QL: 6 IN 1 DAY             |
| <b>zidovudine</b>  | RETROVIR (300 MG)<br>(TABLET)       | 1           | QL: 2 IN 1 DAY             |
| <b>ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI</b>  |                                     |             |                            |
| TENOFOVIR DISOPROXIL FUMARATE                            | VIREAD (150 MG)<br>(TABLET)         | 2           | QL: 1 IN 1 DAY             |
| TENOFOVIR DISOPROXIL FUMARATE                            | VIREAD (200 MG)<br>(TABLET)         | 2           | QL: 1 IN 1 DAY             |
| TENOFOVIR DISOPROXIL FUMARATE                            | VIREAD (250 MG)<br>(TABLET)         | 2           | QL: 1 IN 1 DAY             |
| <b>tenofovir disoproxil fumarate</b>                     | VIREAD (300 MG)<br>(TABLET)         | 1           | QL: 1 IN 1 DAY             |
| TENOFOVIR DISOPROXIL FUMARATE                            | VIREAD<br>(40MG/SCOOP)<br>(POWDER)  | 2           | QL: 240gm IN 30 DAYS       |
| <b>ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB</b> |                                     |             |                            |
| LOPINAVIR/RITONAVIR                                      | KALETRA (100MG-<br>25MG) (TABLET)   | 2           | QL: 2 IN 1 DAY             |

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| Drug Name   |                                | Tier | Requirements/Limits   |
|---|--------------------------------|------|-----------------------|
| LOPINAVIR/RITONAVIR   | KALETRA (200MG-50MG) (TABLET)  | 2    | QL: 4 IN 1 DAY        |
| <b>lopinavir/ritonavir</b>                                    | KALETRA (400-100/5) (SOLUTION) | 1    | QL: 480mL IN 30 DAYS  |
| <b>ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS</b>          |                                |      |                       |
| <b>atazanavir sulfate</b>                                     | REYATAZ (150 MG) (CAPSULE)     | 1    | QL: 2 IN 1 DAY        |
| <b>atazanavir sulfate</b>                                     | REYATAZ (200 MG) (CAPSULE)     | 1    | QL: 2 IN 1 DAY        |
| <b>atazanavir sulfate</b>                                     | REYATAZ (300 MG) (CAPSULE)     | 1    | QL: 1 IN 1 DAY        |
| ATAZANAVIR SULFATE  | REYATAZ (50 MG) (POWD PACK)    | 2    | QL: 5 IN 1 DAY        |
| FOSAMPRENAVIR CALCIUM   | LEXIVA (50 MG/ML) (ORAL SUSP)  | 2    | QL: 1800mL IN 30 DAYS |
| <b>fosamprenavir calcium</b>                                  | LEXIVA (700 MG) (TABLET)       | 1    | QL: 4 IN 1 DAY        |
| INDINAVIR SULFATE   | CRIXIVAN                       | 2    |                       |
| NELFINAVIR MESYLATE   | VIRACEPT                       | 2    |                       |
| RITONAVIR   | NORVIR (100 MG) (CAPSULE)      | 2    | QL: 12 IN 1 DAY       |
| <b>ritonavir</b>  | NORVIR (100 MG) (TABLET)       | 1    | QL: 12 IN 1 DAY       |
| RITONAVIR   | NORVIR (80 MG/ML) (SOLUTION)   | 2    | QL: 480mL IN 30 DAYS  |
| SAQUINAVIR MESYLATE   | INVIRASE (200 MG) (CAPSULE)    | 2    | QL: 10 IN 1 DAY       |
| SAQUINAVIR MESYLATE   | INVIRASE (500 MG) (TABLET)     | 2    | QL: 4 IN 1 DAY        |
| <b>ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR</b>     |                                |      |                       |
| DOLUTEGRAVIR SODIUM   | TIVICAY                        | 2    | QL: 2 IN 1 DAY        |
| RALTEGRAVIR POTASSIUM   | ISENTRESS (100 MG) (POWD PACK) | 2    | QL: 2 IN 1 DAY        |
| RALTEGRAVIR POTASSIUM   | ISENTRESS (100 MG) (TAB CHEW)  | 2    | QL: 6 IN 1 DAY        |
| RALTEGRAVIR POTASSIUM   | ISENTRESS (25 MG) (TAB CHEW)   | 2    | QL: 6 IN 1 DAY        |
| RALTEGRAVIR POTASSIUM   | ISENTRESS (400 MG) (TABLET)    | 2    | QL: 2 IN 1 DAY        |
| RALTEGRAVIR POTASSIUM   | ISENTRESS HD                   | 2    | QL: 2 IN 1 DAY        |
| <b>ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&amp;NON-NUCLEOSIDE RTI</b> |                                |      |                       |
| EFAVIRENZ/EMTRICIT/TENOFOVR DF                                | ATRIPLA                        | 2    | QL: 1 IN 1 DAY        |
| EFAVIRENZ/LAMIVU/TENOFOV DISOP                                | SYMFI                          | 3    | QL: 1 IN 1 DAY        |
| EFAVIRENZ/LAMIVU/TENOFOV DISOP                                | SYMFI LO                       | 3    |                       |
| EMTRICITA/RILPIVIRINE/TENOF DF                                | COMPLERA                       | 2    | QL: 1 IN 1 DAY        |
| EMTRICITAB/RILPIVIRI/TENOF ALA                                | ODEFSEY                        | 2    | QL: 1 IN 1 DAY        |
| <b>ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR</b>              |                                |      |                       |
| BICTEGRAV/EMTRICIT/TENOFOV ALA                                | BIKTARVY                       | 2    | QL: 1 IN 1 DAY        |
| ELVITEG/COB/EMTRI/TENOF ALAFEN                                | GENVOYA                        | 2    | QL: 1 IN 1 DAY        |
| ELVITEG/COB/EMTRI/TENOFO DISOP                                | STRIBILD                       | 2    | QL: 1 IN 1 DAY        |
| <b>ARV COMB-NRTIS &amp; INTEGRASE INHIBITOR</b>               |                                |      |                       |
| ABACAIVR/DOLUTEGRAVIR/LAMIVUDI                                | TRIUMEQ                        | 2    | QL: 1 IN 1 DAY        |
| <b>CYTOCHROME P450 INHIBITORS</b>                             |                                |      |                       |
| COBICISTAT  | TYBOST                         | 3    | PA, QL: 1 IN 1 DAY    |
| <b>HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COMBO</b>      |                                |      |                       |
| SOFOSBUVIR/VELPATAS/VOXILAPREV                                | VOSEVI                         | 3    | PA, SP                |

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| Drug Name   |  | Tier | Requirements/Limits      |
|---|--|------|--------------------------|
| <b>HEP C VIRUS - NS5A &amp; NS5B POLYMERASE INHIB. COMBO.</b> |  |      |                          |
| LEDIPASVIR/SOFOSBUVIR   | HARVONI                                | 2    | PA, SP                   |
| SOFOSBUVIR/VELPATASVIR  | EPCLUSA                                | 2    | PA, SP                   |
| <b>HEP C VIRUS,NUCLEOTIDE ANALOG NS5B POLYMERASE INH</b>      |  |      |                          |
| SOFOSBUVIR  | SOVALDI                                | 3    | PA, SP                   |
| <b>HEPATITIS B TREATMENT AGENTS</b>                           |  |      |                          |
| <b>adefovir dipivoxil</b>                                     | HEPSERA                                | 1    | QL: 1 IN 1 DAY           |
| ENTECAVIR   | BARACLUDE (0.05 MG/ML)<br>(SOLUTION)   | 2    | QL: 630mL IN 30 DAYS     |
| <b>entecavir</b>  | BARACLUDE (0.5 MG)<br>(TABLET)         | 1    | QL: 1 IN 1 DAY, SP       |
| <b>entecavir</b>  | BARACLUDE (1 MG)<br>(TABLET)           | 1    | QL: 1 IN 1 DAY, SP       |
| <b>lamivudine</b>   | EPIVIR HBV (100 MG)<br>(TABLET)        | 1    | QL: 1 IN 1 DAY           |
| LAMIVUDINE  | EPIVIR HBV (25 MG/5 ML)<br>(SOLUTION)  | 2    | QL: 720mL IN 30 DAYS     |
| TENOFOVIR ALAFENAMIDE FUMARATE                                | VEMLIDY                                | 2    | QL: 1 IN 1 DAY           |
| <b>HEPATITIS C TREATMENT AGENTS</b>                           |  |      |                          |
| PEGINTERFERON ALFA-2A   | PEGASYS                                | 2    | PA, SP                   |
| PEGINTERFERON ALFA-2A   | PEGASYS<br>PROCLICK                    | 2    | PA, SP                   |
| PEGINTERFERON ALFA-2B   | PEGINTRON                              | 3    | PA, SP                   |
| RIBAVIRIN   | REBETOL                                | 3    | SP                       |
| <b>ribavirin (200 mg) (capsule)</b>                           |  | 1    | SP                       |
| <b>ribavirin (200 mg) (tablet)</b>                            |  | 1    | SP                       |
| <b>ribavirin (200-400(7)) (tab ds pk)</b>                     |  | 1    | ST, SP                   |
| <b>HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB</b>      |  |      |                          |
| GLECAPREVIR/PIBRENTASVIR                                      | MAVYRET                                | 2    | PA, SP                   |
| <b>INFLAMMATORY DISEASE</b>                                   |  |      |                          |
| <b>ANTI-ARTHRITIC AND CHELATING AGENTS</b>                    |  |      |                          |
| PENICILLAMINE   | DEPEN                                  | 2    | PA                       |
| <b>ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS</b>               |  |      |                          |
| METHOTREXATE/PF   | OTREXUP                                | 2    | ST, QL: 1.6mL IN 28 DAYS |
| METHOTREXATE/PF   | RASUVO<br>(10MG/0.2ML)<br>(AUTO INJCT) | 2    | ST, QL: 0.8mL IN 28 DAYS |
| METHOTREXATE/PF   | RASUVO (12.5/0.25)<br>(AUTO INJCT)     | 2    | ST, QL: 1mL IN 28 DAYS   |
| METHOTREXATE/PF   | RASUVO<br>(15MG/0.3ML)<br>(AUTO INJCT) | 2    | ST, QL: 1.2mL IN 28 DAYS |
| METHOTREXATE/PF   | RASUVO (17.5/0.35)<br>(AUTO INJCT)     | 2    | ST, QL: 1.4mL IN 28 DAYS |
| METHOTREXATE/PF   | RASUVO<br>(20MG/0.4ML)<br>(AUTO INJCT) | 2    | ST, QL: 1.6mL IN 28 DAYS |
| METHOTREXATE/PF   | RASUVO (22.5/0.45)<br>(AUTO INJCT)     | 2    | QL: 1.8mL IN 28 DAYS     |
| METHOTREXATE/PF   | RASUVO<br>(25MG/0.5ML)<br>(AUTO INJCT) | 2    | ST, QL: 2mL IN 28 DAYS   |
| METHOTREXATE/PF   | RASUVO<br>(30MG/0.6ML)<br>(AUTO INJCT) | 2    | ST, QL: 2.4mL IN 28 DAYS |

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| <b>Drug Name</b>  |  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|--|-------------|----------------------------|
| METHOTREXATE/PF   | RASUVO<br>(7.5MG/0.15) (AUTO<br>INJCT) | 2           | ST, QL: 0.6mL IN 28 DAYS   |
| <b>ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST</b>       |  |             |                            |
| RILONACEPT  | ARCALYST                               | 2           |                            |
| <b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR</b>  |  |             |                            |
| ADALIMUMAB  | HUMIRA                                 | 2           | PA, SP                     |
| ADALIMUMAB  | HUMIRA<br>PEDIATRIC<br>CROHN'S         | 2           | PA, SP                     |
| ADALIMUMAB  | HUMIRA PEN                             | 2           | PA, SP                     |
| ADALIMUMAB  | HUMIRA PEN<br>CROHN-UC-HS<br>STARTER   | 2           | PA, SP                     |
| ADALIMUMAB  | HUMIRA PEN<br>PSORIASIS-UVEITIS        | 2           | PA, SP                     |
| ETANERCEPT  | ENBREL                                 | 2           | PA, SP                     |
| ETANERCEPT  | ENBREL MINI                            | 2           | PA, SP                     |
| ETANERCEPT  | ENBREL<br>SURECLICK                    | 2           | PA, SP                     |
| GOLIMUMAB   | SIMPONI ARIA                           | 2           | PA, SP                     |
| <b>ANTI-INFLAMMATORY, INTERLEUKIN-1 BETA BLOCKERS</b>     |  |             |                            |
| CANAKINUMAB/PF  | ILARIS                                 | 2           | PA                         |
| <b>ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR</b>  |  |             |                            |
| leflunomide   | ARAVA                                  | 1           |                            |
| <b>ANTI-INFLAMMATORY,PHOSPHODIESTERASE-4(PDE4) INHIB.</b> |  |             |                            |
| APREMILAST  | OTEZLA (10-20-<br>30MG) (TAB DS PK)    | 2           | PA, SP                     |
| APREMILAST  | OTEZLA (30 MG)<br>(TABLET)             | 2           | PA, SP                     |
| <b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>                 |  |             |                            |
| ICATIBANT ACETATE   | FIRAZYR                                | 2           | PA, SP                     |
| <b>C1 ESTERASE INHIBITORS</b>                             |  |             |                            |
| C1 ESTERASE INHIBITOR                                     | BERINERT                               | 2           | PA                         |
| C1 ESTERASE INHIBITOR                                     | CINRYZE                                | 2           | PA                         |
| C1 ESTERASE INHIBITOR                                     | HAEGARDA                               | 3           | PA                         |
| C1 ESTERASE INHIBITOR, RECOMB                             | RUCONEST                               | 3           | PA                         |
| <b>DRUGS TO TX CHRONIC INFLAMM. DISEASE OF COLON</b>      |  |             |                            |
| INFLIXIMAB  | REMICADE                               | 2           | PA, SP                     |
| INFLIXIMAB-ABDA   | RENFLEXIS                              | 3           | PA, SP                     |
| INFLIXIMAB-DYYB   | INFLECTRA                              | 2           | PA, SP                     |
| <b>GLUCOCORTICOIDS</b>                                    |  |             |                            |
| BETAMETHASON/NORFLURAN/PENTFLU                            | BETALOAN SUIK                          | 3           |                            |
| BETAMETHASON/NORFLURAN/PENTFLU                            | POD-CARE 100CG                         | 3           |                            |
| betamethasone acetate,sod phos                            | BETA 1                                 | 1           |                            |
| betamethasone acetate,sod phos                            | CELESTONE                              | 1           |                            |
| betamethasone acetate,sod phos                            | POD-CARE 100C                          | 1           |                            |
| betamethasone sod phosph-water                            |  | 1           |                            |
| budesonide  | ENTOCORT EC                            | 1           |                            |
| BUDESONIDE  | UCERIS                                 | 2           | ST                         |
| cortisone acetate   | CORTONE                                | 1           |                            |
| dexamethasone (0.5 mg) (tablet)                           |  | 1           |                            |
| dexamethasone (0.5 mg/5ml) (elixir)                       |  | 1           |                            |
| dexamethasone (0.5 mg/5ml) (solution)                     |  | 1           |                            |
| dexamethasone (0.75 mg) (tablet)                          |  | 1           |                            |
| dexamethasone (1 mg) (tablet)                             |  | 1           |                            |
| dexamethasone (1.5 mg) (tablet)                           |  | 1           |                            |

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| <b>Drug Name</b>                      |                                       | <b>Tier</b> | <b>Requirements/Limits</b> |
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| <b>dexamethasone (2 mg) (tablet)</b>  |                                       | 1           |                            |
| <b>dexamethasone (4 mg) (tablet)</b>  |                                       | 1           |                            |
| <b>dexamethasone (6 mg) (tablet)</b>  |                                       | 1           |                            |
| DEXAMETHASONE INTENSOL                |                                       | 2           |                            |
| <b>dexamethasone ac, sod ph/water</b> |                                       | 1           |                            |
| <b>dexamethasone ace/nacl,iso-osm</b> |                                       | 1           |                            |
| <b>dexamethasone in 0.9 % sod chl</b> |                                       | 1           |                            |
| <b>hydrocortisone</b>                 | CORTEF                                | 1           |                            |
| <b>hydrocortisone sod succinate</b>   |                                       | 1           |                            |
| HYDROCORTISONE SOD SUCCINATE          | SOLU-CORTEF                           | 2           |                            |
| HYDROCORTISONE SODIUM SUCC/PF         | SOLU-CORTEF (100<br>MG/2ML) (VIAL)    | 2           |                            |
| HYDROCORTISONE SODIUM SUCC/PF         | SOLU-CORTEF<br>(1000MG/8ML)<br>(VIAL) | 2           |                            |
| HYDROCORTISONE SODIUM SUCC/PF         | SOLU-CORTEF (250<br>MG/2ML) (VIAL)    | 2           |                            |
| HYDROCORTISONE SODIUM SUCC/PF         | SOLU-CORTEF (500<br>MG/4ML) (VIAL)    | 2           |                            |
| ME-PREDNIS/NORFLURAN/HFC 245FA        | MEDROLOAN II<br>SUIK                  | 3           |                            |
| ME-PREDNIS/NORFLURAN/HFC 245FA        | MEDROLOAN SUIK                        | 3           |                            |
| ME-PREDNIS/NORFLURAN/HFC 245FA        | P-CARE D40G                           | 3           |                            |
| ME-PREDNIS/NORFLURAN/HFC 245FA        | P-CARE D80G                           | 3           |                            |
| <b>methylpred acet/nacl,iso-os/pf</b> |                                       | 1           |                            |
| <b>methylprednisol ac/bupivac/wat</b> |                                       | 1           |                            |
| <b>methylprednisolone</b>             | MEDROL (16 MG)<br>(TABLET)            | 1           |                            |
| <b>methylprednisolone</b>             | MEDROL (32 MG)<br>(TABLET)            | 1           |                            |
| <b>methylprednisolone</b>             | MEDROL (4 MG)<br>(TAB DS PK)          | 1           |                            |
| <b>methylprednisolone</b>             | MEDROL (4 MG)<br>(TABLET)             | 1           |                            |
| <b>methylprednisolone</b>             | MEDROL (8 MG)<br>(TABLET)             | 1           |                            |
| <b>methylprednisolone acet-water</b>  |                                       | 1           |                            |
| PREDNISOLONE                          | MILLIPRED                             | 2           |                            |
| PREDNISOLONE                          | MILLIPRED DP                          | 2           |                            |
| <b>prednisolone</b>                   | ORAPRED                               | 1           |                            |
| <b>prednisolone sod phosphate</b>     |                                       | 1           |                            |
| <b>prednisone</b>                     |                                       | 1           |                            |
| PREDNISONE INTENSOL                   |                                       | 2           |                            |
| PREDNISONE                            | RAYOS                                 | 3           |                            |
| TRIAMCIN/NORFLURANE/HFC 245FA         | P-CARE K40G                           | 3           |                            |
| TRIAMCIN/NORFLURANE/HFC 245FA         | P-CARE K80G                           | 3           |                            |
| TRIAMCIN/NORFLURANE/HFC 245FA         | POD-CARE 100KG                        | 3           |                            |
| TRIAMCIN/NORFLURANE/HFC 245FA         | TRILOAN II SUIK                       | 3           |                            |
| TRIAMCIN/NORFLURANE/HFC 245FA         | TRILOAN SUIK                          | 3           |                            |
| <b>triamcinolone acet/0.9%nacl/pf</b> |                                       | 1           |                            |
| <b>triamcinolone acetonide</b>        | KENALOG-40                            | 1           |                            |
| TRIAMCINOLONE ACETONIDE               | P-CARE K80                            | 3           |                            |
| TRIAMCINOLONE ACETONIDE               | PRO-C-DURE 5                          | 3           |                            |
| TRIAMCINOLONE ACETONIDE               | PRO-C-DURE 6                          | 3           |                            |
| <b>triamcinolone/bupivacaine/nacl</b> |                                       | 1           |                            |
| <b>GOLD SALTS</b>                     |                                       |             |                            |
| AURANOFIN                             | RIDAURA                               | 2           |                            |

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| <b>Drug Name</b>  |                                   | <b>Tier</b> | <b>Requirements/Limits</b> |
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| <b>IMMUNOMODULATOR,B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB</b>     |                                   |             |                            |
| BELIMUMAB   | BENLYSTA (120 MG) (VIAL)          | 2           | SP                         |
| BELIMUMAB   | BENLYSTA (200 MG/ML) (AUTO INJCT) | 3           | PA, SP                     |
| BELIMUMAB   | BENLYSTA (200 MG/ML) (SYRINGE)    | 3           | PA, SP                     |
| BELIMUMAB   | BENLYSTA (400 MG) (VIAL)          | 2           | SP                         |
| <b>INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS</b>               |                                   |             |                            |
| SARILUMAB   | KEVZARA                           | 3           | SP                         |
| TOCILIZUMAB   | ACTEMRA                           | 3           | PA, SP                     |
| <b>JANUS KINASE (JAK) INHIBITORS</b>                          |                                   |             |                            |
| TOFACITINIB CITRATE   | XELJANZ                           | 3           | PA, SP                     |
| TOFACITINIB CITRATE   | XELJANZ XR (11 MG) (TAB ER 24H)   | 3           | PA, SP                     |
| <b>MINERALOCORTICIDS</b>                                      |                                   |             |                            |
| <b>fludrocortisone acetate</b>                                | FLORINEF                          | 1           |                            |
| <b>MONOCLONAL ANTIBODY-HUMAN INTERLEUKIN 12/23 INHIB</b>      |                                   |             |                            |
| USTEKINUMAB   | STELARA                           | 3           | PA, SP                     |
| <b>NASAL NSAIDS, COX NON-SELECTIVE,SYSTEMIC ANALGESIC</b>     |                                   |             |                            |
| KETOROLAC TROMETHAMINE  | SPRIX                             | 3           | ST, QL: 1 IN 6 DAYS        |
| <b>NSAID &amp; TOPICAL IRRITANT COUNTER-IRRITANT COMB.</b>    |                                   |             |                            |
| IBUPROFEN/IRR.COUNT-IRRIT.NO.2                                | COMFORT PAC-IBUPROFEN             | 3           |                            |
| MELOXICAM/IRRIT.CNTR-IRR CMB 2                                | COMFORT PAC-MELOXICAM             | 3           |                            |
| NAPROXEN/IRRITANT CNTR-IRRIT 2                                | COMFORT PAC-NAPROXEN              | 3           |                            |
| <b>NSAIDS (COX NON-SPECIFIC INHIB)&amp; PROSTAGLANDIN CMB</b> |                                   |             |                            |
| <b>diclofenac sodium/misoprostol</b>                          | ARTHROTEC 50                      | 1           |                            |
| <b>diclofenac sodium/misoprostol</b>                          | ARTHROTEC 75                      | 1           |                            |
| <b>NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE</b>              |                                   |             |                            |
| <b>celecoxib</b>  | CELEBREX                          | 1           |                            |
| <b>NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE</b>                  |                                   |             |                            |
| <b>celecoxib</b>  | CELEBREX                          | 1           |                            |
| <b>diclofenac potassium</b>                                   | CATAFLAM                          | 1           |                            |
| DICLOFENAC POTASSIUM  | ZIPSOR                            | 3           | ST                         |
| <b>diclofenac sodium</b>                                      | VOLTAREN                          | 1           |                            |
| <b>diclofenac sodium</b>                                      | VOLTAREN-XR                       | 1           |                            |
| DICLOFENAC SUBMICRONIZED                                      | ZORVOLEX                          | 3           | ST                         |
| <b>etodolac</b>   | LODINE                            | 1           |                            |
| <b>etodolac</b>   | LODINE XL                         | 1           |                            |
| <b>fenoprofen calcium</b>                                     | FENORTHO                          | 1           |                            |
| <b>fenoprofen calcium</b>                                     | NALFON                            | 1           |                            |
| <b>flurbiprofen</b>   | ANSAID                            | 1           |                            |
| IBUPROFEN   | CALDOLOR                          | 2           |                            |
| <b>ibuprofen</b>  | MOTRIN (400 MG) (TABLET)          | 1           |                            |
| <b>ibuprofen</b>  | MOTRIN (600 MG) (TABLET)          | 1           |                            |
| <b>ibuprofen</b>  | MOTRIN (800 MG) (TABLET)          | 1           |                            |
| <b>indomethacin</b>   | INDOCIN (25 MG) (CAPSULE)         | 1           |                            |

**National Formulary**

| Drug Name   |                                   | Tier | Requirements/Limits |
|---|-----------------------------------|------|---------------------|
| indomethacin  | INDOCIN (50 MG)<br>(CAPSULE)      | 1    |                     |
| INDOMETHACIN  | INDOCIN (50 MG)<br>(SUPP.RECT)    | 3    |                     |
| indomethacin  | INDOCIN SR                        | 1    |                     |
| ketoprofen  | ORUDIS                            | 1    |                     |
| ketoprofen  | ORUVAIL                           | 1    |                     |
| KETOROLAC TROMETHAMINE                                    | READYSHARP                        | 3    |                     |
| ketorolac tromethamine                                    | KETOROLAC<br>TORADOL              | 1    |                     |
| KETOROLAC/NORFLURANE/HFC 245FA                            | TORONOVA II SUIK                  | 3    |                     |
| KETOROLAC/NORFLURANE/HFC 245FA                            | TORONOVA SUIK                     | 3    |                     |
| meclofenamate sodium                                      | MECLOMEN                          | 1    |                     |
| mefenamic acid  |                                   | 1    |                     |
| meloxicam   | MOBIC                             | 1    |                     |
| nabumetone  | RELAFEN                           | 1    |                     |
| naproxen  | EC-NAPROSYN                       | 1    |                     |
| naproxen  | NAPROSYN                          | 1    |                     |
| naproxen sodium   | ANAPROX                           | 1    |                     |
| naproxen sodium   | ANAPROX DS                        | 1    |                     |
| naproxen sodium   | NAPKELAIN (375<br>MG) (TBMP 24HR) | 1    |                     |
| naproxen sodium   | NAPKELAIN (500<br>MG) (TBMP 24HR) | 1    |                     |
| oxaprozin   | DAYPRO                            | 1    |                     |
| piroxicam   | FELDENE                           | 1    |                     |
| sulindac  | CLINORIL                          | 1    |                     |
| tolmetin sodium   | TOLECTIN                          | 1    |                     |
| tolmetin sodium   | TOLECTIN DS                       | 1    |                     |
| <b>LOCAL ANESTHESIA</b>                                   |                                   |      |                     |
| <b>LOCAL ANESTHETICS</b>                                  |                                   |      |                     |
| lidocaine hcl (2 %) (jelly(ml))                           |                                   | 1    |                     |
| <b>LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT</b> |                                   |      |                     |
| <b>ABSORBABLE SULFONAMIDES</b>                            |                                   |      |                     |
| sulfamethoxazole/trimethoprim (200-40mg/5) (oral<br>susp) |                                   | 1    |                     |
| sulfamethoxazole/trimethoprim (400mg-80mg)<br>(tablet)    |                                   | 1    |                     |
| sulfamethoxazole/trimethoprim (800-160 mg)<br>(tablet)    |                                   | 1    |                     |
| sulfamethoxazole/trimethoprim (800-160/20) (oral<br>susp) |                                   | 1    |                     |
| sulfamethoxazole/trimethoprim (80-16mg/ml) (vial)         |                                   | 1    |                     |
| <b>BOWEL ANTIINFLAMATORY AGENTS</b>                       |                                   |      |                     |
| sulfadiazine  |                                   | 1    |                     |
| <b>CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX</b>  |                                   |      |                     |
| MESALAMINE  | CANASA                            | 2    |                     |
| mesalamine  | SFROWASA                          | 1    |                     |
| mesalamine w/cleansing wipes                              | ROWASA                            | 1    |                     |
| <b>DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT</b>  |                                   |      |                     |
| balsalazide disodium                                      | COLAZAL                           | 1    |                     |
| MESALAMINE  | APRISO                            | 2    |                     |
| mesalamine  | LIALDA                            | 1    |                     |
| MESALAMINE  | PENTASA                           | 2    |                     |
| sulfasalazine   | AZULFIDINE                        | 1    |                     |
| <b>HEMORRHOIDAL PREP, ANTI-INFAM STEROID/LOCAL ANESTH</b> |                                   |      |                     |
| HYDROCORT/PRAMOXYN/SKIN CLNSR16                           | ZYPRAM                            | 3    |                     |



**National Formulary**

| <b>Drug Name</b>  |                                 | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|---------------------------------|-------------|----------------------------|
| hydrocortisone/lidocaine/aloe                             | ANA-LEX HC                      | 1           |                            |
| hydrocortisone/lidocaine/aloe                             | ANAMANTLE HC                    | 1           |                            |
| hydrocortisone/lidocaine/aloe                             | RECTAGEL HC                     | 1           |                            |
| hydrocortisone/pramoxine                                  | ANALPRAM HC                     | 1           |                            |
| hydrocortisone/pramoxine                                  | PRAMCORT                        | 1           |                            |
| lidocaine/hydrocortisone ac                               | ANAMANTLE HC                    | 1           |                            |
| lidocaine/hydrocortisone ac                               | ANAMANTLE HC<br>FORTE           | 1           |                            |
| <b>IBS AGENTS,MIXED OPIOID RECEP AGONISTS/ANTAGONISTS</b> |                                 |             |                            |
| ELUXADOLINE   | VIBERZI                         | 2           | PA                         |
| <b>IRRITABLE BOWEL AGENTS,GUANYLATE CYLASE-C AGONIST</b>  |                                 |             |                            |
| LINACLOTIDE   | LINZESS                         | 2           |                            |
| <b>LOCAL ANORECTAL NITRATE PREPARATIONS</b>               |                                 |             |                            |
| NITROGLYCERIN   | RECTIV                          | 2           |                            |
| <b>RECTAL PREPARATIONS</b>                                |                                 |             |                            |
| hydrocortisone acetate                                    | ANUSOL-HC                       | 1           |                            |
| hydrocortisone acetate                                    | HEMMOREX-HC                     | 1           |                            |
| hydrocortisone acetate                                    | PROCTOCORT                      | 1           |                            |
| <b>RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)</b>   |                                 |             |                            |
| BUDESONIDE  | UCERIS                          | 3           |                            |
| hydrocortisone  | CORTENEMA                       | 1           |                            |
| HYDROCORTISONE ACETATE                                    | CORTIFOAM                       | 2           |                            |
| <b>LOWER GASTROINTESTINAL DISORDERS - OTHER</b>           |                                 |             |                            |
| <b>AMMONIA INHIBITORS</b>                                 |                                 |             |                            |
| ACETOHYDROXAMIC ACID                                      | LITHOSTAT                       | 3           |                            |
| CARGLUMIC ACID  | CARBAGLU                        | 2           |                            |
| GLYCEROL PHENYL BUTYRATE                                  | RAVICTI                         | 2           | PA                         |
| lactulose   | CHRONULAC                       | 1           |                            |
| sodium phenylbutyrate                                     | BUPHENYL (0.94<br>G/G) (POWDER) | 1           | SP                         |
| <b>ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR</b>   |                                 |             |                            |
| TELOTRISTAT ETIPRATE                                      | XERMELO                         | 2           | PA                         |
| <b>ANTIDIARRHEALS</b>                                     |                                 |             |                            |
| DEXTRANOMER/HYALURONATE/NACL                              | SOLESTA                         | 3           |                            |
| diphenoxylate hcl/atropine                                | LOMOTIL                         | 1           |                            |
| loperamide hcl (2 mg) (capsule)                           |                                 | 1           |                            |
| opium tincture  |                                 | 1           |                            |
| paregoric   |                                 | 1           |                            |
| <b>BILE SALTS</b>   |                                 |             |                            |
| CHENODIOL   | CHENODAL                        | 2           |                            |
| CHOLIC ACID   | CHOLBAM                         | 2           | PA                         |
| ursodiol  | ACTIGALL                        | 1           |                            |
| ursodiol  | URSO                            | 1           |                            |
| ursodiol  | URSO FORTE                      | 1           |                            |
| <b>FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG</b> |                                 |             |                            |
| OBETICHOLIC ACID  | OCALIVA                         | 2           | PA                         |
| <b>IRRITABLE BOWEL SYND. AGENT,5HT-3 ANTAGONIST-TYPE</b>  |                                 |             |                            |
| alosetron hcl   | LOTRONEX                        | 1           |                            |
| <b>LAXATIVES AND CATHARTICS</b>                           |                                 |             |                            |
| bisac/nacl/nahco3/kcl/peg 3350                            | HALFLYTELY-<br>BISACODYL        | 1           | AGE: 50-75 YEARS           |
| lactulose   | CHRONULAC                       | 1           |                            |
| LUBIPROSTONE  | AMITIZA                         | 2           | ST, QL: 2 IN 1 DAY         |
| PEG 3350/SOD CHLOR/POTASS CIT                             | GIALAX                          | 3           |                            |
| PEG3350/SOD SUL/NACL/ASB/C/KCL                            | MOVIPREP                        | 3           | AGE: 50-75 YEARS           |

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| <b>Drug Name</b>                                     |                                    | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|------------------------------------|-------------|----------------------------|
| peg3350/sod sulf,bicarb,cl/kcl                       | COLYTE WITH FLAVOR PACKETS         | 1           | AGE: 50-75 YEARS           |
| PEG3350/SOD SULF,BICARB,CL/KCL                       | GOLYTELY (227.1-21.5) (POWD PACK)  | 3           | AGE: 50-75 YEARS           |
| peg3350/sod sulf,bicarb,cl/kcl                       | GOLYTELY (236-22.74G) (SOLN RECON) | 1           | AGE: 50-75 YEARS           |
| polyethylene glycol 3350                             | MIRALAX (17G) (POWD PACK)          | 1           |                            |
| polyethylene glycol 3350                             | MIRALAX (17G/DOSE) (POWDER)        | 1           |                            |
| SOD PHOSPHATE MBAS/SOD PHOS,DI                       | OSMOPREP                           | 3           | AGE: 50-75 YEARS           |
| SOD PICOSULF/MAG OX/CITRIC AC                        | CLENPIQ                            | 3           | AGE: 50-75 YEARS           |
| SOD PICOSULF/MAG OX/CITRIC AC                        | PREPOPIK                           | 2           | AGE: 50-75 YEARS           |
| sodium chloride/nahco3/kcl/peg                       | NULYTELY WITH FLAVOR PACKS         | 1           | AGE: 50-75 YEARS           |
| SODIUM, POTASSIUM,MAG SULFATES                       | SUPREP                             | 2           | AGE: 50-75 YEARS           |
| <b>NARCOTIC ANTAGONISTS, PERIPHERALLY-ACTING</b>     |                                    |             |                            |
| ALVIMOPAN  | ENTEREG                            | 3           |                            |
| METHYLNALTREXONE BROMIDE                             | RELISTOR (12MG/0.6ML) (SYRINGE)    | 2           | PA, QL: 0.6mL IN 1 DAY     |
| METHYLNALTREXONE BROMIDE                             | RELISTOR (12MG/0.6ML) (VIAL)       | 2           | PA, QL: 0.6mL IN 1 DAY     |
| METHYLNALTREXONE BROMIDE                             | RELISTOR (150 MG) (TABLET)         | 3           | PA, ST, QL: 3 IN 1 DAY     |
| METHYLNALTREXONE BROMIDE                             | RELISTOR (8 MG/0.4ML) (SYRINGE)    | 2           | PA, QL: 0.4mL IN 1 DAY     |
| NALOXEGOL OXALATE                                    | MOVANTIK                           | 2           | QL: 1 IN 1 DAY             |
| <b>SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS</b> |                                    |             |                            |
| TEDUGLUTIDE  | GATTEX                             | 3           | PA                         |
| <b>MEDICAL SUPPLIES</b>                              |                                    |             |                            |
| <b>CATHETERS AND RELATED DEVICES</b>                 |                                    |             |                            |
| DRAINAGE BAG   | MONO-FLO                           | 3           |                            |
| URINARY BAG/CATH TRAY                                | DOVER COATED LATEX FOLEY           | 3           |                            |
| URINARY BAG/CATHETER                                 | VAPRO PLUS INTERMITT CATHETER      | 3           |                            |
| <b>DURABLE MEDICAL EQUIPMENT,MISC</b>                |                                    |             |                            |
| MEDICAL SUPPLY, MISCELLANEOUS                        | ARGYLE                             | 3           |                            |
| MEDICAL SUPPLY, MISCELLANEOUS                        | JETCO-SPRAY                        | 3           |                            |
| MEDICAL SUPPLY, MISCELLANEOUS                        | CANNULA                            | 3           |                            |
| MEDICAL SUPPLY, MISCELLANEOUS                        | PRO-CEPTION                        | 3           |                            |
| MEDICAL SUPPLY, MISCELLANEOUS                        | FERTILITY PAK                      | 3           |                            |
| MEDICAL SUPPLY, MISCELLANEOUS                        | RECONSTITUTE                       | 3           |                            |
| MEDICAL SUPPLY, MISCELLANEOUS                        | T.E.D. SEQUINT                     | 3           |                            |
| MEDICAL SUPPLY, MISCELLANEOUS                        | COMPRESS DEVICE                    | 3           |                            |
| TENS UNIT ELECTRODES                                 | PRO COMFORT                        | 3           |                            |
| TENS UNITS AND TENS ELECTRODES                       | TENS ELECTRODE                     | 3           |                            |
| TENS UNITS AND TENS ELECTRODES                       | CEFALY                             | 3           |                            |
| TENS UNITS AND TENS ELECTRODES                       | PRO COMFORT                        | 3           |                            |
| TENS UNITS AND TENS ELECTRODES                       | TENS UNIT                          | 3           |                            |
| <b>DURABLE MEDICAL EQUIPMENT,MISC(GROUP 1)</b>       |                                    |             |                            |
| LANCETS (EACH) (OTC)                                 |                                    | 1           |                            |

**National Formulary**

| <b>Drug Name</b>                |  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------|--|-------------|----------------------------|
| LANCETS                         | MICRO THIN<br>LANCETS (33<br>GAUGE) (EACH)<br>(OTC)    | 1           |                            |
| LANCETS                         | ONETOUCH<br>DELICA                                     | 2           |                            |
| LANCETS                         | ONETOUCH<br>LANCETS                                    | 2           |                            |
| LANCETS                         | ONETOUCH<br>SURESOFT                                   | 2           |                            |
| LANCETS                         | SUPER THIN<br>LANCETS (EACH)<br>(OTC)                  | 1           |                            |
| LANCETS                         | UNIVERSAL 1 (26<br>GAUGE) (EACH)<br>(OTC)              | 1           |                            |
| <b>FEEDING DEVICES</b>          |  |             |                            |
| ENTERAL PUMP ACCESS.HYDROLYSIS  | RELIZORB   | 3           |                            |
| FEEDER CONT, GRAVITY SET,ENFIT  | ENTERAL GRAVITY<br>BAG SET-ENFIT                       | 3           |                            |
| FEEDER CONTAINER                | ARGYLE (EACH)  | 3           |                            |
| <b>INCONTINENCE SUPPLIES</b>    |  |             |                            |
| FECAL COLL W-CHARCOAL/CATH/SYR  | FLEXI-SEAL<br>SIGNAL FMS                               | 3           |                            |
| <b>SYRINGES AND ACCESSORIES</b> |  |             |                            |
| ALCOHOL SWAB CAP                | KENDALL<br>DISINFECTANT CAP                            | 3           |                            |
| INSULIN PUMP SYRINGE, 1.8 ML    | MINIMED<br>RESERVOIR                                   | 3           |                            |
| INSULIN PUMP SYRINGE, 1.8 ML    | PARADIGM   | 3           |                            |
| INSULIN PUMP SYRINGE, 3 ML      | MINIMED<br>RESERVOIR (EACH)                            | 3           |                            |
| INSULIN PUMP SYRINGE, 3 ML      | PARADIGM   | 3           |                            |
| SYRGE-NDL,INS 0.3 ML HALF MARK  | INSULIN SYRINGE<br>(31 GX5/16"") (DISP<br>SYRIN) (OTC) | 2           |                            |
| SYRGE-NDL,INS 0.3 ML HALF MARK  | INSULIN SYRINGE<br>(31GX15/64"") (DISP<br>SYRIN) (OTC) | 2           |                            |
| SYRGE-NDL,INS 0.3 ML HALF MARK  | ULTRA COMFORT<br>(29 G X1/2"") (DISP<br>SYRIN) (OTC)   | 2           |                            |
| SYRGE-NDL,INS 0.3 ML HALF MARK  | ULTRA COMFORT<br>(30G X5/16"") (DISP<br>SYRIN) (OTC)   | 2           |                            |
| SYRINGE ACCESSORY               | LEVER LOCK<br>CANNULA                                  | 3           |                            |
| SYRINGE AND NEEDLE,INSULIN,1ML  | INSULIN SYRINGE<br>(25GX1"") (DISP<br>SYRIN) (OTC)     | 2           |                            |
| SYRINGE AND NEEDLE,INSULIN,1ML  | INSULIN SYRINGE<br>(25GX5/8"") (DISP<br>SYRIN) (OTC)   | 2           |                            |
| SYRINGE AND NEEDLE,INSULIN,1ML  | INSULIN SYRINGE<br>(26GX1/2"") (DISP<br>SYRIN) (OTC)   | 2           |                            |
| SYRINGE AND NEEDLE,INSULIN,1ML  | INSULIN SYRINGE<br>(27GX5/8"") (DISP<br>SYRIN) (OTC)   | 2           |                            |

**National Formulary**

| Drug Name   | Tier | Requirements/Limits |
|---|------|---------------------|
| SYRINGE AND NEEDLE,INSULIN,1ML<br>INSULIN SYRINGE (28GX1/2"") (DISP SYRIN) (OTC)            | 2    |                     |
| SYRINGE AND NEEDLE,INSULIN,1ML<br>INSULIN SYRINGE (29 G X1/2"") (DISP SYRIN) (OTC)          | 2    |                     |
| SYRINGE AND NEEDLE,INSULIN,1ML<br>INSULIN SYRINGE (30G X5/16"") (DISP SYRIN)                | 3    |                     |
| SYRINGE AND NEEDLE,INSULIN,1ML<br>INSULIN SYRINGE (30GX1/2"") (DISP SYRIN)                  | 3    |                     |
| SYRINGE AND NEEDLE,INSULIN,1ML<br>INSULIN SYRINGE (30GX1/2"") (DISP SYRIN) (OTC)            | 2    |                     |
| SYRINGE AND NEEDLE,INSULIN,1ML<br>INSULIN SYRINGE (31 GX5/16"") (DISP SYRIN) (OTC)          | 2    |                     |
| SYRINGE AND NEEDLE,INSULIN,1ML<br>MONOJECT INSULIN SYRINGE (28GX1/2"") (DISP SYRIN)         | 3    |                     |
| SYRINGE AND NEEDLE,INSULIN,1ML<br>MONOJECT INSULIN SYRINGE (30G X5/16"") (DISP SYRIN)       | 3    |                     |
| SYRINGE AND NEEDLE,INSULIN,1ML<br>MONOJECT INSULIN SYRINGE (DISP SYRIN)                     | 3    |                     |
| SYRINGE AND NEEDLE,INSULIN,1ML<br>TRUEPLUS INSULIN SYRINGE (29 G X1/2"") (DISP SYRIN) (OTC) | 1    |                     |
| SYRINGE AND NEEDLE,INSULIN,1ML<br>TRUEPLUS INSULIN SYRINGE (30G X5/16"") (DISP SYRIN) (OTC) | 1    |                     |
| SYRINGE AND NEEDLE,INSULIN,1ML<br>TRUEPLUS INSULIN SYRINGE (31 GX5/16"") (DISP SYRIN) (OTC) | 1    |                     |
| SYRINGE AND NEEDLE,INSULIN,1ML<br>ULTRA COMFORT (30G X5/16"") (DISP SYRIN) (OTC)            | 2    |                     |
| SYRINGE CAP, ENFIT, NON-STERILE<br>MONOJECT ENFIT SYRINGE CAP                               | 3    |                     |
| SYRINGE, DISPOSABLE, 1 ML<br>MONOJECT MEGELLAN TB SYRINGE                                   | 3    |                     |
| SYRINGE, ENFIT 1 ML, STERILE<br>MONOJECT ENFIT SYRINGE                                      | 3    |                     |
| SYRINGE, ENFIT 12 ML, STERILE<br>MONOJECT ENFIT SYRINGE                                     | 3    |                     |
| SYRINGE, ENFIT 3 ML, STERILE<br>MONOJECT ENFIT SYRINGE                                      | 3    |                     |
| SYRINGE, ENFIT 35 ML, STERILE<br>MONOJECT ENFIT SYRINGE                                     | 3    |                     |
| SYRINGE, ENFIT 6 ML, STERILE<br>MONOJECT ENFIT SYRINGE                                      | 3    |                     |
| SYRINGE, ENFIT 60 ML, STERILE<br>MONOJECT ENFIT SYRINGE                                     | 3    |                     |

**National Formulary**

| <b>Drug Name</b>               | <b>Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------|-------------|----------------------------|
| SYRINGE,ENFIT 60ML,NON-STERILE | 3           |                            |
| SYRINGE,NEEDLE,INSULN,SAFE,1ML | 3           |                            |
| SYRINGE,NEEDLE,INSULN,SF 0.5ML | 3           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 2           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 3           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 2           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 3           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 3           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 2           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 2           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 3           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 3           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 2           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 2           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 3           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 3           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 3           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 2           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 1           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 1           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 1           |                            |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 2           |                            |

**National Formulary**

| Drug Name   |   | Tier | Requirements/Limits |
|---|---|------|---------------------|
| SYRINGE-NEEDLE,INSULIN,0.5 ML                             | ULTRA COMFORT (30G X5/16"") (DISP SYRIN) (OTC)            | 2    |                     |
| SYRING-NEEDL,DISP,INSUL,0.3 ML                            | INSULIN SYRINGE (30GX1/2"") (DISP SYRIN) (OTC)            | 2    |                     |
| SYRING-NEEDL,DISP,INSUL,0.3 ML                            | INSULIN SYRINGE (31 GX5/16"") (DISP SYRIN) (OTC)          | 2    |                     |
| SYRING-NEEDL,DISP,INSUL,0.3 ML                            | INSULIN SYRINGE (31GX15/64"") (DISP SYRIN) (OTC)          | 2    |                     |
| SYRING-NEEDL,DISP,INSUL,0.3 ML                            | MONOJECT INSULIN SYRINGE (30G X5/16"") (DISP SYRIN)       | 3    |                     |
| SYRING-NEEDL,DISP,INSUL,0.3 ML                            | SAFETYGLIDE INSULIN SYRINGE                               | 2    |                     |
| SYRING-NEEDL,DISP,INSUL,0.3 ML                            | TRUEPLUS INSULIN SYRINGE (30G X5/16"") (DISP SYRIN) (OTC) | 1    |                     |
| SYRING-NEEDL,DISP,INSUL,0.3 ML                            | TRUEPLUS INSULIN SYRINGE (31 GX5/16"") (DISP SYRIN) (OTC) | 1    |                     |
| <b>MISCELLANEOUS AGENTS</b>                               |   |      |                     |
| <b>ANAPHYLAXIS THERAPY AGENTS</b>                         |   |      |                     |
| epinephrine   | ADRENACLICK (0.3MG/0.3) (AUTO INJCT)                      | 1    |                     |
| EPINEPHRINE   | AUVI-Q (0.1MG/.1ML) (AUTO INJCT)                          | 3    |                     |
| EPINEPHRINE   | EPIPEN (0.3MG/0.3) (AUTO INJCT)                           | 1    |                     |
| EPINEPHRINE   | EPIPEN 2-PAK (0.3MG/0.3) (AUTO INJCT)                     | 1    |                     |
| epinephrine   | EPIPEN JR   | 1    |                     |
| epinephrine   | EPIPEN JR 2-PAK   | 1    |                     |
| <b>METABOLIC DX ENZYME REPLACEMENT,LYSO.ACID LIP.DEF.</b> |   |      |                     |
| SEBELIPASE ALFA   | KANUMA  | 2    | PA                  |
| <b>PARASYMPATHETIC AGENTS</b>                             |   |      |                     |
| bethanechol chloride                                      | URECHOLINE  | 1    |                     |
| cevimeline hcl  | EVOXAC  | 1    |                     |
| guanidine hcl   | GUANIDINE   | 1    |                     |
| pilocarpine hcl   | SALAGEN   | 1    |                     |
| <b>SYSTEMIC ENZYME INHIBITORS</b>                         |   |      |                     |
| ALPHA-1-PROTEINASE INHIBITOR                              | ARALAST NP  | 2    |                     |
| ALPHA-1-PROTEINASE INHIBITOR                              | PROLASTIN C (1000 MG) (VIAL)                              | 2    |                     |
| ALPHA-1-PROTEINASE INHIBITOR                              | PROLASTIN C (1000 MG/20) (VIAL)                           | 3    |                     |
| ALPHA-1-PROTEINASE INHIBITOR                              | ZEMAIRA   | 2    |                     |
| <b>THROMBOLYTIC - NUCLEOTIDE TYPE</b>                     |   |      |                     |
| DEFIBROTIDE SODIUM  | DEFITELIO   | 3    |                     |

**National Formulary**

| Drug Name                            | Tier                          | Requirements/Limits |                        |
|--------------------------------------|-------------------------------|---------------------|------------------------|
| <b>NEOPLASTIC DISEASE</b>            |                               |                     |                        |
| <b>ALKYLATING AGENTS</b>             |                               |                     |                        |
| ALTRETAMINE                          | HEXALEN                       | 2                   |                        |
| BENDAMUSTINE HCL                     | BENDEKA                       | 2                   |                        |
| BENDAMUSTINE HCL                     | TREANDA                       | 2                   |                        |
| <b>busulfan</b>                      | BUSULFEX                      | 1                   |                        |
| BUSULFAN                             | MYLERAN                       | 2                   |                        |
| <b>carboplatin</b>                   | PARAPLATIN                    | 1                   |                        |
| CARMUSTINE                           | BICNU                         | 2                   |                        |
| CARMUSTINE IN POLIFEPROSAN 20        | GLIADEL                       | 3                   |                        |
| CHLORAMBUCIL                         | LEUKERAN                      | 2                   |                        |
| <b>cisplatin</b>                     | PLATINOL                      | 1                   |                        |
| <b>cyclophosphamide</b>              |                               | 1                   |                        |
| <b>cyclophosphamide</b>              | NEOSAR                        | 1                   |                        |
| <b>hydroxyurea</b>                   | HYDREA                        | 1                   |                        |
| <b>ifosfamide</b>                    | IFEX                          | 1                   |                        |
| <b>ifosfamide/mesna</b>              | FOSFA                         | 1                   |                        |
| LOMUSTINE                            | GLEOSTINE                     | 2                   |                        |
| MECHLORETHAMINE HCL                  | MUSTARGEN                     | 2                   |                        |
| <b>melphalan</b>                     | ALKERAN                       | 1                   |                        |
| <b>melphalan hcl</b>                 | ALKERAN                       | 1                   |                        |
| <b>oxaliplatin</b>                   | ELOXATIN                      | 1                   |                        |
| <b>temozolomide</b>                  | TEMODAR (100 MG)<br>(CAPSULE) | 1                   | PA, SP                 |
| TEMOZOLOMIDE                         | TEMODAR (100 MG)<br>(VIAL)    | 2                   | PA, SP                 |
| <b>temozolomide</b>                  | TEMODAR (140 MG)<br>(CAPSULE) | 1                   | PA, SP                 |
| <b>temozolomide</b>                  | TEMODAR (180 MG)<br>(CAPSULE) | 1                   | PA, SP                 |
| <b>temozolomide</b>                  | TEMODAR (20 MG)<br>(CAPSULE)  | 1                   | PA, SP                 |
| <b>temozolomide</b>                  | TEMODAR (250 MG)<br>(CAPSULE) | 1                   | PA, SP                 |
| <b>temozolomide</b>                  | TEMODAR (5 MG)<br>(CAPSULE)   | 1                   | PA, SP                 |
| THIOTEPA                             | TEPADINA                      | 3                   |                        |
| <b>thiotepa</b>                      | THIOPLEX                      | 1                   |                        |
| <b>ANTIANDROGENIC AGENTS</b>         |                               |                     |                        |
| ABIRATERONE ACETATE                  | ZYTIGA (250 MG)<br>(TABLET)   | 2                   | PA, QL: 4 IN 1 DAY, SP |
| ABIRATERONE ACETATE                  | ZYTIGA (500 MG)<br>(TABLET)   | 3                   | PA, QL: 2 IN 1 DAY, SP |
| APALUTAMIDE                          | ERLEADA                       | 3                   | SP                     |
| <b>bicalutamide</b>                  | CASODEX                       | 1                   |                        |
| ENZALUTAMIDE                         | XTANDI                        | 2                   | PA, QL: 4 IN 1 DAY, SP |
| <b>flutamide</b>                     | EULEXIN                       | 1                   |                        |
| <b>nilutamide</b>                    | NILANDRON                     | 1                   | QL: 150 AFTER 30 DAYS  |
| <b>ANTIBIOTIC ANTINEOPLASTICS</b>    |                               |                     |                        |
| <b>bleomycin sulfate</b>             |                               | 1                   |                        |
| <b>dactinomycin</b>                  | COSMEGEN                      | 1                   |                        |
| <b>daunorubicin hcl</b>              | CERUBIDINE                    | 1                   |                        |
| <b>doxorubicin hcl</b>               |                               | 1                   |                        |
| <b>doxorubicin hcl peg-liposomal</b> | DOXIL                         | 1                   |                        |
| <b>epirubicin hcl</b>                | ELLENCE                       | 1                   |                        |
| <b>idarubicin hcl</b>                | IDAMYCIN PFS                  | 1                   |                        |
| <b>mitomycin</b>                     |                               | 1                   |                        |
| STREPTOZOCIN                         | ZANOSAR                       | 2                   |                        |

**National Formulary**

| Drug Name   |                              | Tier | Requirements/Limits                          |
|---|------------------------------|------|--|
| <b>ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY</b>       |                              |      |  |
| OBINUTUZUMAB  | GAZYVA                       | 2    | PA, SP                                       |
| OFATUMUMAB  | ARZERRA                      | 2    | PA, SP                                       |
| <b>ANTIMETABOLITES</b>                                    |                              |      |  |
| <b>azacitidine</b>  | VIDAZA                       | 1    |  |
| <b>capecitabine</b>                                       | XELODA (150 MG)<br>(TABLET)  | 1    | PA, QL: 28 IN 21 DAYS, SP                    |
| <b>capecitabine</b>                                       | XELODA (500 MG)<br>(TABLET)  | 1    | PA, QL: 112 IN 21 DAYS, SP                   |
| <b>cladribine</b>   | LEUSTATIN                    | 1    |  |
| <b>clofarabine</b>  | CLOLAR                       | 1    |  |
| <b>cytarabine</b>   | CYTOSAR                      | 1    |  |
| <b>cytarabine/pf</b>                                      | CYTOSAR                      | 1    |  |
| <b>decitabine</b>   | DACOGEN                      | 1    |  |
| <b>floxuridine</b>  | FUDR                         | 1    |  |
| <b>fludarabine phosphate</b>                              | FLUDARA                      | 1    |  |
| <b>gemcitabine hcl</b>                                    |                              | 1    |  |
| <b>mercaptopurine</b>                                     | PURINETHOL                   | 1    |  |
| MERCAPTOPURINE  | PURIXAN                      | 2    | ST   |
| METHOTREXATE  | XATMEP                       | 3    | ST, AGE: < 12 YEARS, QL: 120mL<br>IN 60 DAYS |
| <b>methotrexate sodium</b>                                | FOLEX                        | 1    |  |
| METHOTREXATE SODIUM                                       | TREXALL (10 MG)<br>(TABLET)  | 3    |  |
| METHOTREXATE SODIUM                                       | TREXALL (15 MG)<br>(TABLET)  | 3    |  |
| <b>methotrexate sodium</b>                                | TREXALL (2.5 MG)<br>(TABLET) | 1    |  |
| METHOTREXATE SODIUM                                       | TREXALL (5 MG)<br>(TABLET)   | 3    |  |
| METHOTREXATE SODIUM                                       | TREXALL (7.5 MG)<br>(TABLET) | 3    |  |
| <b>methotrexate sodium/pf</b>                             | FOLEX                        | 1    |  |
| NELARABINE  | ARRANON                      | 2    |  |
| PEMETREXED DISODIUM                                       | ALIMTA                       | 2    | PA, SP                                       |
| PENTOSTATIN   | NIPENT                       | 3    |  |
| PRALATREXATE  | FOLOTYN                      | 2    |  |
| THIOGUANINE   | TABLOID                      | 2    |  |
| TRIFLURIDINE/TIPRACIL HCL                                 | LONSURF                      | 2    | PA   |
| <b>ANTINEOPLAST EGF RECEPTOR BLOCKER RCMB MC ANTIBODY</b> |                              |      |  |
| CETUXIMAB   | ERBITUX                      | 2    | PA, SP                                       |
| PANITUMUMAB   | VECTIBIX                     | 2    | PA, SP                                       |
| PERTUZUMAB  | PERJETA                      | 2    | PA, SP                                       |
| TRASTUZUMAB   | HERCEPTIN (150<br>MG) (VIAL) | 3    | PA, SP                                       |
| TRASTUZUMAB   | HERCEPTIN (440<br>MG) (VIAL) | 2    | PA, SP                                       |
| <b>ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY</b> |                              |      |  |
| BEVACIZUMAB   | AVASTIN                      | 2    | PA, SP                                       |
| <b>ANTINEOPLASTIC - ANTIBIOTIC AND ANTIMETABOLITE</b>     |                              |      |  |
| DAUNORUBICIN/CYTARABINE LIPOS                             | VYXEOS                       | 3    | PA, SP                                       |
| <b>ANTINEOPLASTIC - ANTI-CD38 MONOCLONAL ANTIBODY</b>     |                              |      |  |
| DARATUMUMAB   | DARZALEX                     | 2    | PA, SP                                       |
| <b>ANTINEOPLASTIC - ANTI-SLAMF7 MONOCLONAL ANTIBODY</b>   |                              |      |  |
| ELOTUZUMAB  | EMPLICITI                    | 3    | PA, SP                                       |
| <b>ANTINEOPLASTIC AROMATASE INHIBITORS</b>                |                              |      |  |
| <b>anastrozole</b>  | ARIMIDEX                     | 1    |  |



**National Formulary**

| Drug Name   |                               | Tier | Requirements/Limits    |
|---|-------------------------------|------|------------------------|
| exemestane  | AROMASIN                      | 1    |                        |
| letrozole   | FEMARA                        | 1    |                        |
| <b>ANTINEOPLASTIC - EPOTHILONES AND ANALOGS</b>           |                               |      |                        |
| IXABEPILONE   | IXEMPRA                       | 2    | PA, SP                 |
| <b>ANTINEOPLASTIC - HALICHONDRIN B ANALOGS</b>            |                               |      |                        |
| ERIBULIN MESYLATE   | HALAVEN                       | 2    | PA, SP                 |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR</b>        |                               |      |                        |
| VISMODEGIB  | ERIVEDGE                      | 2    | PA, QL: 1 IN 1 DAY, SP |
| <b>ANTINEOPLASTIC - IMMUNOTHERAPY, THERAPEUTIC VAC</b>    |                               |      |                        |
| SIPULEUCEL-T/LACTATED RINGERS                             | PROVENGE                      | 2    |                        |
| <b>ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS</b>     |                               |      |                        |
| RUXOLITINIB PHOSPHATE                                     | JAKAFI                        | 2    | PA, QL: 2 IN 1 DAY     |
| <b>ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS</b>   |                               |      |                        |
| COBIMETINIB FUMARATE                                      | COTELLIC                      | 2    | PA, QL: 63 IN 28 DAYS  |
| TRAMETINIB DIMETHYL SULFOXIDE                             | MEKINIST                      | 2    | PA                     |
| <b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</b>            |                               |      |                        |
| EVEROLIMUS  | AFINITOR (10 MG) (TABLET)     | 2    | PA, QL: 2 IN 1 DAY, SP |
| EVEROLIMUS  | AFINITOR (2.5 MG) (TABLET)    | 2    | PA, QL: 1 IN 1 DAY, SP |
| EVEROLIMUS  | AFINITOR (5 MG) (TABLET)      | 2    | PA, QL: 1 IN 1 DAY, SP |
| EVEROLIMUS  | AFINITOR (7.5 MG) (TABLET)    | 2    | PA, QL: 2 IN 1 DAY, SP |
| EVEROLIMUS  | AFINITOR DISPERZ              | 2    | PA, SP                 |
| TEMSIROLIMUS  | TORISEL                       | 2    | PA, SP                 |
| <b>ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS</b>        |                               |      |                        |
| irinotecan hcl  | CAMPTOSAR (100 MG/5ML) (VIAL) | 1    |                        |
| irinotecan hcl  | CAMPTOSAR (40 MG/2 ML) (VIAL) | 1    |                        |
| irinotecan hcl  | CAMPTOSAR (500MG/25ML) (VIAL) | 1    |                        |
| IRINOTECAN LIPOSOMAL                                      | ONIVYDE                       | 2    | PA, SP                 |
| TOPOTECAN HCL   | HYCAMTIN (0.25 MG) (CAPSULE)  | 2    |                        |
| TOPOTECAN HCL   | HYCAMTIN (1 MG) (CAPSULE)     | 2    |                        |
| topotecan hcl   | HYCAMTIN (4 MG) (VIAL)        | 1    |                        |
| topotecan hcl   | HYCAMTIN (4 MG/4 ML) (VIAL)   | 1    |                        |
| TRABECTEDIN   | YONDELIS                      | 2    | PA, SP                 |
| <b>ANTINEOPLASTIC - VEGF-A,B &amp; PIGF INHIBITOR</b>     |                               |      |                        |
| ZIV-AFLIBERCEPT   | ZALTRAP                       | 2    | PA, SP                 |
| <b>ANTINEOPLASTIC - VEGFR ANTAGONIST</b>                  |                               |      |                        |
| RAMUCIRUMAB   | CYRAMZA                       | 2    | PA, SP                 |
| <b>ANTINEOPLASTIC- CD22 ANTIBODY-CYTOTOXIC ANTIBIOTIC</b> |                               |      |                        |
| INOTUZUMAB OZOGAMICIN                                     | BESPONSA                      | 3    | PA, SP                 |
| <b>ANTINEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT</b> |                               |      |                        |
| RIBOCICLIB SUCCINATE/LETROZOLE                            | KISQALI FEMARA CO-PACK        | 3    | SP                     |
| <b>ANTINEOPLASTIC IMMUNOMODULATOR AGENTS</b>              |                               |      |                        |
| LENALIDOMIDE  | REVLIMID                      | 2    | PA, QL: 1 IN 1 DAY, SP |
| PEGINTERFERON ALFA-2B                                     | SYLATRON                      | 2    | PA, SP                 |
| POMALIDOMIDE  | POMALYST                      | 2    | PA, SP                 |

**National Formulary**

| <b>Drug Name</b>  |                                   | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-----------------------------------|-------------|----------------------------|
| <b>ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS</b> |                                   |             |                            |
| DEGARELIX ACETATE   | FIRMAGON (120 MG) (VIAL)          | 2           | QL: 2 IN 365 DAYS, SP      |
| DEGARELIX ACETATE   | FIRMAGON (80 MG) (VIAL)           | 2           | QL: 1 IN 30 DAYS, SP       |
| <b>ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS</b>          |                                   |             |                            |
| ABEMACICLIB   | VERZENIO                          | 3           | PA, QL: 2 IN 1 DAY         |
| ACALABRUTINIB   | CALQUENCE                         | 3           | PA                         |
| AFATINIB DIMALEATE  | GILOTRIF                          | 2           | PA                         |
| ALECTINIB HCL   | ALECENSA                          | 2           | PA, QL: 8 IN 1 DAY         |
| AXITINIB  | INLYTA (1 MG) (TABLET)            | 2           | PA, QL: 6 IN 1 DAY, SP     |
| AXITINIB  | INLYTA (5 MG) (TABLET)            | 2           | PA, QL: 4 IN 1 DAY, SP     |
| BORTEZOMIB  |                                   | 2           | PA, SP                     |
| BORTEZOMIB  | VELCADE                           | 2           | PA, SP                     |
| BOSUTINIB   | BOSULIF (100 MG) (TABLET)         | 2           | PA, QL: 4 IN 1 DAY, SP     |
| BOSUTINIB   | BOSULIF (400 MG) (TABLET)         | 2           | PA, QL: 1 IN 1 DAY         |
| BOSUTINIB   | BOSULIF (500 MG) (TABLET)         | 2           | PA, QL: 1 IN 1 DAY, SP     |
| BRIGATINIB  | ALUNBRIG (180 MG) (TABLET)        | 3           | PA, QL: 1 IN 1 DAY         |
| BRIGATINIB  | ALUNBRIG (30 MG) (TABLET)         | 3           | PA                         |
| BRIGATINIB  | ALUNBRIG (90 MG) (TABLET)         | 3           | PA, QL: 1 IN 1 DAY         |
| BRIGATINIB  | ALUNBRIG (90MG-180MG) (TAB DS PK) | 3           | PA, QL: 1 IN 1 DAY         |
| CABOZANTINIB S-MALATE                                     | CABOMETYX                         | 3           | PA                         |
| CABOZANTINIB S-MALATE                                     | COMETRIQ                          | 3           | PA, QL: 112 IN 28 DAYS     |
| CARFILZOMIB   | KYPROLIS                          | 2           | PA                         |
| CERITINIB   | ZYKADIA                           | 2           | PA                         |
| COPANLISIB DI-HCL   | ALIQUOPA                          | 3           | PA, SP                     |
| CRIZOTINIB  | XALKORI                           | 2           | PA, QL: 2 IN 1 DAY, SP     |
| DABRAFENIB MESYLATE                                       | TAFINLAR                          | 2           | PA                         |
| DASATINIB   | SPRYCEL (100 MG) (TABLET)         | 2           | PA, QL: 1 IN 1 DAY, SP     |
| DASATINIB   | SPRYCEL (140 MG) (TABLET)         | 2           | PA, QL: 1 IN 1 DAY, SP     |
| DASATINIB   | SPRYCEL (20 MG) (TABLET)          | 2           | PA, QL: 2 IN 1 DAY, SP     |
| DASATINIB   | SPRYCEL (50 MG) (TABLET)          | 2           | PA, QL: 1 IN 1 DAY, SP     |
| DASATINIB   | SPRYCEL (70 MG) (TABLET)          | 2           | PA, QL: 1 IN 1 DAY, SP     |
| DASATINIB   | SPRYCEL (80 MG) (TABLET)          | 2           | PA, QL: 1 IN 1 DAY, SP     |
| ERLOTINIB HCL   | TARCEVA (100 MG) (TABLET)         | 2           | PA, QL: 3 IN 1 DAY, SP     |
| ERLOTINIB HCL   | TARCEVA (150 MG) (TABLET)         | 2           | PA, QL: 3 IN 1 DAY, SP     |
| ERLOTINIB HCL   | TARCEVA (25 MG) (TABLET)          | 2           | PA, QL: 2 IN 1 DAY, SP     |
| GEFITINIB   | IRESSA                            | 2           | PA                         |
| IBRUTINIB   | IMBRUVICA                         | 2           | PA                         |
| IDELALISIB  | ZYDELIG                           | 2           | PA, SP                     |

**National Formulary**

| <b>Drug Name</b>  |                               | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------------------------|-------------|----------------------------|
| <b>imatinib mesylate</b>                                  | GLEEVEC (100 MG)<br>(TABLET)  | 1           | PA, QL: 3 IN 1 DAYS, SP    |
| <b>imatinib mesylate</b>                                  | GLEEVEC (400 MG)<br>(TABLET)  | 1           | PA, QL: 2 IN 1 DAYS, SP    |
| IXAZOMIB CITRATE  | NINLARO                       | 2           | PA, SP                     |
| LAPATINIB DITOSYLATE                                      | TYKERB                        | 2           | PA                         |
| LENVATINIB MESYLATE                                       | LENVIMA                       | 2           | PA                         |
| MIDOSTAURIN   | RYDAPT                        | 3           | PA, SP                     |
| NERATINIB MALEATE   | NERLYNX                       | 3           | PA, QL: 6 IN 1 DAY         |
| NILOTINIB HCL   | TASIGNA (150 MG)<br>(CAPSULE) | 2           | PA, QL: 4 IN 1 DAYS, SP    |
| NILOTINIB HCL   | TASIGNA (200 MG)<br>(CAPSULE) | 2           | PA, QL: 4 IN 1 DAYS, SP    |
| NILOTINIB HCL   | TASIGNA (50 MG)<br>(CAPSULE)  | 2           | PA, QL: 4 IN 1 DAYS        |
| NIRAPARIB TOSYLATE  | ZEJULA                        | 3           | PA                         |
| OLAPARIB  | LYNPARZA (100<br>MG) (TABLET) | 2           | PA, QL: 4 IN 1 DAY         |
| OLAPARIB  | LYNPARZA (150<br>MG) (TABLET) | 2           | PA, QL: 4 IN 1 DAY         |
| OLAPARIB  | LYNPARZA (50 MG)<br>(CAPSULE) | 2           | PA, QL: 16 IN 1 DAY        |
| OSIMERTINIB MESYLATE                                      | TAGRISO                       | 2           | PA, QL: 1 IN 1 DAY         |
| PALBOCICLIB   | IBRANCE                       | 2           | PA, SP                     |
| PAZOPANIB HCL   | VOTRIENT                      | 2           | PA, QL: 4 IN 1 DAY         |
| PONATINIB HCL   | ICLUSIG (15 MG)<br>(TABLET)   | 2           | PA, QL: 2 IN 1 DAY         |
| PONATINIB HCL   | ICLUSIG (45 MG)<br>(TABLET)   | 2           | PA, QL: 1 IN 1 DAY         |
| REGORAFENIB   | STIVARGA                      | 2           | PA, QL: 3 IN 1 DAY         |
| RIBOCICLIB SUCCINATE                                      | KISQALI                       | 3           | PA, SP                     |
| RUCAPARIB CAMSYLATE                                       | RUBRACA (200 MG)<br>(TABLET)  | 2           | PA, QL: 4 IN 1 DAY         |
| RUCAPARIB CAMSYLATE                                       | RUBRACA (250 MG)<br>(TABLET)  | 3           | QL: 4 IN 1 DAY             |
| RUCAPARIB CAMSYLATE                                       | RUBRACA (300 MG)<br>(TABLET)  | 2           | PA, QL: 4 IN 1 DAY         |
| SORAFENIB TOSYLATE  | NEXAVAR                       | 2           | PA, QL: 4 IN 1 DAY         |
| SUNITINIB MALATE  | SUTENT                        | 2           | PA, QL: 1 IN 1 DAY, SP     |
| VANDETANIB  | CAPRELSA (100<br>MG) (TABLET) | 2           | PA, QL: 2 IN 1 DAY         |
| VANDETANIB  | CAPRELSA (300<br>MG) (TABLET) | 2           | PA, QL: 1 IN 1 DAY         |
| VEMURAFENIB   | ZELBORAF                      | 2           | PA, QL: 8 IN 1 DAY, SP     |
| <b>ANTINEOPLASTIC, PDGFR-ALPHA BLOCKER MC ANTIBODY</b>    |                               |             |                            |
| OLARATUMAB  | LARTRUVO                      | 2           | PA                         |
| <b>ANTINEOPLASTIC,ANTI-PROGRAMMED DEATH-1 (PD-1) MAB</b>  |                               |             |                            |
| NIVOLUMAB   | OPDIVO                        | 2           | PA, SP                     |
| PEMBROLIZUMAB   | KEYTRUDA                      | 2           | PA, SP                     |
| <b>ANTINEOPLASTIC,HISTONE DEACETYLASE INHIBITORS,HDIS</b> |                               |             |                            |
| PANOBINOSTAT LACTATE                                      | FARYDAK (10 MG)<br>(CAPSULE)  | 3           | PA                         |
| PANOBINOSTAT LACTATE                                      | FARYDAK (15 MG)<br>(CAPSULE)  | 3           | PA                         |
| <b>romidepsin</b>   | ISTODAX                       | 1           | PA, SP                     |
| VORINOSTAT  | ZOLINZA                       | 2           | SP                         |
| <b>ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS</b> |                               |             |                            |
| VENETOCLAX  | VENCLEXTA                     | 2           |                            |

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| <b>Drug Name</b>  |                                 | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|---------------------------------|-------------|----------------------------|
| VENETOCLAX  | VENCLEXTA<br>STARTING PACK      | 2           |                            |
| <b>ANTINEOPLASTIC-CD19 DIR. CAR-T CELL IMMUNOTHERAPY</b>  |                                 |             |                            |
| AXICABTAGENE CILOLEUCEL                                   | YESCARTA                        | 3           | PA                         |
| TISAGENLECLEUCEL  | KYMRIAH                         | 3           | PA                         |
| <b>ANTINEOPLASTIC-INTERLEUKIN-6(IL-6)INHIB,ANTIBODY</b>   |                                 |             |                            |
| SILTUXIMAB  | SYLVANT                         | 2           | PA, SP                     |
| <b>ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS</b> |                                 |             |                            |
| ENASIDENIB MESYLATE                                       | IDHIFA                          | 3           | PA, QL: 1 IN 1 DAY         |
| <b>ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES</b>   |                                 |             |                            |
| ADO-TRASTUZUMAB EMTANSINE                                 | KADCYLA                         | 2           | PA, SP                     |
| ALEMTUZUMAB   | CAMPATH                         | 3           |                            |
| BLINATUMOMAB  | BLINCYTO (35<br>MCG) (KIT)      | 2           | PA                         |
| BLINATUMOMAB  | BLINCYTO (35<br>MCG) (VIAL)     | 3           | PA, SP                     |
| BRENTUXIMAB VEDOTIN                                       | ADCETRIS                        | 2           | PA, SP                     |
| DINUTUXIMAB   | UNITUXIN                        | 2           | PA, SP                     |
| GEMTUZUMAB OZOGAMICIN                                     | MYLOTARG                        | 3           | PA, SP                     |
| KIT Y-90/IBRITUMOMAB/H.ALBUMIN                            | ZEVALIN                         | 2           |                            |
| <b>ANTINEOPLASTICS,MISCELLANEOUS</b>                      |                                 |             |                            |
| ARSENIC TRIOXIDE  | TRISENOX                        | 2           |                            |
| ASPARAGINASE (ERWINIA CHRYSAN)                            | ERWINAZE                        | 3           | PA                         |
| CABAZITAXEL   | JEVTANA                         | 2           |                            |
| <b>dacarbazine</b>  |                                 | 1           |                            |
| DOCETAXEL   | DOCEFREZ                        | 2           |                            |
| <b>docetaxel</b>  |                                 | 1           |                            |
| <b>etoposide</b>  | TOPOSAR                         | 1           |                            |
| <b>etoposide</b>  | VEPESID                         | 1           |                            |
| ETOPOSIDE PHOSPHATE                                       | ETOPOPHOS                       | 2           |                            |
| MITOTANE  | LYSODREN                        | 2           |                            |
| <b>mitoxantrone hcl</b>                                   | NOVANTRONE                      | 1           | PA, SP                     |
| OMACETAXINE MEPESUCCINATE                                 | SYNRIBO                         | 2           | PA                         |
| <b>paclitaxel</b>   | TAXOL                           | 1           |                            |
| PACLITAXEL PROTEIN-BOUND                                  | ABRAXANE                        | 2           | PA, SP                     |
| PEGASPARGASE  | ONCASPAR                        | 2           | PA, SP                     |
| PROCARBAZINE HCL  | MATULANE                        | 2           |                            |
| <b>teniposide</b>   | VUMON                           | 1           |                            |
| <b>tretinoin</b>  | VESANOID (10 MG)<br>(CAPSULE)   | 1           | SP                         |
| <b>ANTI-PROGRAMMED CELL DEATH-LIGAND 1 (PD-L1) MAB</b>    |                                 |             |                            |
| ATEZOLIZUMAB  | TECENTRIQ                       | 2           | SP                         |
| AVELUMAB  | BAVENCIO                        | 3           | PA                         |
| DURVALUMAB  | IMFINZI                         | 3           | PA                         |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>                |                                 |             |                            |
| <b>amifostine crystalline</b>                             | ETHYOL                          | 1           |                            |
| <b>dexrazoxane hcl</b>                                    |                                 | 1           |                            |
| GLUCARPIDASE  | VORAXAZE                        | 2           |                            |
| <b>leucovorin calcium</b>                                 | WELLCOVORIN (10<br>MG) (TABLET) | 1           |                            |
| <b>leucovorin calcium</b>                                 | WELLCOVORIN<br>(100 MG) (VIAL)  | 1           |                            |
| <b>leucovorin calcium</b>                                 | WELLCOVORIN (15<br>MG) (TABLET) | 1           |                            |
| <b>leucovorin calcium</b>                                 | WELLCOVORIN<br>(200 MG) (VIAL)  | 1           |                            |
| <b>leucovorin calcium</b>                                 | WELLCOVORIN (25<br>MG) (TABLET) | 1           |                            |

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|---|-------------------------------|------|---------------------|
| leucovorin calcium  | WELLCOVORIN (350 MG) (VIAL)   | 1    |                     |
| leucovorin calcium  | WELLCOVORIN (5 MG) (TABLET)   | 1    |                     |
| leucovorin calcium  | WELLCOVORIN (50 MG) (VIAL)    | 1    |                     |
| leucovorin calcium  | WELLCOVORIN (500 MG) (VIAL)   | 1    |                     |
| levoleucovorin calcium  | FUSILEV                       | 1    |                     |
| LEVOLEUCOVORIN CALCIUM  |                               | 2    |                     |
| mesna   | MESNEX (100 MG/ML) (VIAL)     | 1    |                     |
| MESNA   | MESNEX (400 MG) (TABLET)      | 2    |                     |
| URIDINE TRIACETATE  | VISTOGARD                     | 2    | QL: 24 IN 14 DAYS   |
| <b>CYTOTOXIC T-LYMPHOCYTE ANTIGEN(CTLA-4)RMC ANTIBODY</b>     |                               |      |                     |
| IPILIMUMAB  | YERVOY                        | 2    | PA, SP              |
| <b>INTRAPLEURAL SCLEROSING AGENTS, ANTINEOPLAST. ADJ.</b>     |                               |      |                     |
| TALC  | SCLEROSOL                     | 3    |                     |
| TALC  | STERITALC (2 G) (VIAL)        | 3    |                     |
| TALC  | STERITALC (3 G) (VIAL)        | 3    |                     |
| TALC  | STERITALC (4 G) (VIAL)        | 3    |                     |
| talc  | STERITALC (5 G) (VIAL)        | 1    |                     |
| <b>PHOTOACTIVATED, ANTINEOPLASTIC AGENTS (SYSTEMIC)</b>       |                               |      |                     |
| METHOXSALEN   | UVADEX                        | 2    |                     |
| PORFIMER SODIUM   | PHOTOFRIN                     | 2    | PA, SP              |
| <b>PHOTOACTIVATED, ANTINEOPLS. &amp; PREMALIGNANT LESIONS</b> |                               |      |                     |
| AMINOLEVULINIC ACID HCL                                       | AMELUZ                        | 3    |                     |
| AMINOLEVULINIC ACID HCL                                       | LEVULAN                       | 3    |                     |
| <b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)</b>          |                               |      |                     |
| FULVESTRANT   | FASLODEX                      | 2    | PA, SP              |
| tamoxifen citrate   | NOLVADEX                      | 0    |                     |
| TOREMIFENE CITRATE  | FARESTON                      | 2    | PA                  |
| <b>SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)</b>           |                               |      |                     |
| hexarotene  | TARGRETIN                     | 1    | PA                  |
| <b>STEROID ANTINEOPLASTICS</b>                                |                               |      |                     |
| ESTRAMUSTINE PHOSPHATE SODIUM                                 | EMCYT                         | 2    |                     |
| megestrol acetate   | MEGACE                        | 1    |                     |
| <b>TISSUE PROTECTIVE TX OF CHEMOTHERAPY EXT</b>               |                               |      |                     |
| DEXRAZOXANE HCL   | TOTECT                        | 3    |                     |
| <b>VINCA ALKALOIDS</b>  |                               |      |                     |
| vinblastine sulfate   | ONCOVIN                       | 1    |                     |
| vincristine sulfate   | ONCOVIN                       | 1    |                     |
| VINCRISTINE SULFATE LIPOSOMAL                                 | MARQIBO                       | 2    | PA, SP              |
| vinorelbine tartrate  | NAVELBINE                     | 1    |                     |
| <b>NEUROLOGICAL DISEASE - MISCELLANEOUS</b>                   |                               |      |                     |
| <b>AGENTS TO TREAT MULTIPLE SCLEROSIS</b>                     |                               |      |                     |
| ALEMTUZUMAB   | LEMTRADA                      | 2    | PA                  |
| DIMETHYL FUMARATE   | TECFIDERA                     | 2    | PA, SP              |
| FINGOLIMOD HCL  | GILENYA (0.5 MG) (CAPSULE)    | 2    | PA, SP              |
| glatiramer acetate  | COPAXONE (20 MG/ML) (SYRINGE) | 1    | PA, SP              |

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|---|--|-------------|----------------------------|
| <b>glatiramer acetate</b>                                 | COPAXONE (40 MG/ML) (SYRINGE)            | 1           | PA, SP                     |
| INTERFERON BETA-1A  | AVONEX                                   | 2           | PA, SP                     |
| INTERFERON BETA-1A  | AVONEX PEN                               | 2           | PA, SP                     |
| INTERFERON BETA-1A/ALBUMIN                                | AVONEX                                   | 2           | PA, SP                     |
| INTERFERON BETA-1A/ALBUMIN                                | REBIF (22MCG/.5ML) (SYRINGE)             | 2           | PA, SP                     |
| INTERFERON BETA-1A/ALBUMIN                                | REBIF (44MCG/.5ML) (SYRINGE)             | 2           | PA, SP                     |
| INTERFERON BETA-1A/ALBUMIN                                | REBIF (8.8-22(6)) (SYRINGE)              | 2           | PA, SP                     |
| INTERFERON BETA-1A/ALBUMIN                                | REBIF REBIDOSE (22MCG/.5ML) (PEN INJCTR) | 2           | PA, SP                     |
| INTERFERON BETA-1A/ALBUMIN                                | REBIF REBIDOSE (44MCG/.5ML) (PEN INJCTR) | 2           | PA, SP                     |
| INTERFERON BETA-1A/ALBUMIN                                | REBIF REBIDOSE (8.8-22(6)) (PEN INJCTR)  | 2           | PA, SP                     |
| INTERFERON BETA-1B  | EXTAVIA                                  | 2           | PA, SP                     |
| OCRELIZUMAB   | OCREVUS                                  | 3           | SP                         |
| PEGINTERFERON BETA-1A                                     | PLEGRIDY (125MCG/0.5) (SYRINGE)          | 2           | PA, SP                     |
| PEGINTERFERON BETA-1A                                     | PLEGRIDY (63-94 MCG) (SYRINGE)           | 2           | PA, SP                     |
| PEGINTERFERON BETA-1A                                     | PLEGRIDY PEN (125MCG/0.5) (PEN INJCTR)   | 2           | PA, SP                     |
| PEGINTERFERON BETA-1A                                     | PLEGRIDY PEN (63-94 MCG) (PEN INJCTR)    | 2           | PA, SP                     |
| <b>AGTS TX NEUROMUSC TRANSMISSION DIS,POT-CHAN BLKR</b>   |  |             |                            |
| DALFAMPRIDINE   | AMPYRA                                   | 2           | PA                         |
| <b>AMYOTROPHIC LATERAL SCLEROSIS AGENTS</b>               |  |             |                            |
| EDARAVONE   | RADICAVA                                 | 2           |                            |
| <b>riluzole</b>   | RILUTEK                                  | 1           |                            |
| <b>FIBROMYALGIA AGENTS,SEROTONIN-NOREPINEPH RU INHIB</b>  |  |             |                            |
| MILNACIPRAN HCL   | SAVELLA                                  | 2           |                            |
| <b>LEUKOCYTE ADHESION INHIB,ALPHA4-MEDIAT IGG4K MC AB</b> |  |             |                            |
| NATALIZUMAB   | TYSABRI                                  | 2           | PA                         |
| <b>METABOLIC DISEASE ENZYME REPLACEMENT, BATTEN DISEA</b> |  |             |                            |
| CERLIPONASE ALFA  | BRINEURA                                 | 3           |                            |
| <b>MOVEMENT DISORDERS(DRUG THERAPY)</b>                   |  |             |                            |
| DEUTETRABENAZINE  | AUSTEDO                                  | 3           | PA                         |
| GABAPENTIN ENACARBIL                                      | HORIZANT                                 | 3           | ST                         |
| <b>tetrabenazine</b>                                      | XENAZINE (12.5 MG) (TABLET)              | 1           | PA, SP                     |
| <b>tetrabenazine</b>                                      | XENAZINE (25 MG) (TABLET)                | 1           | PA, SP                     |
| VALBENAZINE TOSYLATE                                      | INGREZZA (40 MG) (CAPSULE)               | 3           | PA, QL: 1 IN 1 DAY         |
| VALBENAZINE TOSYLATE                                      | INGREZZA (80 MG) (CAPSULE)               | 3           | PA, QL: 1 IN 1 DAY, SP     |
| <b>POSTHERPETIC NEURALGIA AGENTS</b>                      |  |             |                            |
| GABAPENTIN  | GRALISE                                  | 2           | ST                         |

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| <b>PSEUDOBLBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS</b>      |                       |      |                     |
| DEXTROMETHORPHAN HBR/QUINIDINE                                | NUEDEXTA              | 2    | PA                  |
| <b>ORAL/PHARYNGEAL DISORDERS</b>                              |                       |      |                     |
| <b>DENTAL AIDS AND PREPARATIONS</b>                           |                       |      |                     |
| chlorhexidine gluconate                                       |                       | 1    |                     |
| DENTAL SUCTION/CHLRHEX/SWB1/MW                                | Q-CARE RX             | 3    |                     |
| DENTL SUCTION DEV/CHLORHX/SWB1                                | Q-CARE RX             | 3    |                     |
| triamcinolone acetonide                                       | KENALOG IN<br>ORABASE | 1    |                     |
| <b>KERATINOCYTE GROWTH FACTOR (KGF)</b>                       |                       |      |                     |
| PALIFERMIN  | KEPIVANCE             | 2    | SP                  |
| <b>NOSE PREPARATIONS, MISCELLANEOUS (RX)</b>                  |                       |      |                     |
| ipratropium bromide   | ATROVENT              | 1    |                     |
| <b>PERIODONTAL COLLAGENASE INHIBITORS</b>                     |                       |      |                     |
| doxycycline hyclate   | PERIOSTAT             | 1    |                     |
| <b>OTHER DRUGS</b>  |                       |      |                     |
| <b>ABORTIFACIENT,PROGESTERONE RECEPTOR ANTAGONIST-TYP</b>     |                       |      |                     |
| MIFEPRISTONE  | MIFEPREX              | 3    |                     |
| <b>ANTIDIARRHEAL MICROORGANISMS AGENTS</b>                    |                       |      |                     |
| LACTOBACILLUS CASEI/FOLIC ACID                                | RESTORA RX            | 3    |                     |
| LACTOBACILLUS CASEI/FOLIC ACID                                | RESTORA<br>SPRINKLES  | 3    |                     |
| <b>ANTIDOTES,MISCELLANEOUS</b>                                |                       |      |                     |
| ACETYLCYSTEINE  | CETYLEV               | 3    |                     |
| <b>APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.</b>     |                       |      |                     |
| megestrol acetate   | MEGACE                | 1    |                     |
| megestrol acetate   | MEGACE ES             | 1    |                     |
| <b>BLOOD TESTING PREPARATIONS,IN-VITRO</b>                    |                       |      |                     |
| PROTHROMBIN TIME/INR TEST METR                                | COAGUCHEK XS          | 3    |                     |
| <b>CHELATING AGENTS</b>                                       |                       |      |                     |
| GLUTATHIONE   |                       | 3    |                     |
| GLUTATHIONE-L   |                       | 3    |                     |
| <b>CHOLINESTERASE REACTIVAT.&amp;MUSCARINIC ANTG.ANTIDOTE</b> |                       |      |                     |
| PRALIDOXIME CHLORIDE/ATROPINE                                 | DUODOTE               | 3    |                     |
| <b>CHOLINESTERASE REACTIVATING,ORGANOPHOS. ANTIDOTES</b>      |                       |      |                     |
| PRALIDOXIME CHLORIDE  |                       | 3    |                     |
| <b>DRUGS TO TREAT HEREDITARY TYROSINEMIA</b>                  |                       |      |                     |
| NITISINONE  | NITYR                 | 3    | PA                  |
| NITISINONE  | ORFADIN               | 2    | PA                  |
| <b>DRUGS TO TX GAUCHER DX-TYPE 1, SUBSTRATE REDUCING</b>      |                       |      |                     |
| ELIGLUSTAT TARTRATE   | CERDELGA              | 2    | PA                  |
| miglustat   | ZAVESCA               | 1    | PA                  |
| <b>GENERAL INHALATION AGENTS</b>                              |                       |      |                     |
| SODIUM CHLORIDE FOR INHALATION                                | HYPER-SAL             | 3    |                     |
| SODIUM CHLORIDE FOR INHALATION                                | NEBUSAL               | 3    |                     |
| sodium chloride for inhalation                                |                       | 1    |                     |
| <b>METABOLIC DEFICIENCY AGENTS</b>                            |                       |      |                     |
| BETAINE   | CYSTADANE             | 2    |                     |
| levocarnitine (330 mg) (tablet)                               |                       | 1    |                     |
| levocarnitine (with sugar)                                    | CARNITOR              | 1    |                     |
| <b>METABOLIC DISEASE ENZYME REPLACE, HYPOPHOSPHATASIA</b>     |                       |      |                     |
| ASFOTASE ALFA   | STRENSIQ              | 2    | PA                  |
| <b>METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DX</b>       |                       |      |                     |
| AGALSIDASE BETA   | FABRAZYME             | 2    | SP                  |

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| <b>Drug Name</b>   |  | <b>Tier</b> | <b>Requirements/Limits</b> |
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| <b>METABOLIC DISEASE ENZYME REPLACEMENT, GAUCHER'S DX</b>      |  |             |                            |
| IMIGLUCERASE   | CEREZYME                                       | 2           | PA, SP                     |
| TALIGLUCERASE ALFA   | ELELYSO  | 2           | PA                         |
| VELAGLUCERASE ALFA   | VPRIV  | 2           | PA, SP                     |
| <b>METABOLIC DISEASE ENZYME REPLACEMENT, POMPE DISEASE</b>     |  |             |                            |
| ALGLUCOSIDASE ALFA   | LUMIZYME                                       | 2           | PA, SP                     |
| <b>METABOLIC DX ENZYME REPLACE, MUCOPOLYSACCHARIDOSIS</b>      |  |             |                            |
| ELOSULFASE ALFA  | VIMIZIM  | 2           | PA, SP                     |
| GALSULFASE   | NAGLAZYME                                      | 2           | SP                         |
| IDURSULFASE  | ELAPRASE                                       | 2           | SP                         |
| LARONIDASE   | ALDURAZYME                                     | 2           | SP                         |
| VESTRONIDASE ALFA-VJBK   | MEPSEVII                                       | 3           |                            |
| <b>METABOLIC DX ENZYME REPLACEMENT, SEV. COMB. IMMUNE DEF.</b> |  |             |                            |
| PEGADEMASE BOVINE  | ADAGEN   | 2           |                            |
| <b>METALLIC POISON, AGENTS TO TREAT</b>                        |  |             |                            |
| DEFERASIROX  | EXJADE   | 2           | PA                         |
| DEFERASIROX  | JADENU   | 2           | PA, SP                     |
| DEFERASIROX  | JADENU SPRINKLE<br>(180 MG) (GRAN<br>PACK)     | 2           | PA, SP                     |
| DEFERASIROX  | JADENU SPRINKLE<br>(360 MG) (GRAN<br>PACK)     | 2           | PA, SP                     |
| DEFERASIROX  | JADENU SPRINKLE<br>(90 MG) (GRAN<br>PACK)      | 3           | PA, SP                     |
| DEFERIPRONE  | FERRIPROX                                      | 2           | PA                         |
| <b>deferoxamine mesylate</b>                                   | DESFERAL                                       | 1           | PA                         |
| <b>deferoxamine mesylate</b>                                   | DESFERAL<br>MESYLATE                           | 1           | PA                         |
| DIMERCAPROL  | BAL IN OIL                                     | 2           |                            |
| <b>pentetate calcium trisodium</b>                             | CA-DTPA  | 1           |                            |
| <b>pentetate zinc trisodium</b>                                | ZN-DTPA  | 1           |                            |
| PRUSSIAN BLUE (INSOLUBLE)                                      | RADIOGARDASE                                   | 3           |                            |
| SODIUM NITRITE/SOD THIOSULFATE                                 | NITHIODOTE                                     | 3           |                            |
| <b>sodium thiosulfate</b>                                      |  | 1           |                            |
| SUCCIMER   | CHEMET   | 2           |                            |
| <b>trientine hcl</b>   | SYPRINE  | 1           |                            |
| ZINC ACETATE   | GALZIN   | 3           |                            |
| <b>MUSCARINIC RECEPTOR ANTAGONISTS</b>                         |  |             |                            |
| ATROPINE SULFATE   | ATROPEN  | 3           |                            |
| <b>NEEDLES/NEEDLELESS DEVICES</b>                              |  |             |                            |
| BLUNT NEEDLE, DISPOSABLE                                       | BLUNT NEEDLE<br>(18GX1 1/2"") (DIS<br>NEEDLE)  | 3           |                            |
| NEEDLES, BLOOD COLLECTION                                      | MONOJECT BLOOD<br>COLLECTION                   | 3           |                            |
| NEEDLES, FILTER  | FILTER NEEDLE<br>(19GX1 1/2"") (DIS<br>NEEDLE) | 3           |                            |
| NEEDLES, FILTER  | FILTER NEEDLE<br>(19GX1"") (DIS<br>NEEDLE)     | 3           |                            |
| NEEDLES, SAFETY  | ECLIPSE NEEDLE<br>(23GX1"") (DIS<br>NEEDLE)    | 3           |                            |



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|---|------|---------------------|
| NEEDLES, SAFETY<br>ECLIPSE NEEDLE<br>(25GX5/8"") (DIS<br>NEEDLE)        | 3    |                     |
| NEEDLES, SAFETY<br>ECLIPSE NEEDLE<br>(27GX1/2"") (DIS<br>NEEDLE)        | 3    |                     |
| NEEDLES, SAFETY<br>NEEDLE (18GX1<br>1/2"") (DIS NEEDLE)                 | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2<br>(18GX1 1/2"") (DIS<br>NEEDLE) | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2<br>(18GX1"") (DIS<br>NEEDLE)     | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2<br>(19GX1 1/2"") (DIS<br>NEEDLE) | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2<br>(19GX1"") (DIS<br>NEEDLE)     | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2<br>(20GX1 1/2"") (DIS<br>NEEDLE) | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2<br>(20GX1"") (DIS<br>NEEDLE)     | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2 (21 G<br>X 1"") (DIS NEEDLE)     | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2<br>(21GX1 1/2"") (DIS<br>NEEDLE) | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2<br>(22GX1 1/2"") (DIS<br>NEEDLE) | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2<br>(22GX1"") (DIS<br>NEEDLE)     | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2<br>(23GX1 1/2"") (DIS<br>NEEDLE) | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2<br>(23GX1"") (DIS<br>NEEDLE)     | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2<br>(25GX1 1/2"") (DIS<br>NEEDLE) | 3    |                     |
| NEEDLES, SAFETY<br>TERUMO<br>SURGUARD2                                  | 3    |                     |

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| <b>Drug Name</b>  |  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|--|-------------|----------------------------|
|   | (25GX1") (DIS NEEDLE)                            |             |                            |
| NEEDLES, SAFETY   | TERUMO<br>SURGUARD2<br>(25GX5/8") (DIS NEEDLE)   | 3           |                            |
| NEEDLES, SAFETY   | TERUMO<br>SURGUARD2<br>(26GX1/2") (DIS NEEDLE)   | 3           |                            |
| NEEDLES, SAFETY   | TERUMO<br>SURGUARD2<br>(27GX1/2") (DIS NEEDLE)   | 3           |                            |
| NEEDLES, SAFETY   | TERUMO<br>SURGUARD2<br>(30GX1 1/2") (DIS NEEDLE) | 3           |                            |
| PEN NEEDLE, DIABETIC                                      | CLICKFINE  | 2           |                            |
| PEN NEEDLE, DIABETIC                                      | PEN NEEDLE (30GX5/16") (DIS NEEDLE)              | 1           |                            |
| PEN NEEDLE, DIABETIC                                      | PEN NEEDLE (31GX1/4") (DIS NEEDLE) (OTC)         | 1           |                            |
| PEN NEEDLE, DIABETIC                                      | PEN NEEDLE (31GX3/16") (DIS NEEDLE)              | 1           |                            |
| PEN NEEDLE, DIABETIC                                      | PEN NEEDLE (31GX5/16") (DIS NEEDLE)              | 1           |                            |
| PEN NEEDLE, DIABETIC                                      | PEN NEEDLE (31GX5/16") (DIS NEEDLE) (OTC)        | 1           |                            |
| PEN NEEDLE, DIABETIC                                      | PEN NEEDLE (32GX5/32") (DIS NEEDLE) (OTC)        | 1           |                            |
| PEN NEEDLE, DIABETIC                                      | TOPCARE<br>CLICKEFINE                            | 2           |                            |
| PEN NEEDLE, DIABETIC                                      | ULTRA-FINE MICRO<br>PEN NEEDLE                   | 2           |                            |
| PEN NEEDLE, DIABETIC                                      | ULTRA-FINE MINI<br>PEN NEEDLE                    | 2           |                            |
| PEN NEEDLE, DIABETIC                                      | ULTRA-FINE NANO<br>PEN NEEDLE                    | 2           |                            |
| PEN NEEDLE, DIABETIC                                      | ULTRA-FINE<br>ORIGINAL PEN<br>NEEDLE             | 2           |                            |
| PEN NEEDLE, DIABETIC                                      | ULTRA-FINE SHORT<br>PEN NEEDLE                   | 2           |                            |
| TRANSFER DEVICE, CLOSED SYSTEM                            | PHASEAL<br>PROTECTOR                             | 3           |                            |
| <b>NEUROMUSCULAR BLOCKING AGENTS</b>                      |  |             |                            |
| ONABOTULINUMTOXINA  | BOTOX  | 2           | PA, SP                     |
| RIMABOTULINUMTOXINB                                       | MYOBLOC  | 2           | PA, SP                     |
| <b>NUTRITIONAL THERAPY, MED COND SPECIAL FORMULATION</b>  |  |             |                            |
| GLUTAMINE   | ENDARI   | 3           | PA                         |
| GLUTAMINE   | NUTRESTORE                                       | 3           | PA                         |
| <b>PATENT DUCTUS ARTERIOSUS TREAT. AGENTS, NSAID-TYPE</b> |  |             |                            |
| indomethacin sodium                                       | INDOCIN  | 1           |                            |

**National Formulary**

| Drug Name   |                                   | Tier | Requirements/Limits                      |
|---|-----------------------------------|------|--|
| <b>PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE</b>     |                                   |      |  |
| SAPROPTERIN DIHYDROCHLORIDE                                   | KUVAIN (100 MG)<br>(POWD PACK)    | 2    | PA, SP                                   |
| SAPROPTERIN DIHYDROCHLORIDE                                   | KUVAIN (100 MG)<br>(TABLET SOL)   | 2    | PA, SP                                   |
| SAPROPTERIN DIHYDROCHLORIDE                                   | KUVAIN (300 MG)<br>(POWD PACK)    | 2    | PA                                       |
| <b>PROTEIN REPLACEMENT</b>                                    |                                   |      |  |
| AA 4.25 %/CALCIUM/LYTES/D25W                                  | CLINIMIX E                        | 3    |  |
| AA 4.25 %/CALCIUM/LYTES/D5W                                   | CLINIMIX E                        | 3    |  |
| AA 5 %/CALCIUM/LYTES/DEXT 20 %                                | CLINIMIX E                        | 3    |  |
| AA 5 %/CALCIUM/LYTES/DEXT 25 %                                | CLINIMIX E                        | 3    |  |
| AMINO ACIDS 5 %/DEXTROSE 20 %                                 | CLINIMIX                          | 3    |  |
| AMINO ACIDS 5 %/DEXTROSE 25 %                                 | CLINIMIX                          | 3    |  |
| cysteine hcl  |                                   | 1    |  |
| <b>SEXUAL DYSFUNCTION DEVICES</b>                             |                                   |      |  |
| VACUUM ERECTION DEVICE SYSTEM                                 | RAPPORT VACUUM<br>THERAPY         | 3    |  |
| <b>SOMATOSTATIC AGENTS</b>                                    |                                   |      |  |
| LANREOTIDE ACETATE  | SOMATULINE<br>DEPOT               | 2    |  |
| octreotide acetate (100 mcg/ml) (ampul)                       |                                   | 1    | SP                                       |
| octreotide acetate (100 mcg/ml) (syringe)                     |                                   | 1    | SP                                       |
| octreotide acetate (100 mcg/ml) (vial)                        |                                   | 1    | SP                                       |
| octreotide acetate (1000mcg/ml) (vial)                        |                                   | 1    | SP                                       |
| octreotide acetate (200 mcg/ml) (vial)                        |                                   | 1    | SP                                       |
| octreotide acetate (50 mcg/ml) (ampul)                        |                                   | 1    | SP                                       |
| octreotide acetate (50 mcg/ml) (syringe)                      |                                   | 1    | SP                                       |
| octreotide acetate (50 mcg/ml) (vial)                         |                                   | 1    | SP                                       |
| octreotide acetate (500 mcg/ml) (ampul)                       |                                   | 1    | SP                                       |
| octreotide acetate (500 mcg/ml) (syringe)                     |                                   | 1    | SP                                       |
| octreotide acetate (500 mcg/ml) (vial)                        |                                   | 1    | SP                                       |
| PASIREOTIDE DIASPARTATE                                       | SIGNIFOR                          | 2    | PA                                       |
| <b>VACCINE ADJUVANTS</b>                                      |                                   |      |  |
| ADJUVANT AS01B/PF, VIAL 1 OF 2                                | SHINGRIX<br>ADJUVANT<br>COMPONENT | 0    | AGE: >= 50 YEARS, QL: 1mL IN<br>365 DAYS |
| <b>OTHER RESPIRATORY DISORDERS</b>                            |                                   |      |  |
| <b>ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS</b>                |                                   |      |  |
| PIRFENIDONE   | ESBRIET (267 MG)<br>(CAPSULE)     | 2    | PA                                       |
| PIRFENIDONE   | ESBRIET (267 MG)<br>(TABLET)      | 3    | PA                                       |
| PIRFENIDONE   | ESBRIET (801 MG)<br>(TABLET)      | 3    | PA                                       |
| <b>CYSTIC FIB.TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR</b>     |                                   |      |  |
| IVACAFTOR   | KALYDECO                          | 2    | PA, SP                                   |
| <b>CYSTIC FIBROSIS-CFTR POTENTIATOR &amp; CORRECTOR COMB.</b> |                                   |      |  |
| LUMACAFTOR/IVACAFTOR  | ORKAMBI                           | 2    | PA, SP                                   |
| TEZACAFTOR/IVACAFTOR  | SYMDEKO                           | 3    | PA, SP                                   |
| <b>LUNG SURFACTANTS</b>                                       |                                   |      |  |
| BERACTANT   | SURVANTA                          | 3    |  |
| CALFACTANT  | INFASURF                          | 3    |  |
| LUCINACTANT   | SURFAXIN                          | 3    |  |
| PORACTANT ALFA  | CUROSURF                          | 3    |  |
| <b>MUCOLYTICS</b>   |                                   |      |  |
| acetylcysteine  | MUCOMYST                          | 1    |  |

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| <b>Drug Name</b>  |                                  | <b>Tier</b> | <b>Requirements/Limits</b>        |
|---|----------------------------------|-------------|-----------------------------------|
| DORNASE ALFA  | PULMOZYME                        | 2           | PA, SP                            |
| <b>PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS</b>            |                                  |             |                                   |
| NINTEDANIB ESYLATE  | OFEV                             | 2           | PA                                |
| <b>PAIN MANAGEMENT - ANALGESICS</b>                               |                                  |             |                                   |
| <b>ANALGESIC, NON-SALICYLATE &amp; BARBITURATE COMB.</b>          |                                  |             |                                   |
| BUTALBITAL/ACETAMINOPHEN  | ALLZITAL                         | 3           | ST                                |
| butalbital/acetaminophen  | BUPAP                            | 1           | ST, QL: 6 IN 1 DAY                |
| butalbital/acetaminophen  | BUTAPAP                          | 1           |                                   |
| butalbital/acetaminophen  | ORBIVAN CF                       | 1           | ST, QL: 6 IN 1 DAY                |
| <b>ANALGESIC, SALICYLATE, BARBITURATE,&amp; XANTHINE CMB</b>      |                                  |             |                                   |
| butalbital/aspirin/caffeine                                       |                                  | 1           |                                   |
| <b>ANALGESIC, NON-SALICYLATE, BARBITURATE, &amp; XANTHINE CMB</b> |                                  |             |                                   |
| butalb/acetaminophen/caffeine                                     |                                  | 1           |                                   |
| BUTALB/ACETAMINOPHEN/CAFFEINE                                     | VANATOL LQ                       | 3           |                                   |
| BUTALB/ACETAMINOPHEN/CAFFEINE                                     | VANATOL S                        | 3           |                                   |
| <b>ANALGESIC/ANTIPYRETICS, SALICYLATES</b>                        |                                  |             |                                   |
| aspirin (325 mg) (tablet dr)                                      |                                  | 0           |                                   |
| aspirin (325 mg) (tablet)   |                                  | 0           |                                   |
| choline salicyl/mag salicylate                                    |                                  | 1           |                                   |
| diflunisal  | DOLOBID                          | 1           |                                   |
| salsalate   | DISALCID                         | 1           |                                   |
| <b>ANALGESICS NARCOTIC, ANESTHETIC ADJUNCT AGENTS</b>             |                                  |             |                                   |
| fentanyl citrate/pf   |                                  | 1           |                                   |
| <b>ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION</b>         |                                  |             |                                   |
| hydrocodone/ibuprofen   | IBUDONE                          | 1           |                                   |
| hydrocodone/ibuprofen   | VICOPROFEN                       | 1           |                                   |
| ibuprofen/oxycodone hcl   | COMBUNOX                         | 1           |                                   |
| <b>ANALGESICS, NARCOTICS</b>                                      |                                  |             |                                   |
| acetaminophen/caff/dihydrocod                                     | TREZIX                           | 1           | AGE: >= 12 YEARS, QL: 10 IN 1 DAY |
| buprenorphine   | BUTRANS                          | 1           | QL: 1 IN 7 DAYS                   |
| BUPRENORPHINE   | SUBLOCADE                        | 2           | PA, QL: 1mL IN 7 DAYS, SP         |
| BUPRENORPHINE HCL   | BELBUCA                          | 3           |                                   |
| butorphanol tartrate  | STADOL                           | 1           |                                   |
| codeine sulfate   | CODEINE                          | 1           | AGE: >= 12 YEARS                  |
| fentanyl  | DURAGESIC                        | 1           | PA, QL: 1 IN 3 DAYS               |
| FENTANYL  | SUBSYS                           | 3           | ST                                |
| fentanyl citrate  | ACTIQ (1200 MCG)<br>(LOZENGE HD) | 1           | PA                                |
| fentanyl citrate  | ACTIQ (1600 MCG)<br>(LOZENGE HD) | 1           | PA                                |
| fentanyl citrate  | ACTIQ (200 MCG)<br>(LOZENGE HD)  | 1           | PA                                |
| fentanyl citrate  | ACTIQ (400 MCG)<br>(LOZENGE HD)  | 1           | PA                                |
| fentanyl citrate  | ACTIQ (600 MCG)<br>(LOZENGE HD)  | 1           | PA                                |
| fentanyl citrate  | ACTIQ (800 MCG)<br>(LOZENGE HD)  | 1           |                                   |
| fentanyl citrate/pf (1500mcg/30) (pca vial)                       |                                  | 1           |                                   |
| fentanyl citrate-0.9 % nacl/pf (300mcg/30) (pca syring)           |                                  | 1           |                                   |
| fentanyl citrate-0.9 % nacl/pf (500 mcg/50) (pca syring)          |                                  | 1           |                                   |
| HYDROCODONE BITARTRATE  | HYSINGLA ER                      | 2           | QL: 1 IN 1 DAY                    |
| HYDROCODONE BITARTRATE  | ZOHYDRO ER                       | 3           | ST, QL: 2 IN 1 DAY                |

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| <b>Drug Name</b>   |                                  | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|----------------------------------|-------------|----------------------------|
| hydrocodone/acetaminophen                                | HYCET (7.5-325/15)<br>(SOLUTION) | 1           | QL: 180mL IN 1 DAY         |
| hydrocodone/acetaminophen                                | LORTAB (10MG-325MG) (TABLET)     | 1           | QL: 12 IN 1 DAY            |
| hydrocodone/acetaminophen                                | LORTAB (5 MG-325MG) (TABLET)     | 1           | QL: 12 IN 1 DAY            |
| hydrocodone/acetaminophen                                | LORTAB (7.5-325 MG) (TABLET)     | 1           | QL: 12 IN 1 DAY            |
| hydrocodone/acetaminophen                                | NORCO                            | 1           | QL: 12 IN 1 DAY            |
| hydrocodone/acetaminophen                                | VERDROCET                        | 1           |                            |
| hydrocodone/acetaminophen                                | XODOL 10-300                     | 1           | QL: 13 IN 1 DAY            |
| hydrocodone/acetaminophen                                | XODOL 5-300                      | 1           | QL: 13 IN 1 DAY            |
| hydrocodone/acetaminophen                                | XODOL 7.5-300                    | 1           | QL: 13 IN 1 DAY            |
| HYDROMORPHONE HCL  | DILAUDID                         | 3           |                            |
| hydromorphone hcl (0.5mg/.5ml) (syringe)                 |                                  | 1           |                            |
| hydromorphone hcl (1 mg/ml) (ampul)                      |                                  | 1           |                            |
| hydromorphone hcl (1 mg/ml) (liquid)                     |                                  | 1           |                            |
| hydromorphone hcl (1 mg/ml) (syringe)                    |                                  | 1           |                            |
| hydromorphone hcl (110mg/55ml) (pca syring)              |                                  | 1           |                            |
| hydromorphone hcl (12 mg) (tab er 24h)                   |                                  | 1           | PA, QL: 1 IN 1 DAY         |
| hydromorphone hcl (16 mg) (tab er 24h)                   |                                  | 1           | PA, QL: 1 IN 1 DAY         |
| hydromorphone hcl (2 mg) (tablet)                        |                                  | 1           |                            |
| hydromorphone hcl (2 mg/ml) (ampul)                      |                                  | 1           |                            |
| hydromorphone hcl (2 mg/ml) (syringe)                    |                                  | 1           |                            |
| hydromorphone hcl (2 mg/ml) (vial)                       |                                  | 1           |                            |
| hydromorphone hcl (3 mg) (supp.rect)                     |                                  | 1           |                            |
| hydromorphone hcl (32 mg) (tab er 24h)                   |                                  | 1           | PA, QL: 2 IN 1 DAY         |
| hydromorphone hcl (4 mg) (tablet)                        |                                  | 1           |                            |
| hydromorphone hcl (4 mg/ml) (ampul)                      |                                  | 1           |                            |
| hydromorphone hcl (4 mg/ml) (syringe)                    |                                  | 1           |                            |
| hydromorphone hcl (60 mg/30ml) (pca syring)              |                                  | 1           |                            |
| hydromorphone hcl (8 mg) (tab er 24h)                    |                                  | 1           | PA, QL: 1 IN 1 DAY         |
| hydromorphone hcl (8 mg) (tablet)                        |                                  | 1           |                            |
| hydromorphone hcl in 0.9% nacl (55 mg/55ml) (pca syring) |                                  | 1           |                            |
| hydromorphone hcl/0.9% nacl/pf (30 mg/30ml) (pca syring) |                                  | 1           |                            |
| hydromorphone hcl/pf                                     | DILAUDID-HP (10 MG/ML) (AMPUL)   | 1           |                            |
| levorphanol tartrate                                     | LEVO-DROMORAN                    | 1           |                            |
| meperidine hcl   | DEMEROL (100 MG) (TABLET)        | 1           | QL: 6 IN 1 DAY             |
| meperidine hcl   | DEMEROL (50 MG) (TABLET)         | 1           | QL: 6 IN 1 DAY             |
| methadone hcl (10 mg) (tablet)                           |                                  | 1           | QL: 4 IN 1 DAY             |
| methadone hcl (10 mg/5 ml) (solution)                    |                                  | 1           | ST, QL: 20mL IN 1 DAY      |
| methadone hcl (10 mg/ml) (oral conc)                     |                                  | 1           | ST, QL: 4mL IN 1 DAY       |
| methadone hcl (40 mg) (tablet sol)                       |                                  | 1           | ST, QL: 1 IN 1 DAY         |
| methadone hcl (5 mg) (tablet)                            |                                  | 1           | QL: 8 IN 1 DAY             |
| methadone hcl (5 mg/5 ml) (solution)                     |                                  | 1           | ST, QL: 40mL IN 1 DAY      |
| MORPHINE SULFATE   | ARYMO ER                         | 3           | QL: 3 IN 1 DAY             |
| MORPHINE SULFATE   | KADIAN                           | 3           |                            |
| MORPHINE SULFATE   | MORPHABOND ER                    | 3           | QL: 2 IN 1 DAY             |
| morphine sulfate (10 mg) (cap er pel)                    |                                  | 1           | QL: 2 IN 1 DAY             |
| morphine sulfate (10 mg) (supp.rect)                     |                                  | 1           |                            |
| morphine sulfate (10 mg/5 ml) (solution)                 |                                  | 1           |                            |
| morphine sulfate (10 mg/ml) (cartridge)                  |                                  | 1           |                            |
| morphine sulfate (10 mg/ml) (syringe)                    |                                  | 1           |                            |
| morphine sulfate (10 mg/ml) (vial)                       |                                  | 1           |                            |

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| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------|----------------------------|
| morphine sulfate (100 mg) (cap er pel)                         | 1           | QL: 2 IN 1 DAY             |
| morphine sulfate (100 mg) (tablet er)                          | 1           | QL: 3 IN 1 DAY             |
| morphine sulfate (100 mg/4ml) (vial port)                      | 1           |                            |
| morphine sulfate (100 mg/5ml) (solution)                       | 1           |                            |
| morphine sulfate (10mg/0.7ml) (pen injctr)                     | 1           |                            |
| morphine sulfate (120 mg) (cpmp 24hr)                          | 1           | QL: 2 IN 1 DAY             |
| morphine sulfate (15 mg) (tablet er)                           | 1           | QL: 3 IN 1 DAY             |
| MORPHINE SULFATE (15 MG) (TABLET)                              | 2           |                            |
| morphine sulfate (15 mg/ml) (vial)                             | 1           |                            |
| morphine sulfate (2 mg/ml) (syringe)                           | 1           |                            |
| morphine sulfate (20 mg) (cap er pel)                          | 1           | QL: 2 IN 1 DAY             |
| morphine sulfate (20 mg) (supp.rect)                           | 1           |                            |
| morphine sulfate (20 mg/5 ml) (solution)                       | 1           |                            |
| morphine sulfate (200 mg) (tablet er)                          | 1           | QL: 3 IN 1 DAY             |
| morphine sulfate (25 mg/ml) (vial)                             | 1           |                            |
| morphine sulfate (250mg/10ml) (vial port)                      | 1           |                            |
| morphine sulfate (30 mg) (cap er pel)                          | 1           | QL: 2 IN 1 DAY             |
| morphine sulfate (30 mg) (cpmp 24hr)                           | 1           | QL: 1 IN 1 DAY             |
| morphine sulfate (30 mg) (supp.rect)                           | 1           |                            |
| morphine sulfate (30 mg) (tablet er)                           | 1           | QL: 3 IN 1 DAY             |
| MORPHINE SULFATE (30 MG) (TABLET)                              | 2           |                            |
| morphine sulfate (30 mg/30ml) (pca syring)                     | 1           |                            |
| morphine sulfate (4 mg/ml) (cartridge)                         | 1           |                            |
| morphine sulfate (4 mg/ml) (syringe)                           | 1           |                            |
| morphine sulfate (4 mg/ml) (vial)                              | 1           |                            |
| morphine sulfate (45 mg) (cpmp 24hr)                           | 1           | QL: 1 IN 1 DAY             |
| morphine sulfate (5 mg) (supp.rect)                            | 1           |                            |
| morphine sulfate (5 mg/ml) (syringe)                           | 1           |                            |
| morphine sulfate (50 mg) (cap er pel)                          | 1           | QL: 2 IN 1 DAY             |
| morphine sulfate (50 mg/ml) (vial)                             | 1           |                            |
| morphine sulfate (60 mg) (cap er pel)                          | 1           | QL: 2 IN 1 DAY             |
| morphine sulfate (60 mg) (cpmp 24hr)                           | 1           | QL: 1 IN 1 DAY             |
| morphine sulfate (60 mg) (tablet er)                           | 1           | QL: 3 IN 1 DAY             |
| morphine sulfate (75 mg) (cpmp 24hr)                           | 1           | QL: 1 IN 1 DAY             |
| morphine sulfate (8 mg/ml) (cartridge)                         | 1           |                            |
| morphine sulfate (8 mg/ml) (syringe)                           | 1           |                            |
| morphine sulfate (8 mg/ml) (vial)                              | 1           |                            |
| morphine sulfate (80 mg) (cap er pel)                          | 1           | QL: 2 IN 1 DAY             |
| morphine sulfate (90 mg) (cpmp 24hr)                           | 1           | QL: 1 IN 1 DAY             |
| morphine sulfate in 0.9 % nacl (0.5 mg/ml) (syringe)           | 1           |                            |
| morphine sulfate in 0.9 % nacl (1 mg/ml) (plast. bag)          | 1           |                            |
| morphine sulfate in 0.9 % nacl (275mg/55ml) (pca syring)       | 1           |                            |
| morphine sulfate in 0.9 % nacl (5 mg/ml) (plast. bag)          | 1           |                            |
| morphine sulfate/d5w   | 1           |                            |
| MORPHINE SULFATE/NALTREXONE<br>EMBEDA (100MG-4MG) (CAP ER PO)  | 3           | ST, QL: 4 IN 1 DAY         |
| MORPHINE SULFATE/NALTREXONE<br>EMBEDA (20MG-0.8MG) (CAP ER PO) | 3           | ST, QL: 2 IN 1 DAY         |
| MORPHINE SULFATE/NALTREXONE<br>EMBEDA (30MG-1.2MG) (CAP ER PO) | 3           | ST, QL: 2 IN 1 DAY         |
| MORPHINE SULFATE/NALTREXONE<br>EMBEDA (30 MG-2 MG) (CAP ER PO) | 3           | ST, QL: 2 IN 1 DAY         |
| MORPHINE SULFATE/NALTREXONE<br>EMBEDA (60MG-2.4MG) (CAP ER PO) | 3           | ST, QL: 2 IN 1 DAY         |

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| <b>Drug Name</b>                                   |                                 | <b>Tier</b> | <b>Requirements/Limits</b>           |
|--|---------------------------------|-------------|--------------------------------------|
| MORPHINE SULFATE/NALTREXONE                        | EMBEDA (80MG-3.2MG) (CAP ER PO) | 3           | ST, QL: 2 IN 1 DAY                   |
| <b>morphine sulfate/pf (0.5 mg/ml) (ampul)</b>     |                                 | 1           |                                      |
| <b>morphine sulfate/pf (0.5 mg/ml) (vial)</b>      |                                 | 1           |                                      |
| <b>morphine sulfate/pf (1 mg/2 ml) (syringe)</b>   |                                 | 1           |                                      |
| <b>morphine sulfate/pf (1 mg/ml) (vial)</b>        |                                 | 1           |                                      |
| <b>morphine sulfate/pf (150mg/30ml) (pca vial)</b> |                                 | 1           |                                      |
| <b>morphine sulfate/pf (30 mg/30ml) (pca vial)</b> |                                 | 1           |                                      |
| <b>nalbuphine hcl</b>                              |                                 | 1           |                                      |
| <b>opium/belladonna alkaloids</b>                  |                                 | 1           |                                      |
| <b>oxycodone hcl (10mg/0.5ml) (syringe)</b>        |                                 | 1           |                                      |
| <b>oxycodone hcl (20 mg/ml) (oral conc)</b>        |                                 | 1           |                                      |
| <b>oxycodone hcl (5 mg/5 ml) (solution)</b>        |                                 | 1           |                                      |
| OXYCODONE HCL                                      | OXYCONTIN (10 MG) (TAB ER 12H)  | 1           | QL: 2 IN 1 DAY                       |
| OXYCODONE HCL                                      | OXYCONTIN (15 MG) (TAB ER 12H)  | 1           | QL: 2 IN 1 DAY                       |
| OXYCODONE HCL                                      | OXYCONTIN (20 MG) (TAB ER 12H)  | 1           | QL: 2 IN 1 DAY                       |
| OXYCODONE HCL                                      | OXYCONTIN (30 MG) (TAB ER 12H)  | 1           | QL: 2 IN 1 DAY                       |
| OXYCODONE HCL                                      | OXYCONTIN (40 MG) (TAB ER 12H)  | 1           | QL: 2 IN 1 DAY                       |
| OXYCODONE HCL                                      | OXYCONTIN (60 MG) (TAB ER 12H)  | 1           | QL: 2 IN 1 DAY                       |
| OXYCODONE HCL                                      | OXYCONTIN (80 MG) (TAB ER 12H)  | 1           | QL: 4 IN 1 DAY                       |
| <b>oxycodone hcl/acetaminophen</b>                 | PERCOCET                        | 1           | QL: 12 IN 1 DAY                      |
| <b>oxycodone hcl/aspirin</b>                       | ENDODAN                         | 1           |                                      |
| <b>oxycodone hcl/aspirin</b>                       | PERCODAN                        | 1           |                                      |
| <b>oxymorphone hcl</b>                             | OPANA (10 MG) (TABLET)          | 1           |                                      |
| <b>oxymorphone hcl</b>                             | OPANA (5 MG) (TABLET)           | 1           |                                      |
| <b>oxymorphone hcl</b>                             | OPANA ER (10 MG) (TAB ER 12H)   | 1           | QL: 2 IN 1 DAY                       |
| <b>oxymorphone hcl</b>                             | OPANA ER (15 MG) (TAB ER 12H)   | 1           | QL: 2 IN 1 DAY                       |
| <b>oxymorphone hcl</b>                             | OPANA ER (20 MG) (TAB ER 12H)   | 1           | QL: 2 IN 1 DAY                       |
| <b>oxymorphone hcl</b>                             | OPANA ER (30 MG) (TAB ER 12H)   | 1           | QL: 4 IN 1 DAY                       |
| <b>oxymorphone hcl</b>                             | OPANA ER (40 MG) (TAB ER 12H)   | 1           | QL: 4 IN 1 DAY                       |
| <b>oxymorphone hcl</b>                             | OPANA ER (5 MG) (TAB ER 12H)    | 1           | QL: 2 IN 1 DAY                       |
| <b>oxymorphone hcl</b>                             | OPANA ER (7.5 MG) (TAB ER 12H)  | 1           | QL: 2 IN 1 DAY                       |
| TAPENTADOL HCL                                     | NUCYNTA                         | 2           | QL: 6 IN 1 DAY                       |
| TAPENTADOL HCL                                     | NUCYNTA ER                      | 2           | QL: 2 IN 1 DAY                       |
| <b>tramadol hcl</b>                                | CONZIP (100 MG) (CPBP 25-75)    | 1           | ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY |
| <b>tramadol hcl</b>                                | CONZIP (200 MG) (CPBP 25-75)    | 1           | ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY |
| <b>tramadol hcl</b>                                | CONZIP (300 MG) (CPBP 17-83)    | 1           | ST, AGE: >= 12 YEARS, QL: 1 IN 1 DAY |
| <b>tramadol hcl</b>                                | RYZOLT                          | 1           | AGE: >= 12 YEARS                     |
| <b>tramadol hcl</b>                                | ULTRAM                          | 1           | AGE: >= 12 YEARS                     |
| <b>tramadol hcl</b>                                | ULTRAM ER                       | 1           | AGE: >= 12 YEARS                     |
| <b>tramadol hcl/acetaminophen</b>                  | ULTRACET                        | 1           | AGE: >= 12 YEARS                     |

**National Formulary**

| Drug Name   |                                   | Tier | Requirements/Limits   |
|---|-----------------------------------|------|-----------------------|
| <b>ANTIMIGRAINE PREPARATIONS</b>                                  |                                   |      |                       |
| almotriptan malate  | AXERT                             | 1    | ST, QL: 2 IN 5 DAYS   |
| DICLOFENAC POTASSIUM  | CAMBIA                            | 3    | ST, QL: 3 IN 10 DAYS  |
| dihydroergotamine mesylate  | D.H.E.45                          | 1    | QL: 15mL IN 14 DAYS   |
| dihydroergotamine mesylate  | MIGRANAL                          | 1    | QL: 8mL IN 28 DAYS    |
| eletriptan hbr  | RELPAK                            | 1    | ST, QL: 2 IN 5 DAYS   |
| ERGOTAMINE TARTRATE   | ERGOMAR                           | 3    | QL: 10 IN 7 DAYS      |
| ergotamine tartrate/caffeine                                      | CAFERGOT                          | 1    | QL: 10 IN 7 DAYS      |
| ERGOTAMINE TARTRATE/CAFFEINE                                      | MIGERGOT                          | 2    | QL: 5 IN 7 DAYS       |
| frovatriptan succinate  | FROVA                             | 1    | ST, QL: 3 IN 5 DAYS   |
| isomethept/dichlphn/acetaminop                                    |                                   | 1    |                       |
| isomethepten/caf/acetaminophen                                    | PRODRIN (65-20-325) (TABLET)      | 1    |                       |
| naratriptan hcl   | AMERGE                            | 1    | QL: 3 IN 5 DAYS       |
| rizatriptan benzoate  |                                   | 1    | QL: 3 IN 5 DAYS       |
| sumatriptan   | IMITREX                           | 1    | QL: 6 IN 15 DAYS      |
| SUMATRIPTAN SUCC/NAPROXEN SOD                                     | TREXIMET (10 MG-60MG) (TABLET)    | 3    | ST, QL: 1 IN 3 DAYS   |
| sumatriptan succ/naproxen sod                                     | TREXIMET (85MG-500MG) (TABLET)    | 1    | ST, QL: 1 IN 3 DAYS   |
| sumatriptan succinate   | IMITREX (100 MG) (TABLET)         | 1    | QL: 3 IN 5 DAYS       |
| sumatriptan succinate   | IMITREX (25 MG) (TABLET)          | 1    | QL: 3 IN 5 DAYS       |
| sumatriptan succinate   | IMITREX (4 MG/0.5ML) (CARTRIDGE)  | 1    | QL: 1mL IN 14 DAYS    |
| sumatriptan succinate   | IMITREX (4 MG/0.5ML) (PEN INJCTR) | 1    | QL: 1mL IN 14 DAYS    |
| sumatriptan succinate   | IMITREX (50 MG) (TABLET)          | 1    | QL: 3 IN 5 DAYS       |
| sumatriptan succinate   | IMITREX (6 MG/0.5ML) (CARTRIDGE)  | 1    | QL: 1mL IN 14 DAYS    |
| sumatriptan succinate   | IMITREX (6 MG/0.5ML) (PEN INJCTR) | 1    | QL: 1mL IN 14 DAYS    |
| sumatriptan succinate   | IMITREX (6 MG/0.5ML) (VIAL)       | 1    | QL: 1mL IN 14 DAYS    |
| SUMATRIPTAN SUCCINATE   | ONZETRA XSAIL                     | 3    | ST                    |
| SUMATRIPTAN SUCCINATE   | ZEMBRACE SYMTOUCH                 | 3    | ST                    |
| ZOLMITRIPTAN  | ZOMIG (2.5 MG) (SPRAY)            | 2    | ST, QL: 12 IN 30 DAYS |
| zolmitriptan  | ZOMIG (2.5 MG) (TABLET)           | 1    | ST, QL: 2 IN 5 DAYS   |
| ZOLMITRIPTAN  | ZOMIG (3 MG) (SPRAY)              | 2    | ST, QL: 6 IN 15 DAYS  |
| zolmitriptan  | ZOMIG (3 MG) (TABLET)             | 1    | ST, QL: 2 IN 5 DAYS   |
| zolmitriptan  | ZOMIG ZMT                         | 1    | ST, QL: 2 IN 5 DAYS   |
| <b>NARC.&amp; NON-SAL.ANALGESIC,BARBITURATE &amp;XANTHINE CMB</b> |                                   |      |                       |
| butalbit/acetamin/caff/codeine                                    | FIORICET WITH CODEINE             | 1    | AGE: >= 12 YEARS      |
| <b>NARCOTIC &amp; SALICYLATE ANALGESICS, BARB.&amp; XANTHINE</b>  |                                   |      |                       |
| codeine/butalbital/asa/caffein                                    | FIORINAL WITH CODEINE #3          | 1    | AGE: >= 12 YEARS      |



**National Formulary**

| Drug Name   |                                  | Tier | Requirements/Limits  |
|---|----------------------------------|------|----------------------|
| <b>NARCOTIC ANALGESIC &amp; NON-SALICYLATE ANALGESIC COMB</b> |                                  |      |                      |
| acetaminophen with codeine                                    |                                  | 1    | AGE: >= 12 YEARS     |
| <b>NARCOTIC WITHDRAWAL THERAPY AGENTS</b>                     |                                  |      |                      |
| buprenorphine hcl (2 mg) (tab subl)                           |                                  | 1    | QL: 3 IN 1 DAY       |
| buprenorphine hcl (8 mg) (tab subl)                           |                                  | 1    | QL: 3 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | BUNAVAIL (2.1-0.5 MG) (FILM)     | 3    | QL: 1 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | BUNAVAIL (4.2-0.7 MG) (FILM)     | 3    | QL: 2 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | BUNAVAIL (6.3MG-1MG) (FILM)      | 3    | QL: 2 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | SUBOXONE (12 MG-3 MG) (FILM)     | 2    | QL: 2 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | SUBOXONE (2 MG-0.5MG) (FILM)     | 2    | QL: 1 IN 1 DAY       |
| <b>buprenorphine hcl/naloxone hcl</b>                         | SUBOXONE (2 MG-0.5MG) (TAB SUBL) | 1    | QL: 3 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | SUBOXONE (4MG-1MG) (FILM)        | 2    | QL: 1 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | SUBOXONE (8 MG-2 MG) (FILM)      | 2    | QL: 2 IN 1 DAY       |
| <b>buprenorphine hcl/naloxone hcl</b>                         | SUBOXONE (8 MG-2 MG) (TAB SUBL)  | 1    | QL: 3 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | ZUBSOLV (0.7-0.18MG) (TAB SUBL)  | 2    | QL: 1 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | ZUBSOLV (1.4-0.36MG) (TAB SUBL)  | 2    | QL: 1 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | ZUBSOLV (11.4-2.9MG) (TAB SUBL)  | 2    | QL: 1 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | ZUBSOLV (2.9-0.71MG) (TAB SUBL)  | 2    | QL: 1 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | ZUBSOLV (5.7-1.4 MG) (TAB SUBL)  | 2    | QL: 1 IN 1 DAY       |
| BUPRENORPHINE HCL/NALOXONE HCL                                | ZUBSOLV (8.6-2.1 MG) (TAB SUBL)  | 2    | QL: 2 IN 1 DAY       |
| <b>PARKINSONS DISEASE</b>                                     |                                  |      |                      |
| <b>ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC</b>                 |                                  |      |                      |
| <b>benztropine mesylate</b>                                   | COGENTIN (0.5 MG) (TABLET)       | 1    |                      |
| <b>benztropine mesylate</b>                                   | COGENTIN (1 MG) (TABLET)         | 1    |                      |
| <b>benztropine mesylate</b>                                   | COGENTIN (2 MG) (TABLET)         | 1    |                      |
| <b>benztropine mesylate</b>                                   | COGENTIN (2 MG/2 ML) (VIAL)      | 1    |                      |
| <b>trihexyphenidyl hcl</b>                                    | ARTANE                           | 1    |                      |
| <b>ANTIPARKINSONISM DRUGS,OTHER</b>                           |                                  |      |                      |
| AMANTADINE HCL  | GOCOVRI (137 MG) (CAP ER 24H)    | 3    | PA, QL: 2 IN 1 DAY   |
| AMANTADINE HCL  | GOCOVRI (68.5 MG) (CAP ER 24H)   | 3    | PA, QL: 1 IN 1 DAY   |
| <b>amantadine hcl</b>   | SYMMETREL                        | 1    |                      |
| APOMORPHINE HCL   | APOKYN                           | 2    | PA, QL: 2mL IN 1 DAY |
| <b>bromocriptine mesylate</b>                                 | PARLODEL                         | 1    |                      |
| <b>carbidopa/levodopa</b>                                     | PARCOPA                          | 1    |                      |
| CARBIDOPA/LEVODOPA  | RYTARY                           | 3    | ST, QL: 10 IN 1 DAY  |

**National Formulary**

| Drug Name                                   |                                      | Tier | Requirements/Limits      |
|---|--------------------------------------|------|--------------------------|
| carbidopa/levodopa                          | SINEMET 10-100                       | 1    |                          |
| carbidopa/levodopa                          | SINEMET 25-100                       | 1    |                          |
| carbidopa/levodopa                          | SINEMET 25-250                       | 1    |                          |
| carbidopa/levodopa                          | SINEMET CR                           | 1    |                          |
| carbidopa/levodopa/entacapone               | STALEVO 100                          | 1    |                          |
| carbidopa/levodopa/entacapone               | STALEVO 125                          | 1    |                          |
| carbidopa/levodopa/entacapone               | STALEVO 150                          | 1    |                          |
| carbidopa/levodopa/entacapone               | STALEVO 200                          | 1    |                          |
| carbidopa/levodopa/entacapone               | STALEVO 50                           | 1    |                          |
| carbidopa/levodopa/entacapone               | STALEVO 75                           | 1    |                          |
| entacapone                                  | COMTAN                               | 1    |                          |
| pramipexole di-hcl                          | MIRAPEX                              | 1    |                          |
| pramipexole di-hcl                          | MIRAPEX ER                           | 1    | ST, QL: 1 IN 1 DAY       |
| rasagiline mesylate                         | AZILECT                              | 1    | QL: 1 IN 1 DAY           |
| ropinirole hcl                              | REQUIP                               | 1    |                          |
| ropinirole hcl                              | REQUIP XL                            | 1    | ST, QL: 1 IN 1 DAY       |
| ROTIGOTINE                                  | NEUPRO                               | 3    | ST, QL: 1 IN 1 DAY       |
| SAFINAMIDE MESYLATE                         | XADAGO                               | 3    | QL: 1 IN 1 DAY           |
| selegiline hcl                              |                                      | 1    |                          |
| tolcapone                                   | TASMAR                               | 1    | ST, QL: 3 IN 1 DAY       |
| <b>DECARBOXYLASE INHIBITORS</b>             |                                      |      |                          |
| carbidopa                                   | LODOSYN                              | 1    |                          |
| <b>SEIZURE DISORDER</b>                     |                                      |      |                          |
| <b>ANTICONVULSANT - BENZODIAZEPINE TYPE</b> |                                      |      |                          |
| CLOBAZAM                                    | ONFI (10 MG)<br>(TABLET)             | 2    | ST, QL: 2 IN 1 DAY       |
| CLOBAZAM                                    | ONFI (2.5 MG/ML)<br>(ORAL SUSP)      | 2    | ST, QL: 480mL IN 30 DAYS |
| CLOBAZAM                                    | ONFI (20 MG)<br>(TABLET)             | 2    | ST, QL: 2 IN 1 DAY       |
| clonazepam                                  |                                      | 1    |                          |
| diazepam                                    | DIASTAT                              | 1    | QL: 1 PER FILL           |
| diazepam                                    | DIASTAT ACUDIAL                      | 1    | QL: 1 PER FILL           |
| <b>ANTICONVULSANTS</b>                      |                                      |      |                          |
| BRIVARACETAM                                | BRIVIACT (10 MG)<br>(TABLET)         | 3    | ST, QL: 2 IN 1 DAY       |
| BRIVARACETAM                                | BRIVIACT (10<br>MG/ML)<br>(SOLUTION) | 3    | ST, QL: 600mL IN 30 DAYS |
| BRIVARACETAM                                | BRIVIACT (100 MG)<br>(TABLET)        | 3    | ST, QL: 2 IN 1 DAY       |
| BRIVARACETAM                                | BRIVIACT (25 MG)<br>(TABLET)         | 3    | ST, QL: 2 IN 1 DAY       |
| BRIVARACETAM                                | BRIVIACT (50 MG)<br>(TABLET)         | 3    | ST, QL: 2 IN 1 DAY       |
| BRIVARACETAM                                | BRIVIACT (75 MG)<br>(TABLET)         | 3    | ST, QL: 2 IN 1 DAY       |
| carbamazepine                               | CARBATROL                            | 1    |                          |
| carbamazepine                               | TEGRETOL                             | 1    |                          |
| carbamazepine                               | TEGRETOL XR                          | 1    |                          |
| divalproex sodium                           | DEPAKOTE                             | 1    |                          |
| divalproex sodium                           | DEPAKOTE ER                          | 1    |                          |
| divalproex sodium                           | DEPAKOTE<br>SPRINKLE                 | 1    |                          |
| ESLICARBAZEPINE ACETATE                     | APTIOM (200 MG)<br>(TABLET)          | 3    | ST, QL: 1 IN 1 DAY       |
| ESLICARBAZEPINE ACETATE                     | APTIOM (400 MG)<br>(TABLET)          | 3    | ST, QL: 1 IN 1 DAY       |

**National Formulary**

| <b>Drug Name</b>           |  | <b>Tier</b> | <b>Requirements/Limits</b> |
|----------------------------|--|-------------|----------------------------|
| ESLICARBAZEPINE ACETATE    | APTIOM (600 MG)<br>(TABLET)              | 3           | ST, QL: 2 IN 1 DAY         |
| ESLICARBAZEPINE ACETATE    | APTIOM (800 MG)<br>(TABLET)              | 3           | ST, QL: 2 IN 1 DAY         |
| <b>ethosuximide</b>        | ZARONTIN                                 | 1           |                            |
| ETHOTOIN                   | PEGANONE                                 | 2           |                            |
| <b>felbamate</b>           | FELBATOL (400 MG)<br>(TABLET)            | 1           | ST, QL: 9 IN 1 DAY         |
| <b>felbamate</b>           | FELBATOL (600 MG)<br>(TABLET)            | 1           | ST, QL: 6 IN 1 DAY         |
| <b>felbamate</b>           | FELBATOL (600<br>MG/5ML) (ORAL<br>SUSP)  | 1           | ST, QL: 30mL IN 1 DAY      |
| <b>fosphenytoin sodium</b> | CEREBYX                                  | 1           |                            |
| <b>gabapentin</b>          | NEURONTIN                                | 1           |                            |
| LACOSAMIDE                 | VIMPAT (10 MG/ML)<br>(SOLUTION)          | 2           | ST, QL: 1200mL IN 30 DAYS  |
| LACOSAMIDE                 | VIMPAT (100 MG)<br>(TABLET)              | 2           | ST, QL: 2 IN 1 DAY         |
| LACOSAMIDE                 | VIMPAT (150 MG)<br>(TABLET)              | 2           | ST, QL: 2 IN 1 DAY         |
| LACOSAMIDE                 | VIMPAT (200 MG)<br>(TABLET)              | 2           | ST, QL: 2 IN 1 DAY         |
| LACOSAMIDE                 | VIMPAT<br>(200MG/20ML)<br>(VIAL)         | 2           |                            |
| LACOSAMIDE                 | VIMPAT (50 MG)<br>(TABLET)               | 2           | ST, QL: 2 IN 1 DAY         |
| LACOSAMIDE                 | VIMPAT (50MG-<br>100MG) (TAB DS<br>PK)   | 3           |                            |
| <b>lamotrigine</b>         | LAMICTAL                                 | 1           |                            |
| <b>lamotrigine</b>         | LAMICTAL (BLUE)                          | 1           |                            |
| <b>lamotrigine</b>         | LAMICTAL<br>(GREEN)                      | 1           |                            |
| <b>lamotrigine</b>         | LAMICTAL<br>(ORANGE)                     | 1           |                            |
| <b>lamotrigine</b>         | LAMICTAL ODT<br>(100 MG) (TAB<br>RAPDIS) | 1           | ST, QL: 3 IN 1 DAY         |
| <b>lamotrigine</b>         | LAMICTAL ODT<br>(200 MG) (TAB<br>RAPDIS) | 1           | ST, QL: 2 IN 1 DAY         |
| <b>lamotrigine</b>         | LAMICTAL ODT (25<br>MG) (TAB RAPDIS)     | 1           | ST, QL: 6 IN 1 DAY         |
| <b>lamotrigine</b>         | LAMICTAL ODT (50<br>MG) (TAB RAPDIS)     | 1           | ST, QL: 6 IN 1 DAY         |
| <b>lamotrigine</b>         | LAMICTAL ODT<br>(BLUE)                   | 1           | ST                         |
| <b>lamotrigine</b>         | LAMICTAL ODT<br>(GREEN)                  | 1           | ST                         |
| <b>lamotrigine</b>         | LAMICTAL ODT<br>(ORANGE)                 | 1           | ST                         |
| <b>lamotrigine</b>         | LAMICTAL XR (100<br>MG) (TAB ER 24)      | 1           | ST                         |
| <b>lamotrigine</b>         | LAMICTAL XR (200<br>MG) (TAB ER 24)      | 1           | ST, QL: 2 IN 1 DAY         |
| <b>lamotrigine</b>         | LAMICTAL XR (25<br>MG) (TAB ER 24)       | 1           | ST, QL: 6 IN 1 DAY         |

## National Formulary

| Drug Name                             | Tier                                 | Requirements/Limits |                          |
|---------------------------------------|--------------------------------------|---------------------|--------------------------|
| <b>lamotrigine</b>                    | LAMICTAL XR (250 MG) (TAB ER 24)     | 1                   | ST, QL: 2 IN 1 DAY       |
| <b>lamotrigine</b>                    | LAMICTAL XR (300 MG) (TAB ER 24)     | 1                   | ST, QL: 2 IN 1 DAY       |
| <b>lamotrigine</b>                    | LAMICTAL XR (50 MG) (TAB ER 24)      | 1                   | ST, QL: 6 IN 1 DAY       |
| LAMOTRIGINE                           | LAMICTAL XR<br>(BLUE)                | 3                   | ST                       |
| LAMOTRIGINE                           | LAMICTAL XR<br>(GREEN)               | 3                   | ST                       |
| LAMOTRIGINE                           | LAMICTAL XR<br>(ORANGE)              | 3                   | ST                       |
| <b>levetiracetam</b>                  | KEPPRA                               | 1                   |                          |
| <b>levetiracetam</b>                  | KEPPRA XR                            | 1                   |                          |
| <b>levetiracetam</b>                  | ROWEEPRA                             | 1                   |                          |
| <b>levetiracetam</b>                  | ROWEEPRA XR                          | 1                   |                          |
| LEVETIRACETAM                         | SPRITAM (1000 MG)<br>(TAB SUSP)      | 3                   | ST, QL: 2 IN 1 DAY       |
| LEVETIRACETAM                         | SPRITAM (250 MG)<br>(TAB SUSP)       | 3                   | ST, QL: 4 IN 1 DAY       |
| LEVETIRACETAM                         | SPRITAM (500 MG)<br>(TAB SUSP)       | 3                   | ST, QL: 4 IN 1 DAY       |
| LEVETIRACETAM                         | SPRITAM (750 MG)<br>(TAB SUSP)       | 3                   | ST, QL: 4 IN 1 DAY       |
| <b>levetiracetam in nacl (iso-os)</b> |                                      | 1                   |                          |
| METHSUXIMIDE                          | CELONTIN                             | 2                   |                          |
| OXCARBAZEPINE                         | OXTELLAR XR (150 MG)<br>(TAB ER 24H) | 3                   | ST, QL: 1 IN 1 DAY       |
| OXCARBAZEPINE                         | OXTELLAR XR (300 MG)<br>(TAB ER 24H) | 3                   | ST, QL: 1 IN 1 DAY       |
| OXCARBAZEPINE                         | OXTELLAR XR (600 MG)<br>(TAB ER 24H) | 3                   | ST, QL: 4 IN 1 DAY       |
| <b>oxcarbazepine</b>                  | TRILEPTAL                            | 1                   |                          |
| PERAMPANEL                            | FYCOMPA (0.5 MG/ML) (ORAL SUSP)      | 2                   | ST, QL: 680mL IN 28 DAYS |
| PERAMPANEL                            | FYCOMPA (10 MG) (TABLET)             | 2                   | ST, QL: 1 IN 1 DAY       |
| PERAMPANEL                            | FYCOMPA (12 MG) (TABLET)             | 2                   | ST, QL: 1 IN 1 DAY       |
| PERAMPANEL                            | FYCOMPA (2 MG) (TABLET)              | 2                   | ST, QL: 4 IN 1 DAY       |
| PERAMPANEL                            | FYCOMPA (4 MG) (TABLET)              | 2                   | ST, QL: 2 IN 1 DAY       |
| PERAMPANEL                            | FYCOMPA (6 MG) (TABLET)              | 2                   | ST, QL: 2 IN 1 DAY       |
| PERAMPANEL                            | FYCOMPA (8 MG) (TABLET)              | 2                   | ST, QL: 1 IN 1 DAY       |
| <b>phenytoin</b>                      | DILANTIN                             | 1                   |                          |
| <b>phenytoin</b>                      | DILANTIN-125                         | 1                   |                          |
| <b>phenytoin sodium</b>               | DILANTIN                             | 1                   |                          |
| <b>phenytoin sodium extended</b>      | DILANTIN (100 MG) (CAPSULE)          | 1                   |                          |
| PHENYTOIN SODIUM EXTENDED             | DILANTIN (30 MG) (CAPSULE)           | 2                   |                          |
| <b>phenytoin sodium extended</b>      | PHENYTEK                             | 1                   |                          |
| PREGABALIN                            | LYRICA                               | 2                   |                          |
| <b>primidone</b>                      | MYSOLINE                             | 1                   |                          |
| RUFINAMIDE                            | BANZEL (200 MG) (TABLET)             | 2                   | ST, QL: 16 IN 1 DAY      |

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| <b>Drug Name</b>  |                                   | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-----------------------------------|-------------|----------------------------|
| RUFINAMIDE  | BANZEL (40 MG/ML) (ORAL SUSP)     | 2           | ST, QL: 80mL IN 1 DAY      |
| RUFINAMIDE  | BANZEL (400 MG) (TABLET)          | 2           | ST, QL: 8 IN 1 DAY         |
| tiagabine hcl   | GABITRIL (12 MG) (TABLET)         | 1           | ST, QL: 4 IN 1 DAY         |
| tiagabine hcl   | GABITRIL (16 MG) (TABLET)         | 1           | ST, QL: 3 IN 1 DAY         |
| tiagabine hcl   | GABITRIL (2 MG) (TABLET)          | 1           | ST, QL: 4 IN 1 DAY         |
| tiagabine hcl   | GABITRIL (4 MG) (TABLET)          | 1           | ST, QL: 4 IN 1 DAY         |
| topiramate  | QUDEXY XR (100 MG) (CAP SPR 24)   | 1           | ST, QL: 1 IN 1 DAY         |
| topiramate  | QUDEXY XR (150 MG) (CAP SPR 24)   | 1           | ST, QL: 2 IN 1 DAY         |
| topiramate  | QUDEXY XR (200 MG) (CAP SPR 24)   | 1           | ST, QL: 2 IN 1 DAY         |
| topiramate  | QUDEXY XR (25 MG) (CAP SPR 24)    | 1           | ST, QL: 1 IN 1 DAY         |
| topiramate  | QUDEXY XR (50 MG) (CAP SPR 24)    | 1           | ST, QL: 1 IN 1 DAY         |
| topiramate  | TOPAMAX                           | 1           |                            |
| TOPIRAMATE  | TROKENDI XR (100 MG) (CAP ER 24H) | 3           | ST, QL: 1 IN 1 DAY         |
| TOPIRAMATE  | TROKENDI XR (200 MG) (CAP ER 24H) | 3           | ST, QL: 2 IN 1 DAY         |
| TOPIRAMATE  | TROKENDI XR (25 MG) (CAP ER 24H)  | 3           | ST, QL: 1 IN 1 DAY         |
| TOPIRAMATE  | TROKENDI XR (50 MG) (CAP ER 24H)  | 3           | ST, QL: 1 IN 1 DAY         |
| valproic acid   | DEPAKENE                          | 1           |                            |
| valproic acid (as sodium salt)                                  | DEPACON                           | 1           |                            |
| valproic acid (as sodium salt)                                  | DEPAKENE                          | 1           |                            |
| vigabatrin  | SABRIL (500 MG) (POWD PACK)       | 1           | QL: 6 IN 1 DAY             |
| VIGABATRIN  | SABRIL (500 MG) (TABLET)          | 2           | QL: 6 IN 1 DAY             |
| zonisamide  | ZONEGRAN                          | 1           |                            |
| <b>SKELTAL MUSCLE DISORDER</b>                                  |                                   |             |                            |
| <b>JOINT CONTRACTURE THERAPY, COLLAGENASE ENZYME</b>            |                                   |             |                            |
| COLLAGENASE CLOSTRIDIUM HIST.                                   | XIAFLEX                           | 2           | SP                         |
| <b>SKELTAL MUSCLE RELAX.&amp; TOP.IRRITANT COUNTER-IRRITANT</b> |                                   |             |                            |
| CYCLOBENZAPRINE/IRR CNTR-IRR 2                                  | COMFORT PAC-CYCLOBENZAPRINE       | 3           |                            |
| TIZANIDINE/IRRITANT CNTR-IRR2                                   | COMFORT PAC-TIZANIDINE            | 3           |                            |
| <b>SKELTAL MUSCLE RELAXANTS</b>                                 |                                   |             |                            |
| baclofen  | LIORESAL                          | 1           |                            |
| carisoprodol  | SOMA                              | 1           | ST, QL: 4 IN 1 DAY         |
| chlorzoxazone (500 mg) (tablet)                                 |                                   | 1           |                            |
| CYCLOBENZAPRINE HCL   | AMRIX (15 MG) (CAP ER 24H)        | 3           | ST                         |
| CYCLOBENZAPRINE HCL   | AMRIX (30 MG) (CAP ER 24H)        | 3           |                            |
| cyclobenzaprine hcl   | FEXMID                            | 1           | ST                         |
| cyclobenzaprine hcl   | FLEXERIL                          | 1           |                            |

**National Formulary**

| Drug Name   |   | Tier | Requirements/Limits              |
|---|---|------|----------------------------------|
| dantrolene sodium   | DANTRIUM                                | 1    |                                  |
| metaxalone  | SKELAXIN                                | 1    |                                  |
| methocarbamol   | ROBAXIN                                 | 1    |                                  |
| methocarbamol   | ROBAXIN-750                             | 1    |                                  |
| orphenadrine citrate                                      | NORFLEX (100 MG)<br>(TABLET ER)         | 1    |                                  |
| orphenadrine citrate                                      | NORFLEX (30<br>MG/ML) (AMPUL)           | 1    |                                  |
| orphenadrine citrate                                      | NORFLEX (30<br>MG/ML) (VIAL)            | 1    |                                  |
| tizanidine hcl  | ZANAFLEX                                | 1    |                                  |
| <b>SMOKING CESSATION (LIMIT TO 180 DAYS PER YEAR)</b>     |   |      |                                  |
| <b>SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)</b>  |   |      |                                  |
| nicotine  | NICODERM CQ                             | 0    | AGE: >= 18 YEARS, QL: 1 IN 1 DAY |
| NICOTINE PATCH  |   | 0    | AGE: >= 18 YEARS, QL: 1 IN 1 DAY |
| nicotine polacrilex                                       | NICORETTE                               | 0    | AGE: >= 18 YEARS, QL: 9 IN 1 DAY |
| <b>SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST</b> |   |      |                                  |
| VARENICLINE TARTRATE                                      | CHANTIX                                 | 0    | AGE: >= 18 YEARS, QL: 2 IN 1 DAY |
| <b>SMOKING DETERRENTS, OTHER</b>                          |   |      |                                  |
| bupropion hcl   | ZYBAN                                   | 0    | AGE: >= 18 YEARS, QL: 2 IN 1 DAY |
| <b>UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE</b>       |   |      |                                  |
| <b>GASTRIC ENZYMES</b>                                    |   |      |                                  |
| SACROSIDASE   | SUCRAID                                 | 2    | PA                               |
| <b>PANCREATIC ENZYMES</b>                                 |   |      |                                  |
| LIPASE/PROTEASE/AMYLASE                                   | CREON                                   | 2    |                                  |
| LIPASE/PROTEASE/AMYLASE                                   | VIOKACE                                 | 2    |                                  |
| LIPASE/PROTEASE/AMYLASE                                   | ZENPEP (10-32-42K)<br>(CAPSULE DR)      | 3    |                                  |
| LIPASE/PROTEASE/AMYLASE                                   | ZENPEP (15-51-82K)<br>(CAPSULE DR)      | 2    |                                  |
| LIPASE/PROTEASE/AMYLASE                                   | ZENPEP (20-63-84K)<br>(CAPSULE DR)      | 3    |                                  |
| LIPASE/PROTEASE/AMYLASE                                   | ZENPEP (25-79-<br>105K) (CAPSULE<br>DR) | 2    |                                  |
| LIPASE/PROTEASE/AMYLASE                                   | ZENPEP (25-85-<br>136K) (CAPSULE<br>DR) | 2    |                                  |
| LIPASE/PROTEASE/AMYLASE                                   | ZENPEP (3K-10K-<br>16K) (CAPSULE DR)    | 2    |                                  |
| LIPASE/PROTEASE/AMYLASE                                   | ZENPEP (40-126-168)<br>(CAPSULE DR)     | 2    |                                  |
| LIPASE/PROTEASE/AMYLASE                                   | ZENPEP (5K-17K-<br>24K) (CAPSULE DR)    | 2    |                                  |
| LIPASE/PROTEASE/AMYLASE                                   | ZENPEP (5K-17K-<br>27K) (CAPSULE DR)    | 2    |                                  |
| <b>UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE</b> |   |      |                                  |
| <b>ANTICHOLINERGICS/ANTISPASMODICS</b>                    |   |      |                                  |
| dicyclomine hcl   |   | 1    |                                  |
| <b>BELLADONNA ALKALOIDS</b>                               |   |      |                                  |
| atropine sulfate  |   | 1    |                                  |
| atropine sulfate/0.9 %sod chlr                            |   | 1    |                                  |
| hyoscyamine sulfate                                       | HYOSYNE                                 | 1    |                                  |
| hyoscyamine sulfate                                       | LEVBID                                  | 1    |                                  |
| hyoscyamine sulfate                                       | LEVSIN                                  | 1    |                                  |
| hyoscyamine sulfate                                       | LEVSIN-SL                               | 1    |                                  |
| hyoscyamine sulfate                                       | NULEV                                   | 1    |                                  |

**National Formulary**

| Drug Name   |                                      | Tier | Requirements/Limits |
|---|--------------------------------------|------|---------------------|
| hyoscyamine sulfate                                     | SYMAX                                | 1    |                     |
| HYOSCYAMINE SULFATE                                     | SYMAX DUOTAB                         | 3    |                     |
| hyoscyamine sulfate                                     | SYMAX-SL                             | 1    |                     |
| hyoscyamine sulfate                                     | SYMAX-SR                             | 1    |                     |
| methscopolamine bromide                                 | PAMINE                               | 1    |                     |
| methscopolamine bromide                                 | PAMINE FORTE                         | 1    |                     |
| PHENOBARB/HYOSCY/ATROPINE/SCOP                          | DONNATAL<br>(16.2MG/5ML)<br>(ELIXIR) | 3    |                     |
| <b>UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE</b> |                                      |      |                     |
| <b>ANTICHOLINERGICS,QUATERNARY AMMONIUM</b>             |                                      |      |                     |
| chlordiazepoxide/clidinium br                           | LIBRAX                               | 1    |                     |
| GLYCOPYRROLATE  | CUVPOSA                              | 3    |                     |
| glycopyrrolate  | ROBINUL<br>(0.4MG/2ML)<br>(SYRINGE)  | 1    |                     |
| glycopyrrolate  | ROBINUL<br>(0.6MG/3ML)<br>(SYRINGE)  | 1    |                     |
| glycopyrrolate  | ROBINUL (1 MG)<br>(TABLET)           | 1    |                     |
| glycopyrrolate  | ROBINUL (1 MG/5<br>ML) (SYRINGE)     | 1    |                     |
| glycopyrrolate  | ROBINUL FORTE                        | 1    |                     |
| glycopyrrolate in water                                 |                                      | 1    |                     |
| <b>ANTI-ULCER PREPARATIONS</b>                          |                                      |      |                     |
| misoprostol   | CYTOTEC                              | 1    |                     |
| sucralfate  | CARAFATE (1 G)<br>(TABLET)           | 1    |                     |
| SUCRALFATE  | CARAFATE (1 G/10<br>ML) (ORAL SUSP)  | 2    |                     |
| <b>ANTI-ULCER-H.PYLORI AGENTS</b>                       |                                      |      |                     |
| BISMUTH/METRONID/TETRACYCLINE                           | PYLERA                               | 2    |                     |
| lansoprazole/amoxicilin/clarith                         | PREVPAC                              | 1    | QL: 112 IN 10 DAYS  |
| <b>HISTAMINE H2-RECEPTOR INHIBITORS</b>                 |                                      |      |                     |
| cimetidine  | TAGAMET                              | 1    |                     |
| cimetidine hcl  | TAGAMET                              | 1    |                     |
| famotidine  | PEPCID (20 MG)<br>(TABLET)           | 1    |                     |
| famotidine  | PEPCID (20 MG/2<br>ML) (SYRINGE)     | 1    |                     |
| famotidine  | PEPCID (40 MG)<br>(TABLET)           | 1    |                     |
| famotidine  | PEPCID (40MG/5ML)<br>(ORAL SUSP)     | 1    |                     |
| famotidine in 0.9 % nacl                                |                                      | 1    |                     |
| nizatidine  | AXID                                 | 1    |                     |
| ranitidine hcl  | ZANTAC (15<br>MG/ML) (SYRUP)         | 1    |                     |
| ranitidine hcl  | ZANTAC (150 MG)<br>(CAPSULE)         | 1    |                     |
| ranitidine hcl  | ZANTAC (150 MG)<br>(TABLET)          | 1    |                     |
| ranitidine hcl  | ZANTAC (300 MG)<br>(CAPSULE)         | 1    |                     |
| ranitidine hcl  | ZANTAC (300 MG)<br>(TABLET)          | 1    |                     |

**National Formulary**

| Drug Name                               | Tier | Requirements/Limits                  |
|---|------|--------------------------------------|
| <b>INTESTINAL MOTILITY STIMULANTS</b>   |      |                                      |
| metoclopramide hcl                      | 1    | METOZOLV ODT                         |
| metoclopramide hcl                      | 1    | REGLAN (10 MG)<br>(TABLET)           |
| metoclopramide hcl                      | 1    | REGLAN (10<br>MG/10ML)<br>(SOLUTION) |
| metoclopramide hcl                      | 1    | REGLAN (10 MG/2<br>ML) (SYRINGE)     |
| metoclopramide hcl                      | 1    | REGLAN (5 MG)<br>(TABLET)            |
| metoclopramide hcl                      | 1    | REGLAN (5 MG/5<br>ML) (SOLUTION)     |
| metoclopramide hcl                      | 1    | REGLAN (5 MG/ML)<br>(VIAL)           |
| <b>PROTON-PUMP INHIBITORS</b>           |      |                                      |
| DEXLANSOPRAZOLE                         | 3    | DEXILANT (30 MG)<br>(CAP DR BP)      |
| DEXLANSOPRAZOLE                         | 3    | DEXILANT (60 MG)<br>(CAP DR BP)      |
| ESOMEPRAZOLE MAGNESIUM                  | 2    | NEXIUM (10 MG)<br>(SUSPDR PKT)       |
| ESOMEPRAZOLE MAGNESIUM                  | 2    | NEXIUM (2.5 MG)<br>(SUSPDR PKT)      |
| esomeprazole magnesium                  | 1    | NEXIUM (20 MG)<br>(CAPSULE DR)       |
| ESOMEPRAZOLE MAGNESIUM                  | 2    | NEXIUM (20 MG)<br>(SUSPDR PKT)       |
| esomeprazole magnesium                  | 1    | NEXIUM (40 MG)<br>(CAPSULE DR)       |
| ESOMEPRAZOLE MAGNESIUM                  | 2    | NEXIUM (40 MG)<br>(SUSPDR PKT)       |
| ESOMEPRAZOLE MAGNESIUM                  | 2    | NEXIUM (5 MG)<br>(SUSPDR PKT)        |
| esomeprazole sodium                     | 1    | NEXIUM I.V.                          |
| lansoprazole                            | 1    | PREVACID (15 MG)<br>(CAPSULE DR)     |
| lansoprazole                            | 1    | PREVACID (30 MG)<br>(CAPSULE DR)     |
| omeprazole                              | 1    | PRILOSEC (10 MG)<br>(CAPSULE DR)     |
| omeprazole                              | 1    | PRILOSEC (20 MG)<br>(CAPSULE DR)     |
| omeprazole                              | 1    | PRILOSEC (40 MG)<br>(CAPSULE DR)     |
| omeprazole/sodium bicarbonate           | 1    | OMEPEPI (40MG-<br>1.1G) (CAPSULE)    |
| omeprazole/sodium bicarbonate           | 1    | ZEGERID (20-<br>1680MG) (PACKET)     |
| omeprazole/sodium bicarbonate           | 1    | ZEGERID (40-<br>1680MG) (PACKET)     |
| omeprazole/sodium bicarbonate           | 1    | ZEGERID (40MG-<br>1.1G) (CAPSULE)    |
| pantoprazole sodium (20 mg) (tablet dr) | 1    |                                      |
| pantoprazole sodium (40 mg) (tablet dr) | 1    |                                      |
| pantoprazole sodium (40 mg) (vial)      | 1    |                                      |
| rabeprazole sodium                      | 1    | ACIPHEX                              |
|   |      | QL: 1 IN 1 DAY                       |



**National Formulary**

| Drug Name  |  | Tier | Requirements/Limits |
|--|--|------|---------------------|
| <b>URINARY TRACT - FUNCTIONAL DISORDERS</b>                  |  |      |                     |
| <b>BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS</b>       |  |      |                     |
| alfuzosin hcl  | UROXATRAL                              | 1    |                     |
| dutasteride  | AVODART                                | 1    |                     |
| finasteride  | PROSCAR                                | 1    |                     |
| SILODOSIN  | RAPAFLO                                | 2    | ST                  |
| tamsulosin hcl   | FLOMAX                                 | 1    |                     |
| <b>BPH AGENTS,5-ALPHA-RED INH &amp; ALPHA-1-ADR ANTG CMB</b> |  |      |                     |
| dutasteride/tamsulosin hcl                                   | JALYN                                  | 1    | ST                  |
| <b>KIDNEY STONE AGENTS</b>                                   |  |      |                     |
| CYSTEAMINE BITARTRATE  | CYSTAGON                               | 2    |                     |
| TIOPRONIN  | THIOLA                                 | 3    |                     |
| <b>OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEPTOR</b> |  |      |                     |
| MIRABEGRON   | MYRBETRIQ                              | 2    | ST                  |
| <b>URINARY PH MODIFIERS</b>                                  |  |      |                     |
| CITRIC AC/GLUCONOLACT/MAG CARB                               | RENACIDIN                              | 2    |                     |
| citric acid/sodium citrate                                   | CYTRA-2                                | 1    |                     |
| potassium citrate  | UROCIT-K                               | 1    |                     |
| potassium citrate/citric acid                                | CYTRA-K                                | 1    |                     |
| POTASSIUM PHOSPHATE, MONOBASIC                               | K-PHOS ORIGINAL                        | 2    |                     |
| sod phos di, mono/k phos mono (250 mg) (tablet)              |  | 1    |                     |
| sod/pot/k cit/sod cit/cit acid                               | CYTRA-3                                | 1    |                     |
| sod/pot/k cit/sod cit/cit acid                               | TRICITRATES                            | 1    |                     |
| <b>URINARY TRACT ANALGESIC AGENTS</b>                        |  |      |                     |
| PENTOSAN POLYSULFATE SODIUM                                  | ELMIRON                                | 2    |                     |
| <b>URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)</b>     |  |      |                     |
| phenazopyridine hcl  | PYRIDIUM                               | 1    |                     |
| <b>URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.</b>    |  |      |                     |
| darifenacin hydrobromide                                     | ENABLEX                                | 1    | ST                  |
| SOLIFENACIN SUCCINATE  | VESICARE                               | 2    | ST                  |
| <b>URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT</b>    |  |      |                     |
| FESOTERODINE FUMARATE  | TOVIAZ                                 | 2    | ST                  |
| flavoxate hcl  | URISPAS                                | 1    |                     |
| OXYBUTYNIN   | OXYTROL                                | 3    | ST                  |
| oxybutynin chloride  | DITROPAN                               | 1    |                     |
| oxybutynin chloride  | DITROPAN XL                            | 1    |                     |
| OXYBUTYNIN CHLORIDE  | GELNIQUE (10 %)<br>(GEL PACKET)        | 2    | ST                  |
| OXYBUTYNIN CHLORIDE  | GELNIQUE (100<br>MG/G) (GEL MD<br>PMP) | 3    | ST                  |
| tolterodine tartrate   | DETROL                                 | 1    | ST                  |
| tolterodine tartrate   | DETROL LA                              | 1    | ST                  |
| tropium chloride   | SANCTURA                               | 1    | ST                  |
| tropium chloride   | SANCTURA XR                            | 1    | ST                  |
| <b>VAGINAL DISORDERS</b>                                     |  |      |                     |
| <b>VAGINAL ANTIBIOTICS</b>                                   |  |      |                     |
| clindamycin phosphate  | CLEOCIN (2 %)<br>(CREAM/APPL)          | 1    |                     |
| metronidazole  | METROGEL-<br>VAGINAL                   | 1    |                     |
| METRONIDAZOLE  | VANDAZOLE                              | 2    |                     |
| <b>VAGINAL ANTIFUNGALS</b>                                   |  |      |                     |
| BUTOCONAZOLE NITRATE   | GYNAZOLE 1                             | 3    |                     |
| miconazole nitrate (200 mg) (supp.vag)                       |  | 1    |                     |
| terconazole  | TERAZOL 3                              | 1    |                     |

**National Formulary**

| Drug Name   |                    | Tier | Requirements/Limits |
|---|--------------------|------|---------------------|
| terconazole   | TERAZOL 7          | 1    |                     |
| <b>VAGINAL ESTROGEN PREPARATIONS</b>                  |                    |      |                     |
| estradiol   | ESTRACE            | 1    |                     |
| ESTRADIOL   | ESTRING            | 2    | QL: 1 IN 90 DAYS    |
| estradiol   | VAGIFEM            | 1    |                     |
| ESTROGENS, CONJUGATED                                 | PREMARIN           | 2    |                     |
| <b>VITAMIN AND/OR MINERAL DEFICIENCY</b>              |                    |      |                     |
| <b>FLUORIDE PREPARATIONS</b>                          |                    |      |                     |
| fluoride (sodium) (0.25(0.55)) (tab chew)             |                    | 0    | AGE: <= 6 YEARS     |
| fluoride (sodium) (0.5 mg/ml) (drops)                 |                    | 0    | AGE: <= 6 YEARS     |
| fluoride (sodium) (0.5(1.1)mg) (tab chew)             |                    | 0    | AGE: <= 6 YEARS     |
| fluoride (sodium) (1.1 %) (cream (g))                 |                    | 1    |                     |
| fluoride (sodium) (1.1 %) (gel (gram))                |                    | 1    |                     |
| fluoride (sodium) (1mg(2.2mg)) (tab chew)             |                    | 0    | AGE: <= 6 YEARS     |
| SODIUM FLUORIDE/VITAMIN D3                            | FLORIVA            | 3    |                     |
| SODIUM FLUORIDE/XYLITOL                               | FLUOR-A-DAY        | 3    |                     |
| <b>FOLIC ACID PREPARATIONS</b>                        |                    |      |                     |
| folic acid (0.4 mg) (tablet)                          |                    | 0    |                     |
| folic acid (0.8 mg) (tablet)                          |                    | 0    |                     |
| folic acid (1 mg) (tablet)                            |                    | 0    |                     |
| <b>PRENATAL VITAMIN PREPARATIONS</b>                  |                    |      |                     |
| pnv 11/iron fum/folic acid/om3                        |                    | 1    |                     |
| pnv 15/iron fum,ps/folic acid                         | CONCEPT OB         | 1    |                     |
| pnv 16/iron fum,ps/folic/om-3                         | CONCEPT DHA        | 1    |                     |
| pnv 19/iron ps,heme/folic/dha                         | PREFERA-OB ONE     | 1    |                     |
| pnv 21/iron ps,heme ppep/folic                        | PREFERA OB         | 1    |                     |
| pnv 39/iron/folic/docusate/dha                        |                    | 1    |                     |
| pnv 66/iron/folic/docusate/dha (26-1.2-55) (capsule)  |                    | 1    |                     |
| pnv 66/iron/folic/docusate/dha (27-1.25-55) (capsule) |                    | 1    |                     |
| pnv 69/iron/folic/docusate/dha                        |                    | 1    |                     |
| pnv 80/iron fum/folic/dss/dha                         | NEXA SELECT        | 1    |                     |
| pnv no.118/iron fumarate/fa (29 mg-1 mg) (tab chew)   |                    | 1    |                     |
| pnv no.5/ferrous fum/folic ac                         |                    | 1    |                     |
| pnv, calcium 62/iron/folic/dha                        |                    | 1    |                     |
| pnv,calcium 72/iron,carb/folic                        |                    | 1    |                     |
| pnv,calcium 72/iron/folic acid                        |                    | 1    |                     |
| pnv,calcium37/iron/folic/omeg3                        |                    | 1    |                     |
| pnv/ferrous fum/docusate/folic                        |                    | 1    |                     |
| pnv/ferrous fum/folic acid/sel                        |                    | 1    |                     |
| pnv/iron,carb/docusat/folic ac                        |                    | 1    |                     |
| pnv119/iron fum/folic/docusate                        |                    | 1    |                     |
| pnv19/iron bg,s.p/folic ac/om3                        |                    | 1    |                     |
| pnv81/iron edta,ps/folic/omeg3                        |                    | 1    |                     |
| prenat vit 17/iron/folic/om3,6                        |                    | 1    |                     |
| prenatal 105/iron/folic ac/dha                        | VITATRUE           | 1    |                     |
| prenatal 12/iron/folic/dss/om3                        | OBTREX DHA         | 1    |                     |
| prenatal 34/iron/folic/dss/dha                        | CITRANATAL HARMONY | 1    |                     |
| prenatal 47/iron/folate 1/dha                         |                    | 1    |                     |
| prenatal 53/iron/folic ac/omg3                        |                    | 1    |                     |
| prenatal 54/iron/folic ac/omg3                        |                    | 1    |                     |
| prenatal 59/iron/folic/dss/dha                        | CITRANATAL HARMONY | 1    |                     |
| prenatal 68/iron/folic no1/dha                        |                    | 1    |                     |
| prenatal 87/iron bis/folic/dha                        | NESTABS DHA        | 1    |                     |

**National Formulary**

| <b>Drug Name</b>  | <b>Tier</b>                   | <b>Requirements/Limits</b> |
|---|-------------------------------|----------------------------|
| pregnataal comb no.42/folic acid                        | VITAMEDMD<br>REDICHEW RX<br>1 |                            |
| pregnataal vit 14/iron fum/folic                        | 1                             |                            |
| pregnataal vit 55/iron/folic/om3                        | 1                             |                            |
| pregnataal vit 7/iron/folic/dha                         | 1                             |                            |
| pregnataal vit no.109/iron/fa                           | 1                             |                            |
| pregnataal vit,cal 73/iron/folic                        | 1                             |                            |
| pregnataal vit,cal 74/iron/folic (27 mg-1 mg) (tablea)  | 1                             |                            |
| pregnataal vit,calc76/iron/folic                        | 1                             |                            |
| pregnataal vit,calc78/iron/folic                        | 1                             |                            |
| pregnataal vit/iron bisgly/folic                        | 1                             |                            |
| pregnataal vit/iron fum/folic ac (65 mg-1 mg) (capsule) | 1                             |                            |
| pregnataal vit/iron fum/folic ac (65 mg-1 mg) (tablea)  | 1                             |                            |
| pregnataal vit27,calcium/iron/fa                        | TRINATAL RX 1<br>1            |                            |
| pregnataal vit86/iron/folic acid                        | NESTABS<br>1                  |                            |
| pregnataal vits15/iron/folic/dss                        | 1                             |                            |
| pregnataal vits16/iron/folic/dss                        | 1                             |                            |
| pregnataal vits18/iron/folic/dss                        | 1                             |                            |
| pregnataal,calc.40/iron/folate 1                        | 1                             |                            |
| pregnataal71/iron/folic acid/dha                        | VITAPEARL<br>1                |                            |
| <b>PRENATAL VITAMINS WITHOUT IRON</b>                   |                               |                            |
| pnv/folic ac/b6/calcium/ginger                          | B-NEXA<br>1                   |                            |
| <b>VITAMIN B PREPARATIONS</b>                           |                               |                            |
| POTASSIUM AMINOBENZOATE                                 | POTABA<br>3                   |                            |
| <b>VITAMIN D PREPARATIONS</b>                           |                               |                            |
| calcitriol  | CALCIJEX<br>1                 |                            |
| calcitriol  | ROCALTROL<br>1                |                            |
| cholecalciferol (vitamin d3) (1000 unit) (capsule)      | 0                             | AGE: >= 65 YEARS           |
| cholecalciferol (vitamin d3) (1000 unit) (tab chew)     | 0                             | AGE: >= 65 YEARS           |
| cholecalciferol (vitamin d3) (1000 unit) (tablea)       | 0                             | AGE: >= 65 YEARS           |
| cholecalciferol (vitamin d3) (2000 unit) (capsule)      | 0                             | AGE: >= 65 YEARS           |
| cholecalciferol (vitamin d3) (2000 unit) (tablea)       | 0                             | AGE: >= 65 YEARS           |
| cholecalciferol (vitamin d3) (400 unit) (capsule)       | 0                             | AGE: >= 65 YEARS           |
| cholecalciferol (vitamin d3) (400 unit) (tab chew)      | 0                             | AGE: >= 65 YEARS           |
| cholecalciferol (vitamin d3) (400 unit) (tablea)        | 0                             | AGE: >= 65 YEARS           |

**STEP THERAPY EDITS**

|   |   |
|---|---|
| • ABILIFY (1 MG/ML) (SOLUTION)          | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in the past 365 days |
| • ABILIFY DISCMELT (10 MG) (TAB RAPDIS) | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in the past 365 days |
| • ABILIFY DISCMELT (15 MG) (TAB RAPDIS) | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sarafem, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in the past 365 days |
| • ABSORICA                              | Prior prescription for Absorica or Isotretinoin in the past 120 days  |
| • ACANYA                                | Prior prescription for Clindamycin Phos/benzoyl Perox in the past 120 days  |
| • ACTICLATE                             | Prior prescription for Doxycycline Monohydrate in the past 120 days   |
| • ACTONEL (150 MG) (TABLET)             | At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days   |
| • ACTONEL (30 MG) (TABLET)              | At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days   |
| • ACTONEL (35 MG) (TABLET)              | At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days   |
| • ACTONEL (5 MG) (TABLET)               | At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days   |
| • ACTOPLUS MET                          | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days  |
| • ACTOPLUS MET XR                       | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days  |
| • ADZENYS ER                            | Prior prescription for Dextroamphetamine/amphetamine or Methylphenidate HCL in the past 120 days  |
| • ADZENYS XR-ODT                        | Prior prescription for Dextroamphetamine/amphetamine or Methylphenidate HCL in the past 120 days  |
| • AIRDUO RESPICLICK                     | Prior prescription for Advair Diskus, Advair HFA, Breo Ellipta, Dulera, Fluticasone/salmeterol, or Symbicort in the past 120 days   |
| • ALCORTIN A (2 %-1 %-1%) (GEL (GRAM))  | Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days   |
| • ALCORTIN A (2 %-1 %-1%) (GEL PACKET)  | Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days   |
| • ALLZITAL                              | Prior prescription for Butalbital/acetaminophen in the past 120 days  |
| • ALTOPREV                              | At least 2 prior prescriptions for Atorvastatin Calcium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 365 days  |
| • AMITIZA                               | Prior prescription for Linzess or Movantik in the past 120 days   |
| • AMRIX (15 MG) (CAP ER 24H)            | Prior prescription for Cyclobenzaprine HCL in the past 120 days   |
| • ANZEMET (100 MG) (TABLET)             | Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days  |
| • ANZEMET (50 MG) (TABLET)              | Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days  |
| • APLENZIN                              | Prior prescription for Bupropion HCL in the past 120 days   |
| • APTENSIO XR                           | Prior prescription for Methylphenidate HCL or Quillivant XR in the past 120 days  |
| • APTIOM (200 MG) (TABLET)              | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in the past 365 days  |

## Medication Prescribing Limitations

|                                 |  |
|---------------------------------|--|
| • APTIOM (400 MG) (TABLET)      | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in the past 365 days   |
| • APTIOM (600 MG) (TABLET)      | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in the past 365 days   |
| • APTIOM (800 MG) (TABLET)      | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in the past 365 days   |
| • ARMONAIR RESPICLICK           | Prior prescription for Asmanex HFA, Asmanex, or Qvar in the past 365 days  |
| • ARNUITY ELLIPTA               | Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days  |
| • ATELVIA                       | At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days  |
| • AVANDIA                       | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days   |
| • AXERT                         | Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days  |
| • AZELEX                        | Prior prescription for Adapalene, Finacea, Metronidazole, Tazarotene, or Tazorac in the past 120 days  |
| • AZOPT                         | Prior prescription for Alphagan P, Betaxolol HCL, Brimonidine Tartrate, Combigan, Dorzolamide HCL, Dorzolamide HCL/timolol Maleate, or Latanoprost in the past 365 days  |
| • AZOR                          | Prior prescription for Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Irbesartan, Irbesartan/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Olmesartan/amlodipin/hcthiiazid, Olmesartan/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, or Valsartan/hydrochlorothiazide in the past 120 days                                |
| • BANZEL (200 MG) (TABLET)      | Prior prescription for Divalproex Sodium, Lamictal, Lamictal, Lamotrigine, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in the past 120 days   |
| • BANZEL (40 MG/ML) (ORAL SUSP) | Prior prescription for Divalproex Sodium, Lamictal, Lamictal, Lamotrigine, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in the past 120 days   |
| • BANZEL (400 MG) (TABLET)      | Prior prescription for Divalproex Sodium, Lamictal, Lamictal, Lamotrigine, Stavzor, Topiramate, Trokendi XR, or Valproic Acid in the past 120 days   |
| • BASAGLAR KWIKPEN U-100        | Prior prescription for Lantus Solostar, Lantus, Levemir Flexpen, Levemir Flextouch, Levemir, Toujeo Solostar, Tresiba Flextouch U-100, or Tresiba Flextouch U-200 in the past 365 days   |
| • BELSOMRA                      | Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days  |
| • BENICAR                       | Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Irbesartan, Irbesartan/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Olmesartan/amlodipin/hcthiiazid, Olmesartan/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, or Valsartan/hydrochlorothiazide in the past 120 days |
| • BENICAR HCT                   | Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide,  |

## Medication Prescribing Limitations

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|  | Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Irbesartan, Irbesartan/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Olmesartan Medoxomil, Olmesartan/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, or Valsartan/hydrochlorothiazide in the past 365 days                       |
| • BESIVANCE                              | At least 2 prior prescriptions for Ciprofloxacin HCL, Gatifloxacin, Levofloxacin, Moxeza, Moxifloxacin HCL, or Ofloxacin in the past 120 days   |
| • BEYAZ                                  | At least 2 prior prescriptions for Desog-e.estradiol/e.estradiol, Desogestrel-ethinyl Estradiol, Ethinyl Estradiol/drospirenone, Ethynodiol D-ethinyl Estradiol, L-norgestrel/e.estradiol-e.estradiol, Levonorgestrel-ethinyl Estradiol, Lo Loestrin Fe, Noreth-ethinyl Estradiol/iron, Norethindrone Ac-eth Estradiol, Norethindrone, Norethindrone-e.estradiol-iron, Norethindrone-ethinyl Estradiol, Norethindrone-mestranol, Norgestimate-ethinyl Estradiol, or Norgestrel-ethinyl Estradiol in the past 365 days |
| • BRISDELLE                              | Prior prescription for Paroxetine HCL, Paxil, or Venlafaxine HCL in the past 120 days   |
| • BRIVIACT (10 MG) (TABLET)              | Prior prescription for Levetiracetam in the past 120 days   |
| • BRIVIACT (10 MG/ML) (SOLUTION)         | Prior prescription for Levetiracetam in the past 120 days   |
| • BRIVIACT (100 MG) (TABLET)             | Prior prescription for Levetiracetam in the past 120 days   |
| • BRIVIACT (25 MG) (TABLET)              | Prior prescription for Levetiracetam in the past 120 days   |
| • BRIVIACT (50 MG) (TABLET)              | Prior prescription for Levetiracetam in the past 120 days   |
| • BRIVIACT (75 MG) (TABLET)              | Prior prescription for Levetiracetam in the past 120 days   |
| • BROMSITE                               | Prior prescription for Bromday, Bromfenac Sodium, Diclofenac Sodium, or Ketorolac Tromethamine in the past 120 days   |
| • BUPAP                                  | Prior prescription for Butalbital/acetaminophen in the past 120 days  |
| • BYDUREON                               | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days  |
| • BYDUREON BCISE                         | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days  |
| • BYDUREON PEN                           | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days  |
| • BYETTA                                 | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days  |
| • CAMBIA                                 | Prior prescription for Diclofenac Potassium or Diclofenac Sodium in the past 120 days   |
| • CARDURA XL                             | Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days   |
| • CONZIP (100 MG) (CPBP 25-75)           | Prior prescription for Tramadol HCL in the past 120 days  |
| • CONZIP (200 MG) (CPBP 25-75)           | Prior prescription for Tramadol HCL in the past 120 days  |
| • CONZIP (300 MG) (CPBP 17-83)           | Prior prescription for Tramadol HCL in the past 120 days  |
| • COSOPT PF                              | Prior prescription for Alphagan P, Combigan, or Dorzolamide HCL/timolol Maleate in the past 365 days  |
| • COTEMPLA XR-ODT (17.3 MG) (TAB RAP BP) | Prior prescription for Methylphenidate HCL or Quillivant XR in the past 120 days  |
| • COTEMPLA XR-ODT (25.9 MG) (TAB RAP BP) | Prior prescription for Methylphenidate HCL or Quillivant XR in the past 120 days  |
| • COTEMPLA XR-ODT (8.6 MG) (TAB RAP BP)  | Prior prescription for Methylphenidate HCL or Quillivant XR in the past 120 days  |

## Medication Prescribing Limitations

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| • DAYTRANA                           | Prior prescription for Methylphenidate HCL or Quillivant XR in the past 120 days   |
| • DESVENLAFAXINE ER                  | Prior prescription for Desvenlafaxine Succinate, Duloxetine HCL, Fetzima, or Venlafaxine HCL in the past 120 days  |
| • DESVENLAFAXINE FUMARATE ER         | At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in the past 365 days  |
| • DETROL                             | Prior prescription for Oxybutynin Chloride in the past 120 days  |
| • DETROL LA                          | Prior prescription for Oxybutynin Chloride in the past 120 days  |
| • DEXILANT (30 MG) (CAP DR BP)       | At least 2 prior prescriptions for Esomeprazole Magnesium, Lansoprazole, Nexium 24hr, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days  |
| • DORYX (100 MG) (TABLET DR)         | Prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate in the past 120 days   |
| • DORYX (150 MG) (TABLET DR)         | Prior prescription for Doxycycline Monohydrate in the past 120 days  |
| • DORYX (200 MG) (TABLET DR)         | Prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate in the past 120 days   |
| • DORYX (50 MG) (TABLET DR)          | Prior prescription for Doxycycline Monohydrate in the past 120 days  |
| • DORYX (75 MG) (TABLET DR)          | Prior prescription for Doxycycline Monohydrate in the past 120 days  |
| • DOVONEX                            | Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days  |
| • DRITHOCREME HP                     | Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days  |
| • DUETACT                            | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days   |
| • DUTOPROL (100-12.5MG) (TAB ER 24H) | Prior prescription for Hydrochlorothiazide, Metoprolol Succinate, or Metoprolol/hydrochlorothiazide in the past 120 days   |
| • DUTOPROL (25-12.5 MG) (TAB ER 24H) | Prior prescription for Hydrochlorothiazide, Metoprolol Succinate, or Metoprolol/hydrochlorothiazide in the past 120 days   |
| • DUTOPROL (50-12.5 MG) (TAB ER 24H) | Prior prescription for Hydrochlorothiazide, Metoprolol Succinate, or Metoprolol/hydrochlorothiazide in the past 120 days   |
| • DUZALLO                            | Prior prescription for Allopurinol in the past 120 days  |
| • DYMISTA                            | Prior prescription for Flunisolide or Fluticasone Propionate in the past 365 days  |
| • EDARBI                             | Prior prescription for Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Irbesartan, Irbesartan/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, or Valsartan/hydrochlorothiazide in the past 120 days |
| • EDARBYCLOR                         | Prior prescription for Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Irbesartan, Irbesartan/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, or Valsartan/hydrochlorothiazide in the past 120 days |
| • EDEX (10 MCG) (KIT)                | Prior prescription for Caverject or Muse in the past 120 days  |
| • EDEX (20 MCG) (KIT)                | Prior prescription for Caverject or Muse in the past 120 days  |
| • EDEX (40 MCG) (KIT)                | Prior prescription for Caverject or Muse in the past 120 days  |
| • EDLUAR                             | Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days  |
| • ELIDEL                             | Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days  |
| • EMADINE                            | Prior prescription for Alex, Azelastine HCL, Bepreve, Olopatadine HCL, or Pazeo in the past 120 days   |
| • EMBEDA (100MG-4MG) (CAP ER PO)     | Prior prescription for Hysingla ER, Morphine Sulfate, Nucynta ER, Oxycodone HCL, or Oxycontin in the past 120 days   |

## Medication Prescribing Limitations

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| • EMBEDA (20MG-0.8MG) (CAP ER PO) | Prior prescription for Hysingla ER, Morphine Sulfate, Nucynta ER, Oxycodone HCL, or Oxycontin in the past 120 days   |
| • EMBEDA (30MG-1.2MG) (CAP ER PO) | Prior prescription for Hysingla ER, Morphine Sulfate, Nucynta ER, Oxycodone HCL, or Oxycontin in the past 120 days   |
| • EMBEDA (50 MG-2 MG) (CAP ER PO) | Prior prescription for Hysingla ER, Morphine Sulfate, Nucynta ER, Oxycodone HCL, or Oxycontin in the past 120 days   |
| • EMBEDA (60MG-2.4MG) (CAP ER PO) | Prior prescription for Hysingla ER, Morphine Sulfate, Nucynta ER, Oxycodone HCL, or Oxycontin in the past 120 days   |
| • EMBEDA (80MG-3.2MG) (CAP ER PO) | Prior prescription for Hysingla ER, Morphine Sulfate, Nucynta ER, Oxycodone HCL, or Oxycontin in the past 120 days   |
| • ENABLEX                         | Prior prescription for Oxybutynin Chloride in the past 120 days  |
| • ENSTILAR                        | Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days  |
| • EPIDUO                          | Prior prescription for Adapalene in the past 120 days  |
| • EPIDUO FORTE                    | Prior prescription for Adapalene in the past 120 days  |
| • ERTACZO                         | Prior prescription for Ciclopirox Olamine, Ciclopirox, Econazole Nitrate, Ketoconazole, Naftifine HCL, or Oxiconazole Nitrate in the past 120 days   |
| • EUCRISA                         | Prior prescription for Elidel and a Topical Anti-inflammatory Steroidal in the past 365 days   |
| • EXFORGE                         | Prior prescription for Amlodipine Besylate/benazepril, Amlodipine/valsartan/hcthiazid, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Irbesartan, Irbesartan/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, or Valsartan/hydrochlorothiazide in the past 365 days |
| • EXFORGE HCT                     | Prior prescription for Amlodipine Besylate/benazepril, Amlodipine Besylate/valsartan, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Irbesartan, Irbesartan/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, or Valsartan/hydrochlorothiazide in the past 365 days  |
| • FANAPT (1 MG) (TABLET)          | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • FANAPT (10 MG) (TABLET)         | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • FANAPT (12 MG) (TABLET)         | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • FANAPT (1-2-4-6MG) (TAB DS PK)  | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • FANAPT (2 MG) (TABLET)          | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • FANAPT (4 MG) (TABLET)          | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • FANAPT (6 MG) (TABLET)          | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • FANAPT (8 MG) (TABLET)          | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • FARXIGA                         | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized,   |



## Medication Prescribing Limitations

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|   | Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days  |
| • FAZACLO (100 MG) (TAB RAPDIS)         | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • FAZACLO (12.5 MG) (TAB RAPDIS)        | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • FAZACLO (150 MG) (TAB RAPDIS)         | Prior prescription for Clozapine in the past 120 days  |
| • FAZACLO (200 MG) (TAB RAPDIS)         | Prior prescription for Clozapine in the past 120 days  |
| • FAZACLO (25 MG) (TAB RAPDIS)          | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • FELBATOL (400 MG) (TABLET)            | Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days   |
| • FELBATOL (600 MG) (TABLET)            | Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days   |
| • FELBATOL (600 MG/5ML) (ORAL SUSP)     | Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days   |
| • FETZIMA                               | At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in the past 365 days  |
| • FEXMID                                | Prior prescription for Cyclobenzaprine HCL in the past 120 days  |
| • FLOVENT DISKUS (100 MCG) (BLST W/DEV) | Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days  |
| • FLOVENT DISKUS (250 MCG) (BLST W/DEV) | Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days  |
| • FLOVENT DISKUS (50 MCG) (BLST W/DEV)  | Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days  |
| • FLOVENT HFA (110 MCG) (AER W/ADAP)    | Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days  |
| • FLOVENT HFA (220 MCG) (AER W/ADAP)    | Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days  |
| • FLOVENT HFA (44 MCG) (AER W/ADAP)     | Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days  |
| • FORFIVO XL                            | Prior prescription for Bupropion HCL in the past 120 days  |
| • FORTAMET                              | Prior prescription for Metformin HCL in the past 120 days  |
| • FROVA                                 | Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days  |
| • FUZEON                                | Prior prescription for Antiretrovirals in the past 120 days  |
| • FYCOMPA (0.5 MG/ML) (ORAL SUSP)       | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days |
| • FYCOMPA (10 MG) (TABLET)              | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days |
| • FYCOMPA (12 MG) (TABLET)              | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days |
| • FYCOMPA (2 MG) (TABLET)               | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days |
| • FYCOMPA (4 MG) (TABLET)               | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days |

## Medication Prescribing Limitations

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| • FYCOMPA (6 MG) (TABLET)          | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days   |
| • FYCOMPA (8 MG) (TABLET)          | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days   |
| • GABITRIL (12 MG) (TABLET)        | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days   |
| • GABITRIL (16 MG) (TABLET)        | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days   |
| • GABITRIL (2 MG) (TABLET)         | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days   |
| • GABITRIL (4 MG) (TABLET)         | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days   |
| • GELNIQUE (10 %) (GEL PACKET)     | Prior prescription for Oxybutynin Chloride in the past 120 days  |
| • GELNIQUE (100 MG/G) (GEL MD PMP) | Prior prescription for Oxybutynin Chloride in the past 120 days  |
| • GLYXAMBI                         | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days |
| • GONAL-F                          | Prior prescription for Follistim AQ in the past 120 days   |
| • GONAL-F RFF                      | Prior prescription for Follistim AQ in the past 120 days   |
| • GONAL-F RFF REDI-JECT            | Prior prescription for Follistim AQ in the past 120 days   |
| • GRALISE                          | Prior prescription for Gabapentin in the past 120 days   |
| • HALOG                            | Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days  |
| • HORIZANT                         | Prior prescription for Gabapentin, Lyrica, or Ropinirole HCL in the past 120 days  |
| • IMPOYZ                           | Prior prescription for Betamethasone Dipropionate, Clobetasol Propionate, Fluocinonide, or Halobetasol Propionate in the past 120 days   |
| • INCRUSE ELLIPTA                  | Prior prescription for Spiriva Respimat or Spiriva in the past 120 days  |
| • INTERMEZZO                       | Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days  |
| • INVEGA (1.5 MG) (TAB ER 24)      | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • INVEGA (3 MG) (TAB ER 24)        | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • INVEGA (6 MG) (TAB ER 24)        | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • INVEGA (9 MG) (TAB ER 24)        | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • INVOKAMET                        | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days |
| • INVOKAMET XR                     | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone  |

## Medication Prescribing Limitations

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|                                      | HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days  |
| • INVOKANA                           | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days  |
| • JALYN                              | Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Rapaflo, Tamsulosin HCL, or Terazosin HCL in the past 120 days   |
| • JARDIANCE                          | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days  |
| • KHEDEZLA                           | Prior prescription for Desvenlafaxine Succinate, Duloxetine HCL, Fetzima, or Venlafaxine HCL in the past 120 days   |
| • KYTRIL (1 MG) (TABLET)             | Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days  |
| • LAMICTAL ODT (100 MG) (TAB RAPDIS) | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL ODT (200 MG) (TAB RAPDIS) | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL ODT (25 MG) (TAB RAPDIS)  | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL ODT (50 MG) (TAB RAPDIS)  | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL ODT (BLUE)                | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL ODT (GREEN)               | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL ODT (ORANGE)              | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL XR (100 MG) (TAB ER 24)   | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL XR (200 MG) (TAB ER 24)   | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL XR (25 MG) (TAB ER 24)    | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL XR (250 MG) (TAB ER 24)   | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL XR (300 MG) (TAB ER 24)   | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL XR (50 MG) (TAB ER 24)    | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL XR (BLUE)                 | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL XR (GREEN)                | Prior prescription for Lamotrigine in the past 120 days   |
| • LAMICTAL XR (ORANGE)               | Prior prescription for Lamotrigine in the past 120 days   |
| • LASTACRAFT                         | Prior prescription for Alex, Azelastine HCL, Bepreve, Olopatadine HCL, or Pazeo in the past 120 days  |
| • LATUDA (120 MG) (TABLET)           | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days  |
| • LATUDA (20 MG) (TABLET)            | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days  |
| • LATUDA (40 MG) (TABLET)            | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days  |
| • LATUDA (60 MG) (TABLET)            | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days  |
| • LATUDA (80 MG) (TABLET)            | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days  |
| • LESCOL                             | At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in the past 365 days  |
| • LESCOL XL                          | At least 2 prior prescriptions for Atorvastatin Calcium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 365 days  |
| • LIDOCAINE (5 %) (OINT. (G))        | Prior prescription for Lidocaine HCL in the past 120 days   |
| • LO LOESTRIN FE                     | At least 2 prior prescriptions for Desog-e.estradiol/e.estradiol, Desogestrel-ethinyl Estradiol, Ethinyl Estradiol/drospirenone, Ethynodiol D-ethinyl Estradiol, L-norgest/e.estradiol-e.estradiol, Levonorgestrel, Levonorgestrel-ethinyl Estradiol, Norelgestromin/ethin.estradiol, Noreth-ethinyl Estradiol/iron, Norethindrone Ac-eth Estradiol, Norethindrone, Norethindrone-e.estradiol-iron, Norethindrone-ethinyl |

## Medication Prescribing Limitations

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|   | Estrad, Norethindrone-mestranol, Norgestimate-ethinyl Estradiol, Norgestrel-ethinyl Estradiol, or Nuvaring in the past 365 days  |
| • LONHALA MAGNAIR REFILL                | Prior prescription for Incruse Ellipta, Spiriva Respimat, Spiriva, or Tudorza Pressair in the past 120 days  |
| • LONHALA MAGNAIR STARTER               | Prior prescription for Incruse Ellipta, Spiriva Respimat, Spiriva, or Tudorza Pressair in the past 120 days  |
| • MARINOL                               | Prior prescription for Anzemet, Aprepitant, Dexamethasone Intensol, Dexamethasone, Granisetron HCL, Maxidex, Medrol, Methylprednisolone, Ondansetron HCL, Ondansetron, Ozurdex, Sancuso, Sustol, or Zuplenz in the past 120 days   |
| • METHADONE HCL (10 MG/5 ML) (SOLUTION) | Prior prescription for an extended-release opioid in the past 120 days   |
| • METHADONE HCL (10 MG/ML) (ORAL CONC)  | Prior prescription for an extended-release opioid in the past 120 days   |
| • METHADONE HCL (40 MG) (TABLET SOL)    | Prior prescription for an extended-release opioid in the past 120 days   |
| • METHADONE HCL (5 MG/5 ML) (SOLUTION)  | Prior prescription for an extended-release opioid in the past 120 days   |
| • MIRAPEX ER                            | Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in the past 120 days   |
| • MONODOX (75 MG) (CAPSULE)             | Prior prescription for Doxycycline Monohydrate in the past 120 days  |
| • MULTAQ                                | Prior prescription for Amiodarone HCL, Dofetilide, Flecainide Acetate, Propafenone HCL, or Sotalol HCL in the past 120 days  |
| • MYDAYIS                               | Prior prescription for Dextroamphetamine/amphetamine or Mydayis in the past 120 days   |
| • MYRBETRIQ                             | Prior prescription for Oxybutynin Chloride in the past 120 days  |
| • NAMZARIC (14MG-10MG) (CAP SPR 24)     | At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in the past 365 days  |
| • NAMZARIC (21 MG-10MG) (CAP SPR 24)    | At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in the past 365 days  |
| • NAMZARIC (28 MG-10MG) (CAP SPR 24)    | At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in the past 365 days  |
| • NAMZARIC (7 MG-10 MG) (CAP SPR 24)    | At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in the past 365 days  |
| • NAMZARIC (7-10/14-10) (CAP24 DSPK)    | At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in the past 365 days  |
| • NATAZIA                               | At least 2 prior prescriptions for Desog-e.estradiol/e.estradiol, Desogestrel-ethinyl Estradiol, Ethinyl Estradiol/drospirenone, Ethynodiol D-ethinyl Estradiol, L-norgest/e.estradiol-e.estrad, Levonorgestrel, Levonorgestrel-ethin Estradiol, Norelgestromin/ethin.estradiol, Noreth-ethinyl Estradiol/iron, Norethindrone Ac-eth Estradiol, Norethindrone, Norethindrone-e.estradiol-iron, Norethindrone-ethinyl Estrad, Norethindrone-mestranol, Norgestimate-ethinyl Estradiol, Norgestrel-ethinyl Estradiol, or Nuvaring in the past 365 days |
| • NEO-SYNALAR                           | At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, or Retisert in the past 365 days   |
| • NEUPRO                                | Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in the past 120 days   |
| • NEXIUM (10 MG) (SUSPDR PKT)           | Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days   |
| • NEXIUM (2.5 MG) (SUSPDR PKT)          | Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days   |
| • NEXIUM (20 MG) (CAPSULE DR)           | Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days   |
| • NEXIUM (20 MG) (SUSPDR PKT)           | Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days   |
| • NEXIUM (40 MG) (CAPSULE DR)           | Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days   |
| • NEXIUM (40 MG) (SUSPDR PKT)           | Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days   |
| • NEXIUM (5 MG) (SUSPDR PKT)            | Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days   |
| • OMEPPI (40MG-1.1G) (CAPSULE)          | Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days   |

## Medication Prescribing Limitations

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| • OMNARIS                              | At least 2 prior prescriptions for Budesonide, Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Qnasl in the past 365 days  |
| • ONEXTON                              | Prior prescription for Clindamycin Phos/benzoyl Perox in the past 120 days   |
| • ONFI (10 MG) (TABLET)                | Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days   |
| • ONFI (2.5 MG/ML) (ORAL SUSP)         | Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days   |
| • ONFI (20 MG) (TABLET)                | Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days   |
| • ONZETRA XSAIL                        | Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days  |
| • ORACEA (40 MG) (CAP IR DR)           | Prior prescription for Doxycycline Monohydrate in the past 120 days  |
| • ORBIVAN CF                           | Prior prescription for Butalbital/acetaminophen in the past 120 days   |
| • OTREXUP                              | Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 120 days  |
| • OXTELLAR XR (150 MG) (TAB ER 24H)    | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days |
| • OXTELLAR XR (300 MG) (TAB ER 24H)    | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days |
| • OXTELLAR XR (600 MG) (TAB ER 24H)    | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days |
| • OXYTROL                              | Prior prescription for Oxybutynin Chloride in the past 120 days  |
| • PAZEO                                | Prior prescription for Olopatadine HCL in the past 120 days  |
| • PENNSAID (20MG/G(2%)) (SOL MD PMP)   | Prior prescription for Diclofenac Sodium or Flector in the past 120 days   |
| • PEXEVA                               | At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in the past 365 days  |
| • PRADAXA                              | Prior prescription for Eliquis and Xarelto in the past 365 days  |
| • PRESTALIA                            | At least 2 prior prescriptions for Amlodipine Besylate, Amlodipine Besylate/benazepril, or Perindopril Erbumine in the past 120 days   |
| • PREZCOBIX                            | Prior prescription for Norvir, Prezista, or Ritonavir in the past 120 days   |
| • PULMICORT FLEXHALER                  | At least 2 prior prescriptions for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days  |
| • PURIXAN                              | Prior prescription for Mercaptopurine in the past 120 days   |
| • QUDEXY XR (100 MG) (CAP SPR 24)      | Prior prescription for Topiramate in the past 120 days   |
| • QUDEXY XR (150 MG) (CAP SPR 24)      | Prior prescription for Topiramate in the past 120 days   |
| • QUDEXY XR (200 MG) (CAP SPR 24)      | Prior prescription for Topiramate in the past 120 days   |
| • QUDEXY XR (25 MG) (CAP SPR 24)       | Prior prescription for Topiramate in the past 120 days   |
| • QUDEXY XR (50 MG) (CAP SPR 24)       | Prior prescription for Topiramate in the past 120 days   |
| • QUILLICHEW ER (20 MG) (TAB CBP24H)   | Prior prescription for Methylphenidate HCL in the past 102 days  |
| • QUILLICHEW ER (30 MG) (TAB CBP24H)   | Prior prescription for Methylphenidate HCL in the past 102 days  |
| • QUILLICHEW ER (40 MG) (TAB CBP24H)   | Prior prescription for Methylphenidate HCL in the past 102 days  |
| • QUILLIVANT XR (5 MG/ML) (SU ER RC24) | Prior prescription for Methylphenidate HCL in the past 102 days  |
| • QUILLIVANT XR (5 MG/ML) (SU ER RC24) | Prior prescription for Methylphenidate HCL in the past 102 days  |
| • QUILLIVANT XR (5 MG/ML) (SU ER RC24) | Prior prescription for Methylphenidate HCL in the past 102 days  |
| • QUILLIVANT XR (5 MG/ML) (SU ER RC24) | Prior prescription for Methylphenidate HCL in the past 102 days  |
| • RAPAFLO                              | Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Rapaflo, Tamsulosin HCL, or Terazosin HCL in the past 120 days  |

## Medication Prescribing Limitations

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| • RASUVO (10MG/0.2ML) (AUTO INJCT)         | Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 120 days   |
| • RASUVO (12.5/0.25) (AUTO INJCT)          | Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 120 days   |
| • RASUVO (15MG/0.3ML) (AUTO INJCT)         | Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 120 days   |
| • RASUVO (17.5/0.35) (AUTO INJCT)          | Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 120 days   |
| • RASUVO (20MG/0.4ML) (AUTO INJCT)         | Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 120 days   |
| • RASUVO (25MG/0.5ML) (AUTO INJCT)         | Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 120 days   |
| • RASUVO (30MG/0.6ML) (AUTO INJCT)         | Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 120 days   |
| • RASUVO (7.5MG/0.15) (AUTO INJCT)         | Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 120 days   |
| • RELISTOR (150 MG) (TABLET)               | Prior prescription for Amitiza or Movantik in the past 120 days   |
| • RELPAX                                   | Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days   |
| • REQUIP XL                                | Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in the past 120 days  |
| • RETIN-A MICRO PUMP (0.06 %) (GEL W/PUMP) | Prior prescription for generic Tretinoin Microspheres 0.04% and 0.10% in the past 120 days  |
| • REXULTI                                  | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days  |
| • RHOPRESSA                                | Prior prescription for Alphagan P, Betaxolol HCL, Brimonidine Tartrate, Combigan, Dorzolamide HCL, Dorzolamide HCL/timolol Maleate, or Latanoprost in the past 365 days   |
| • RIBAVIRIN (200-400(7)) (TAB DS PK)       | Prior prescription for Ribavirin in the past 120 days   |
| • RYTARY                                   | Prior prescription for Carbidopa/levodopa in the past 120 days  |
| • SAFYRAL                                  | At least 2 prior prescriptions for Desog-e.estradiol/e.estradiol, Desogestrel-ethinyl Estradiol, Ella, Ethynodiol D-ethinyl Estradiol, Kyleena, L-norgest/e.estradiol-e.estradiol, Levonorgestrel, Levonorgestrel-ethin Estradiol, Liletta, Lo Loestrin Fe, Lo Minastrin Fe, Mirena, Natazia, Noreth-ethinyl Estradiol/iron, Norethindrone Ac-eth Estradiol, Norethindrone, Norethindrone-e.estradiol-iron, Norethindrone-ethinyl Estradiol, Norethindrone-mestranol, Norgestimate-ethinyl Estradiol, Norgestrel-ethinyl Estradiol, Skyla, or Taytulla in the past 365 days |
| • SANCTURA                                 | Prior prescription for Oxybutynin Chloride in the past 120 days   |
| • SANCTURA XR                              | Prior prescription for Oxybutynin Chloride in the past 120 days   |
| • SANCUSO                                  | Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days  |
| • SAPHRIS                                  | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days  |
| • SAVAYSA                                  | Prior prescription for Eliquis and Xarelto in the past 365 days   |
| • SEEBRI NEOHALER                          | Prior prescription for Incruse Ellipta, Spiriva Respimat, Spiriva, or Tudorza Pressair in the past 120 days   |
| • SEGLUROMET                               | At least 2 prior prescriptions for Actoplus Met XR, Chlorpropamide, Diabeta, Farxiga, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Synjardy XR, Synjardy, Tolazamide, Tolbutamide, or Xigduo XR in the past 120 days   |
| • SILENOR                                  | Prior prescription for Doxepin HCL, Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days  |
| • SIMBRINZA                                | Prior prescription for Alphagan P, Brimonidine Tartrate, Combigan, or Dorzolamide HCL/timolol Maleate in the past 365 days  |
| • SOLIQUA 100-33                           | At least 2 prior prescriptions for Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glyburide, Glyburide micronized, Lantus Solostar, Lantus, Metformin HCL, Pioglitazone HCL, Riomet, Tolazamide, Tolbutamide, Toujeo Solostar, or Trulicity in the past 365 days  |
| • SOLODYN (105 MG) (TAB ER 24H)            | Prior prescription for Minocycline HCL in the past 120 days   |
| • SOLODYN (115MG) (TAB ER 24H)             | Prior prescription for Minocycline HCL in the past 120 days   |

## Medication Prescribing Limitations

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| • SOLODYN (135 MG) (TAB ER 24H)     | Prior prescription for Minocycline HCL in the past 120 days   |
| • SOLODYN (45 MG) (TAB ER 24H)      | Prior prescription for Minocycline HCL in the past 120 days   |
| • SOLODYN (55 MG) (TAB ER 24H)      | Prior prescription for Minocycline HCL in the past 120 days   |
| • SOLODYN (65 MG) (TAB ER 24H)      | Prior prescription for Minocycline HCL in the past 120 days   |
| • SOLODYN (80 MG) (TAB ER 24H)      | Prior prescription for Minocycline HCL in the past 120 days   |
| • SOLODYN (90 MG) (TAB ER 24H)      | Prior prescription for Minocycline HCL in the past 120 days   |
| • SOMA                              | Prior prescription for Metaxalone and Tizanidine HCL in the past 120 days   |
| • SOOLANTRA                         | Prior prescription for Finacea in the past 120 days   |
| • SORILUX                           | Prior prescription for Calcipotriene, Calcipotriene/betamethasone, Calcitriol, or Enstilar in the past 120 days   |
| • SOTYLIZE (5 MG/ML) (SOLUTION)     | Prior prescription for Sotalol HCL in the past 120 days   |
| • SPRITAM (1000 MG) (TAB SUSP)      | Prior prescription for Levetiracetam in the past 120 days   |
| • SPRITAM (250 MG) (TAB SUSP)       | Prior prescription for Levetiracetam in the past 120 days   |
| • SPRITAM (500 MG) (TAB SUSP)       | Prior prescription for Levetiracetam in the past 120 days   |
| • SPRITAM (750 MG) (TAB SUSP)       | Prior prescription for Levetiracetam in the past 120 days   |
| • SPRIX                             | At least 2 prior prescriptions for Celecoxib, Diclofenac Potassium, Diclofenac Sodium, Ibuprofen, Indocin, Indomethacin, Ketorolac Tromethamine, Meloxicam, Naprelan, Naproxen Sodium, or Sulindac in the past 120 days   |
| • STEGLUJAN                         | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days  |
| • SUBSYS                            | Prior prescription for Fentanyl Citrate in the past 120 days  |
| • SYNDROS                           | Prior prescription for Dronabinol in the past 120 days  |
| • TACLONEX (0.005-.064) (OINT. (G)) | Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days   |
| • TARGADOX                          | Prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate in the past 120 days  |
| • TASMAR                            | Prior prescription for Entacapone in the past 120 days  |
| • TEVETEN                           | Prior prescription for Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Irbesartan, Irbesartan/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Teveten HCT, Trandolapril, Trandolapril/verapamil HCL, or Valsartan/hydrochlorothiazide in the past 365 days   |
| • TICALAST                          | Prior prescription for Dymista, Flunisolide, or Fluticasone Propionate in the past 365 days   |
| • TICANASE                          | Prior prescription for Dymista, Flunisolide, or Fluticasone Propionate in the past 365 days   |
| • TICASPRAY                         | Prior prescription for Dymista, Flunisolide, or Fluticasone Propionate in the past 365 days   |
| • TIROSINT                          | Prior prescription for Levothyroxine Sodium in the past 120 days  |
| • TOVIAZ                            | Prior prescription for Oxybutynin Chloride in the past 120 days   |
| • TRELEGY ELLIPTA                   | Prior prescription for Anoro Ellipta or Stiolto Respimat in the past 120 days   |
| • TREXIMET (10 MG-60MG) (TABLET)    | Prior prescription for Alsuma, Onzetra Xsail, Sumatriptan Succinate, Sumatriptan, Sumavel Dosepro, Zecuity, or Zembrace Symtouch in the past 180 days   |
| • TREXIMET (85MG-500MG) (TABLET)    | Prior prescription for Alsuma, Onzetra Xsail, Sumatriptan Succinate, Sumatriptan, Sumavel Dosepro, Zecuity, or Zembrace Symtouch in the past 180 days   |
| • TRIBENZOR                         | Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/benazepril, Benazepril HCL, Benazepril/hydrochlorothiazide, Captopril, Captopril/hydrochlorothiazide, Enalapril Maleate, Enalapril/hydrochlorothiazide, Epaned, Fosinopril Sodium, Fosinopril/hydrochlorothiazide, Irbesartan, Irbesartan/hydrochlorothiazide, Lisinopril, Lisinopril/hydrochlorothiazide, Losartan Potassium, Losartan/hydrochlorothiazide, Moexipril HCL, Moexipril/hydrochlorothiazide, Olmesartan Medoxomil, Olmesartan/hydrochlorothiazide, Perindopril Erbumine, Qbrelis, Quinapril HCL, Quinapril/hydrochlorothiazide, Ramipril, Trandolapril, Trandolapril/verapamil HCL, or Valsartan/hydrochlorothiazide in the past 120 days |

## Medication Prescribing Limitations

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| • TRIGLIDE                          | Prior prescription for Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, or Triglide in the past 120 days  |
| • TRINTELLIX                        | At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in the past 365 days  |
| • TROKENDI XR (100 MG) (CAP ER 24H) | Prior prescription for Topiramate in the past 120 days   |
| • TROKENDI XR (200 MG) (CAP ER 24H) | Prior prescription for Topiramate in the past 120 days   |
| • TROKENDI XR (25 MG) (CAP ER 24H)  | Prior prescription for Topiramate in the past 120 days   |
| • TROKENDI XR (50 MG) (CAP ER 24H)  | Prior prescription for Topiramate in the past 120 days   |
| • TRULICITY                         | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days |
| • UCERIS                            | Prior prescription for Balsalazide Disodium in the past 120 days   |
| • ULORIC                            | Prior prescription for Allopurinol in the past 120 days  |
| • UTIBRON NEOHALER                  | Prior prescription for Anoro Ellipta, Bevespi Aerosphere, or Stiolto Respimat in the past 120 days   |
| • VECTICAL                          | Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days  |
| • VERDESO                           | Prior prescription for Desonide in the past 120 days   |
| • VESICARE                          | Prior prescription for Oxybutynin Chloride in the past 120 days  |
| • VIIBRYD                           | At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Forfivo XL, Mirtazapine, Paroxetine HCL, Paxil, Sarafem, Sertraline HCL, or Venlafaxine HCL in the past 365 days  |
| • VIMPAT (10 MG/ML) (SOLUTION)      | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days   |
| • VIMPAT (100 MG) (TABLET)          | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days   |
| • VIMPAT (150 MG) (TABLET)          | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days   |
| • VIMPAT (200 MG) (TABLET)          | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days   |
| • VIMPAT (50 MG) (TABLET)           | At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days   |
| • VRAYLAR (1.5 MG) (CAPSULE)        | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • VRAYLAR (1.5 MG-3MG) (CAP DS PK)  | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • VRAYLAR (3 MG) (CAPSULE)          | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • VRAYLAR (4.5 MG) (CAPSULE)        | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • VRAYLAR (6 MG) (CAPSULE)          | At least 2 prior prescriptions for Abilify Maintena, Abilify, Aripiprazole, Clozapine, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days   |
| • VYTORIN (10 MG-80MG) (TABLET)     | Prior prescription for Simvastatin in the past 365 days  |
| • VYVANSE                           | Prior prescription for Aptensio XR, Citalopram Hydrobromide, Dextroamphetamine/amphetamine, Escitalopram Oxalate, Fluoxetine HCL,  |



## Medication Prescribing Limitations

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|                                       | Fluvoxamine Maleate, Methylphenidate HCL, Mydayis, Paroxetine HCL, Paxil, Quillichew ER, Quillivant XR, Sarafem, Sertraline HCL, Topiramate, or Trokendi XR in the past 120 days   |
| • XATMEP                              | Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall in the past 120 days  |
| • XERESE                              | Prior prescription for Acyclovir or Zovirax in the past 120 days   |
| • XHANCE                              | At least 2 prior prescriptions for Budesonide, Flunisolide, Fluticasone Propionate, Mometasone Furoate, Qnasl Children, or Qnasl in the past 365 days  |
| • XIGDUO XR (10-1000 MG) (TAB BP 24H) | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days   |
| • XIGDUO XR (10MG-500MG) (TAB BP 24H) | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days   |
| • XIGDUO XR (2.5-1000MG) (TAB BP 24H) | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days   |
| • XIGDUO XR (5 MG-500MG) (TAB BP 24H) | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days   |
| • XIGDUO XR (5MG-1000MG) (TAB BP 24H) | Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, or Tolbutamide in the past 120 days   |
| • XULTOPHY 100-3.6                    | At least 2 prior prescriptions for Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glyburide, Glyburide micronized, Lantus Solostar, Lantus, Metformin HCL, Pioglitazone HCL, Riomet, Tolazamide, Tolbutamide, Toujeo Solostar, or Trulicity in the past 365 days   |
| • YASMIN 28                           | At least 2 prior prescriptions for Desog-e.estradiol/e.estradiol, Desogestrel-ethinyl Estradiol, Ethinyl Estradiol/drospirenone, Ethynodiol D-ethinyl Estradiol, L-norgest/e.estradiol-e.estrad, Levonorgestrel-ethin Estradiol, Lo Loestrin Fe, Noreth-ethinyl Estradiol/iron, Norethindrone Ac-eth Estradiol, Norethindrone, Norethindrone-e.estradiol-iron, Norethindrone-ethinyl Estrad, Norethindrone-mestranol, Norgestimate-ethinyl Estradiol, or Norgestrel-ethinyl Estradiol in the past 365 days |
| • YAZ                                 | At least 2 prior prescriptions for Desog-e.estradiol/e.estradiol, Desogestrel-ethinyl Estradiol, Ethinyl Estradiol/drospirenone, Ethynodiol D-ethinyl Estradiol, L-norgest/e.estradiol-e.estrad, Levonorgestrel-ethin Estradiol, Lo Loestrin Fe, Noreth-ethinyl Estradiol/iron, Norethindrone Ac-eth Estradiol, Norethindrone, Norethindrone-e.estradiol-iron, Norethindrone-ethinyl Estrad, Norethindrone-mestranol, Norgestimate-ethinyl Estradiol, or Norgestrel-ethinyl Estradiol in the past 365 days |
| • ZEGERID (20-1680MG) (PACKET)        | Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days   |
| • ZEGERID (40-1680MG) (PACKET)        | Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days   |
| • ZEGERID (40MG-1.1G) (CAPSULE)       | Prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days   |
| • ZEMBRACE SYMTOUCH                   | Prior prescription for Alsuma, Sumatriptan Succinate, or Sumatriptan in the past 180 days  |
| • ZIPSOR                              | Prior prescription for Diclofenac Potassium or Diclofenac Sodium in the past 120 days  |
| • ZOCOR (80 MG) (TABLET)              | Prior prescription for Ezetimibe/simvastatin in the past 365 days  |

## Medication Prescribing Limitations

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|                           |  |
|---------------------------|--|
| • ZOHYDRO ER              | Prior prescription for Hysingla ER, Morphine Sulfate, Nucynta ER, Oxycodone HCL, or Oxycontin in the past 120 days                     |
| • ZOLPIMIST               | Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days  |
| • ZOMIG (2.5 MG) (SPRAY)  | Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days  |
| • ZOMIG (2.5 MG) (TABLET) | Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days  |
| • ZOMIG (5 MG) (SPRAY)    | Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days  |
| • ZOMIG (5 MG) (TABLET)   | Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days  |
| • ZOMIG ZMT               | Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days  |
| • ZORVOLEX                | Prior prescription for Diclofenac Potassium or Diclofenac Sodium in the past 120 days  |
| • ZUPLENZ                 | Prior prescription for Granisetron HCL, Ondansetron HCL, or Ondansetron in the past 120 days   |
| • ZURAMPIC                | Prior prescription for Probenecid in the past 120 days   |
| • ZYPITAMAG               | Prior prescription for Atorvastatin Calcium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 365 days |

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