



# MEDPERFORM<sup>®</sup> PREMIER

STANDARD FORMULARY

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## What is the Standard Formulary?

The MedImpact formulary is a list of covered drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. The plan will cover drugs listed in the formulary if the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the Formulary (drug list) change?

Drugs may be added or removed from the formulary during the year. The plan will notify affected members if a drug is removed from the formulary, moves to a higher cost-sharing tier, or when prior authorization, quantity limits and/or step therapy requirements are added. Members are notified before the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

## Is the member's medication included in the formulary?

There are 3 ways for a member to confirm their current medication is on their plan-specific formulary:

- **Drug Categories**

The drugs in this formulary are grouped into categories according to the types of medical conditions they are used to treat.

- **Alphabetical Index Listing**

If the member is not sure what category to look under, the member should look for the drug in the Index. The Index provides an alphabetical listing of all drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column.

- **Website or Mobile App**

Drug search capability is on the MedImpact Consumer Portal (MedImpact.com), mobile app (available in Apple and Google apps store), or member plan's website.

## What are generic drugs?

The plan covers both brand name and generic drugs provided they are prescribed per FDA approved indications and in accordance with the plan's benefit design. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Generic drugs appear in the formulary listing with all lower-case letters and italicized (i.e. *terbutaline oral tablet 2.5 mg*). Brand drugs appear in formulary listing with all upper-case letters (i.e. *DIPHEN ORAL ELIXIR 12.5 MG/5ML*).

## Are there any restrictions on coverage of drugs on the formulary?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits are noted throughout the Formulary listing using the following symbols:

| Symbol | Guideline           | Description                                                                                                              |
|--------|---------------------|--------------------------------------------------------------------------------------------------------------------------|
| AGE    | Age Restriction     | Coverage depends upon member age                                                                                         |
| PA     | Prior Authorization | Requires specific physician request and clinical criteria be met for prescription to be covered                          |
| QL     | Quantity Limit      | Prescription quantity limits for specific drugs and/or time period needed for coverage                                   |
| ST     | Step Therapy        | Coverage requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug     |
| SP     | Specialty Drug      | Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance applies according to benefit plan |

The member can ask the plan to make an exception to these restrictions or for a list of other, similar drugs that may treat their health condition. See the section: “How does a member request an exception to the formulary?”

## Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). If available on the plan, EHB medications will be covered without cost share (\$0 copay for members). The following is an example of a formulary tier design:

- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)

## General Exclusions

Many plans have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are reflected in other Plan Benefit Documents.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used at inpatient settings. If a member has any specific questions regarding their coverage, they should contact their plan. Examples of benefit exclusions include:

- Over the Counter (OTC) medications
- Anti-Obesity drugs

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- Medical food/nutritional supplements
- Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- Disposable Needles & Syringes (Non-Insulin related)
- Any drug products used for cosmetic purposes
- Experimental drug products or any drug product used in an experimental manner
- Repackaged drugs and institutional use drugs (e.g., hospital use)
- Lifestyle drugs (e.g., sexual dysfunction, infertility)
- Non self-administered injectable drug products

## **What if a drug is not on the Formulary?**

If a drug is not included on the formulary, the member should contact the plan. If the member is informed the plan does not cover the drug, the member has two options:

1. The member can ask the plan for a list of similar drugs covered by the plan. When the member receives the list, they should show it to their doctor and ask the doctor to prescribe a similar drug that is covered by the plan that is determined by the doctor to be an appropriate alternative drug.
2. The member can ask the plan to make an exception and cover the drug.

## **How does a member request an exception to the Formulary?**

The member will need to contact the plan for details on how to file an exception request.

## **For more information**

MedImpact encourages members to review the Summary Benefit Design, Evidence of Coverage, MedImpact Consumer Portal, or plan's website for more detailed plan information.



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| Drug                                                                                                      | Status | Notes                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant</b>                                                       |        |                                                                                                                                       |
| <b>Amphetamines</b>                                                                                       |        |                                                                                                                                       |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                        | Tier 1 | QL (4 EA per 1 day)                                                                                                                   |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>               | Tier 1 | QL (1 EA per 1 day)                                                                                                                   |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>              | Tier 1 | QL (2 EA per 1 day)                                                                                                                   |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>        | Tier 1 | QL (2 EA per 1 day)                                                                                                                   |
| <i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 1 | QL (1 EA per 1 day)                                                                                                                   |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>                    | Tier 1 | QL (4 EA per 1 day)                                                                                                                   |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>                            | Tier 1 | QL (2 EA per 1 day)                                                                                                                   |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>                                                   | Tier 1 | QL (1800 ML per 30 days)                                                                                                              |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                  | Tier 1 | QL (4 EA per 1 day)                                                                                                                   |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>                                        | Tier 1 | ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 20 mg</i>                                                        | Tier 1 | ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 30 mg</i>                                                        | Tier 1 | ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day) |
| <i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>           | Tier 1 | QL (1 EA per 1 day)                                                                                                                   |
| <i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>          | Tier 1 | QL (1 EA per 1 day)                                                                                                                   |
| <i>methamphetamine hcl oral tablet 5 mg</i>                                                               | Tier 1 | QL (5 EA per 1 day)                                                                                                                   |
| PROCENTRA ORAL SOLUTION 5 MG/5ML                                                                          | Tier 1 | QL (1800 ML per 30 days)                                                                                                              |

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| Drug                                                                                                                         | Status | Notes                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------|
| ZENZEDI ORAL TABLET 30 MG                                                                                                    | Tier 3 | ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day) |
| ZENZEDI ORAL TABLET 7.5 MG                                                                                                   | Tier 3 | ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day) |
| <b>Analeptics</b>                                                                                                            |        |                                                                                                                                       |
| <i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>                                                                    | Tier 1 |                                                                                                                                       |
| <b>Anorexiant Non-Amphetamine</b>                                                                                            |        |                                                                                                                                       |
| <i>benzphetamine hcl oral tablet 50 mg</i>                                                                                   | Tier 1 | QL (3 EA per 1 day); AGE (Min 18 Years)                                                                                               |
| <i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>                                                      | Tier 1 | QL (1 EA per 1 day); AGE (Min 18 Years)                                                                                               |
| <i>diethylpropion hcl oral tablet 25 mg</i>                                                                                  | Tier 1 | QL (3 EA per 1 day); AGE (Min 18 Years)                                                                                               |
| LOMAIRA ORAL TABLET 8 MG                                                                                                     | Tier 1 | QL (3 EA per 1 day); AGE (Min 18 Years)                                                                                               |
| <i>phendimetrazine tartrate oral tablet 35 mg</i>                                                                            | Tier 1 | QL (6 EA per 1 day); AGE (Min 18 Years)                                                                                               |
| <i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>                                                                    | Tier 1 | QL (1 EA per 1 day); AGE (Min 18 Years)                                                                                               |
| <i>phentermine hcl oral tablet 37.5 mg</i>                                                                                   | Tier 1 | QL (1 EA per 1 day); AGE (Min 18 Years)                                                                                               |
| <i>phentermine hcl oral tablet 8 mg</i>                                                                                      | Tier 1 | QL (3 EA per 1 day); AGE (Min 18 Years)                                                                                               |
| <i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>          | Tier 1 | PA                                                                                                                                    |
| <b>Anti-Obesity Agents</b>                                                                                                   |        |                                                                                                                                       |
| <i>liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml</i>                                           | Tier 1 | PA; QL (0.5 ML per 1 day)                                                                                                             |
| <i>orlistat oral capsule 120 mg</i>                                                                                          | Tier 1 | PA                                                                                                                                    |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML                                           | Tier 2 | PA; QL (2 ML per 28 days)                                                                                                             |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML                                                      | Tier 2 | PA; QL (3 ML per 28 days)                                                                                                             |
| XENICAL ORAL CAPSULE 120 MG                                                                                                  | Tier 3 | PA                                                                                                                                    |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | Tier 2 | PA; QL (2 ML per 28 days)                                                                                                             |

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| Drug                                                                                 | Status | Notes                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Attention-Deficit/Hyperactivity Disorder (Adhd) Agents</b>                        |        |                                                                                                                                                                                                     |
| <i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 |                                                                                                                                                                                                     |
| <i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>                  | Tier 1 |                                                                                                                                                                                                     |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i> | Tier 1 |                                                                                                                                                                                                     |
| ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML                                  | Tier 3 | ST: TRIAL OF CLONIDINE 0.1 MG ER TABLETS IN THE PAST 120 DAYS; QL (4 ML per 1 day)                                                                                                                  |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG                                 | Tier 3 | ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE-AMPHETAMINE IN THE PAST 120 DAYS; QL (1 EA per 1 day) |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG                                 | Tier 3 | ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE-AMPHETAMINE IN THE PAST 120 DAYS; QL (2 EA per 1 day) |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG                                 | Tier 3 | ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE-AMPHETAMINE IN THE PAST 120 DAYS; QL (3 EA per 1 day) |
| <b>Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)</b>                       |        |                                                                                                                                                                                                     |
| SUNOSI ORAL TABLET 150 MG, 75 MG                                                     | Tier 2 | PA                                                                                                                                                                                                  |
| <b>Histamine H3-Receptor Antagonist/Inverse Agonists</b>                             |        |                                                                                                                                                                                                     |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG                                                   | Tier 3 | PA; SP                                                                                                                                                                                              |
| <b>Stimulants - Misc.</b>                                                            |        |                                                                                                                                                                                                     |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>                                | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                                                 |
| <i>armodafinil oral tablet 50 mg</i>                                                 | Tier 1 | QL (3 EA per 1 day)                                                                                                                                                                                 |

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| Drug                                                                                                                         | Status | Notes                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG                                                                 | Tier 2 | ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day) |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                   |
| <i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                   |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 35 MG                                                                       | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                   |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG                                           | Tier 2 | ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day) |
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>                           | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                   |
| <i>methylphenidate hcl er (cd) oral capsule extended release 30 mg</i>                                                       | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                   |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>                          | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                   |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>                                               | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                   |
| <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>                                         | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                   |
| <i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>                                                       | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                   |
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>                                                      | Tier 1 | QL (3 EA per 1 day)                                                                                                                                                   |
| <i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>                                                                 | Tier 1 |                                                                                                                                                                       |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                                                                    | Tier 1 | QL (3 EA per 1 day)                                                                                                                                                   |
| <i>methylphenidate hcl oral tablet chewable 10 mg</i>                                                                        | Tier 1 | QL (6 EA per 1 day)                                                                                                                                                   |

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| Drug                                                                                | Status | Notes                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>                        | Tier 1 | QL (3 EA per 1 day)                                                                                                                                                                     |
| <i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i> | Tier 1 | ST: TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION IN THE PAST 120 DAYS; QL (1 EA per 1 day)                                             |
| <i>modafinil oral tablet 100 mg, 200 mg</i>                                         | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                                     |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG                                          | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                                     |
| NUVIGIL ORAL TABLET 50 MG                                                           | Tier 1 | QL (3 EA per 1 day)                                                                                                                                                                     |
| PROVIGIL ORAL TABLET 100 MG, 200 MG                                                 | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                                     |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG                    | Tier 3 | ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)                   |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG                           | Tier 3 | ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (2 EA per 1 day)                   |
| QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL                            | Tier 3 | 120mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (240 ML per 30 days) |
| QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL                            | Tier 3 | 150mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (300 ML per 30 days) |

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| Drug                                                      | Status | Notes                                                                                                                                                                                   |
|-----------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL  | Tier 3 | 180mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (360 ML per 30 days) |
| QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL  | Tier 3 | 60mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (60 ML per 30 days)   |
| <b>Allergenic Extracts/Biologicals Misc</b>               |        |                                                                                                                                                                                         |
| <b>Allergenic Extracts</b>                                |        |                                                                                                                                                                                         |
| <i>dandelion subcutaneous solution 1:20</i>               | Tier 3 |                                                                                                                                                                                         |
| GRASSTK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU             | Tier 2 | PA                                                                                                                                                                                      |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM            | Tier 2 | PA                                                                                                                                                                                      |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR               | Tier 2 | PA                                                                                                                                                                                      |
| PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG                 | Tier 2 | PA; SP                                                                                                                                                                                  |
| PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG        | Tier 2 | PA; SP                                                                                                                                                                                  |
| PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG         | Tier 2 | PA; SP                                                                                                                                                                                  |
| PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG     | Tier 2 | PA; SP                                                                                                                                                                                  |
| PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG                   | Tier 2 | PA; SP                                                                                                                                                                                  |
| PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG             | Tier 2 | PA; SP                                                                                                                                                                                  |
| PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG | Tier 2 | PA; SP                                                                                                                                                                                  |
| PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG                 | Tier 2 | PA; SP                                                                                                                                                                                  |
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG         | Tier 2 | PA; SP                                                                                                                                                                                  |

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| Drug                                                                   | Status | Notes                                                                                                                                                                                                         |
|------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG                        | Tier 2 | PA; SP                                                                                                                                                                                                        |
| PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG                            | Tier 2 | PA; SP                                                                                                                                                                                                        |
| PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG                              | Tier 2 | PA; SP                                                                                                                                                                                                        |
| PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG                            | Tier 2 | PA; SP                                                                                                                                                                                                        |
| PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG                | Tier 2 | PA; SP                                                                                                                                                                                                        |
| PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG           | Tier 2 | PA; SP                                                                                                                                                                                                        |
| PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG             | Tier 2 | PA; SP                                                                                                                                                                                                        |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U                     | Tier 2 | PA                                                                                                                                                                                                            |
| <b>Alternative Medicines</b>                                           |        |                                                                                                                                                                                                               |
| <b>Alternative Medicine - A's</b>                                      |        |                                                                                                                                                                                                               |
| NEOKE RA LIPOIC ORAL POWDER 800 MG/GM                                  | Tier 3 |                                                                                                                                                                                                               |
| <b>Alternative Medicine - P's</b>                                      |        |                                                                                                                                                                                                               |
| EC-RX DHEA EXTERNAL CREAM 10 %, 4 %                                    | Tier 3 |                                                                                                                                                                                                               |
| <b>Amebicides</b>                                                      |        |                                                                                                                                                                                                               |
| <b>Amebicides</b>                                                      |        |                                                                                                                                                                                                               |
| SOLOSEC ORAL PACKET 2 GM                                               | Tier 3 | ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (1 EA per 30 days) |
| <b>Aminoglycosides</b>                                                 |        |                                                                                                                                                                                                               |
| <b>Aminoglycosides</b>                                                 |        |                                                                                                                                                                                                               |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML                            | Tier 3 | PA; SP                                                                                                                                                                                                        |
| HUMATIN ORAL CAPSULE 250 MG                                            | Tier 3 |                                                                                                                                                                                                               |
| KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML | Tier 3 | PA; SP                                                                                                                                                                                                        |
| <i>neomycin sulfate oral tablet 500 mg</i>                             | Tier 1 |                                                                                                                                                                                                               |
| TOBI PODHALER INHALATION CAPSULE 28 MG                                 | Tier 2 | PA; SP                                                                                                                                                                                                        |

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| Drug                                                                      | Status | Notes                   |
|---------------------------------------------------------------------------|--------|-------------------------|
| <i>tobramycin inhalation nebulization solution 300 mg/4ml, 300 mg/5ml</i> | Tier 1 | PA; SP                  |
| <i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>         | Tier 1 | PA; SP                  |
| <b>Analgesics - Anti-Inflammatory</b>                                     |        |                         |
| <b>Analgesics - Anti-Inflammatory Combinations</b>                        |        |                         |
| PRASTERA ORAL KIT 200 & 400 MG                                            | Tier 3 |                         |
| <b>Antirheumatic - Enzyme Inhibitors</b>                                  |        |                         |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG                                     | Tier 3 | PA; SP                  |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML                                           | Tier 2 | PA; SP                  |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG           | Tier 2 | PA; SP                  |
| XELJANZ ORAL SOLUTION 1 MG/ML                                             | Tier 2 | PA; SP                  |
| XELJANZ ORAL TABLET 10 MG, 5 MG                                           | Tier 2 | PA; SP                  |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG              | Tier 2 | PA; SP                  |
| <b>Antirheumatic Antimetabolites</b>                                      |        |                         |
| <i>methotrexate (anti-rheumatic) oral tablet 2.5 mg</i>                   | Tier 1 |                         |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML                    | Tier 2 | QL (0.8 ML per 28 days) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML                 | Tier 2 | QL (1 ML per 28 days)   |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML                    | Tier 2 | QL (1.2 ML per 28 days) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML                 | Tier 2 | QL (1.4 ML per 28 days) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML                    | Tier 2 | QL (1.6 ML per 28 days) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML                 | Tier 2 | QL (1.8 ML per 28 days) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML                    | Tier 2 | QL (2 ML per 28 days)   |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML                    | Tier 2 | QL (2.4 ML per 28 days) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML                  | Tier 2 | QL (0.6 ML per 28 days) |

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| Drug                                                                                                     | Status | Notes                                                               |
|----------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------|
| <b>Anti-Tnf-Alpha - Monoclonal Antibodies</b>                                                            |        |                                                                     |
| <i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml</i>                      | Tier 2 | PA; SP                                                              |
| <i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml</i>     | Tier 2 | PA; SP                                                              |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML                      | Tier 2 | PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | Tier 2 | PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML                                       | Tier 2 | PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS |
| HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML                    | Tier 2 | PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML                                 | Tier 2 | PA; SP                                                              |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML                                              | Tier 2 | PA; SP                                                              |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML                         | Tier 2 | PA; SP                                                              |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML                                       | Tier 3 | PA; SP                                                              |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML                                   | Tier 3 | PA; SP                                                              |
| <b>Gold Compounds</b>                                                                                    |        |                                                                     |
| <i>auranofin oral capsule 3 mg</i>                                                                       | Tier 1 |                                                                     |
| <b>Interleukin-1 Blockers</b>                                                                            |        |                                                                     |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG                                                      | Tier 3 | PA; SP                                                              |
| <b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>                                                        |        |                                                                     |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML                                            | Tier 3 | PA; SP                                                              |

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| Drug                                                                           | Status | Notes  |
|--------------------------------------------------------------------------------|--------|--------|
| <b>Interleukin-6 Receptor Inhibitors</b>                                       |        |        |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML       | Tier 3 | PA; SP |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML   | Tier 3 | PA; SP |
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML                        | Tier 3 | PA; SP |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML                    | Tier 3 | PA; SP |
| <b>Nonsteroidal Anti-Inflammatory Agents (Nsaids)</b>                          |        |        |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG                                           | Tier 1 |        |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>                    | Tier 1 |        |
| <i>diclofenac potassium oral tablet 50 mg</i>                                  | Tier 1 |        |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>        | Tier 1 |        |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>       | Tier 1 |        |
| <i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i> | Tier 1 |        |
| <i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i> | Tier 1 |        |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                    | Tier 1 |        |
| <i>etodolac oral tablet 400 mg, 500 mg</i>                                     | Tier 1 |        |
| <i>flurbiprofen oral tablet 100 mg</i>                                         | Tier 1 |        |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG                                         | Tier 1 |        |
| <i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>                       | Tier 1 |        |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                            | Tier 1 |        |
| <i>indomethacin er oral capsule extended release 75 mg</i>                     | Tier 1 |        |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                  | Tier 1 |        |
| <i>indomethacin rectal suppository 100 mg</i>                                  | Tier 1 |        |
| <i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>              | Tier 1 |        |
| <i>ketoprofen oral capsule 25 mg, 50 mg</i>                                    | Tier 1 |        |
| <i>ketorolac tromethamine +rfd injection solution 30 mg/ml</i>                 | Tier 1 |        |

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| Drug                                                                       | Status | Notes                    |
|----------------------------------------------------------------------------|--------|--------------------------|
| <i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>        | Tier 1 |                          |
| <i>ketorolac tromethamine intramuscular solution 30 mg/ml, 60 mg/2ml</i>   | Tier 1 |                          |
| <i>ketorolac tromethamine oral tablet 10 mg</i>                            | Tier 1 | QL (4 EA per 1 day)      |
| KIPROFEN ORAL CAPSULE 25 MG                                                | Tier 3 |                          |
| LURBIPR ORAL TABLET 100 MG                                                 | Tier 3 |                          |
| LURBIRO ORAL TABLET 100 MG                                                 | Tier 3 |                          |
| <i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>                     | Tier 1 |                          |
| <i>mefenamic acid oral capsule 250 mg</i>                                  | Tier 1 |                          |
| <i>meloxicam oral suspension 7.5 mg/5ml</i>                                | Tier 1 |                          |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                 | Tier 1 |                          |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                               | Tier 1 |                          |
| <i>naproxen dr oral tablet delayed release 500 mg</i>                      | Tier 1 |                          |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                         | Tier 1 |                          |
| <i>naproxen oral tablet delayed release 375 mg, 500 mg</i>                 | Tier 1 |                          |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                          | Tier 1 |                          |
| <i>oxaprozin oral tablet 600 mg</i>                                        | Tier 1 |                          |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>                                 | Tier 1 |                          |
| PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-%          | Tier 3 |                          |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                 | Tier 1 |                          |
| TOLECTIN 600 ORAL TABLET 600 MG                                            | Tier 3 |                          |
| <i>tolmetin sodium oral capsule 400 mg</i>                                 | Tier 1 |                          |
| TORONOVA II SUIK COMBINATION KIT 30 MG/ML                                  | Tier 3 |                          |
| TORONOVA SUIK COMBINATION KIT 30 MG/ML                                     | Tier 3 |                          |
| VYSCOXA ORAL SUSPENSION 10 MG/ML                                           | Tier 3 | PA; QL (40 ML per 1 day) |
| <b>Phosphodiesterase 4 (Pde4) Inhibitors</b>                               |        |                          |
| OTEZLA ORAL TABLET 20 MG, 30 MG                                            | Tier 2 | PA; SP                   |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG        | Tier 2 | PA; SP                   |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG                       | Tier 2 | PA; SP                   |
| OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG | Tier 2 | PA; SP                   |

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| Drug                                                                                  | Status | Notes                                                                                                                  |
|---------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------|
| <b>Pyrimidine Synthesis Inhibitors</b>                                                |        |                                                                                                                        |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                                           | Tier 1 |                                                                                                                        |
| <b>Selective Costimulation Modulators</b>                                             |        |                                                                                                                        |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML                       | Tier 3 | PA; SP                                                                                                                 |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML | Tier 3 | PA; SP                                                                                                                 |
| <b>Soluble Tumor Necrosis Factor Receptor Agents</b>                                  |        |                                                                                                                        |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML                                  | Tier 2 | PA; SP                                                                                                                 |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML                                              | Tier 2 | PA; SP                                                                                                                 |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML                  | Tier 2 | PA; SP                                                                                                                 |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML                         | Tier 2 | PA; SP                                                                                                                 |
| <b>Analgesics - Nonnarcotic</b>                                                       |        |                                                                                                                        |
| <b>Analgesic Combinations</b>                                                         |        |                                                                                                                        |
| BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG                               | Tier 1 |                                                                                                                        |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i>                                 | Tier 1 | ST: TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATION PRODUCT IN THE PAST 120 DAYS; QL (6 EA per 1 day) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                                 | Tier 1 |                                                                                                                        |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>               | Tier 1 |                                                                                                                        |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>                              | Tier 1 |                                                                                                                        |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>                          | Tier 1 |                                                                                                                        |
| TENCON ORAL TABLET 50-325 MG                                                          | Tier 3 |                                                                                                                        |
| <b>Analgesics Other</b>                                                               |        |                                                                                                                        |
| LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG                                                 | Tier 3 |                                                                                                                        |
| NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG                                                   | Tier 3 |                                                                                                                        |
| <b>Salicylates</b>                                                                    |        |                                                                                                                        |
| <i>aspirin 81 oral tablet chewable 81 mg</i>                                          | \$0    |                                                                                                                        |
| <i>aspirin 81 oral tablet delayed release 81 mg</i>                                   | \$0    |                                                                                                                        |

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| Drug                                                                    | Status | Notes |
|-------------------------------------------------------------------------|--------|-------|
| <i>aspirin adult low dose oral tablet delayed release 81 mg</i>         | \$0    |       |
| <i>aspirin adult low strength oral tablet delayed release 81 mg</i>     | \$0    |       |
| <i>aspirin childrens oral tablet chewable 81 mg</i>                     | \$0    |       |
| <i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>      | \$0    |       |
| <i>aspirin ec adult low strength oral tablet delayed release 81 mg</i>  | \$0    |       |
| <i>aspirin ec low dose oral tablet delayed release 81 mg</i>            | \$0    |       |
| <i>aspirin ec low strength oral tablet delayed release 81 mg</i>        | \$0    |       |
| <i>aspirin low dose oral tablet chewable 81 mg</i>                      | \$0    |       |
| <i>aspirin low dose oral tablet delayed release 81 mg</i>               | \$0    |       |
| <i>aspirin oral tablet 325 mg</i>                                       | \$0    |       |
| <i>aspirin oral tablet chewable 81 mg</i>                               | \$0    |       |
| <i>aspirin oral tablet delayed release 325 mg, 81 mg</i>                | \$0    |       |
| <i>aspirin regimen oral tablet delayed release 81 mg</i>                | \$0    |       |
| BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG                        | \$0    |       |
| BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG             | \$0    |       |
| BAYER ASPIRIN ORAL TABLET 325 MG                                        | \$0    |       |
| BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG                        | \$0    |       |
| BAYER ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 325 MG                | \$0    |       |
| BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG                               | \$0    |       |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG                        | \$0    |       |
| <i>childrens aspirin oral tablet chewable 81 mg</i>                     | \$0    |       |
| <i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>            | \$0    |       |
| <i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i> | \$0    |       |
| <i>cvs aspirin ec oral tablet delayed release 81 mg</i>                 | \$0    |       |
| <i>cvs aspirin low dose oral tablet delayed release 81 mg</i>           | \$0    |       |

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| Drug                                                                | Status | Notes |
|---------------------------------------------------------------------|--------|-------|
| <i>cvs aspirin low strength oral tablet delayed release 81 mg</i>   | \$0    |       |
| <i>cvs aspirin oral tablet 325 mg</i>                               | \$0    |       |
| <i>cvs aspirin oral tablet delayed release 325 mg</i>               | \$0    |       |
| <i>cvs genuine aspirin oral tablet 325 mg</i>                       | \$0    |       |
| <i>diflunisal oral tablet 500 mg</i>                                | Tier 1 |       |
| ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG              | \$0    |       |
| <i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>  | \$0    |       |
| <i>eq aspirin low dose oral tablet chewable 81 mg</i>               | \$0    |       |
| <i>eq aspirin low dose oral tablet delayed release 81 mg</i>        | \$0    |       |
| <i>eq aspirin oral tablet 325 mg</i>                                | \$0    |       |
| <i>eq aspirin ec oral tablet delayed release 325 mg</i>             | \$0    |       |
| <i>eq aspirin low dose oral tablet chewable 81 mg</i>               | \$0    |       |
| <i>eq aspirin low dose oral tablet delayed release 81 mg</i>        | \$0    |       |
| <i>ft aspirin low dose oral tablet delayed release 81 mg</i>        | \$0    |       |
| <i>ft aspirin oral tablet 325 mg</i>                                | \$0    |       |
| <i>ft aspirin oral tablet chewable 81 mg</i>                        | \$0    |       |
| <i>ft enteric coated aspirin oral tablet delayed release 325 mg</i> | \$0    |       |
| <i>genuine aspirin oral tablet 325 mg</i>                           | \$0    |       |
| <i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>    | \$0    |       |
| <i>gnp aspirin low dose oral tablet delayed release 81 mg</i>       | \$0    |       |
| <i>gnp aspirin oral tablet 325 mg</i>                               | \$0    |       |
| <i>gnp aspirin oral tablet delayed release 325 mg, 81 mg</i>        | \$0    |       |
| <i>goodsense aspirin low dose oral tablet delayed release 81 mg</i> | \$0    |       |
| <i>goodsense aspirin oral tablet 325 mg</i>                         | \$0    |       |
| <i>goodsense aspirin oral tablet chewable 81 mg</i>                 | \$0    |       |
| <i>h-e-b aspirin oral tablet delayed release 81 mg</i>              | \$0    |       |
| <i>kls aspirin low dose oral tablet delayed release 81 mg</i>       | \$0    |       |
| <i>kp aspirin oral tablet delayed release 81 mg</i>                 | \$0    |       |
| MEDI-FIRST ASPIRIN ORAL TABLET 325 MG                               | \$0    |       |

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| Drug                                                                | Status | Notes                                    |
|---------------------------------------------------------------------|--------|------------------------------------------|
| MEDIQUE ASPIRIN ORAL TABLET 325 MG                                  | \$0    |                                          |
| <i>meijer aspirin ec oral tablet delayed release 325 mg</i>         | \$0    |                                          |
| <i>mm aspirin oral tablet delayed release 81 mg</i>                 | \$0    |                                          |
| <i>qc aspirin low dose oral tablet chewable 81 mg</i>               | \$0    |                                          |
| <i>qc aspirin low dose oral tablet delayed release 81 mg</i>        | \$0    |                                          |
| <i>qc aspirin oral tablet 325 mg</i>                                | \$0    |                                          |
| <i>qc aspirin oral tablet delayed release 325 mg</i>                | \$0    |                                          |
| <i>qc childrens aspirin oral tablet chewable 81 mg</i>              | \$0    |                                          |
| <i>qc enteric aspirin oral tablet delayed release 325 mg</i>        | \$0    |                                          |
| <i>ra aspirin adult low dose oral tablet chewable 81 mg</i>         | \$0    |                                          |
| <i>ra aspirin adult low strength oral tablet chewable 81 mg</i>     | \$0    |                                          |
| <i>ra aspirin childrens oral tablet chewable 81 mg</i>              | \$0    |                                          |
| <i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i> | \$0    |                                          |
| <i>ra aspirin ec oral tablet delayed release 325 mg, 81 mg</i>      | \$0    |                                          |
| <i>ra aspirin oral tablet 325 mg</i>                                | \$0    |                                          |
| <i>ra pain relief aspirin oral tablet 325 mg</i>                    | \$0    |                                          |
| <i>salsalate oral tablet 500 mg, 750 mg</i>                         | Tier 1 |                                          |
| <i>sb aspirin ec oral tablet delayed release 325 mg</i>             | \$0    |                                          |
| <i>sb aspirin oral tablet 325 mg</i>                                | \$0    |                                          |
| <i>sb childrens aspirin oral tablet chewable 81 mg</i>              | \$0    |                                          |
| <i>sb low dose asa ec oral tablet delayed release 81 mg</i>         | \$0    |                                          |
| <i>sm aspirin ec oral tablet delayed release 325 mg</i>             | \$0    |                                          |
| ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG                 | \$0    |                                          |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG                       | \$0    |                                          |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG                | \$0    |                                          |
| <b>Unknown</b>                                                      |        |                                          |
| JOURNAVX ORAL TABLET 50 MG                                          | Tier 3 | PA                                       |
| <b>Analgesics - Opioid</b>                                          |        |                                          |
| <b>Opioid Agonists</b>                                              |        |                                          |
| <i>codeine sulfate oral tablet 30 mg</i>                            | Tier 1 | QL (12 EA per 1 day); AGE (Min 12 Years) |

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| Drug                                                                                                                                    | Status | Notes                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------|
| DEMEROL INJECTION SOLUTION 75 MG/ML                                                                                                     | Tier 3 |                                                                                                                    |
| DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG                                                                                              | Tier 3 | PA                                                                                                                 |
| <i>fentanyl citrate intravenous solution 1500 mcg/30ml</i>                                                                              | Tier 1 |                                                                                                                    |
| <i>fentanyl citrate solution 1500 mcg/30ml intravenous</i>                                                                              | Tier 3 |                                                                                                                    |
| <i>fentanyl citrate-nacl intravenous solution prefilled syringe 500-0.9 mcg/50ml-%</i>                                                  | Tier 3 |                                                                                                                    |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i> | Tier 1 | PA; ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS                  |
| <i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>                         | Tier 1 | QL (2 EA per 1 day)                                                                                                |
| <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>               | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day) |
| <i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>                                              | Tier 1 | PA                                                                                                                 |
| <i>hydromorphone hcl injection solution 1 mg/ml</i>                                                                                     | Tier 1 |                                                                                                                    |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i>                                                                                            | Tier 1 |                                                                                                                    |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>                                                                                   | Tier 1 |                                                                                                                    |
| <i>hydromorphone hcl rectal suppository 3 mg</i>                                                                                        | Tier 1 |                                                                                                                    |
| <i>hydromorphone hcl-nacl injection solution prefilled syringe 30-0.9 mg/30ml-%</i>                                                     | Tier 1 |                                                                                                                    |
| <i>hydromorphone hcl-nacl intravenous solution 100-0.9 mg/100ml-%, 20-0.9 mg/100ml-%, 50-0.9 mg/50ml-%</i>                              | Tier 1 |                                                                                                                    |
| <i>hydromorphone hcl-nacl intravenous solution prefilled syringe 30-0.9 mg/30ml-%</i>                                                   | Tier 1 |                                                                                                                    |
| <i>hydromorphone hcl-nacl solution prefilled syringe 30-0.9 mg/30ml-% intravenous</i>                                                   | Tier 3 |                                                                                                                    |
| <i>levorphanol tartrate oral tablet 2 mg</i>                                                                                            | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS                      |
| <i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>                                                                  | Tier 1 |                                                                                                                    |
| <i>meperidine hcl oral solution 50 mg/5ml</i>                                                                                           | Tier 1 | QL (30 ML per 1 day)                                                                                               |

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| Drug                                                                                                       | Status | Notes                                                                                                              |
|------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------|
| <i>meperidine hcl oral tablet 50 mg</i>                                                                    | Tier 1 | QL (6 EA per 1 day)                                                                                                |
| <i>methadone hcl injection solution 10 mg/ml</i>                                                           | Tier 1 | QL (4 ML per 1 day)                                                                                                |
| METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML                                                           | Tier 1 | QL (4 ML per 1 day)                                                                                                |
| <i>methadone hcl oral concentrate 10 mg/ml</i>                                                             | Tier 1 | QL (4 ML per 1 day)                                                                                                |
| <i>methadone hcl oral solution 10 mg/5ml</i>                                                               | Tier 1 | QL (20 ML per 1 day)                                                                                               |
| <i>methadone hcl oral solution 5 mg/5ml</i>                                                                | Tier 1 | QL (40 ML per 1 day)                                                                                               |
| <i>methadone hcl oral tablet 10 mg</i>                                                                     | Tier 1 | QL (4 EA per 1 day)                                                                                                |
| <i>methadone hcl oral tablet 5 mg</i>                                                                      | Tier 1 | QL (8 EA per 1 day)                                                                                                |
| <i>methadone hcl oral tablet soluble 40 mg</i>                                                             | Tier 1 | QL (1 EA per 1 day)                                                                                                |
| METHADOSE ORAL TABLET SOLUBLE 40 MG                                                                        | Tier 1 | QL (1 EA per 1 day)                                                                                                |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>                                             | Tier 1 | PA                                                                                                                 |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>                              | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day) |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>   | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day) |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>                | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day) |
| <i>morphine sulfate intravenous solution 0.5 mg/ml</i>                                                     | Tier 1 |                                                                                                                    |
| <i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>                                                 | Tier 1 |                                                                                                                    |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i>                                                           | Tier 1 |                                                                                                                    |
| <i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>                                       | Tier 1 |                                                                                                                    |
| <i>morphine sulfate-nacl intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%, 500-0.9 mg/100ml-%</i> | Tier 3 |                                                                                                                    |
| <i>morphine sulfate-nacl solution 100-0.9 mg/100ml-% intravenous</i>                                       | Tier 1 |                                                                                                                    |
| <i>morphine sulfate-nacl solution 100-0.9 mg/100ml-% intravenous</i>                                       | Tier 3 |                                                                                                                    |

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| Drug                                                                                             | Status | Notes                                                                                                                                  |
|--------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------|
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG            | Tier 2 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)                     |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG                                                         | Tier 3 | QL (6 EA per 1 day)                                                                                                                    |
| <i>oxycodone hcl oral capsule 5 mg</i>                                                           | Tier 1 |                                                                                                                                        |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i>                                                 | Tier 1 | PA                                                                                                                                     |
| <i>oxycodone hcl oral solution 5 mg/5ml</i>                                                      | Tier 1 |                                                                                                                                        |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>                                | Tier 1 |                                                                                                                                        |
| <i>oxycodone hcl oral tablet abuse-deterrent 10 mg, 15 mg, 30 mg, 5 mg</i>                       | Tier 1 |                                                                                                                                        |
| <i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)                     |
| <i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg</i>                      | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)                     |
| <i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>                                                   | Tier 1 |                                                                                                                                        |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG                                   | Tier 3 |                                                                                                                                        |
| SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML                                          | Tier 3 |                                                                                                                                        |
| <i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg</i>                    | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); AGE (Min 12 Years) |
| <i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>            | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); AGE (Min 12 Years) |
| <i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>                               | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); AGE (Min 12 Years) |

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| Drug                                                                                          | Status | Notes                                                                                                                                  |
|-----------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------|
| <i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>                    | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); AGE (Min 12 Years) |
| <i>tramadol hcl oral solution 5 mg/ml</i>                                                     | Tier 1 | PA                                                                                                                                     |
| <i>tramadol hcl oral tablet 50 mg</i>                                                         | Tier 1 | QL (8 EA per 1 day); AGE (Min 12 Years)                                                                                                |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG                       | Tier 2 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)                     |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG                                      | Tier 2 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)                     |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG                                      | Tier 2 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (8 EA per 1 day)                     |
| <b>Opioid Combinations</b>                                                                    |        |                                                                                                                                        |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>                                      | Tier 1 | QL (150 ML per 1 day); AGE (Min 12 Years)                                                                                              |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                                 | Tier 1 | QL (12 EA per 1 day); AGE (Min 12 Years)                                                                                               |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                                            | Tier 1 | QL (6 EA per 1 day); AGE (Min 12 Years)                                                                                                |
| ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG                                                   | Tier 1 | QL (6 EA per 1 day); AGE (Min 12 Years)                                                                                                |
| <i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>                 | Tier 1 | QL (6 EA per 1 day); AGE (Min 12 Years)                                                                                                |
| <i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>                               | Tier 1 | QL (6 EA per 1 day); AGE (Min 12 Years)                                                                                                |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG                               | Tier 1 | QL (12 EA per 1 day)                                                                                                                   |
| <i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>                                 | Tier 1 | QL (200 ML per 1 day)                                                                                                                  |
| <i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i> | Tier 1 | QL (184 ML per 1 day)                                                                                                                  |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                  | Tier 1 | QL (13 EA per 1 day)                                                                                                                   |

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| Drug                                                                                                       | Status | Notes                                                                                                                |
|------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------|
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>                               | Tier 1 | QL (12 EA per 1 day)                                                                                                 |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>                                                    | Tier 1 | QL (8 EA per 1 day)                                                                                                  |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                                   | Tier 1 |                                                                                                                      |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>                                                  | Tier 1 | QL (61 ML per 1 day)                                                                                                 |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                     | Tier 1 | QL (12 EA per 1 day)                                                                                                 |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                                                      | Tier 1 | QL (10 EA per 1 day); AGE (Min 12 Years)                                                                             |
| <b>Opioid Partial Agonists</b>                                                                             |        |                                                                                                                      |
| <i>BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG</i>                    | Tier 2 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)   |
| <i>buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg</i>          | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)   |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i>                                                      | Tier 1 |                                                                                                                      |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>                                           | Tier 1 | QL (3 EA per 1 day)                                                                                                  |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>                    | Tier 1 |                                                                                                                      |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>                        | Tier 1 | QL (3 EA per 1 day)                                                                                                  |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>        | Tier 1 | ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 28 days) |
| <i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>                                            | Tier 1 |                                                                                                                      |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i>                                                        | Tier 1 |                                                                                                                      |
| <i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>                                                | Tier 1 |                                                                                                                      |
| <i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>                                                      | Tier 1 |                                                                                                                      |
| <i>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG</i> | Tier 2 | QL (1 EA per 1 day)                                                                                                  |

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| Drug                                                                                                      | Status | Notes                      |
|-----------------------------------------------------------------------------------------------------------|--------|----------------------------|
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG                                                           | Tier 2 | QL (2 EA per 1 day)        |
| <b>Androgens-Anabolic</b>                                                                                 |        |                            |
| <b>Androgens</b>                                                                                          |        |                            |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                                                         | Tier 1 |                            |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML                                                        | Tier 1 | PA; QL (10 ML per 28 days) |
| <i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</i>                                      | Tier 3 |                            |
| KYZATREX ORAL CAPSULE 100 MG                                                                              | Tier 3 | PA; QL (2 EA per 1 day)    |
| KYZATREX ORAL CAPSULE 150 MG, 200 MG                                                                      | Tier 3 | PA; QL (4 EA per 1 day)    |
| <i>methitest oral tablet 10 mg</i>                                                                        | Tier 3 | PA                         |
| <i>methyltestosterone oral capsule 10 mg</i>                                                              | Tier 1 | PA                         |
| <i>testosterone cypionate injection solution 200 mg/ml</i>                                                | Tier 3 | PA; QL (10 ML per 28 days) |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>                                 | Tier 1 | PA; QL (10 ML per 28 days) |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i>                                            | Tier 1 | PA; QL (5 ML per 28 days)  |
| <i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i> | Tier 1 | PA; QL (5 GM per 1 day)    |
| <i>testosterone transdermal gel 10 mg/act (2%)</i>                                                        | Tier 1 | PA; QL (4 GM per 1 day)    |
| <i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>                                      | Tier 1 | PA; QL (10 GM per 1 day)   |
| <i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>                                               | Tier 1 | PA; QL (1.25 GM per 1 day) |
| <i>testosterone transdermal solution 30 mg/act</i>                                                        | Tier 1 | PA; QL (6 ML per 1 day)    |
| TLANDO ORAL CAPSULE 112.5 MG                                                                              | Tier 3 | PA; QL (4 EA per 1 day)    |
| UNDECATREX ORAL CAPSULE 200 MG                                                                            | Tier 1 | PA; QL (4 EA per 1 day)    |
| VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)                                                             | Tier 3 | PA; QL (10 GM per 1 day)   |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)                                                                    | Tier 3 | PA; QL (10 GM per 1 day)   |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML                        | Tier 3 | PA; QL (2 ML per 28 days)  |
| <b>Anorectal Agents</b>                                                                                   |        |                            |
| <b>Intrarectal Steroids</b>                                                                               |        |                            |
| <i>budesonide rectal foam 2 mg, 2 mg/act</i>                                                              | Tier 1 |                            |

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| Drug                                                                          | Status | Notes |
|-------------------------------------------------------------------------------|--------|-------|
| CORTIFOAM EXTERNAL FOAM 10 %                                                  | Tier 2 |       |
| <i>hydrocortisone rectal enema 100 mg/60ml</i>                                | Tier 1 |       |
| <b>Rectal Combinations</b>                                                    |        |       |
| ANA-LEX RECTAL KIT 2-2 %                                                      | Tier 1 |       |
| ANALPRAM HC EXTERNAL CREAM 1-1 %                                              | Tier 3 |       |
| ANALPRAM HC EXTERNAL CREAM 2.5-1 %                                            | Tier 1 |       |
| ANALPRAM HC EXTERNAL LOTION 2.5-1 %                                           | Tier 2 |       |
| ANALPRAM-HC EXTERNAL CREAM 1-1 %                                              | Tier 1 |       |
| <i>hydrocortisone ace-pramoxine external cream 1-1 %</i>                      | Tier 1 |       |
| <i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>                  | Tier 1 |       |
| <i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>                  | Tier 1 |       |
| <i>lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %</i>                     | Tier 1 |       |
| <i>lidocaine-hydrocortisone ace rectal kit 1-3 %, 2-2 %, 3-0.5 %, 3-2.5 %</i> | Tier 1 |       |
| LIDOCORT EXTERNAL CREAM 3-0.5 %                                               | Tier 1 |       |
| PROCORT EXTERNAL CREAM 1.85-1.15 %                                            | Tier 3 |       |
| PROCTOFOAM HC EXTERNAL FOAM 1-1 %                                             | Tier 2 |       |
| <b>Rectal Products - Misc.</b>                                                |        |       |
| BARRIGEL RECTAL GEL 20 MG/ML                                                  | Tier 3 |       |
| <b>Rectal Steroids</b>                                                        |        |       |
| <i>anucort-hc rectal suppository 25 mg</i>                                    | Tier 1 |       |
| ANUSOL-HC RECTAL SUPPOSITORY 25 MG                                            | Tier 1 |       |
| HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG                                   | Tier 1 |       |
| <i>hydrocortisone (perianal) external cream 2.5 %</i>                         | Tier 1 |       |
| <i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>                 | Tier 1 |       |
| PROCTOCORT EXTERNAL CREAM 1 %                                                 | Tier 3 |       |
| PROCTO-MED HC EXTERNAL CREAM 2.5 %                                            | Tier 1 |       |
| PROCTOSOL HC EXTERNAL CREAM 2.5 %                                             | Tier 1 |       |
| PROCTOZONE-HC EXTERNAL CREAM 2.5 %                                            | Tier 1 |       |
| <b>Vasodilating Agents</b>                                                    |        |       |
| <i>nitroglycerin rectal ointment 0.4 %</i>                                    | Tier 1 |       |

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| Drug                                                                                       | Status | Notes               |
|--------------------------------------------------------------------------------------------|--------|---------------------|
| <b>Anthelmintics</b>                                                                       |        |                     |
| <b>Anthelmintics</b>                                                                       |        |                     |
| <i>albendazole oral tablet 200 mg</i>                                                      | Tier 1 |                     |
| EMVERM ORAL TABLET CHEWABLE 100 MG                                                         | Tier 2 | PA                  |
| <i>ivermectin oral tablet 3 mg, 6 mg</i>                                                   | Tier 1 |                     |
| <i>praziquantel oral tablet 600 mg</i>                                                     | Tier 1 |                     |
| <b>Antianginal Agents</b>                                                                  |        |                     |
| <b>Antianginals-Other</b>                                                                  |        |                     |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>                          | Tier 1 | QL (2 EA per 1 day) |
| <i>ranolazine er oral tablet extended release 12 hour 500 mg</i>                           | Tier 1 | QL (4 EA per 1 day) |
| <b>Nitrates</b>                                                                            |        |                     |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                   | Tier 1 |                     |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | Tier 1 |                     |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                     | Tier 1 |                     |
| NITRO-BID TRANSDERMAL OINTMENT 2 %                                                         | Tier 2 |                     |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR                                   | Tier 2 |                     |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>                   | Tier 1 |                     |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>  | Tier 1 |                     |
| <i>nitroglycerin translingual solution 0.4 mg/spray</i>                                    | Tier 1 |                     |
| NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY                                            | Tier 1 |                     |
| NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG                                            | Tier 3 |                     |
| NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 6.5 MG, 9 MG                                      | Tier 2 |                     |
| <b>Antianxiety Agents</b>                                                                  |        |                     |
| <b>Antianxiety Agents - Misc.</b>                                                          |        |                     |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                         | Tier 1 |                     |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i>                                                | Tier 1 |                     |

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| Drug                                                                               | Status | Notes |
|------------------------------------------------------------------------------------|--------|-------|
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                             | Tier 1 |       |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>                       | Tier 1 |       |
| <i>meprobamate oral tablet 200 mg, 400 mg</i>                                      | Tier 1 |       |
| <b>Benzodiazepines</b>                                                             |        |       |
| <i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i> | Tier 1 |       |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML                                       | Tier 2 |       |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                          | Tier 1 |       |
| <i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>              | Tier 1 |       |
| <i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i> | Tier 1 |       |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                        | Tier 1 |       |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                  | Tier 1 |       |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML                                         | Tier 1 |       |
| <i>diazepam oral concentrate 5 mg/ml</i>                                           | Tier 1 |       |
| <i>diazepam oral solution 5 mg/5ml</i>                                             | Tier 1 |       |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                      | Tier 1 |       |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML                                        | Tier 1 |       |
| <i>lorazepam oral concentrate 2 mg/ml</i>                                          | Tier 1 |       |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                    | Tier 1 |       |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                                   | Tier 1 |       |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG                               | Tier 1 |       |
| <b>Antiarrhythmics</b>                                                             |        |       |
| <b>Antiarrhythmics Type I-A</b>                                                    |        |       |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                          | Tier 1 |       |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG                    | Tier 2 |       |
| <i>quinidine gluconate er oral tablet extended release 324 mg</i>                  | Tier 1 |       |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                                | Tier 1 |       |

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| Drug                                                                                   | Status | Notes  |
|----------------------------------------------------------------------------------------|--------|--------|
| <b>Antiarrhythmics Type I-B</b>                                                        |        |        |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>                              | Tier 1 |        |
| <b>Antiarrhythmics Type I-C</b>                                                        |        |        |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>                            | Tier 1 |        |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i> | Tier 1 |        |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>                              | Tier 1 |        |
| <b>Antiarrhythmics Type Iii</b>                                                        |        |        |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>                               | Tier 1 |        |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                               | Tier 1 |        |
| MULTAQ ORAL TABLET 400 MG                                                              | Tier 2 |        |
| PACERONE ORAL TABLET 100 MG, 200 MG                                                    | Tier 1 |        |
| <b>Antiasthmatic And Bronchodilator Agents</b>                                         |        |        |
| <b>Antiasthmatic - Monoclonal Antibodies</b>                                           |        |        |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML                               | Tier 2 | PA; SP |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML                               | Tier 2 | PA; SP |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML                                   | Tier 2 | PA; SP |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML                  | Tier 2 | PA; SP |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG                                      | Tier 2 | PA; SP |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML                             | Tier 2 | PA; SP |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML          | Tier 2 | PA; SP |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML      | Tier 2 | PA; SP |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG                                      | Tier 2 | PA; SP |
| <b>Anti-Inflammatory Agents</b>                                                        |        |        |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>                      | Tier 1 |        |

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| Drug                                                                                            | Status | Notes                    |
|-------------------------------------------------------------------------------------------------|--------|--------------------------|
| <b>Bronchodilators - Anticholinergics</b>                                                       |        |                          |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT                                             | Tier 2 | QL (25.8 GM per 30 days) |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT                         | Tier 2 | QL (1 EA per 1 day)      |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                           | Tier 1 |                          |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT                          | Tier 2 | QL (4 GM per 30 days)    |
| <i>tiotropium bromide inhalation capsule 18 mcg</i>                                             | Tier 1 | QL (1 EA per 1 day)      |
| YUPELRI INHALATION SOLUTION 175 MCG/3ML                                                         | Tier 3 | QL (3 ML per 1 day)      |
| <b>Leukotriene Modulators</b>                                                                   |        |                          |
| ACCOLATE ORAL TABLET 10 MG, 20 MG                                                               | Tier 1 |                          |
| <i>montelukast sodium oral packet 4 mg</i>                                                      | Tier 1 |                          |
| <i>montelukast sodium oral tablet 10 mg</i>                                                     | Tier 1 |                          |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>                                       | Tier 1 |                          |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>                                                     | Tier 1 |                          |
| <b>Selective Phosphodiesterase 4 (Pde4) Inhibitors</b>                                          |        |                          |
| <i>roflumilast oral tablet 250 mcg, 500 mcg</i>                                                 | Tier 1 | QL (1 EA per 1 day)      |
| <b>Steroid Inhalants</b>                                                                        |        |                          |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | Tier 2 | QL (1 EA per 1 day)      |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT              | Tier 2 | QL (1 EA per 30 days)    |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT               | Tier 2 | QL (1 EA per 30 days)    |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT  | Tier 2 | QL (1 EA per 30 days)    |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT               | Tier 2 | QL (1 EA per 30 days)    |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT                             | Tier 2 | QL (13 GM per 30 days)   |

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| Drug                                                                                                                                  | Status | Notes                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------|
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>                                                             | Tier 1 | QL (4 ML per 1 day)                                                                       |
| <i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>                               | Tier 1 | QL (2 EA per 1 day)                                                                       |
| <i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>                                           | Tier 1 | QL (4 EA per 1 day)                                                                       |
| <i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>                                                                      | Tier 1 | QL (12 GM per 30 days)                                                                    |
| <i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>                                                                      | Tier 1 | QL (24 GM per 30 days)                                                                    |
| <i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>                                                                       | Tier 1 | QL (21.2 GM per 30 days)                                                                  |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT                                                              | Tier 2 | QL (21.2 GM per 30 days)                                                                  |
| <b>Sympathomimetics</b>                                                                                                               |        |                                                                                           |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT                                                           | Tier 2 | QL (12 GM per 30 days)                                                                    |
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT                                                                                             | Tier 2 | 10.7gm/Pkg; QL (32.1 GM per 30 days)                                                      |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>                                                        | Tier 1 | 8.5gm/Pkg                                                                                 |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>                                                        | Tier 1 | 8.5gm/Pkg                                                                                 |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i> | Tier 1 |                                                                                           |
| <i>albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml</i>                                                                               | Tier 1 |                                                                                           |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                                                                                       | Tier 1 |                                                                                           |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT                                                              | Tier 2 | QL (2 EA per 1 day)                                                                       |
| <i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>                                                              | Tier 1 | ST: TRIAL OF SEREVENT, STRIVERDI, OR PERFORMIST IN THE PAST 120 DAYS; QL (4 ML per 1 day) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT                                                | Tier 2 | QL (2 EA per 1 day)                                                                       |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH                                                                 | Tier 2 | QL (60 EA per 30 days)                                                                    |

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| Drug                                                                                                                    | Status | Notes                    |
|-------------------------------------------------------------------------------------------------------------------------|--------|--------------------------|
| BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT                                                               | Tier 1 | QL (30.9 GM per 30 days) |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT                                                                 | Tier 2 | QL (10.7 GM per 30 days) |
| <i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>                                | Tier 1 | QL (30.6 GM per 30 days) |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT                                                           | Tier 2 |                          |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 50-5 MCG/ACT                                                                   | Tier 2 | QL (39 GM per 30 days)   |
| DULERA INHALATION AEROSOL 200-5 MCG/ACT                                                                                 | Tier 2 | QL (13 GM per 30 days)   |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> | Tier 1 | QL (2 EA per 1 day)      |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>  | Tier 1 | QL (1 EA per 30 days)    |
| <i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>                                                  | Tier 1 | QL (4 ML per 1 day)      |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>                                                     | Tier 1 |                          |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>           | Tier 1 |                          |
| <i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>                                                              | Tier 1 |                          |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT                                                   | Tier 2 | QL (2 EA per 1 day)      |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT                                                            | Tier 2 | QL (4 GM per 30 days)    |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT                                                              | Tier 2 | QL (4 GM per 30 days)    |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>                                                                     | Tier 1 |                          |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT                     | Tier 2 | QL (2 EA per 1 day)      |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT                  | Tier 1 | QL (2 EA per 1 day)      |

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| Drug                                                                                         | Status | Notes                  |
|----------------------------------------------------------------------------------------------|--------|------------------------|
| XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT                                                    | Tier 3 |                        |
| <b>Unknown</b>                                                                               |        |                        |
| OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML                                                   | Tier 3 | PA; SP                 |
| <b>Xanthines</b>                                                                             |        |                        |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML                                                          | Tier 1 |                        |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG                 | Tier 2 |                        |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>   | Tier 1 |                        |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>                   | Tier 1 |                        |
| <i>theophylline oral elixir 80 mg/15ml</i>                                                   | Tier 1 |                        |
| <i>theophylline oral solution 80 mg/15ml</i>                                                 | Tier 1 |                        |
| <b>Anticoagulants</b>                                                                        |        |                        |
| <b>Anticoagulants - Misc.</b>                                                                |        |                        |
| <i>sodium citrate in vitro solution prefilled syringe 4 %</i>                                | Tier 3 |                        |
| <b>Coumarin Anticoagulants</b>                                                               |        |                        |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG               | Tier 1 |                        |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | Tier 1 |                        |
| <b>Direct Factor Xa Inhibitors</b>                                                           |        |                        |
| ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG                                         | Tier 2 | QL (32 EA per 1 day)   |
| ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG                                           | Tier 2 | QL (32 EA per 1 day)   |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG                                    | Tier 2 | QL (74 EA per 30 days) |
| ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG                                                        | Tier 2 | QL (4 EA per 1 day)    |
| ELIQUIS ORAL TABLET 2.5 MG                                                                   | Tier 2 | QL (2 EA per 1 day)    |
| ELIQUIS ORAL TABLET 5 MG                                                                     | Tier 2 | QL (74 EA per 30 days) |
| ELIQUIS ORAL TABLET SOLUBLE 0.5 MG                                                           | Tier 2 | QL (32 EA per 1 day)   |
| <i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>                                     | Tier 1 | QL (20 ML per 1 day)   |
| <i>rivaroxaban oral tablet 2.5 mg</i>                                                        | Tier 1 | QL (2 EA per 1 day)    |

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| Drug                                                                                                                                                 | Status | Notes                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------|
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML                                                                                                        | Tier 2 | QL (20 ML per 1 day)     |
| XARELTO ORAL TABLET 10 MG, 20 MG                                                                                                                     | Tier 2 | QL (1 EA per 1 day)      |
| XARELTO ORAL TABLET 15 MG, 2.5 MG                                                                                                                    | Tier 2 | QL (2 EA per 1 day)      |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG                                                                                             | Tier 2 | QL (51 EA per 30 days)   |
| <b>Heparins And Heparinoid-Like Agents</b>                                                                                                           |        |                          |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i>                                                                                               | Tier 1 | QL (1 ML per 1 day)      |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i> | Tier 1 |                          |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>                                                                                         | Tier 1 | QL (24 ML per 30 days)   |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>                                                                                        | Tier 1 | QL (15 ML per 30 days)   |
| <i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>                                                                                          | Tier 1 | QL (12 ML per 30 days)   |
| <i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>                                                                                        | Tier 1 | QL (18 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML                                                                                                         | Tier 3 | QL (8 ML per 1 day)      |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML                                                                                                       | Tier 3 | QL (7.6 ML per 30 days)  |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML                                                                                        | Tier 3 | QL (2 ML per 1 day)      |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML                                                                                     | Tier 3 | QL (1 ML per 1 day)      |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML                                                                                     | Tier 3 | QL (36 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML                                                                                     | Tier 3 | QL (43.2 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML                                                                     | Tier 3 | QL (12 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML                                                                                      | Tier 3 | QL (18 ML per 30 days)   |

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| Drug                                                                                                                                   | Status | Notes                   |
|----------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------|
| <i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%, 2500-0.9 ut/500ml-%, 5000-0.9 ut/500ml-%</i> | Tier 1 |                         |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>                            | Tier 1 |                         |
| <i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>                                                    | Tier 1 |                         |
| <b>In Vitro/Lock Anticoagulants</b>                                                                                                    |        |                         |
| <i>acd formula a in vitro solution 0.73-2.45-2.2 gm/100ml</i>                                                                          | Tier 3 |                         |
| ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML                                                                               | Tier 3 |                         |
| DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML                                                                                       | Tier 3 |                         |
| TRICITRASOL IN VITRO CONCENTRATE 46.7 %                                                                                                | Tier 3 |                         |
| <b>Thrombin Inhibitors</b>                                                                                                             |        |                         |
| <i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>                                                                | Tier 1 | QL (2 EA per 1 day)     |
| <b>Anticonvulsants</b>                                                                                                                 |        |                         |
| <b>Ampa Glutamate Receptor Antagonists</b>                                                                                             |        |                         |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                                                                                      | Tier 2 | QL (680 ML per 28 days) |
| <i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>                                                                                       | Tier 1 | QL (1 EA per 1 day)     |
| <i>perampanel oral tablet 2 mg</i>                                                                                                     | Tier 1 | QL (4 EA per 1 day)     |
| <i>perampanel oral tablet 4 mg, 6 mg</i>                                                                                               | Tier 1 | QL (2 EA per 1 day)     |
| <b>Anticonvulsants - Benzodiazepines</b>                                                                                               |        |                         |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                                                                              | Tier 1 | QL (480 ML per 30 days) |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                                                                               | Tier 1 | QL (2 EA per 1 day)     |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                       | Tier 1 |                         |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                                        | Tier 1 |                         |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>                                                                                        | Tier 1 |                         |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML                                                                                                     | Tier 3 | QL (10 EA per 30 days)  |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML                                                                                            | Tier 3 | QL (10 EA per 30 days)  |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML                                                                          | Tier 3 | QL (10 EA per 30 days)  |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML                                                                           | Tier 3 | QL (10 EA per 30 days)  |

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| Drug                                                                                 | Status | Notes                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML                                            | Tier 3 | QL (10 EA per 30 days)                                                                                                                                                                               |
| <b>Anticonvulsants - Misc.</b>                                                       |        |                                                                                                                                                                                                      |
| BRIVIACT ORAL SOLUTION 10 MG/ML                                                      | Tier 2 | QL (600 ML per 30 days)                                                                                                                                                                              |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                              | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                                                  |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> | Tier 1 |                                                                                                                                                                                                      |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>  | Tier 1 |                                                                                                                                                                                                      |
| <i>carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml</i>                         | Tier 1 |                                                                                                                                                                                                      |
| <i>carbamazepine oral tablet 200 mg</i>                                              | Tier 1 |                                                                                                                                                                                                      |
| <i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>                             | Tier 1 |                                                                                                                                                                                                      |
| CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG               | Tier 3 |                                                                                                                                                                                                      |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG                                                 | Tier 3 | PA; SP                                                                                                                                                                                               |
| DIACOMIT ORAL PACKET 250 MG, 500 MG                                                  | Tier 3 | PA; SP                                                                                                                                                                                               |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML                                                    | Tier 2 | SP; ST: TRIAL OF ONE OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VIGABATRIN, CARBAMAZEPINE, AND OXCARBAZEPINE in 365 days |
| EPITOL ORAL TABLET 200 MG                                                            | Tier 1 |                                                                                                                                                                                                      |
| <i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>                            | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                                                  |
| <i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>                            | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                                                  |
| FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML                                            | Tier 3 |                                                                                                                                                                                                      |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML                                                     | Tier 3 | PA; SP                                                                                                                                                                                               |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>                                | Tier 1 |                                                                                                                                                                                                      |
| <i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>                               | Tier 1 |                                                                                                                                                                                                      |
| <i>gabapentin oral tablet 25 mg, 50 mg, 600 mg, 800 mg</i>                           | Tier 1 |                                                                                                                                                                                                      |
| <i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>                     | Tier 1 |                                                                                                                                                                                                      |

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| Drug                                                                                                         | Status | Notes                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                                                  | Tier 1 |                                                                                                                                                                                                       |
| LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG                             | Tier 3 |                                                                                                                                                                                                       |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>      | Tier 1 |                                                                                                                                                                                                       |
| <i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i> | Tier 1 |                                                                                                                                                                                                       |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                                 | Tier 1 |                                                                                                                                                                                                       |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>                                                          | Tier 1 |                                                                                                                                                                                                       |
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>                                      | Tier 1 |                                                                                                                                                                                                       |
| <i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>                                                      | Tier 1 |                                                                                                                                                                                                       |
| <i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>                                     | Tier 1 |                                                                                                                                                                                                       |
| <i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>                                   | Tier 1 |                                                                                                                                                                                                       |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>                                  | Tier 1 |                                                                                                                                                                                                       |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>                                                     | Tier 1 |                                                                                                                                                                                                       |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>                                             | Tier 1 |                                                                                                                                                                                                       |
| LYRICA ORAL CAPSULE 200 MG, 75 MG                                                                            | Tier 1 |                                                                                                                                                                                                       |
| NEURONTIN ORAL CAPSULE 400 MG                                                                                | Tier 1 |                                                                                                                                                                                                       |
| NEURONTIN ORAL TABLET 600 MG                                                                                 | Tier 1 |                                                                                                                                                                                                       |
| <i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>                                  | Tier 1 | ST: TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (3 EA per 1 day) |

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| Drug                                                                                       | Status | Notes                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>                        | Tier 1 | ST: TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (4 EA per 1 day) |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i>                                            | Tier 1 |                                                                                                                                                                                                       |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                                    | Tier 1 |                                                                                                                                                                                                       |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | Tier 1 |                                                                                                                                                                                                       |
| <i>pregabalin oral solution 20 mg/ml</i>                                                   | Tier 1 |                                                                                                                                                                                                       |
| <i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>                                         | Tier 1 |                                                                                                                                                                                                       |
| ROWEEPRA ORAL TABLET 500 MG                                                                | Tier 1 |                                                                                                                                                                                                       |
| <i>rufinamide oral suspension 40 mg/ml</i>                                                 | Tier 1 | ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (80 ML per 1 day)                                                                                                       |
| <i>rufinamide oral tablet 200 mg</i>                                                       | Tier 1 | ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (16 EA per 1 day)                                                                                                       |
| <i>rufinamide oral tablet 400 mg</i>                                                       | Tier 1 | ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (8 EA per 1 day)                                                                                                        |
| SUBVENITE ORAL SUSPENSION 10 MG/ML                                                         | Tier 3 | PA                                                                                                                                                                                                    |
| TEGRETOL ORAL SUSPENSION 100 MG/5ML                                                        | Tier 3 |                                                                                                                                                                                                       |
| TEGRETOL ORAL TABLET 200 MG                                                                | Tier 3 |                                                                                                                                                                                                       |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG                    | Tier 3 |                                                                                                                                                                                                       |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg</i>                               | Tier 1 | ST: TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (3 EA per 1 day)                                                                                                                                  |
| <i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>                       | Tier 1 | ST: TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (2 EA per 1 day)                                                                                                                                  |
| <i>topiramate er oral capsule er 24 hour sprinkle 25 mg</i>                                | Tier 1 | ST: TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)                                                                                                                                  |
| <i>topiramate er oral capsule er 24 hour sprinkle 50 mg</i>                                | Tier 1 | ST: TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (7 EA per 1 day)                                                                                                                                  |
| <i>topiramate er oral capsule extended release 24 hour 100 mg</i>                          | Tier 1 | QL (3 EA per 1 day)                                                                                                                                                                                   |

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| Drug                                                                                                         | Status | Notes                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>topiramate er oral capsule extended release 24 hour 200 mg</i>                                            | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                                                   |
| <i>topiramate er oral capsule extended release 24 hour 25 mg</i>                                             | Tier 1 | QL (8 EA per 1 day)                                                                                                                                                                                   |
| <i>topiramate er oral capsule extended release 24 hour 50 mg</i>                                             | Tier 1 | QL (7 EA per 1 day)                                                                                                                                                                                   |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>                                                  | Tier 1 |                                                                                                                                                                                                       |
| <i>topiramate oral solution 25 mg/ml</i>                                                                     | Tier 1 | PA                                                                                                                                                                                                    |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                   | Tier 1 |                                                                                                                                                                                                       |
| ZONISADE ORAL SUSPENSION 100 MG/5ML                                                                          | Tier 3 | PA                                                                                                                                                                                                    |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                                          | Tier 1 |                                                                                                                                                                                                       |
| ZTALMY ORAL SUSPENSION 50 MG/ML                                                                              | Tier 3 | PA; SP                                                                                                                                                                                                |
| <b>Carbamates</b>                                                                                            |        |                                                                                                                                                                                                       |
| <i>felbamate oral suspension 600 mg/5ml</i>                                                                  | Tier 1 |                                                                                                                                                                                                       |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                                                  | Tier 1 |                                                                                                                                                                                                       |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG                                             | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                                                   |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG                                             | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                                                   |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG                                                              | Tier 2 | QL (1 EA per 1 day)                                                                                                                                                                                   |
| XCOPRI ORAL TABLET 200 MG                                                                                    | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                                                   |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | Tier 2 | QL (1 EA per 1 day)                                                                                                                                                                                   |
| <b>Gaba Modulators</b>                                                                                       |        |                                                                                                                                                                                                       |
| <i>tiagabine hcl oral tablet 12 mg, 2 mg, 4 mg</i>                                                           | Tier 1 | ST: TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (4 EA per 1 day) |

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| Drug                                                                 | Status | Notes                                                                                                                                                                                                 |
|----------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>tiagabine hcl oral tablet 16 mg</i>                               | Tier 1 | ST: TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (3 EA per 1 day) |
| <i>vigabatrin oral packet 500 mg</i>                                 | Tier 1 | PA; SP                                                                                                                                                                                                |
| <i>vigabatrin oral tablet 500 mg</i>                                 | Tier 1 | PA; SP                                                                                                                                                                                                |
| VIGADRONE ORAL PACKET 500 MG                                         | Tier 1 | PA; SP                                                                                                                                                                                                |
| VIGADRONE ORAL TABLET 500 MG                                         | Tier 1 | PA; SP                                                                                                                                                                                                |
| VIGAFYDE ORAL SOLUTION 100 MG/ML                                     | Tier 3 | PA; SP                                                                                                                                                                                                |
| VIGPODER ORAL PACKET 500 MG                                          | Tier 1 | PA; SP                                                                                                                                                                                                |
| <b>Hydantoins</b>                                                    |        |                                                                                                                                                                                                       |
| DILANTIN CAPSULE 100 MG ORAL                                         | Tier 1 |                                                                                                                                                                                                       |
| DILANTIN CAPSULE 100 MG ORAL                                         | Tier 3 |                                                                                                                                                                                                       |
| DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG                         | Tier 3 |                                                                                                                                                                                                       |
| DILANTIN ORAL CAPSULE 100 MG, 30 MG                                  | Tier 3 |                                                                                                                                                                                                       |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5ML                              | Tier 3 |                                                                                                                                                                                                       |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG                                 | Tier 1 |                                                                                                                                                                                                       |
| PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG                        | Tier 1 |                                                                                                                                                                                                       |
| <i>phenytoin oral suspension 125 mg/5ml</i>                          | Tier 1 |                                                                                                                                                                                                       |
| <i>phenytoin oral tablet chewable 50 mg</i>                          | Tier 1 |                                                                                                                                                                                                       |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> | Tier 1 |                                                                                                                                                                                                       |
| <b>Succinimides</b>                                                  |        |                                                                                                                                                                                                       |
| <i>ethosuximide oral capsule 250 mg</i>                              | Tier 1 |                                                                                                                                                                                                       |
| <i>ethosuximide oral solution 250 mg/5ml</i>                         | Tier 1 |                                                                                                                                                                                                       |
| <i>methsuximide oral capsule 300 mg</i>                              | Tier 1 |                                                                                                                                                                                                       |
| <b>Valproic Acid</b>                                                 |        |                                                                                                                                                                                                       |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG      | Tier 3 |                                                                                                                                                                                                       |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG          | Tier 3 |                                                                                                                                                                                                       |

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| Drug                                                                                         | Status | Notes                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DEPAKOTE SPRINKLES ORAL CAPSULE<br>DELAYED RELEASE SPRINKLE 125 MG                           | Tier 3 |                                                                                                                                                                                                                          |
| <i>divalproex sodium er oral tablet extended release 24<br/>hour 250 mg, 500 mg</i>          | Tier 1 |                                                                                                                                                                                                                          |
| <i>divalproex sodium oral capsule delayed release<br/>sprinkle 125 mg</i>                    | Tier 1 |                                                                                                                                                                                                                          |
| <i>divalproex sodium oral tablet delayed release 125 mg,<br/>250 mg, 500 mg</i>              | Tier 1 |                                                                                                                                                                                                                          |
| <i>valproic acid oral capsule 250 mg</i>                                                     | Tier 1 |                                                                                                                                                                                                                          |
| <i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>                                   | Tier 1 |                                                                                                                                                                                                                          |
| <b>Antidepressants</b>                                                                       |        |                                                                                                                                                                                                                          |
| <b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>                                           |        |                                                                                                                                                                                                                          |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>                                   | Tier 1 |                                                                                                                                                                                                                          |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45<br/>mg</i>                           | Tier 1 |                                                                                                                                                                                                                          |
| <b>Antidepressant Combinations</b>                                                           |        |                                                                                                                                                                                                                          |
| AUVELITY ORAL TABLET EXTENDED RELEASE<br>45-105 MG                                           | Tier 3 | ST: TRIAL OF ONE OF THE FOLLOWING:<br>BUPROPION, CITALOPRAM,<br>ESCITALOPRAM, FLUOXETINE,<br>MIRTAZAPINE, PAROXETINE,<br>SERTRALINE, VENLAFAXINE,<br>DESVENLAFAXINE, FLUVOXAMINE, OR<br>DULOXETINE IN THE PAST 120 DAYS. |
| <b>Antidepressants - Misc.</b>                                                               |        |                                                                                                                                                                                                                          |
| <i>bupropion hcl er (sr) oral tablet extended release 12<br/>hour 100 mg, 150 mg, 200 mg</i> | Tier 1 |                                                                                                                                                                                                                          |
| <i>bupropion hcl er (xl) oral tablet extended release 24<br/>hour 150 mg, 300 mg</i>         | Tier 1 |                                                                                                                                                                                                                          |
| <i>bupropion hcl er (xl) oral tablet extended release 24<br/>hour 450 mg</i>                 | Tier 1 | ST: TRIAL OF BUPROPION HCL ER (XL),<br>BUPROPION HCL, OR BUPROPION HCL ER<br>(SR) IN THE PAST 120 DAYS; QL (1 EA per 1<br>day)                                                                                           |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                               | Tier 1 |                                                                                                                                                                                                                          |
| FORFIVO XL ORAL TABLET EXTENDED RELEASE<br>24 HOUR 450 MG                                    | Tier 3 | ST: TRIAL OF BUPROPION HCL ER (XL),<br>BUPROPION HCL, OR BUPROPION HCL ER<br>(SR) IN THE PAST 120 DAYS; QL (1 EA per 1<br>day)                                                                                           |

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| Drug                                                                                  | Status | Notes                                                                                                                                  |
|---------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Gaba Receptor Modulator - Neuroactive Steroid</b>                                  |        |                                                                                                                                        |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG                                             | Tier 2 | PA; SP                                                                                                                                 |
| <b>Monoamine Oxidase Inhibitors (Maois)</b>                                           |        |                                                                                                                                        |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR                      | Tier 3 | ST: TRIAL OF MARPLAN, PHENELZINE, OR TRANYLCYPROMINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)                                         |
| MARPLAN ORAL TABLET 10 MG                                                             | Tier 3 |                                                                                                                                        |
| NARDIL ORAL TABLET 15 MG                                                              | Tier 3 |                                                                                                                                        |
| <i>phenelzine sulfate oral tablet 15 mg</i>                                           | Tier 1 |                                                                                                                                        |
| <i>tranylcypromine sulfate oral tablet 10 mg</i>                                      | Tier 1 |                                                                                                                                        |
| <b>N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists</b>                           |        |                                                                                                                                        |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE                        | Tier 2 | PA; SP                                                                                                                                 |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE                        | Tier 2 | PA; SP                                                                                                                                 |
| <b>Selective Serotonin Reuptake Inhibitors (Ssris)</b>                                |        |                                                                                                                                        |
| <i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>                    | Tier 1 |                                                                                                                                        |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>                        | Tier 1 |                                                                                                                                        |
| <i>escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml</i>                        | Tier 1 |                                                                                                                                        |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                            | Tier 1 |                                                                                                                                        |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>                                | Tier 1 |                                                                                                                                        |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i>                              | Tier 1 |                                                                                                                                        |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i>                                         | Tier 1 |                                                                                                                                        |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>                                 | Tier 1 |                                                                                                                                        |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>    | Tier 1 | ST: TRIAL OF CITALOPRAM, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE IR, PAROXETINE, OR SERTRALINE IN THE PAST 120 DAYS; QL (2 EA per 1 day) |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>                           | Tier 1 |                                                                                                                                        |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> | Tier 1 |                                                                                                                                        |

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| Drug                                                                                          | Status | Notes                                                                                   |
|-----------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------|
| <i>paroxetine hcl oral suspension 10 mg/5ml</i>                                               | Tier 1 |                                                                                         |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                                  | Tier 1 |                                                                                         |
| <i>sertraline hcl oral concentrate 20 mg/ml</i>                                               | Tier 1 |                                                                                         |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>                                        | Tier 1 |                                                                                         |
| <b>Serotonin Modulators</b>                                                                   |        |                                                                                         |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                       | Tier 1 |                                                                                         |
| RALDESY ORAL SOLUTION 10 MG/ML                                                                | Tier 3 | PA                                                                                      |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                                | Tier 1 |                                                                                         |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG                                                     | Tier 2 | QL (1 EA per 1 day)                                                                     |
| <i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>                                         | Tier 1 |                                                                                         |
| <b>Serotonin-Norepinephrine Reuptake Inhibitors (Snris)</b>                                   |        |                                                                                         |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>  | Tier 1 |                                                                                         |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG                   | Tier 3 | ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)               |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG                                 | Tier 3 | ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)               |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>              | Tier 1 |                                                                                         |
| <i>duloxetine hcl oral capsule delayed release particles 40 mg</i>                            | Tier 1 | ST: TRIAL OF GENERIC DULOXETINE 20MG CAPSULES IN THE PAST 120 DAYS; QL (1 EA per 1 day) |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG                                      | Tier 1 |                                                                                         |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG                     | Tier 2 | QL (1 EA per 1 day)                                                                     |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG                             | Tier 2 | QL (1 EA per 1 day)                                                                     |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>        | Tier 1 |                                                                                         |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i> | Tier 1 |                                                                                         |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                       | Tier 1 |                                                                                         |

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| Drug                                                                             | Status | Notes                                                                                  |
|----------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------|
| <b>Tricyclic Agents</b>                                                          |        |                                                                                        |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>  | Tier 1 |                                                                                        |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                        | Tier 1 |                                                                                        |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>                         | Tier 1 |                                                                                        |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>    | Tier 1 |                                                                                        |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>       | Tier 1 |                                                                                        |
| <i>doxepin hcl oral concentrate 10 mg/ml</i>                                     | Tier 1 |                                                                                        |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                            | Tier 1 |                                                                                        |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>             | Tier 1 |                                                                                        |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                 | Tier 1 |                                                                                        |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i>                                 | Tier 1 |                                                                                        |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i>                                 | Tier 1 |                                                                                        |
| <i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>                    | Tier 1 |                                                                                        |
| <b>Antidiabetics</b>                                                             |        |                                                                                        |
| <b>Alpha-Glucosidase Inhibitors</b>                                              |        |                                                                                        |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                                 | Tier 1 |                                                                                        |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                 | Tier 1 |                                                                                        |
| <b>Antidiabetic Combinations</b>                                                 |        |                                                                                        |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>      | Tier 1 |                                                                                        |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>         | Tier 1 |                                                                                        |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG                                            | Tier 2 | QL (1 EA per 1 day)                                                                    |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG                                        | Tier 2 | QL (2 EA per 1 day)                                                                    |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG                      | Tier 2 | QL (1 EA per 1 day)                                                                    |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG            | Tier 2 | QL (2 EA per 1 day)                                                                    |
| <i>linagliptin-metformin hcl oral tablet 2.5-1000 mg, 2.5-500 mg, 2.5-850 mg</i> | Tier 1 | ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (2 EA per 1 day) |

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| Drug                                                                             | Status | Notes                                                                                     |
|----------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------|
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>                 | Tier 1 | ST: TRIAL OF METFORMIN, SULFONYLUREA OR METFORMIN/SULFONYLUREA COMBO IN THE PAST 120 DAYS |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>           | Tier 1 | ST: TRIAL OF METFORMIN, SULFONYLUREA OR METFORMIN/SULFONYLUREA COMBO IN THE PAST 120 DAYS |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML                     | Tier 2 | QL (30 ML per 28 days)                                                                    |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG              | Tier 2 | QL (2 EA per 1 day)                                                                       |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG          | Tier 2 | QL (1 EA per 1 day)                                                                       |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG         | Tier 2 | QL (2 EA per 1 day)                                                                       |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG      | Tier 2 | QL (1 EA per 1 day)                                                                       |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG | Tier 2 | QL (2 EA per 1 day)                                                                       |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG   | Tier 2 | QL (1 EA per 1 day)                                                                       |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG            | Tier 2 | QL (2 EA per 1 day)                                                                       |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML                   | Tier 2 | QL (15 ML per 28 days)                                                                    |
| <b>Biguanides</b>                                                                |        |                                                                                           |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>      | Tier 1 |                                                                                           |
| <i>metformin hcl oral solution 500 mg/5ml</i>                                    | Tier 1 |                                                                                           |
| <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>                         | Tier 1 |                                                                                           |
| <b>Diabetic Other</b>                                                            |        |                                                                                           |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE                                          | Tier 2 | QL (4 EA per 1 FILL)                                                                      |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE                                          | Tier 2 | QL (4 EA per 1 FILL)                                                                      |
| <i>diazoxide oral suspension 50 mg/ml</i>                                        | Tier 1 |                                                                                           |
| <i>glucagon emergency injection solution reconstituted 1 mg</i>                  | Tier 1 | ST: TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (4 EA per 1 FILL)                  |

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| Drug                                                                                                                         | Status | Notes                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------|
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML                                                        | Tier 2 | QL (0.4 ML per 1 FILL)                                                                                      |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML                                                          | Tier 2 | QL (0.8 ML per 1 FILL)                                                                                      |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML                                                        | Tier 2 | QL (0.4 ML per 1 FILL)                                                                                      |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML                                                          | Tier 2 | QL (0.8 ML per 1 FILL)                                                                                      |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML                                                                                   | Tier 2 | QL (0.8 ML per 1 FILL)                                                                                      |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML                                                                 | Tier 2 | QL (0.8 ML per 1 FILL)                                                                                      |
| <i>mifepristone oral tablet 300 mg</i>                                                                                       | Tier 1 | PA; SP                                                                                                      |
| <b>Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors</b>                                                                             |        |                                                                                                             |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG                                                                                     | Tier 2 | QL (1 EA per 1 day)                                                                                         |
| <b>Dopamine Receptor Agonists - Antidiabetic</b>                                                                             |        |                                                                                                             |
| CYCLOSET ORAL TABLET 0.8 MG                                                                                                  | Tier 3 | ST: TRIAL OF METFORMIN, METFORMIN ER, GLYBURIDE/METFORMIN, OR GLIPIZIDE/METFORMIN IN THE PAST 120 DAYS      |
| <b>Incretin Mimetic Agents (Glp-1 Receptor Agonists)</b>                                                                     |        |                                                                                                             |
| <i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml</i>                                                            | Tier 1 | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2.4 ML per 30 days) |
| <i>exenatide subcutaneous solution pen-injector 5 mcg/0.02ml</i>                                                             | Tier 1 | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1.2 ML per 30 days) |
| <i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>                                                              | Tier 1 | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (9 ML per 30 days)   |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | Tier 2 | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.5 ML per 7 days)  |

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| Drug                                                                                                                           | Status | Notes                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------|
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML                                                      | Tier 2 | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (3 ML per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML                                                                | Tier 2 | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (3 ML per 28 days) |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML                                                                | Tier 2 | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (3 ML per 28 days) |
| RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG                                                                       | Tier 2 | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1 EA per 1 day)   |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG                                                                                         | Tier 2 | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1 EA per 1 day)   |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML                            | Tier 2 | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2 ML per 28 days) |
| <b>Insulin</b>                                                                                                                 |        |                                                                                                           |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT | Tier 3 | PA                                                                                                        |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                                                                 | Tier 2 | QL (30 ML per 28 days)                                                                                    |
| FIASP INJECTION SOLUTION 100 UNIT/ML                                                                                           | Tier 2 | QL (40 ML per 28 days)                                                                                    |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML                                                                      | Tier 2 | QL (30 ML per 28 days)                                                                                    |
| FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML                                                                     | Tier 2 | QL (30 ML per 28 days)                                                                                    |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML                                                                 | Tier 2 | QL (12 ML per 28 days)                                                                                    |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML                                             | Tier 2 | QL (30 ML per 28 days)                                                                                    |

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| Drug                                                                                             | Status | Notes                  |
|--------------------------------------------------------------------------------------------------|--------|------------------------|
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML                                    | Tier 2 | QL (40 ML per 28 days) |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML                                              | Tier 2 | QL (30 ML per 28 days) |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML                   | Tier 2 | QL (30 ML per 28 days) |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                                        | Tier 2 | QL (40 ML per 28 days) |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML                               | Tier 2 | QL (30 ML per 28 days) |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                                    | Tier 2 | QL (40 ML per 28 days) |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML                                                         | Tier 2 | QL (40 ML per 28 days) |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML                                 | Tier 2 | QL (40 ML per 28 days) |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML                           | Tier 2 | QL (24 ML per 28 days) |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>                                   | Tier 2 | QL (40 ML per 28 days) |
| <i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>                      | Tier 2 | QL (30 ML per 28 days) |
| <i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>               | Tier 1 | QL (30 ML per 28 days) |
| <i>insulin lispro injection solution 100 unit/ml</i>                                             | Tier 1 | QL (40 ML per 28 days) |
| <i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>              | Tier 1 | QL (30 ML per 28 days) |
| <i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i> | Tier 1 | QL (30 ML per 28 days) |
| LYUMJEV INJECTION SOLUTION 100 UNIT/ML                                                           | Tier 2 | QL (40 ML per 28 days) |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                                   | Tier 2 | QL (30 ML per 28 days) |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML                                   | Tier 2 | QL (12 ML per 28 days) |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML            | Tier 2 | QL (30 ML per 28 days) |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML                   | Tier 2 | QL (30 ML per 28 days) |

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| Drug                                                                                  | Status | Notes                  |
|---------------------------------------------------------------------------------------|--------|------------------------|
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                      | Tier 2 | QL (40 ML per 28 days) |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                             | Tier 2 | QL (40 ML per 28 days) |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML             | Tier 2 | QL (30 ML per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML                    | Tier 2 | QL (30 ML per 28 days) |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                  | Tier 2 | QL (40 ML per 28 days) |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                         | Tier 2 | QL (40 ML per 28 days) |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML                         | Tier 2 | QL (30 ML per 28 days) |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML                  | Tier 2 | QL (30 ML per 28 days) |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML                                              | Tier 2 | QL (40 ML per 28 days) |
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML                                       | Tier 2 | QL (40 ML per 28 days) |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 2 | QL (30 ML per 28 days) |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                 | Tier 2 | QL (30 ML per 28 days) |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                        | Tier 2 | QL (30 ML per 28 days) |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML                                                | Tier 2 | QL (40 ML per 28 days) |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML    | Tier 2 | QL (30 ML per 28 days) |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                  | Tier 2 | QL (40 ML per 28 days) |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                         | Tier 2 | QL (40 ML per 28 days) |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML                           | Tier 2 | QL (30 ML per 28 days) |
| NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML                                         | Tier 2 | QL (40 ML per 28 days) |

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| Drug                                                                         | Status | Notes                                                                                              |
|------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------|
| REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML             | Tier 3 | ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days) |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML           | Tier 2 | QL (18 ML per 28 days)                                                                             |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML               | Tier 2 | QL (13.5 ML per 28 days)                                                                           |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML             | Tier 2 | QL (30 ML per 28 days)                                                                             |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML             | Tier 2 | QL (18 ML per 28 days)                                                                             |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML                                    | Tier 2 | QL (40 ML per 28 days)                                                                             |
| <b>Insulin Sensitizing Agents</b>                                            |        |                                                                                                    |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>                      | Tier 1 |                                                                                                    |
| <b>Meglitinide Analogues</b>                                                 |        |                                                                                                    |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                 | Tier 1 |                                                                                                    |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                            | Tier 1 |                                                                                                    |
| <b>Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors</b>                    |        |                                                                                                    |
| FARXIGA ORAL TABLET 10 MG, 5 MG                                              | Tier 2 | QL (1 EA per 1 day)                                                                                |
| JARDIANCE ORAL TABLET 10 MG, 25 MG                                           | Tier 2 | QL (1 EA per 1 day)                                                                                |
| <b>Sulfonylureas</b>                                                         |        |                                                                                                    |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                              | Tier 1 |                                                                                                    |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | Tier 1 |                                                                                                    |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                     | Tier 1 |                                                                                                    |
| <i>glipizide oral tablet 2.5 mg</i>                                          | Tier 1 | QL (2 EA per 1 day)                                                                                |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                   | Tier 1 |                                                                                                    |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                           | Tier 1 |                                                                                                    |
| <b>Antidiarrheal/Probiotic Agents</b>                                        |        |                                                                                                    |
| <b>Antidiarrheal - Chloride Channel Antagonists</b>                          |        |                                                                                                    |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG                                    | Tier 3 | SP; ST: TRIAL OF ANTI-RETROVIRAL THERAPY IN THE PAST 120 DAYS; QL (2 EA per 1 day)                 |
| <b>Antidiarrheal/Probiotic Agents - Misc.</b>                                |        |                                                                                                    |
| BACILLEX ORAL CAPSULE 250 MG                                                 | Tier 3 |                                                                                                    |
| <i>bilac oral capsule</i>                                                    | Tier 3 |                                                                                                    |

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| Drug                                                          | Status | Notes  |
|---------------------------------------------------------------|--------|--------|
| BIOCORE DAILY ORAL CAPSULE                                    | Tier 3 |        |
| <i>biostora oral capsule</i>                                  | Tier 3 |        |
| DERMACINRX PROBISOL ORAL CAPSULE                              | Tier 3 |        |
| DERMACINRX PROBITRAN ORAL CAPSULE                             | Tier 3 |        |
| FLORRAXIS ORAL CAPSULE                                        | Tier 3 |        |
| <i>gutstor oral capsule</i>                                   | Tier 3 |        |
| LACTEROL ORAL CAPSULE                                         | Tier 3 |        |
| <i>lactovive oral capsule</i>                                 | Tier 3 |        |
| <i>microbalance oral capsule</i>                              | Tier 3 |        |
| PAXOTIN ORAL CAPSULE                                          | Tier 3 |        |
| PROBINATE ORAL CAPSULE                                        | Tier 3 |        |
| <i>promella in prebiotic oral capsule</i>                     | Tier 3 |        |
| <i>proriva oral capsule</i>                                   | Tier 3 |        |
| <i>relibiotic oral capsule</i>                                | Tier 3 |        |
| <i>surebiotic probiotic support oral capsule</i>              | Tier 3 |        |
| VISBIOME GI CARE EX ST ORAL PACKET                            | Tier 3 |        |
| <i>wellpro 31 oral capsule</i>                                | Tier 3 |        |
| <i>xybiotic oral capsule</i>                                  | Tier 3 |        |
| <i>zelac oral capsule</i>                                     | Tier 3 |        |
| <b>Antidiarrheal/Probiotic Combinations</b>                   |        |        |
| <i>probichew oral tablet chewable</i>                         | Tier 3 |        |
| RESTORA RX ORAL CAPSULE 60-1.25 MG                            | Tier 3 |        |
| <b>Antiperistaltic Agents</b>                                 |        |        |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>    | Tier 1 |        |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>        | Tier 1 |        |
| <i>loperamide hcl oral capsule 2 mg</i>                       | Tier 1 |        |
| <i>opium oral tincture 10 mg/ml (1%)</i>                      | Tier 1 |        |
| <b>Antidotes And Specific Antagonists</b>                     |        |        |
| <b>Antidotes - Chelating Agents</b>                           |        |        |
| CHEMET ORAL CAPSULE 100 MG                                    | Tier 3 |        |
| <i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i> | Tier 1 | PA; SP |
| <i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>          | Tier 1 | PA; SP |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>          | Tier 1 | PA; SP |
| <i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i> | Tier 1 | PA; SP |

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| Drug                                                                         | Status | Notes                                                                              |
|------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------|
| <i>deferiprone oral tablet 1000 mg, 500 mg</i>                               | Tier 1 | PA; SP                                                                             |
| <b>Antidotes And Specific Antagonists</b>                                    |        |                                                                                    |
| <i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>   | Tier 1 | PA                                                                                 |
| RADIOGARDASE ORAL CAPSULE 0.5 GM                                             | Tier 3 |                                                                                    |
| VISTOGARD ORAL PACKET 10 GM                                                  | Tier 2 | SP; QL (24 EA per 14 days)                                                         |
| <b>Opioid Antagonists</b>                                                    |        |                                                                                    |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML                                             | Tier 2 | QL (4 EA per 30 days)                                                              |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>                   | Tier 1 |                                                                                    |
| <i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i> | Tier 1 |                                                                                    |
| <i>naloxone hcl nasal liquid 4 mg/0.1ml</i>                                  | Tier 1 | QL (4 EA per 30 days)                                                              |
| <i>naltrexone hcl oral tablet 50 mg</i>                                      | Tier 1 |                                                                                    |
| OPVEE NASAL SOLUTION 2.7 MG/0.1ML                                            | Tier 3 | QL (4 EA per 30 days)                                                              |
| REXTOVY NASAL LIQUID 4 MG/0.25ML                                             | Tier 3 | QL (4 EA per 30 days)                                                              |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML                        | Tier 3 | QL (2 ML per 30 days)                                                              |
| ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML                         | Tier 3 | QL (4 ML per 30 days)                                                              |
| <b>Antiemetics</b>                                                           |        |                                                                                    |
| <b>5-Ht3 Receptor Antagonists</b>                                            |        |                                                                                    |
| ANZEMET ORAL TABLET 50 MG                                                    | Tier 3 | ST: TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (8 EA per 1 FILL)  |
| <i>granisetron hcl oral tablet 1 mg</i>                                      | Tier 1 | ST: TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (8 EA per 30 days) |
| <i>ondansetron hcl oral solution 4 mg/5ml</i>                                | Tier 1 | QL (50 ML per 15 days)                                                             |
| <i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>                         | Tier 1 |                                                                                    |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>                        | Tier 1 |                                                                                    |
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR                                        | Tier 3 | ST: TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (1 EA per 7 days)  |
| <b>Antiemetics - Anticholinergic</b>                                         |        |                                                                                    |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>                              | Tier 1 |                                                                                    |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i>                      | Tier 1 |                                                                                    |
| <i>trimethobenzamide hcl oral capsule 300 mg</i>                             | Tier 1 |                                                                                    |

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| Drug                                                                  | Status | Notes                                                                                                                   |
|-----------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Antiemetics - Miscellaneous</b>                                    |        |                                                                                                                         |
| AKYNZEO ORAL CAPSULE 300-0.5 MG                                       | Tier 2 | QL (1 EA per 28 days)                                                                                                   |
| <i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>     | Tier 1 | QL (4 EA per 1 day)                                                                                                     |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                    | Tier 1 | ST: TRIAL OF 5HT3 ANTAGONIST, CORTICOSTEROIDS, MEGESTROL SUSPENSION, OR EMEND IN THE PAST 120 DAYS; QL (2 EA per 1 day) |
| SYNDROS ORAL SOLUTION 5 MG/ML                                         | Tier 3 | ST: TRIAL OF GENERIC DRONABINOL CAPSULES OR MEGESTROL SUSPENSION IN THE PAST 120 DAYS; QL (2 ML per 1 day)              |
| <b>Substance P/Neurokinin 1 (Nk1) Receptor Antagonists</b>            |        |                                                                                                                         |
| <i>aprepitant oral capsule 125 mg</i>                                 | Tier 1 | QL (1 EA per 21 days)                                                                                                   |
| <i>aprepitant oral capsule 40 mg</i>                                  | Tier 1 | QL (1 EA per 28 days)                                                                                                   |
| <i>aprepitant oral capsule 80 &amp; 125 mg</i>                        | Tier 1 | QL (3 EA per 21 days)                                                                                                   |
| <i>aprepitant oral capsule 80 mg</i>                                  | Tier 1 | QL (2 EA per 21 days)                                                                                                   |
| EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML                        | Tier 2 | QL (3 EA per 21 days)                                                                                                   |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG               | Tier 2 | QL (2 EA per 14 days)                                                                                                   |
| <b>Antifungals</b>                                                    |        |                                                                                                                         |
| <b>Antifungal - Glucan Synthesis Inhibitors (Echinocandins)</b>       |        |                                                                                                                         |
| BREXAFEMME ORAL TABLET 150 MG                                         | Tier 3 | PA                                                                                                                      |
| <b>Antifungals</b>                                                    |        |                                                                                                                         |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>                        | Tier 1 |                                                                                                                         |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i>              | Tier 1 |                                                                                                                         |
| <i>griseofulvin microsize oral tablet 500 mg</i>                      | Tier 1 |                                                                                                                         |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i> | Tier 1 |                                                                                                                         |
| <i>nystatin oral tablet 500000 unit</i>                               | Tier 1 |                                                                                                                         |
| <i>terbinafine hcl oral tablet 250 mg</i>                             | Tier 1 |                                                                                                                         |
| <b>Imidazole-Related Antifungals</b>                                  |        |                                                                                                                         |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG                                 | Tier 3 | PA                                                                                                                      |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>   | Tier 1 |                                                                                                                         |

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| Drug                                                                      | Status | Notes                                                                                                        |
|---------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------|
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>              | Tier 1 |                                                                                                              |
| <i>itraconazole oral capsule 100 mg</i>                                   | Tier 1 |                                                                                                              |
| <i>itraconazole oral solution 10 mg/ml</i>                                | Tier 1 |                                                                                                              |
| <i>ketoconazole oral tablet 200 mg</i>                                    | Tier 1 |                                                                                                              |
| NOXAFIL ORAL PACKET 300 MG                                                | Tier 3 | PA                                                                                                           |
| <i>posaconazole oral suspension 40 mg/ml</i>                              | Tier 1 | PA                                                                                                           |
| <i>posaconazole oral tablet delayed release 100 mg</i>                    | Tier 1 | PA                                                                                                           |
| VIVJOA ORAL CAPSULE THERAPY PACK 150 MG                                   | Tier 3 | PA                                                                                                           |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i>                | Tier 1 |                                                                                                              |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                             | Tier 1 |                                                                                                              |
| <b>Antihistamines</b>                                                     |        |                                                                                                              |
| <b>Antihistamines - Ethanolamines</b>                                     |        |                                                                                                              |
| <i>carbinoxamine maleate er oral suspension extended release 4 mg/5ml</i> | Tier 1 | ST: TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS; QL (960 ML per 30 days); AGE (Min 2 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                             | Tier 1 | AGE (Min 2 Years)                                                                                            |
| <i>carbzah oral solution 4 mg/5ml</i>                                     | Tier 3 | AGE (Min 2 Years)                                                                                            |
| <i>clemastine fumarate oral tablet 2.68 mg</i>                            | Tier 1 |                                                                                                              |
| CLEMASZ ORAL TABLET 2.68 MG                                               | Tier 3 |                                                                                                              |
| CLEMSZA ORAL TABLET 2.68 MG                                               | Tier 1 |                                                                                                              |
| DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML                   | Tier 3 |                                                                                                              |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>                    | Tier 1 |                                                                                                              |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>                        | Tier 1 |                                                                                                              |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML                     | Tier 3 | ST: TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS; QL (960 ML per 30 days); AGE (Min 2 Years) |
| <b>Antihistamines - Non-Sedating</b>                                      |        |                                                                                                              |
| <i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>                     | Tier 1 |                                                                                                              |
| <i>desloratadine oral tablet 5 mg</i>                                     | Tier 1 |                                                                                                              |
| <i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>                 | Tier 1 | ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLETS IN THE PAST 120 DAYS; QL (1 EA per 1 day)              |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>            | Tier 1 | ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET IN THE PAST 120 DAYS                                    |

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| Drug                                                                  | Status | Notes                                                                      |
|-----------------------------------------------------------------------|--------|----------------------------------------------------------------------------|
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i>                | Tier 1 |                                                                            |
| <b>Antihistamines - Phenothiazines</b>                                |        |                                                                            |
| <i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>         | Tier 1 |                                                                            |
| <i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>       | Tier 1 |                                                                            |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>             | Tier 1 |                                                                            |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>             | Tier 1 |                                                                            |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG                         | Tier 1 |                                                                            |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG                                  | Tier 3 |                                                                            |
| <b>Antihistamines - Piperidines</b>                                   |        |                                                                            |
| <i>cycloheptadine hcl oral syrup 2 mg/5ml</i>                         | Tier 1 |                                                                            |
| <i>cycloheptadine hcl oral tablet 4 mg</i>                            | Tier 1 |                                                                            |
| <b>Antihyperlipidemics</b>                                            |        |                                                                            |
| <b>Antihyperlipidemics - Combinations</b>                             |        |                                                                            |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i> | Tier 1 |                                                                            |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i>                     | Tier 1 | PA; QL (1 EA per 1 day)                                                    |
| NEXLIZET ORAL TABLET 180-10 MG                                        | Tier 2 | ST: TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS                           |
| <i>sure result o3d3 system oral kit 1 &amp; 1000 gm &amp; unit</i>    | Tier 3 |                                                                            |
| <b>Antihyperlipidemics - Misc.</b>                                    |        |                                                                            |
| <i>icosapent ethyl oral capsule 0.5 gm</i>                            | Tier 1 | QL (8 EA per 1 day)                                                        |
| <i>icosapent ethyl oral capsule 1 gm</i>                              | Tier 1 | QL (4 EA per 1 day)                                                        |
| LOVAZA ORAL CAPSULE 1 GM                                              | Tier 1 | ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day) |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i>                    | Tier 1 | ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day) |
| <b>Bile Acid Sequestrants</b>                                         |        |                                                                            |
| <i>cholestyramine light oral packet 4 gm</i>                          | Tier 1 |                                                                            |
| <i>cholestyramine light oral powder 4 gm/dose</i>                     | Tier 1 |                                                                            |
| <i>cholestyramine light powder 4 gm/dose oral</i>                     | Tier 3 |                                                                            |
| <i>cholestyramine light powder 4 gm/dose oral</i>                     | Tier 1 |                                                                            |
| <i>cholestyramine oral packet 4 gm</i>                                | Tier 1 |                                                                            |
| <i>cholestyramine oral powder 4 gm/dose</i>                           | Tier 1 |                                                                            |
| <i>cholestyramine powder 4 gm/dose oral</i>                           | Tier 1 |                                                                            |

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| Drug                                                                            | Status | Notes                                                                                                                            |
|---------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------|
| <i>cholestyramine powder 4 gm/dose oral</i>                                     | Tier 3 |                                                                                                                                  |
| <i>colesevelam hcl oral packet 3.75 gm</i>                                      | Tier 1 |                                                                                                                                  |
| <i>colesevelam hcl oral tablet 625 mg</i>                                       | Tier 1 |                                                                                                                                  |
| <i>colestipol hcl oral granules 5 gm</i>                                        | Tier 1 |                                                                                                                                  |
| <i>colestipol hcl oral packet 5 gm</i>                                          | Tier 1 |                                                                                                                                  |
| <i>colestipol hcl oral tablet 1 gm</i>                                          | Tier 1 |                                                                                                                                  |
| PREVALITE ORAL PACKET 4 GM                                                      | Tier 1 |                                                                                                                                  |
| PREVALITE ORAL POWDER 4 GM/DOSE                                                 | Tier 1 |                                                                                                                                  |
| <b>Fibric Acid Derivatives</b>                                                  |        |                                                                                                                                  |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | Tier 1 |                                                                                                                                  |
| <i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>            | Tier 1 |                                                                                                                                  |
| <i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>      | Tier 1 |                                                                                                                                  |
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>               | Tier 1 |                                                                                                                                  |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i>                                | Tier 1 |                                                                                                                                  |
| <i>gemfibrozil oral tablet 600 mg</i>                                           | Tier 1 |                                                                                                                                  |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG                                              | Tier 3 | ST: TRIAL OF GEMFIBROZIL OR GENERIC FENOFIBRATE IN THE PAST 120 DAYS                                                             |
| <b>Hmg Coa Reductase Inhibitors</b>                                             |        |                                                                                                                                  |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG               | Tier 3 | ST: TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; QL (1 EA per 1 day) |
| ATORVALIQ ORAL SUSPENSION 20 MG/5ML                                             | Tier 3 | PA                                                                                                                               |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>                            | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS   |
| <i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>                            | Tier 1 |                                                                                                                                  |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG                | Tier 3 | ST: TRIAL OF GENERIC ROSUVASTATIN IN THE PAST 120 DAYS; QL (1 EA per 1 day)                                                      |
| <i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>                            | Tier 3 | PA                                                                                                                               |

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| Drug                                                                    | Status | Notes                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i> | \$0    | ST: TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>fluvastatin sodium oral capsule 20 mg</i>                            | \$0    | ST: TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| <i>fluvastatin sodium oral capsule 40 mg</i>                            | \$0    | ST: TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                       | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS                                                                                                                                   |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>                | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)                                                                                                              |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>        | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS                                                                                                                                   |

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| Drug                                                                                       | Status | Notes                                                                                                                          |
|--------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------|
| <i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>                                        | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| <i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>                                       | Tier 1 |                                                                                                                                |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                   | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| <i>simvastatin oral tablet 80 mg</i>                                                       | Tier 1 | PA; QL (1 EA per 1 day)                                                                                                        |
| <b>Intestinal Cholesterol Absorption Inhibitors</b>                                        |        |                                                                                                                                |
| <i>ezetimibe oral tablet 10 mg</i>                                                         | Tier 1 | QL (1 EA per 1 day)                                                                                                            |
| <b>Microsomal Triglyceride Transfer Protein (Mtp) Inhibitors</b>                           |        |                                                                                                                                |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG                                            | Tier 2 | PA; SP                                                                                                                         |
| <b>Nicotinic Acid Derivatives</b>                                                          |        |                                                                                                                                |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i> | Tier 1 |                                                                                                                                |
| NIACOR ORAL TABLET 500 MG                                                                  | Tier 3 |                                                                                                                                |
| <b>Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors</b>                            |        |                                                                                                                                |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML                                  | Tier 2 | ST: TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS                                                                               |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML                            | Tier 2 | ST: TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS                                                                               |
| <b>Unknown</b>                                                                             |        |                                                                                                                                |
| NEXLETOL ORAL TABLET 180 MG                                                                | Tier 2 | ST: TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS                                                                               |
| <b>Antihypertensives</b>                                                                   |        |                                                                                                                                |
| <b>Ace Inhibitors</b>                                                                      |        |                                                                                                                                |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                | Tier 1 |                                                                                                                                |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                                 | Tier 1 |                                                                                                                                |
| <i>enalapril maleate oral solution 1 mg/ml</i>                                             | Tier 1 | PA                                                                                                                             |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                            | Tier 1 |                                                                                                                                |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>                                   | Tier 1 |                                                                                                                                |

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| Drug                                                                                                        | Status | Notes                     |
|-------------------------------------------------------------------------------------------------------------|--------|---------------------------|
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                                      | Tier 1 |                           |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>                                                              | Tier 1 |                           |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                                                    | Tier 1 |                           |
| QBRELIS ORAL SOLUTION 1 MG/ML                                                                               | Tier 3 | PA                        |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                                  | Tier 1 |                           |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                                                   | Tier 1 |                           |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                                            | Tier 1 |                           |
| <b>Agents For Pheochromocytoma</b>                                                                          |        |                           |
| <i>metirosine oral capsule 250 mg</i>                                                                       | Tier 1 | PA; SP                    |
| <i>phenoxybenzamine hcl oral capsule 10 mg</i>                                                              | Tier 1 | PA; SP                    |
| <b>Angiotensin II Receptor Antagonists</b>                                                                  |        |                           |
| ARBLI ORAL SUSPENSION 10 MG/ML                                                                              | Tier 3 | PA                        |
| <i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                           | Tier 1 |                           |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                                                         | Tier 1 |                           |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>                                                  | Tier 1 |                           |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>                                                  | Tier 1 |                           |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>                                                          | Tier 1 |                           |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>                                                   | Tier 1 |                           |
| <b>Antiadrenergic Antihypertensives</b>                                                                     |        |                           |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                                                     | Tier 1 |                           |
| <i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>                             | Tier 1 |                           |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                                                | Tier 1 |                           |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i>                                                                | Tier 1 |                           |
| JAVADIN ORAL SOLUTION 0.02 MG/ML                                                                            | Tier 3 | PA; QL (120 ML per 1 day) |
| <i>methyl dopa oral tablet 250 mg, 500 mg</i>                                                               | Tier 1 |                           |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>                                                           | Tier 1 |                           |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                                   | Tier 1 |                           |
| TEZRULY ORAL SOLUTION 1 MG/ML                                                                               | Tier 3 | PA                        |
| <b>Antihypertensive Combinations</b>                                                                        |        |                           |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 1 |                           |

| <b>Drug</b>                                                                                                         | <b>Status</b> | <b>Notes</b> |
|---------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>                           | Tier 1        |              |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>                                       | Tier 1        |              |
| <i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | Tier 1        |              |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                                                      | Tier 1        |              |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>                       | Tier 1        |              |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                                | Tier 1        |              |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>                                      | Tier 1        |              |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>                             | Tier 1        |              |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>                                                | Tier 1        |              |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>                                                    | Tier 1        |              |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>                                          | Tier 1        |              |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                                  | Tier 1        |              |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                                       | Tier 1        |              |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                                    | Tier 1        |              |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                                       | Tier 1        |              |
| <i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>    | Tier 1        |              |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                                   | Tier 1        |              |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                                      | Tier 1        |              |

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| Drug                                                                                                        | Status | Notes  |
|-------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>                                        | Tier 1 |        |
| <i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>    | Tier 1 |        |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | Tier 1 |        |
| <b>Antihypertensives - Misc.</b>                                                                            |        |        |
| VECAMEYL ORAL TABLET 2.5 MG                                                                                 | Tier 3 | PA; SP |
| <b>Direct Renin Inhibitors</b>                                                                              |        |        |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>                                                        | Tier 1 |        |
| <b>Selective Aldosterone Receptor Antagonists (Saras)</b>                                                   |        |        |
| <i>epplerenone oral tablet 25 mg, 50 mg</i>                                                                 | Tier 1 |        |
| <b>Unknown</b>                                                                                              |        |        |
| TRYVIO ORAL TABLET 12.5 MG                                                                                  | Tier 3 | PA; SP |
| <b>Vasodilators</b>                                                                                         |        |        |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                              | Tier 1 |        |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                                                  | Tier 1 |        |
| <b>Anti-Infective Agents - Misc.</b>                                                                        |        |        |
| <b>Anti-Infective Agents - Misc.</b>                                                                        |        |        |
| FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML                                                  | Tier 3 |        |
| IMPAVIDO ORAL CAPSULE 50 MG                                                                                 | Tier 2 | PA     |
| LIKMEZ ORAL SUSPENSION 500 MG/5ML                                                                           | Tier 3 | PA     |
| <i>metronidazole oral capsule 375 mg</i>                                                                    | Tier 1 |        |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                                             | Tier 1 |        |
| <i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>                                     | Tier 1 |        |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                                                                | Tier 1 |        |
| <i>trimethoprim oral tablet 100 mg</i>                                                                      | Tier 1 |        |
| XIFAXAN ORAL TABLET 200 MG                                                                                  | Tier 3 | PA     |
| XIFAXAN ORAL TABLET 550 MG                                                                                  | Tier 2 | PA     |
| <b>Anti-Infective Misc. - Combinations</b>                                                                  |        |        |
| <i>mb caps oral capsule 120 mg</i>                                                                          | Tier 1 |        |
| <i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>                                                                | Tier 1 |        |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>                         | Tier 1 |        |

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| Drug                                                                   | Status | Notes                  |
|------------------------------------------------------------------------|--------|------------------------|
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | Tier 1 |                        |
| SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML                      | Tier 1 |                        |
| URELLE ORAL TABLET 81 MG                                               | Tier 1 |                        |
| URETRON D/S ORAL TABLET 81.6 MG                                        | Tier 3 |                        |
| URIBEL ORAL TABLET 81.6 MG                                             | Tier 3 |                        |
| URIMAR-T ORAL CAPSULE 120 MG                                           | Tier 1 |                        |
| <i>urneva oral capsule 120 mg</i>                                      | Tier 1 |                        |
| <i>uro-mp oral capsule 118 mg</i>                                      | Tier 1 |                        |
| VILAMIT MB ORAL CAPSULE 118 MG                                         | Tier 1 |                        |
| VILEVEV MB ORAL TABLET 81 MG                                           | Tier 1 |                        |
| <b>Antiprotozoal Agents</b>                                            |        |                        |
| <i>atovaquone oral suspension 750 mg/5ml</i>                           | Tier 1 |                        |
| LAMPIT ORAL TABLET 120 MG, 30 MG                                       | Tier 3 |                        |
| <i>nitazoxanide oral tablet 500 mg</i>                                 | Tier 1 | QL (2 EA per 1 day)    |
| <b>Glycopeptides</b>                                                   |        |                        |
| <i>vancomycin hcl oral capsule 125 mg</i>                              | Tier 1 | QL (77 EA per 28 days) |
| <i>vancomycin hcl oral capsule 250 mg</i>                              | Tier 1 | QL (112 EA per 1 FILL) |
| <i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>             | Tier 1 | QL (300 ML per 1 FILL) |
| <i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i> | Tier 1 | QL (600 ML per 1 FILL) |
| VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML                        | Tier 3 |                        |
| <b>Leprostatics</b>                                                    |        |                        |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                               | Tier 1 |                        |
| <b>Lincosamides</b>                                                    |        |                        |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>              | Tier 1 |                        |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i> | Tier 1 |                        |
| <b>Monobactams</b>                                                     |        |                        |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG                        | Tier 2 | PA; SP                 |
| <b>Oxazolidinones</b>                                                  |        |                        |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i>              | Tier 1 |                        |
| <i>linezolid oral tablet 600 mg</i>                                    | Tier 1 |                        |
| SIVEXTRO ORAL TABLET 200 MG                                            | Tier 2 | PA                     |

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| Drug                                                                 | Status | Notes                   |
|----------------------------------------------------------------------|--------|-------------------------|
| <b>Unknown</b>                                                       |        |                         |
| BLUJEPA ORAL TABLET 750 MG                                           | Tier 3 | PA; QL (4 EA per 1 day) |
| <i>fosfomycin tromethamine oral packet 3 gm</i>                      | Tier 1 |                         |
| <i>methenamine hippurate oral tablet 1 gm</i>                        | Tier 1 |                         |
| <i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>                | Tier 1 |                         |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>        | Tier 1 |                         |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>                | Tier 1 | QL (4 EA per 1 day)     |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i>              | Tier 1 |                         |
| <i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>          | Tier 1 | PA                      |
| ORLYNVAH ORAL TABLET 500-500 MG                                      | Tier 3 | PA; QL (2 EA per 1 day) |
| <b>Antimalarials</b>                                                 |        |                         |
| <b>Antimalarial Combinations</b>                                     |        |                         |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>   | Tier 1 |                         |
| COARTEM ORAL TABLET 20-120 MG                                        | Tier 3 |                         |
| <b>Antimalarials</b>                                                 |        |                         |
| ARAKODA ORAL TABLET 100 MG                                           | Tier 3 |                         |
| <i>chloroquine phosphate oral tablet 250 mg</i>                      | Tier 1 | QL (36 EA per 16 days)  |
| <i>chloroquine phosphate oral tablet 500 mg</i>                      | Tier 1 | QL (18 EA per 16 days)  |
| <i>hydroxychloroquine sulfate oral tablet 100 mg</i>                 | Tier 1 | QL (6 EA per 1 day)     |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i>                 | Tier 1 | QL (100 EA per 30 days) |
| <i>hydroxychloroquine sulfate oral tablet 300 mg, 400 mg</i>         | Tier 1 | QL (2 EA per 1 day)     |
| KRINTAFEL ORAL TABLET 150 MG                                         | Tier 2 | QL (2 EA per 1 FILL)    |
| <i>mefloquine hcl oral tablet 250 mg</i>                             | Tier 1 |                         |
| <i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>            | Tier 1 |                         |
| <i>pyrimethamine oral tablet 25 mg</i>                               | Tier 1 | PA; SP                  |
| <i>quinine sulfate oral capsule 324 mg</i>                           | Tier 1 |                         |
| SOVUNA ORAL TABLET 200 MG                                            | Tier 3 | QL (100 EA per 30 days) |
| SOVUNA ORAL TABLET 300 MG                                            | Tier 3 | QL (2 EA per 1 day)     |
| <b>Antimyasthenic/Cholinergic Agents</b>                             |        |                         |
| <b>Antimyasthenic/Cholinergic Agents</b>                             |        |                         |
| FIRDAPSE ORAL TABLET 10 MG                                           | Tier 3 | PA; SP                  |
| <i>pyridostigmine bromide er oral tablet extended release 180 mg</i> | Tier 1 |                         |
| <i>pyridostigmine bromide oral solution 60 mg/5ml</i>                | Tier 1 |                         |

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| Drug                                                                                 | Status | Notes                                                       |
|--------------------------------------------------------------------------------------|--------|-------------------------------------------------------------|
| <i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>                               | Tier 1 |                                                             |
| <b>Antimycobacterial Agents</b>                                                      |        |                                                             |
| <b>Antimycobacterial Agents</b>                                                      |        |                                                             |
| <i>cycloserine oral capsule 250 mg</i>                                               | Tier 1 |                                                             |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i>                                     | Tier 1 |                                                             |
| <i>isoniazid oral syrup 50 mg/5ml</i>                                                | Tier 1 |                                                             |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                                          | Tier 1 |                                                             |
| PRIFTIN ORAL TABLET 150 MG                                                           | Tier 3 |                                                             |
| <i>pyrazinamide oral tablet 500 mg</i>                                               | Tier 1 |                                                             |
| <i>rifabutin oral capsule 150 mg</i>                                                 | Tier 1 |                                                             |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                          | Tier 1 |                                                             |
| RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML                                        | Tier 3 |                                                             |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                                    | Tier 3 | PA; SP                                                      |
| TRECTOR ORAL TABLET 250 MG                                                           | Tier 3 |                                                             |
| <b>Antineoplastics And Adjunctive Therapies</b>                                      |        |                                                             |
| <b>Alkylating Agents</b>                                                             |        |                                                             |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                                    | Tier 1 | SP                                                          |
| LEUKERAN ORAL TABLET 2 MG                                                            | Tier 2 | SP                                                          |
| <i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>                                   | Tier 1 | PA; SP                                                      |
| MYLERAN ORAL TABLET 2 MG                                                             | Tier 2 | SP                                                          |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>         | Tier 1 | PA; SP                                                      |
| <b>Antimetabolites</b>                                                               |        |                                                             |
| <i>capecitabine oral tablet 150 mg, 500 mg</i>                                       | Tier 1 | PA; SP                                                      |
| JYLAMVO ORAL SOLUTION 2 MG/ML                                                        | Tier 3 | PA                                                          |
| <i>mercaptopurine oral suspension 2000 mg/100ml</i>                                  | Tier 1 | SP; ST: TRIAL OF MERCAPTOPURINE TABLET IN THE PAST 120 DAYS |
| <i>mercaptopurine oral tablet 50 mg</i>                                              | Tier 1 |                                                             |
| <i>methotrexate intramuscular solution prefilled syringe 125 mg/5ml</i>              | Tier 1 |                                                             |
| <i>methotrexate intravenous solution 1000 mg/40ml</i>                                | Tier 1 |                                                             |
| <i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i> | Tier 1 |                                                             |
| <i>methotrexate sodium injection solution 250 mg/10ml</i>                            | Tier 1 |                                                             |

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| Drug                                                                  | Status | Notes                                                                                    |
|-----------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------|
| <i>methotrexate sodium injection solution reconstituted 1 gm</i>      | Tier 1 |                                                                                          |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                         | Tier 1 |                                                                                          |
| ONUREG ORAL TABLET 200 MG, 300 MG                                     | Tier 2 | PA; SP                                                                                   |
| TABLOID ORAL TABLET 40 MG                                             | Tier 2 | SP                                                                                       |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG                        | Tier 2 |                                                                                          |
| XATMEP ORAL SOLUTION 2.5 MG/ML                                        | Tier 3 | ST: TRIAL OF METHOTREXATE TABLETS OR VIAL IN THE PAST 120 DAYS ; QL (120 ML per 60 days) |
| <b>Antineoplastic - Angiogenesis Inhibitors</b>                       |        |                                                                                          |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG                                      | Tier 2 | PA; SP                                                                                   |
| INLYTA ORAL TABLET 1 MG, 5 MG                                         | Tier 2 | PA; SP                                                                                   |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG            | Tier 2 | PA; SP                                                                                   |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG         | Tier 2 | PA; SP                                                                                   |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG        | Tier 2 | PA; SP                                                                                   |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | Tier 2 | PA; SP                                                                                   |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG        | Tier 2 | PA; SP                                                                                   |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | Tier 2 | PA; SP                                                                                   |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG              | Tier 2 | PA; SP                                                                                   |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG          | Tier 2 | PA; SP                                                                                   |
| <b>Antineoplastic - Bcl-2 Inhibitors</b>                              |        |                                                                                          |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG                            | Tier 2 | PA; SP                                                                                   |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG     | Tier 2 | PA; SP                                                                                   |
| <b>Antineoplastic - Hedgehog Pathway Inhibitors</b>                   |        |                                                                                          |
| DAURISMO ORAL TABLET 100 MG, 25 MG                                    | Tier 2 | PA; SP                                                                                   |
| ERIVEDGE ORAL CAPSULE 150 MG                                          | Tier 2 | PA; SP                                                                                   |
| ODOMZO ORAL CAPSULE 200 MG                                            | Tier 2 | PA; SP                                                                                   |

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| Drug                                                                        | Status | Notes                                                         |
|-----------------------------------------------------------------------------|--------|---------------------------------------------------------------|
| <b>Antineoplastic - Hormonal And Related Agents</b>                         |        |                                                               |
| <i>abiraterone acetate oral tablet 250 mg, 500 mg</i>                       | Tier 1 | PA; SP                                                        |
| ABIRTEGA ORAL TABLET 250 MG                                                 | Tier 1 | PA; SP                                                        |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                                    | Tier 2 | PA; SP                                                        |
| <i>anastrozole oral tablet 1 mg</i>                                         | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |
| <i>bicalutamide oral tablet 50 mg</i>                                       | Tier 1 |                                                               |
| ERLEADA ORAL TABLET 240 MG, 60 MG                                           | Tier 2 | PA; SP                                                        |
| EULEXIN ORAL CAPSULE 125 MG                                                 | Tier 3 |                                                               |
| <i>exemestane oral tablet 25 mg</i>                                         | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL      | Tier 3 | SP; QL (2 EA per 365 days)                                    |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG                          | Tier 3 | SP; QL (1 EA per 30 days)                                     |
| INLURIYO ORAL TABLET 200 MG                                                 | Tier 3 | PA; SP; QL (2 EA per 1 day)                                   |
| <i>letrozole oral tablet 2.5 mg</i>                                         | Tier 1 |                                                               |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i>                          | Tier 1 | PA; SP                                                        |
| <i>leuprolide acetate-bupivacaine intramuscular solution 25-5 mg/ml</i>     | Tier 1 | SP                                                            |
| LYSODREN ORAL TABLET 500 MG                                                 | Tier 2 | SP                                                            |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i> | Tier 1 |                                                               |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i>                           | Tier 1 |                                                               |
| <i>nilutamide oral tablet 150 mg</i>                                        | Tier 1 | SP; QL (2 EA per 1 day)                                       |
| NUBEQA ORAL TABLET 300 MG                                                   | Tier 2 | PA; SP                                                        |
| ORGOVYX ORAL TABLET 120 MG                                                  | Tier 2 | PA; SP                                                        |
| ORSERDU ORAL TABLET 345 MG, 86 MG                                           | Tier 3 | PA; SP                                                        |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML                                            | Tier 2 |                                                               |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>                           | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |
| <i>toremifene citrate oral tablet 60 mg</i>                                 | Tier 1 | PA; SP                                                        |
| XTANDI ORAL CAPSULE 40 MG                                                   | Tier 2 | PA; SP                                                        |
| XTANDI ORAL TABLET 40 MG, 80 MG                                             | Tier 2 | PA; SP                                                        |
| YONSA ORAL TABLET 125 MG                                                    | Tier 3 | PA; SP                                                        |

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| Drug                                                    | Status | Notes  |
|---------------------------------------------------------|--------|--------|
| <b>Antineoplastic - Immunomodulators</b>                |        |        |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG            | Tier 2 | PA; SP |
| <b>Antineoplastic Antibiotics</b>                       |        |        |
| JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG           | Tier 3 | PA; SP |
| <b>Antineoplastic Combinations</b>                      |        |        |
| AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG | Tier 3 | PA; SP |
| INQOVI ORAL TABLET 35-100 MG                            | Tier 2 | PA; SP |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG              | Tier 2 | PA; SP |
| <b>Antineoplastic Enzyme Inhibitors</b>                 |        |        |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG   | Tier 2 | PA; SP |
| ALECENSA ORAL CAPSULE 150 MG                            | Tier 2 | PA; SP |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG               | Tier 2 | PA; SP |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG           | Tier 2 | PA; SP |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG                      | Tier 2 | PA; SP |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG                   | Tier 2 | PA; SP |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG                      | Tier 2 | PA; SP |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG              | Tier 2 | PA; SP |
| BRAFTOVI ORAL CAPSULE 75 MG                             | Tier 2 | PA; SP |
| BRUKINSA ORAL CAPSULE 80 MG                             | Tier 2 | PA; SP |
| BRUKINSA ORAL TABLET 160 MG                             | Tier 2 | PA; SP |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG               | Tier 2 | PA; SP |
| CALQUENCE ORAL TABLET 100 MG                            | Tier 2 | PA; SP |
| CAPRELSA ORAL TABLET 100 MG, 300 MG                     | Tier 3 | PA; SP |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG        | Tier 2 | PA; SP |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | Tier 2 | PA; SP |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG              | Tier 2 | PA; SP |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG                      | Tier 3 | PA; SP |
| COTELLIC ORAL TABLET 20 MG                              | Tier 2 | PA; SP |
| DANZITEN ORAL TABLET 71 MG, 95 MG                       | Tier 2 | PA; SP |

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| Drug                                                                    | Status | Notes                       |
|-------------------------------------------------------------------------|--------|-----------------------------|
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> | Tier 1 | PA; SP                      |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG                                     | Tier 2 | PA; SP                      |
| <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>               | Tier 1 | PA; SP                      |
| <i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>                  | Tier 1 | PA; SP                      |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG                                   | Tier 2 | PA; SP                      |
| GAVRETO ORAL CAPSULE 100 MG                                             | Tier 2 | PA; SP                      |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG                                         | Tier 3 | PA; SP                      |
| GOMEKLI ORAL TABLET SOLUBLE 1 MG                                        | Tier 3 | PA; SP                      |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                              | Tier 3 | PA; SP                      |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                               | Tier 3 | PA; SP                      |
| IBTROZI ORAL CAPSULE 200 MG                                             | Tier 2 | PA; SP                      |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG                          | Tier 2 | PA; SP                      |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                        | Tier 3 | PA; SP                      |
| <i>imatinib mesylate oral tablet 100 mg, 400 mg</i>                     | Tier 1 | PA; SP                      |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG                                    | Tier 2 | PA; SP                      |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                                      | Tier 2 | PA; SP                      |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                            | Tier 2 | PA; SP                      |
| <i>imkeldi oral solution 80 mg/ml</i>                                   | Tier 3 | PA; SP                      |
| INREBIC ORAL CAPSULE 100 MG                                             | Tier 3 | PA; SP; QL (4 EA per 1 day) |
| ITOVEBI ORAL TABLET 3 MG, 9 MG                                          | Tier 2 | PA; SP                      |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                     | Tier 2 | PA; SP; QL (2 EA per 1 day) |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG                                      | Tier 3 | PA; SP                      |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG                   | Tier 2 | PA; SP                      |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG                   | Tier 2 | PA; SP                      |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG                   | Tier 2 | PA; SP                      |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG                                      | Tier 2 | PA; SP                      |
| KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG                             | Tier 2 | PA; SP                      |
| KRAZATI ORAL TABLET 200 MG                                              | Tier 2 | PA; SP                      |

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| Drug                                                            | Status | Notes  |
|-----------------------------------------------------------------|--------|--------|
| <i>lapatinib ditosylate oral tablet 250 mg</i>                  | Tier 1 | PA; SP |
| LORBRENA ORAL TABLET 100 MG, 25 MG                              | Tier 2 | PA; SP |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG                     | Tier 2 | PA; SP |
| LYNPARZA ORAL TABLET 100 MG, 150 MG                             | Tier 2 | PA; SP |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG        | Tier 3 |        |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG        | Tier 3 |        |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG        | Tier 3 |        |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML                 | Tier 2 | PA; SP |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG                               | Tier 2 | PA; SP |
| MEKTOVI ORAL TABLET 15 MG                                       | Tier 2 | PA; SP |
| NERLYNX ORAL TABLET 40 MG                                       | Tier 2 | PA; SP |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>         | Tier 1 | PA; SP |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                         | Tier 2 | PA; SP |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG                       | Tier 3 | PA; SP |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML                   | Tier 3 | PA; SP |
| OJEMDA ORAL TABLET 100 MG                                       | Tier 3 | PA; SP |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                      | Tier 2 | PA; SP |
| <i>pazopanib hcl oral tablet 200 mg, 400 mg</i>                 | Tier 1 | PA; SP |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG                      | Tier 2 | PA; SP |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG      | Tier 2 | PA; SP |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | Tier 2 | PA; SP |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG  | Tier 2 | PA; SP |
| QINLOCK ORAL TABLET 50 MG                                       | Tier 2 | PA; SP |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG                | Tier 2 | PA; SP |
| REZLIDHIA ORAL CAPSULE 150 MG                                   | Tier 2 | PA; SP |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG                       | Tier 3 | PA; SP |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG                           | Tier 2 | PA; SP |

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| Drug                                                                  | Status | Notes                       |
|-----------------------------------------------------------------------|--------|-----------------------------|
| ROZLYTREK ORAL PACKET 50 MG                                           | Tier 2 | PA; SP                      |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG                            | Tier 3 | PA; SP                      |
| RYDAPT ORAL CAPSULE 25 MG                                             | Tier 2 | PA; SP                      |
| SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG                            | Tier 2 | PA; SP                      |
| <i>sorafenib tosylate oral tablet 200 mg</i>                          | Tier 1 | PA; SP                      |
| STIVARGA ORAL TABLET 40 MG                                            | Tier 2 | PA; SP                      |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>   | Tier 1 | PA; SP                      |
| TABRECTA ORAL TABLET 150 MG, 200 MG                                   | Tier 2 | PA; SP                      |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                    | Tier 2 | PA; SP                      |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG                                    | Tier 2 | PA; SP                      |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | Tier 2 | PA; SP                      |
| TAZVERIK ORAL TABLET 200 MG                                           | Tier 2 | PA; SP                      |
| TEPMETKO ORAL TABLET 225 MG                                           | Tier 2 | PA; SP                      |
| TIBSOVO ORAL TABLET 250 MG                                            | Tier 2 | PA; SP                      |
| TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG                       | Tier 1 | PA; SP                      |
| TRUQAP ORAL TABLET 200 MG                                             | Tier 2 | PA; SP                      |
| TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG                        | Tier 2 | PA; SP                      |
| TURALIO ORAL CAPSULE 125 MG                                           | Tier 2 | PA; SP                      |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                                 | Tier 2 | PA; SP                      |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                    | Tier 2 | PA; SP                      |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG                                   | Tier 2 | PA; SP                      |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                       | Tier 2 | PA; SP                      |
| VONJO ORAL CAPSULE 100 MG                                             | Tier 3 | PA; SP; QL (4 EA per 1 day) |
| VORANIGO ORAL TABLET 10 MG, 40 MG                                     | Tier 2 | PA; SP                      |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                   | Tier 2 | PA; SP                      |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG                    | Tier 2 | PA; SP                      |
| XOSPATA ORAL TABLET 40 MG                                             | Tier 2 | PA; SP                      |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                             | Tier 2 | PA; SP                      |
| ZELBORAF ORAL TABLET 240 MG                                           | Tier 2 | PA; SP                      |
| ZOLINZA ORAL CAPSULE 100 MG                                           | Tier 2 | SP                          |

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| Drug                                                            | Status | Notes                          |
|-----------------------------------------------------------------|--------|--------------------------------|
| ZYDELIG ORAL TABLET 100 MG, 150 MG                              | Tier 2 | PA; SP                         |
| ZYKADIA ORAL TABLET 150 MG                                      | Tier 2 | PA; SP                         |
| <b>Antineoplastic Enzymes</b>                                   |        |                                |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML                       | Tier 3 | PA; SP                         |
| <b>Antineoplastics Misc.</b>                                    |        |                                |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML                   | Tier 3 | PA; SP                         |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML      | Tier 3 | PA; SP                         |
| <i>bexarotene oral capsule 75 mg</i>                            | Tier 1 | PA; SP                         |
| <i>hydroxyurea oral capsule 500 mg</i>                          | Tier 1 |                                |
| MATULANE ORAL CAPSULE 50 MG                                     | Tier 2 | SP                             |
| <i>tretinoin oral capsule 10 mg</i>                             | Tier 1 | SP                             |
| UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML                        | Tier 3 |                                |
| <b>Chemotherapy Rescue/Antidote Agents</b>                      |        |                                |
| IWILFIN ORAL TABLET 192 MG                                      | Tier 2 | PA; SP                         |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | Tier 1 |                                |
| <i>mesna oral tablet 400 mg</i>                                 | Tier 1 |                                |
| <b>Mitotic Inhibitors</b>                                       |        |                                |
| <i>etoposide oral capsule 50 mg</i>                             | Tier 1 |                                |
| <b>Topoisomerase I Inhibitors</b>                               |        |                                |
| HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG                             | Tier 2 | SP                             |
| <b>Unknown</b>                                                  |        |                                |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG        | Tier 2 | PA; SP                         |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>          | Tier 1 | PA; SP                         |
| <i>gefitinib oral tablet 250 mg</i>                             | Tier 1 | PA; SP                         |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                        | Tier 2 | PA; SP                         |
| HERNEXEOS ORAL TABLET 60 MG                                     | Tier 3 | PA; SP; QL (3 EA per 1 day)    |
| KOMZIFTI ORAL CAPSULE 200 MG                                    | Tier 3 | PA; SP; QL (3 EA per 1 day)    |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG                              | Tier 3 | PA; SP                         |
| MODEYSO ORAL CAPSULE 125 MG                                     | Tier 3 | PA; SP; QL (20 EA per 28 days) |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG                      | Tier 3 | PA; SP                         |
| TAGRISSO ORAL TABLET 40 MG, 80 MG                               | Tier 2 | PA; SP                         |

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| Drug                                                             | Status | Notes                                                         |
|------------------------------------------------------------------|--------|---------------------------------------------------------------|
| TUKYSA ORAL TABLET 150 MG, 50 MG                                 | Tier 2 | PA; SP                                                        |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                         | Tier 2 | PA; SP                                                        |
| WELIREG ORAL TABLET 40 MG                                        | Tier 2 | PA; SP                                                        |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG       | Tier 2 | PA; SP                                                        |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG | Tier 2 | PA; SP                                                        |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG       | Tier 2 | PA; SP                                                        |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG        | Tier 2 | PA; SP                                                        |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG       | Tier 2 | PA; SP                                                        |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG        | Tier 2 | PA; SP                                                        |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG       | Tier 2 | PA; SP                                                        |
| <b>Antiparkinson And Related Therapy Agents</b>                  |        |                                                               |
| <b>Antiparkinson Adjuvants</b>                                   |        |                                                               |
| <i>carbidopa oral tablet 25 mg</i>                               | Tier 1 |                                                               |
| <b>Antiparkinson Anticholinergics</b>                            |        |                                                               |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>       | Tier 1 |                                                               |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>               | Tier 1 |                                                               |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>                | Tier 1 |                                                               |
| <b>Antiparkinson Comt Inhibitors</b>                             |        |                                                               |
| <i>entacapone oral tablet 200 mg</i>                             | Tier 1 |                                                               |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG                               | Tier 3 | PA                                                            |
| <i>tolcapone oral tablet 100 mg</i>                              | Tier 1 | ST: TRIAL OF COMTAN IN THE PAST 120 DAYS; QL (3 EA per 1 day) |
| <b>Antiparkinson Dopaminergics</b>                               |        |                                                               |
| <i>amantadine hcl oral capsule 100 mg</i>                        | Tier 1 |                                                               |
| <i>amantadine hcl oral solution 50 mg/5ml</i>                    | Tier 1 |                                                               |
| <i>amantadine hcl oral tablet 100 mg</i>                         | Tier 1 |                                                               |
| <i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i> | Tier 1 | PA; SP                                                        |
| <i>bromocriptine mesylate oral capsule 5 mg</i>                  | Tier 1 |                                                               |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i>                 | Tier 1 |                                                               |

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| Drug                                                                                                                                              | Status | Notes                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------|
| <i>carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg</i>                                  | Tier 1 | ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25mg-100 mg, 50mg-200 mg) IN THE PAST 120 DAYS; QL (10 EA per 1 day) |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>                                                                    | Tier 1 |                                                                                                                  |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>                                                                             | Tier 1 |                                                                                                                  |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>                                                                 | Tier 1 |                                                                                                                  |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | Tier 1 |                                                                                                                  |
| DHIVY ORAL TABLET 25-100 MG                                                                                                                       | Tier 3 |                                                                                                                  |
| DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML                                                                                                            | Tier 3 | PA; SP                                                                                                           |
| INBRIJA INHALATION CAPSULE 42 MG                                                                                                                  | Tier 3 | PA; SP                                                                                                           |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR                                                 | Tier 2 | ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)                           |
| ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML                                                                                                 | Tier 3 | PA; SP                                                                                                           |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>              | Tier 1 | ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)                           |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                                   | Tier 1 |                                                                                                                  |
| <i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                                                       | Tier 1 | ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)                           |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                                                                   | Tier 1 |                                                                                                                  |
| VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML                                                                                                         | Tier 3 | PA; SP                                                                                                           |
| <b>Antiparkinson Monoamine Oxidase Inhibitors</b>                                                                                                 |        |                                                                                                                  |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>                                                                                               | Tier 1 | QL (1 EA per 1 day)                                                                                              |
| <i>selegiline hcl oral capsule 5 mg</i>                                                                                                           | Tier 1 |                                                                                                                  |
| <i>selegiline hcl oral tablet 5 mg</i>                                                                                                            | Tier 1 |                                                                                                                  |

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| Drug                                                                        | Status | Notes                                                                                                                         |
|-----------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------|
| XADAGO ORAL TABLET 100 MG, 50 MG                                            | Tier 3 | ST: TRIAL OF LEVODOPA/CARBIDOPA (SINEMET IR, SINEMET CR, DUOPA, PARCOPA, OR RYTARY) IN THE PAST 120 DAYS; QL (1 EA per 1 day) |
| ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG                                     | Tier 3 | ST: TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PAST 120 DAYS; QL (2 EA per 1 day)                                 |
| <b>Antipsychotics/Antimanic Agents</b>                                      |        |                                                                                                                               |
| <b>Antimanic Agents</b>                                                     |        |                                                                                                                               |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>     | Tier 1 |                                                                                                                               |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                | Tier 1 |                                                                                                                               |
| <i>lithium carbonate oral tablet 300 mg</i>                                 | Tier 1 |                                                                                                                               |
| <i>lithium oral solution 8 meq/5ml</i>                                      | Tier 1 |                                                                                                                               |
| <b>Antipsychotics - Misc.</b>                                               |        |                                                                                                                               |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG                                  | Tier 2 | QL (1 EA per 1 day)                                                                                                           |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG        | Tier 3 |                                                                                                                               |
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>               | Tier 1 | QL (1 EA per 1 day)                                                                                                           |
| <i>lurasidone hcl oral tablet 80 mg</i>                                     | Tier 1 | QL (2 EA per 1 day)                                                                                                           |
| NUPLAZID ORAL CAPSULE 34 MG                                                 | Tier 3 | PA; SP                                                                                                                        |
| NUPLAZID ORAL TABLET 10 MG                                                  | Tier 3 | PA; SP                                                                                                                        |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG                             | Tier 2 | QL (1 EA per 1 day)                                                                                                           |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>              | Tier 1 |                                                                                                                               |
| <b>Benzisoxazoles</b>                                                       |        |                                                                                                                               |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML            | Tier 3 | QL (0.75 ML per 21 days)                                                                                                      |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML, 351 MG/2.25ML | Tier 3 | QL (1 ML per 21 days)                                                                                                         |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML             | Tier 3 | QL (1.5 ML per 21 days)                                                                                                       |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML             | Tier 3 | QL (0.25 ML per 21 days)                                                                                                      |

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| Drug                                                                           | Status | Notes                                                                                               |
|--------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------|
| ERZOFRI INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 78 MG/0.5ML              | Tier 3 | QL (0.5 ML per 21 days)                                                                             |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2<br>MG, 4 MG, 6 MG, 8 MG               | Tier 3 | ST: TRIAL OF TWO GENERIC ATYPICAL<br>ANTIPSYCHOTICS IN THE PAST 365 DAYS;<br>QL (2 EA per 1 day)    |
| FANAPT TITRATION PACK A ORAL TABLET 1 & 2 &<br>4 & 6 MG                        | Tier 3 | ST: TRIAL OF TWO GENERIC ATYPICAL<br>ANTIPSYCHOTICS IN THE PAST 365 DAYS;<br>QL (8 EA per 28 days)  |
| FANAPT TITRATION PACK B ORAL TABLET 1 & 2 &<br>6 & 8 MG                        | Tier 3 | ST: TRIAL OF TWO GENERIC ATYPICAL<br>ANTIPSYCHOTICS IN THE PAST 365 DAYS;<br>QL (12 EA per 28 days) |
| FANAPT TITRATION PACK C ORAL TABLET 1 & 2<br>& 6 MG                            | Tier 3 | ST: TRIAL OF TWO GENERIC ATYPICAL<br>ANTIPSYCHOTICS IN THE PAST 365 DAYS;<br>QL (8 EA per 28 days)  |
| INVEGA HAFYERA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 1092<br>MG/3.5ML  | Tier 2 | QL (3.5 ML per 166 days)                                                                            |
| INVEGA HAFYERA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 1560 MG/5ML       | Tier 2 | QL (5 ML per 166 days)                                                                              |
| INVEGA SUSTENNA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 117<br>MG/0.75ML | Tier 2 | QL (0.75 ML per 21 days)                                                                            |
| INVEGA SUSTENNA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 156 MG/ML        | Tier 2 | QL (1 ML per 21 days)                                                                               |
| INVEGA SUSTENNA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML     | Tier 2 | QL (1.5 ML per 21 days)                                                                             |
| INVEGA SUSTENNA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML     | Tier 2 | QL (0.25 ML per 21 days)                                                                            |
| INVEGA SUSTENNA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML      | Tier 2 | QL (0.5 ML per 21 days)                                                                             |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 273 MG/0.88ML      | Tier 2 | QL (0.88 ML per 70 days)                                                                            |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 410 MG/1.32ML      | Tier 2 | QL (1.32 ML per 70 days)                                                                            |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 546 MG/1.75ML      | Tier 2 | QL (1.75 ML per 70 days)                                                                            |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 819 MG/2.63ML      | Tier 2 | QL (2.63 ML per 70 days)                                                                            |

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| Drug                                                                                                        | Status | Notes                 |
|-------------------------------------------------------------------------------------------------------------|--------|-----------------------|
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>                              | Tier 1 | QL (1 EA per 1 day)   |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i>                                            | Tier 1 | QL (2 EA per 1 day)   |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG                                                       | Tier 3 | QL (1 EA per 28 days) |
| <i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 1 | QL (1 EA per 14 days) |
| <i>risperidone oral solution 1 mg/ml</i>                                                                    | Tier 1 |                       |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                      | Tier 1 |                       |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                          | Tier 1 |                       |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG                                     | Tier 2 | QL (1 EA per 14 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 50 MG/0.14ML, 75 MG/0.21ML    | Tier 2 | QL (1 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML                  | Tier 2 | QL (1 ML per 56 days) |
| <b>Butyrophenones</b>                                                                                       |        |                       |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                                                         | Tier 1 |                       |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                                       | Tier 1 |                       |
| <b>Dibenzapines</b>                                                                                         |        |                       |
| ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG                                                    | Tier 2 | SP                    |
| <i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>                                   | Tier 1 | QL (2 EA per 1 day)   |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                   | Tier 1 |                       |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>                             | Tier 1 | QL (3 EA per 1 day)   |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                                            | Tier 1 |                       |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                                     | Tier 1 |                       |

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| Drug                                                                                                     | Status | Notes                                                                                          |
|----------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------|
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>                                      | Tier 1 |                                                                                                |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | Tier 1 |                                                                                                |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>                      | Tier 1 |                                                                                                |
| <i>quetiapine fumarate oral tablet 150 mg</i>                                                            | Tier 1 | QL (1 EA per 1 day)                                                                            |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG                                                                | Tier 3 | QL (2 EA per 1 day)                                                                            |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR                                  | Tier 3 | ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS IN THE PAST 365 DAYS;<br>QL (1 EA per 1 day)  |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML                                                                       | Tier 3 | ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS IN THE PAST 365 DAYS;<br>QL (18 ML per 1 day) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG                                   | Tier 3 | QL (1 EA per 14 days)                                                                          |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG                                           | Tier 3 | QL (1 EA per 28 days)                                                                          |
| <b>Dihydroindolones</b>                                                                                  |        |                                                                                                |
| <i>molindone hcl oral tablet 10 mg</i>                                                                   | Tier 1 | QL (8 EA per 1 day)                                                                            |
| <i>molindone hcl oral tablet 25 mg</i>                                                                   | Tier 1 | QL (9 EA per 1 day)                                                                            |
| <i>molindone hcl oral tablet 5 mg</i>                                                                    | Tier 1 |                                                                                                |
| <b>Phenothiazines</b>                                                                                    |        |                                                                                                |
| <i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>                                           | Tier 1 |                                                                                                |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                                | Tier 1 |                                                                                                |
| COMPRO RECTAL SUPPOSITORY 25 MG                                                                          | Tier 1 |                                                                                                |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                                         | Tier 1 |                                                                                                |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>                                                           | Tier 1 |                                                                                                |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                            | Tier 1 |                                                                                                |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                                  | Tier 1 |                                                                                                |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                                                  | Tier 1 |                                                                                                |
| <i>prochlorperazine rectal suppository 25 mg</i>                                                         | Tier 1 |                                                                                                |

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| Drug                                                                   | Status | Notes                                                                                                       |
|------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------|
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>        | Tier 1 |                                                                                                             |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>         | Tier 1 |                                                                                                             |
| <b>Quinolinone Derivatives</b>                                         |        |                                                                                                             |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML         | Tier 2 | QL (2.4 ML per 42 days)                                                                                     |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML         | Tier 2 | QL (3.2 ML per 42 days)                                                                                     |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG                | Tier 2 | QL (1 EA per 26 days)                                                                                       |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG                | Tier 2 | QL (2 EA per 26 days)                                                                                       |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG      | Tier 2 | QL (1 EA per 26 days)                                                                                       |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG      | Tier 2 | QL (2 EA per 26 days)                                                                                       |
| <i>aripiprazole oral solution 1 mg/ml</i>                              | Tier 1 | ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS IN THE PAST 365 DAYS                      |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 |                                                                                                             |
| <i>aripiprazole oral tablet dispersible 10 mg</i>                      | Tier 1 | ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS IN THE PAST 365 DAYS; QL (3 EA per 1 day) |
| <i>aripiprazole oral tablet dispersible 15 mg</i>                      | Tier 1 | ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS IN THE PAST 365 DAYS; QL (2 EA per 1 day) |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML           | Tier 2 |                                                                                                             |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML                 | Tier 2 | QL (3.9 ML per 14 days)                                                                                     |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML                  | Tier 2 | QL (1.6 ML per 14 days)                                                                                     |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML                  | Tier 2 | QL (2.4 ML per 14 days)                                                                                     |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML                  | Tier 2 | QL (3.2 ML per 14 days)                                                                                     |

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| Drug                                                             | Status | Notes                                                                                                                                        |
|------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------|
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG                               | Tier 3 | ST: TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS                                                                               |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG      | Tier 2 | QL (1 EA per 1 day)                                                                                                                          |
| <b>Thioxanthenes</b>                                             |        |                                                                                                                                              |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>          | Tier 1 |                                                                                                                                              |
| <b>Unknown</b>                                                   |        |                                                                                                                                              |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG              | Tier 3 | ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI, OR VRAYLAR WITHIN THE PAST 120 DAYS; QL (2 EA per 1 day)                    |
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG | Tier 3 | ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI, OR VRAYLAR WITHIN THE PAST 120 DAYS                                         |
| <b>Antiseptics &amp; Disinfectants</b>                           |        |                                                                                                                                              |
| <b>Chlorine Antiseptics</b>                                      |        |                                                                                                                                              |
| <i>chlorhexidine gluconate solution 20 %</i>                     | Tier 1 |                                                                                                                                              |
| <b>Iodine Antiseptics</b>                                        |        |                                                                                                                                              |
| <i>lugols strong iodine external solution 5-10 %</i>             | Tier 3 |                                                                                                                                              |
| <b>Antivirals</b>                                                |        |                                                                                                                                              |
| <b>Antiretrovirals</b>                                           |        |                                                                                                                                              |
| <i>abacavir sulfate oral solution 20 mg/ml</i>                   | Tier 1 | SP; QL (960 ML per 30 days)                                                                                                                  |
| <i>abacavir sulfate oral tablet 300 mg</i>                       | Tier 1 | SP; QL (2 EA per 1 day)                                                                                                                      |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>        | Tier 1 | SP; QL (1 EA per 1 day)                                                                                                                      |
| APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML    | \$0    | \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days) |
| APTIVUS ORAL CAPSULE 250 MG                                      | Tier 2 | SP; QL (4 EA per 1 day)                                                                                                                      |
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>            | Tier 1 | SP; QL (2 EA per 1 day)                                                                                                                      |
| <i>atazanavir sulfate oral capsule 300 mg</i>                    | Tier 1 | SP; QL (1 EA per 1 day)                                                                                                                      |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                  | Tier 2 | SP; QL (1 EA per 1 day)                                                                                                                      |
| CIMDUO ORAL TABLET 300-300 MG                                    | Tier 2 | SP; QL (1 EA per 1 day)                                                                                                                      |
| <i>darunavir oral tablet 600 mg</i>                              | Tier 1 | SP; QL (2 EA per 1 day)                                                                                                                      |
| <i>darunavir oral tablet 800 mg</i>                              | Tier 1 | SP; QL (1 EA per 1 day)                                                                                                                      |
| DESCOVY ORAL TABLET 120-15 MG                                    | Tier 2 | SP; QL (1 EA per 1 day)                                                                                                                      |

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| Drug                                                                             | Status | Notes                                                                                                         |
|----------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------|
| DESCOVY ORAL TABLET 200-25 MG                                                    | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| DOVATO ORAL TABLET 50-300 MG                                                     | Tier 2 | SP; QL (1 EA per 1 day)                                                                                       |
| EDURANT ORAL TABLET 25 MG                                                        | Tier 2 | SP; QL (1 EA per 1 day)                                                                                       |
| EDURANT PED ORAL TABLET SOLUBLE 2.5 MG                                           | Tier 2 | SP; QL (6 EA per 1 day)                                                                                       |
| <i>efavirenz oral tablet 600 mg</i>                                              | Tier 1 | SP                                                                                                            |
| <i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>                 | Tier 1 | SP; QL (1 EA per 1 day)                                                                                       |
| <i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i> | Tier 1 | SP; QL (1 EA per 1 day)                                                                                       |
| <i>emtricitabine oral capsule 200 mg</i>                                         | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | Tier 1 | SP; QL (1 EA per 1 day)                                                                                       |
| <i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>                         | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| <i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>                  | Tier 1 | SP                                                                                                            |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                                   | Tier 2 | SP; QL (850 ML per 30 days)                                                                                   |
| <i>etravirine oral tablet 100 mg</i>                                             | Tier 1 | SP; QL (4 EA per 1 day)                                                                                       |
| <i>etravirine oral tablet 200 mg</i>                                             | Tier 1 | SP; QL (2 EA per 1 day)                                                                                       |
| EVOTAZ ORAL TABLET 300-150 MG                                                    | Tier 2 | SP; QL (1 EA per 1 day)                                                                                       |
| <i>fosamprenavir calcium oral tablet 700 mg</i>                                  | Tier 1 | SP; QL (4 EA per 1 day)                                                                                       |
| GENVOYA ORAL TABLET 150-150-200-10 MG                                            | Tier 2 | SP; QL (1 EA per 1 day)                                                                                       |
| INTELENCE ORAL TABLET 25 MG                                                      | Tier 2 | SP; QL (4 EA per 1 day)                                                                                       |
| ISENTRESS HD ORAL TABLET 600 MG                                                  | Tier 2 | SP; QL (2 EA per 1 day)                                                                                       |
| ISENTRESS ORAL PACKET 100 MG                                                     | Tier 2 | SP; QL (2 EA per 1 day)                                                                                       |
| ISENTRESS ORAL TABLET 400 MG                                                     | Tier 2 | SP; QL (2 EA per 1 day)                                                                                       |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG                                     | Tier 2 | SP; QL (6 EA per 1 day)                                                                                       |
| JULUCA ORAL TABLET 50-25 MG                                                      | Tier 2 | SP; QL (1 EA per 1 day)                                                                                       |
| KALETRA ORAL SOLUTION 400-100 MG/5ML                                             | Tier 3 | SP; QL (480 ML per 30 days)                                                                                   |

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| Drug                                                             | Status | Notes                                                                                                         |
|------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------|
| KALETRA ORAL TABLET 100-25 MG                                    | Tier 1 | SP; QL (10 EA per 1 day)                                                                                      |
| <i>lamivudine oral solution 10 mg/ml, 300 mg/30ml</i>            | Tier 1 | SP; QL (960 ML per 30 days)                                                                                   |
| <i>lamivudine oral tablet 150 mg</i>                             | Tier 1 | SP; QL (2 EA per 1 day)                                                                                       |
| <i>lamivudine oral tablet 300 mg</i>                             | Tier 1 | SP; QL (1 EA per 1 day)                                                                                       |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>              | Tier 1 | SP; QL (2 EA per 1 day)                                                                                       |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i>                 | Tier 1 | SP; QL (10 EA per 1 day)                                                                                      |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i>                 | Tier 1 | SP; QL (4 EA per 1 day)                                                                                       |
| <i>maraviroc oral tablet 150 mg</i>                              | Tier 1 | SP; QL (2 EA per 1 day)                                                                                       |
| <i>maraviroc oral tablet 300 mg</i>                              | Tier 1 | SP; QL (4 EA per 1 day)                                                                                       |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i> | Tier 1 | SP; QL (1 EA per 1 day)                                                                                       |
| <i>nevirapine oral suspension 50 mg/5ml</i>                      | Tier 1 | SP; QL (1200 ML per 30 days)                                                                                  |
| <i>nevirapine oral tablet 200 mg</i>                             | Tier 1 | SP; QL (2 EA per 1 day)                                                                                       |
| NORVIR ORAL PACKET 100 MG                                        | Tier 2 | SP; QL (12 EA per 1 day)                                                                                      |
| ODEFSEY ORAL TABLET 200-25-25 MG                                 | Tier 2 | SP; QL (1 EA per 1 day)                                                                                       |
| PREZISTA ORAL SUSPENSION 100 MG/ML                               | Tier 2 | SP; QL (400 ML per 30 days)                                                                                   |
| PREZISTA ORAL TABLET 150 MG                                      | Tier 2 | SP; QL (8 EA per 1 day)                                                                                       |
| PREZISTA ORAL TABLET 75 MG                                       | Tier 2 | SP; QL (16 EA per 1 day)                                                                                      |
| REYATAZ ORAL PACKET 50 MG                                        | Tier 2 | SP; QL (5 EA per 1 day)                                                                                       |
| <i>ritonavir oral tablet 100 mg</i>                              | Tier 1 | SP; QL (12 EA per 1 day)                                                                                      |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG              | Tier 2 | PA; SP                                                                                                        |
| SELZENTRY ORAL SOLUTION 20 MG/ML                                 | Tier 2 | SP; QL (31 ML per 1 day)                                                                                      |
| STRIBILD ORAL TABLET 150-150-200-300 MG                          | Tier 2 | SP; QL (1 EA per 1 day)                                                                                       |
| SUNLENCA ORAL TABLET 300 MG                                      | Tier 2 | PA; SP                                                                                                        |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG         | Tier 2 | PA; SP                                                                                                        |
| SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML                    | Tier 2 | PA; SP                                                                                                        |
| SYMTUZA ORAL TABLET 800-150-200-10 MG                            | Tier 2 | SP; QL (1 EA per 1 day)                                                                                       |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>          | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| TIVICAY ORAL TABLET 50 MG                                        | Tier 2 | SP; QL (2 EA per 1 day)                                                                                       |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG                              | Tier 2 | SP; QL (6 EA per 1 day)                                                                                       |

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| Drug                                                                         | Status | Notes                                      |
|------------------------------------------------------------------------------|--------|--------------------------------------------|
| TRIUMEQ ORAL TABLET 600-50-300 MG                                            | Tier 2 | SP; QL (1 EA per 1 day)                    |
| <i>trimeq pd oral tablet soluble 60-5-30 mg</i>                              | Tier 2 | SP; QL (6 EA per 1 day)                    |
| TYBOST ORAL TABLET 150 MG                                                    | Tier 2 | QL (1 EA per 1 day)                        |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                                          | Tier 2 | SP                                         |
| VIREAD ORAL POWDER 40 MG/GM                                                  | Tier 2 | SP; QL (240 GM per 30 days)                |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                    | Tier 2 | SP; QL (1 EA per 1 day)                    |
| YEZTUGO ORAL TABLET 300 MG                                                   | Tier 3 | PA; SP                                     |
| YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML                                 | Tier 3 | PA; SP                                     |
| <i>zidovudine oral capsule 100 mg</i>                                        | Tier 1 | SP; QL (6 EA per 1 day)                    |
| <i>zidovudine oral syrup 50 mg/5ml</i>                                       | Tier 1 | SP; QL (1920 ML per 30 days)               |
| <i>zidovudine oral tablet 300 mg</i>                                         | Tier 1 | SP; QL (2 EA per 1 day)                    |
| <b>Antiviral Combinations</b>                                                |        |                                            |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG         | Tier 2 | QL (20 EA per 28 days); AGE (Min 12 Years) |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG | Tier 2 | QL (11 EA per 28 days)                     |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG         | Tier 2 | QL (30 EA per 28 days); AGE (Min 12 Years) |
| <b>Cmv Agents</b>                                                            |        |                                            |
| LIVTENCITY ORAL TABLET 200 MG                                                | Tier 2 | PA; SP                                     |
| PREVYMIS ORAL PACKET 120 MG, 20 MG                                           | Tier 3 | PA                                         |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                          | Tier 3 | PA                                         |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>               | Tier 1 |                                            |
| <i>valganciclovir hcl oral tablet 450 mg</i>                                 | Tier 1 |                                            |
| <b>Hepatitis Agents</b>                                                      |        |                                            |
| <i>adefovir dipivoxil oral tablet 10 mg</i>                                  | Tier 1 | SP; QL (1 EA per 1 day)                    |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML                                           | Tier 2 | SP; QL (630 ML per 30 days)                |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                                    | Tier 1 | SP; QL (1 EA per 1 day)                    |
| EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG                                   | Tier 2 | PA; SP                                     |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG                                    | Tier 2 | PA; SP                                     |
| HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG                                  | Tier 2 | PA; SP                                     |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG                                     | Tier 2 | PA; SP                                     |
| <i>lamivudine oral tablet 100 mg</i>                                         | Tier 1 | SP; QL (1 EA per 1 day)                    |
| MAVYRET ORAL PACKET 50-20 MG                                                 | Tier 3 | PA; SP                                     |
| MAVYRET ORAL TABLET 100-40 MG                                                | Tier 3 | PA; SP                                     |

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| Drug                                                                  | Status | Notes                                      |
|-----------------------------------------------------------------------|--------|--------------------------------------------|
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                              | Tier 2 | PA; SP                                     |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML         | Tier 2 | PA; SP                                     |
| <i>ribavirin oral capsule 200 mg</i>                                  | Tier 1 |                                            |
| <i>ribavirin oral tablet 200 mg</i>                                   | Tier 1 |                                            |
| SOVALDI ORAL PACKET 150 MG, 200 MG                                    | Tier 3 | PA; SP                                     |
| SOVALDI ORAL TABLET 200 MG, 400 MG                                    | Tier 3 | PA; SP                                     |
| VEMLIDY ORAL TABLET 25 MG                                             | Tier 2 | SP; QL (1 EA per 1 day)                    |
| VOSEVI ORAL TABLET 400-100-100 MG                                     | Tier 2 | PA; SP                                     |
| <b>Herpes Agents</b>                                                  |        |                                            |
| <i>acyclovir oral capsule 200 mg</i>                                  | Tier 1 |                                            |
| <i>acyclovir oral suspension 200 mg/5ml, 800 mg/20ml</i>              | Tier 1 |                                            |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                           | Tier 1 |                                            |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                 | Tier 1 |                                            |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>                      | Tier 1 |                                            |
| <b>Influenza Agents</b>                                               |        |                                            |
| <i>oseltamivir phosphate oral capsule 30 mg</i>                       | Tier 1 | QL (40 EA per 180 days)                    |
| <i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>                | Tier 1 | QL (20 EA per 180 days)                    |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>    | Tier 1 | QL (360 ML per 180 days)                   |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | Tier 3 | QL (40 EA per 180 days)                    |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG               | Tier 2 | QL (2 EA per 180 days)                     |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG               | Tier 2 | QL (2 EA per 180 days)                     |
| <b>Misc. Antivirals</b>                                               |        |                                            |
| LAGEVRIO ORAL CAPSULE 200 MG                                          | Tier 2 | QL (40 EA per 29 days); AGE (Min 18 Years) |
| TEMBEXA ORAL SUSPENSION 10 MG/ML                                      | Tier 3 |                                            |
| TEMBEXA ORAL TABLET 100 MG                                            | Tier 3 |                                            |
| TPOXX ORAL CAPSULE 200 MG                                             | Tier 2 |                                            |
| <b>Respiratory Syncytial Virus (Rsv) Agents</b>                       |        |                                            |
| <i>ribavirin inhalation solution reconstituted 6 gm</i>               | Tier 1 |                                            |

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| Drug                                                                                             | Status | Notes                                                                                         |
|--------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------|
| <b>Beta Blockers</b>                                                                             |        |                                                                                               |
| <b>Alpha-Beta Blockers</b>                                                                       |        |                                                                                               |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                                  | Tier 1 |                                                                                               |
| <i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>  | Tier 1 | QL (1 EA per 1 day)                                                                           |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>                                  | Tier 1 |                                                                                               |
| <b>Beta Blockers Cardio-Selective</b>                                                            |        |                                                                                               |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i>                                                | Tier 1 |                                                                                               |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>                                                 | Tier 1 |                                                                                               |
| ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML                                                     | Tier 3 |                                                                                               |
| <i>betaxolol hcl oral tablet 10 mg, 20 mg</i>                                                    | Tier 1 |                                                                                               |
| <i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                       | Tier 1 |                                                                                               |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG                 | Tier 3 |                                                                                               |
| LOPRESSOR ORAL SOLUTION 10 MG/ML                                                                 | Tier 3 | PA                                                                                            |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 |                                                                                               |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                      | Tier 1 |                                                                                               |
| <i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                      | Tier 1 |                                                                                               |
| TENORMIN ORAL TABLET 25 MG                                                                       | Tier 1 |                                                                                               |
| <b>Beta Blockers Non-Selective</b>                                                               |        |                                                                                               |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML                                                               | Tier 3 | ST: TRIAL OF GENERIC PROPRANOLOL ORAL SOLUTION IN THE PAST 120 DAYS ; QL (360 ML per 30 days) |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                   | Tier 1 |                                                                                               |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                          | Tier 1 |                                                                                               |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>     | Tier 1 |                                                                                               |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>                                        | Tier 1 |                                                                                               |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                             | Tier 1 |                                                                                               |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>                                        | Tier 1 |                                                                                               |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                     | Tier 1 |                                                                                               |

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| Drug                                                                                                               | Status | Notes                                                                                     |
|--------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------|
| SOTYLIZE ORAL SOLUTION 5 MG/ML                                                                                     | Tier 3 | 250mL Bottle; ST: TRIAL OF SOTALOL TABLETS IN THE PAST 120 DAYS; QL (3840 ML per 30 days) |
| SOTYLIZE SOLUTION 5 MG/ML ORAL                                                                                     | Tier 3 | 480mL Bottle; ST: TRIAL OF SOTALOL TABLETS IN THE PAST 120 DAYS; QL (3840 ML per 30 days) |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                                              | Tier 1 |                                                                                           |
| <b>Calcium Channel Blockers</b>                                                                                    |        |                                                                                           |
| <b>Calcium Channel Blockers</b>                                                                                    |        |                                                                                           |
| AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML                                                                 | Tier 3 |                                                                                           |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                         | Tier 1 |                                                                                           |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG                                     | Tier 1 |                                                                                           |
| CONJUPRI ORAL TABLET 5 MG                                                                                          | Tier 3 | PA                                                                                        |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 |                                                                                           |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>  | Tier 1 |                                                                                           |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>                                 | Tier 1 |                                                                                           |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                               | Tier 1 |                                                                                           |
| <i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>        | Tier 1 |                                                                                           |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>                                                       | Tier 1 |                                                                                           |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                                        | Tier 1 |                                                                                           |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                                      | Tier 1 |                                                                                           |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                                                        | Tier 1 |                                                                                           |
| <i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>                                                              | Tier 1 | PA                                                                                        |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG                              | Tier 1 |                                                                                           |

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| Drug                                                                                                                                                   | Status | Notes               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------|
| <i>nicardipine hcl oral capsule 20 mg, 30 mg</i>                                                                                                       | Tier 1 |                     |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                                                                          | Tier 1 |                     |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                                                          | Tier 1 |                     |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>                                                                                                            | Tier 1 |                     |
| <i>nimodipine oral capsule 30 mg</i>                                                                                                                   | Tier 1 |                     |
| <i>nimodipine oral solution 60 mg/20ml</i>                                                                                                             | Tier 1 |                     |
| <i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>                                          | Tier 1 |                     |
| NORLIQVA ORAL SOLUTION 1 MG/ML                                                                                                                         | Tier 3 | PA                  |
| NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                                                                                | Tier 1 |                     |
| NYMALIZE ORAL SOLUTION 6 MG/ML                                                                                                                         | Tier 3 | PA                  |
| TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG                                                         | Tier 1 |                     |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>                                   | Tier 1 |                     |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                                                            | Tier 1 |                     |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>                                                                                                  | Tier 1 |                     |
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG                                                                                                   | Tier 3 |                     |
| <b>Cardiotonics</b>                                                                                                                                    |        |                     |
| <b>Cardiac Glycosides</b>                                                                                                                              |        |                     |
| <i>digoxin oral solution 0.05 mg/ml</i>                                                                                                                | Tier 3 |                     |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i>                                                                                                            | Tier 1 |                     |
| <i>digoxin oral tablet 62.5 mcg</i>                                                                                                                    | Tier 1 | PA                  |
| <i>digoxin solution 0.05 mg/ml oral</i>                                                                                                                | Tier 1 |                     |
| LANOXIN ORAL TABLET 125 MCG, 250 MCG                                                                                                                   | Tier 3 |                     |
| LANOXIN ORAL TABLET 62.5 MCG                                                                                                                           | Tier 3 | PA                  |
| <b>Cardiovascular Agents - Misc.</b>                                                                                                                   |        |                     |
| <b>Cardiovascular Agents Misc. - Combinations</b>                                                                                                      |        |                     |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | Tier 1 | QL (1 EA per 1 day) |

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| Drug                                                                             | Status | Notes                                                                  |
|----------------------------------------------------------------------------------|--------|------------------------------------------------------------------------|
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG                                  | Tier 3 | QL (8 EA per 1 day)                                                    |
| <i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>                      | Tier 1 |                                                                        |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG                                           | Tier 2 | PA; SP                                                                 |
| <i>sacubitril-valsartan oral tablet 24-26 mg</i>                                 | Tier 1 | QL (6 EA per 1 day)                                                    |
| <i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>                      | Tier 1 | QL (2 EA per 1 day)                                                    |
| <b>Impotence Agents</b>                                                          |        |                                                                        |
| <i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>                                | Tier 1 | ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS; QL (1 EA per 5 days) |
| <i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>                    | Tier 3 |                                                                        |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG                             | Tier 3 | QL (1 EA per 5 days)                                                   |
| CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG                  | Tier 3 | QL (1 EA per 5 days)                                                   |
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG                                  | Tier 3 | QL: 6 INJECTIONS IN 30 DAYS; QL (3 EA per 30 days)                     |
| IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML                               | Tier 3 |                                                                        |
| <i>phenylephrine hcl intracavernosal solution 2 mg/2ml</i>                       | Tier 3 |                                                                        |
| <i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>           | Tier 3 |                                                                        |
| <i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>                       | Tier 1 | QL (1 EA per 5 days)                                                   |
| <i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>             | Tier 3 |                                                                        |
| <i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>     | Tier 3 |                                                                        |
| <i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i> | Tier 3 |                                                                        |
| <i>tadalafil oral tablet 10 mg, 20 mg</i>                                        | Tier 1 | QL (1 EA per 5 days)                                                   |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i>                                        | Tier 1 | PA; QL (1 EA per 1 day)                                                |
| <i>tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg</i>         | Tier 3 |                                                                        |
| <i>varafenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                    | Tier 1 | ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS; QL (1 EA per 5 days) |
| <i>varafenafil hcl oral tablet dispersible 10 mg</i>                             | Tier 1 | ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS; QL (1 EA per 5 days) |

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| Drug                                                                                                                                    | Status | Notes                       |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------|
| <b>Peripheral Vasodilators</b>                                                                                                          |        |                             |
| <i>papaverine hcl injection solution 30 mg/ml</i>                                                                                       | Tier 1 |                             |
| <b>Prostaglandin Vasodilators</b>                                                                                                       |        |                             |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG                                                             | Tier 2 | PA; SP                      |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG                                                             | Tier 2 | PA; SP                      |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25                                                                | Tier 2 | PA; SP                      |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG                                                            | Tier 2 | PA; SP                      |
| <i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>                                                 | Tier 1 | PA; SP                      |
| TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG                                                   | Tier 2 | PA; SP                      |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG | Tier 2 | PA; SP                      |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG                                                                             | Tier 2 | PA; SP                      |
| TYVASO INHALATION SOLUTION 0.6 MG/ML                                                                                                    | Tier 2 | PA; SP                      |
| TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML                                                                                         | Tier 2 | PA; SP                      |
| TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML                                                                                        | Tier 2 | PA; SP                      |
| VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML                                                                                       | Tier 3 | PA; SP                      |
| <b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>                                                                         |        |                             |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                                                                                              | Tier 1 | PA; SP                      |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                                                                                             | Tier 1 | PA; SP                      |
| <i>bosentan oral tablet soluble 32 mg</i>                                                                                               | Tier 1 | PA; SP                      |
| OPSUMIT ORAL TABLET 10 MG                                                                                                               | Tier 2 | PA; SP                      |
| <b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>                                                                            |        |                             |
| ALYQ ORAL TABLET 20 MG                                                                                                                  | Tier 1 | PA; SP; QL (2 EA per 1 day) |

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| Drug                                                                                           | Status | Notes                                                                                                  |
|------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|
| <i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>                               | Tier 1 | PA                                                                                                     |
| <i>sildenafil citrate oral tablet 20 mg</i>                                                    | Tier 1 | PA                                                                                                     |
| <i>tadalafil (pah) oral tablet 20 mg</i>                                                       | Tier 1 | PA; SP; QL (2 EA per 1 day)                                                                            |
| <b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>                                  |        |                                                                                                        |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 2 | PA; SP                                                                                                 |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG                                       | Tier 2 | PA; SP                                                                                                 |
| <b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b>                               |        |                                                                                                        |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                                         | Tier 2 | PA; SP                                                                                                 |
| <b>Sinus Node Inhibitors</b>                                                                   |        |                                                                                                        |
| CORLANOR ORAL SOLUTION 5 MG/5ML                                                                | Tier 2 | QL (20 ML per 1 day)                                                                                   |
| <i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>                                                 | Tier 1 | ST: TRIAL OF BISOPROLOL, CARVEDILOL, OR METOPROLOL SUCCINATE IN THE PAST 120 DAYS; QL (2 EA per 1 day) |
| <b>Unknown</b>                                                                                 |        |                                                                                                        |
| ATTRUBY ORAL TABLET THERAPY PACK 356 MG                                                        | Tier 3 | PA; SP                                                                                                 |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG                                                | Tier 3 | PA; SP                                                                                                 |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                        | Tier 3 | PA                                                                                                     |
| VYNDAMAX ORAL CAPSULE 61 MG                                                                    | Tier 2 | PA; SP                                                                                                 |
| VYNDAQEL ORAL CAPSULE 20 MG                                                                    | Tier 3 | PA; SP                                                                                                 |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG                                  | Tier 2 | PA; SP                                                                                                 |
| <b>Cephalosporins</b>                                                                          |        |                                                                                                        |
| <b>Cephalosporins - 1St Generation</b>                                                         |        |                                                                                                        |
| <i>cefadroxil oral capsule 500 mg</i>                                                          | Tier 1 |                                                                                                        |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>                         | Tier 1 |                                                                                                        |
| <i>cefadroxil oral tablet 1 gm</i>                                                             | Tier 1 |                                                                                                        |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>                                          | Tier 1 |                                                                                                        |

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| Drug                                                                            | Status | Notes                                                       |
|---------------------------------------------------------------------------------|--------|-------------------------------------------------------------|
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>          | Tier 1 |                                                             |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                    | Tier 1 |                                                             |
| <b>Cephalosporins - 2Nd Generation</b>                                          |        |                                                             |
| <i>cefaclor er oral tablet extended release 12 hour 500 mg</i>                  | Tier 1 |                                                             |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                     | Tier 1 |                                                             |
| <i>cefaclor oral suspension reconstituted 250 mg/5ml</i>                        | Tier 1 |                                                             |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>           | Tier 1 |                                                             |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                     | Tier 1 |                                                             |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                             | Tier 1 |                                                             |
| <b>Cephalosporins - 3Rd Generation</b>                                          |        |                                                             |
| <i>cefdinir oral capsule 300 mg</i>                                             | Tier 1 |                                                             |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>            | Tier 1 |                                                             |
| <i>cefixime oral capsule 400 mg</i>                                             | Tier 1 |                                                             |
| <i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>            | Tier 1 |                                                             |
| <i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i> | Tier 1 |                                                             |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>                          | Tier 1 |                                                             |
| <b>Chemicals</b>                                                                |        |                                                             |
| <b>Bulk Chemicals - A's</b>                                                     |        |                                                             |
| <i>enovarx-amitriptyline external kit 2 %</i>                                   | Tier 3 |                                                             |
| <b>Contraceptives</b>                                                           |        |                                                             |
| <b>Combination Contraceptives - Oral</b>                                        |        |                                                             |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG                                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG                                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>                                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>                           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AMETHYST ORAL TABLET 90-20 MCG                                                  | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| APRI ORAL TABLET 0.15-30 MG-MCG                                                 | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG                                        | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG                                         | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG                                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

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| Drug                                                                               | Status | Notes                                                       |
|------------------------------------------------------------------------------------|--------|-------------------------------------------------------------|
| AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG                                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)                                         | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                       | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG                                           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AVERI ORAL TABLET 0.15-0.03 MG                                                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AVIANE ORAL TABLET 0.1-20 MG-MCG                                                   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AYUNA ORAL TABLET 0.15-30 MG-MCG                                                   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)                                      | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| BALZIVA ORAL TABLET 0.4-35 MG-MCG                                                  | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)                                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                        | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG                                            | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG                                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG                                            | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)                               | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG                                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG                                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| CYRED EQ ORAL TABLET 0.15-30 MG-MCG                                                | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG                                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG                                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG                                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| DELYLA ORAL TABLET 0.1-20 MG-MCG                                                   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| DOLISHALE ORAL TABLET 90-20 MCG                                                    | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i> | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

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| Drug                                                                      | Status | Notes                                                       |
|---------------------------------------------------------------------------|--------|-------------------------------------------------------------|
| ELINEST ORAL TABLET 0.3-30 MG-MCG                                         | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG                           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG                                        | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG                                      | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| FALMINA ORAL TABLET 0.1-20 MG-MCG                                         | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG                                       | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG                                  | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)                                      | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)                                  | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG                                    | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ICLEVIA ORAL TABLET 0.15-0.03 MG                                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| INTROVALE ORAL TABLET 0.15-0.03 MG                                        | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| ISIBLOOM ORAL TABLET 0.15-30 MG-MCG                                       | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG                                  | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| JASMIEL ORAL TABLET 3-0.02 MG                                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JOLESSA ORAL TABLET 0.15-0.03 MG                                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)                                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)    |
| JULEBER ORAL TABLET 0.15-30 MG-MCG                                        | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                    | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG                                        | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                 | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG                                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

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| Drug                                                                                                           | Status | Notes                                                       |
|----------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------|
| JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)                                                                        | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG                                                                  | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KALLIGA ORAL TABLET 0.15-30 MG-MCG                                                                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)                                                                    | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KELNOR 1/35 ORAL TABLET 1-35 MG-MCG                                                                            | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KELNOR 1/50 ORAL TABLET 1-50 MG-MCG                                                                            | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KURVELO ORAL TABLET 0.15-30 MG-MCG                                                                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                                                         | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LARIN 1/20 ORAL TABLET 1-20 MG-MCG                                                                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)                                                                        | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                                                      | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG                                                                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG                                                                  | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG                                                                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LESSINA ORAL TABLET 0.1-20 MG-MCG                                                                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG                                                                   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>                                           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i> | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| <i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>                                            | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)    |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>                      | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>                                       | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG                                                                 | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG                                                                | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                                                 | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                                                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

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| Drug                                                                     | Status | Notes                                                       |
|--------------------------------------------------------------------------|--------|-------------------------------------------------------------|
| LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG                                 | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG                                | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| LORYNA ORAL TABLET 3-0.02 MG                                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG                                   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG                                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG                                  | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG                                      | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LUTERA ORAL TABLET 0.1-20 MG-MCG                                         | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>marlissa oral tablet 0.15-30 mg-mcg</i>                               | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)                       | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG                                 | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MILI ORAL TABLET 0.25-35 MG-MCG                                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)                                    | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)    |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG                                   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG                                       | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| NEXTSTELLIS ORAL TABLET 3-14.2 MG                                        | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)    |
| NIKKI ORAL TABLET 3-0.02 MG                                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

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| Drug                                                                                                   | Status | Notes                                                       |
|--------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------|
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>                                | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>                                           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i> | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                                                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG                                                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG                                                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG                                                         | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| NYLIA 1/35 ORAL TABLET 1-35 MG-MCG                                                                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG                                                           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| OCELLA ORAL TABLET 3-0.03 MG                                                                           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| PHILITH ORAL TABLET 0.4-35 MG-MCG                                                                      | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)                                                           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| PORTIA-28 ORAL TABLET 0.15-30 MG-MCG                                                                   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| RECLIPSEN ORAL TABLET 0.15-30 MG-MCG                                                                   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| RIVELSA ORAL TABLET 42-21-21-7 DAYS                                                                    | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ROSYRAH ORAL TABLET 42-21-21-7 DAYS                                                                    | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| SETLAKIN ORAL TABLET 0.15-0.03 MG                                                                      | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)                                                           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG                                                               | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG                                                                 | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| SRONYX ORAL TABLET 0.1-20 MG-MCG                                                                       | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| SYEDA ORAL TABLET 3-0.03 MG                                                                            | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)                                                               | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG                                                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)                                                                   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG                                                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

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| Drug                                                   | Status | Notes                               |
|--------------------------------------------------------|--------|-------------------------------------|
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG    | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG        | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG       | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG    | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG      | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG  | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG         | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG       | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG      | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TURQOZ ORAL TABLET 0.3-30 MG-MCG                       | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VALTYA 1/35 ORAL TABLET 1-35 MG-MCG                    | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VALTYA 1/50 ORAL TABLET 1-50 MG-MCG                    | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VESTURA ORAL TABLET 3-0.02 MG                          | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VIENVA ORAL TABLET 0.1-20 MG-MCG                       | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| <i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>    | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)            | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VYFEMLA ORAL TABLET 0.4-35 MG-MCG                      | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |

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| Drug                                                                         | Status | Notes                               |
|------------------------------------------------------------------------------|--------|-------------------------------------|
| WERA ORAL TABLET 0.5-35 MG-MCG                                               | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG                                 | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG                                   | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG                                 | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG                                      | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| ZUMANDIMINE ORAL TABLET 3-0.03 MG                                            | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| <b>Combination Contraceptives - Transdermal</b>                              |        |                                     |
| <i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i> | \$0    |                                     |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR                              | \$0    |                                     |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR                              | \$0    |                                     |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR                              | \$0    |                                     |
| <b>Combination Contraceptives - Vaginal</b>                                  |        |                                     |
| ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR                                     | \$0    |                                     |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24HR                                      | \$0    |                                     |
| ENILLORING VAGINAL RING 0.12-0.015 MG/24HR                                   | \$0    |                                     |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>        | \$0    |                                     |
| HALOETTE VAGINAL RING 0.12-0.015 MG/24HR                                     | \$0    |                                     |
| <b>Copper Contraceptives - IUD</b>                                           |        |                                     |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE                | \$0    |                                     |
| <b>Emergency Contraceptives</b>                                              |        |                                     |
| AFTERA ORAL TABLET 1.5 MG                                                    | \$0    |                                     |
| AFTERPILL ORAL TABLET 1.5 MG                                                 | \$0    |                                     |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG                                          | \$0    |                                     |
| ELLA ORAL TABLET 30 MG                                                       | \$0    |                                     |
| HER STYLE ORAL TABLET 1.5 MG                                                 | \$0    |                                     |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                     | \$0    |                                     |
| MY CHOICE ORAL TABLET 1.5 MG                                                 | \$0    |                                     |
| MY WAY ORAL TABLET 1.5 MG                                                    | \$0    |                                     |
| NEW DAY ORAL TABLET 1.5 MG                                                   | \$0    |                                     |

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| Drug                                                                                    | Status | Notes                                                           |
|-----------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| OPCICON ONE-STEP ORAL TABLET 1.5 MG                                                     | \$0    |                                                                 |
| OPTION 2 ORAL TABLET 1.5 MG                                                             | \$0    |                                                                 |
| REACT ORAL TABLET 1.5 MG                                                                | \$0    |                                                                 |
| SHEWISE ORAL TABLET 1.5 MG                                                              | \$0    |                                                                 |
| TAKE ACTION ORAL TABLET 1.5 MG                                                          | \$0    |                                                                 |
| <b>Progestin Contraceptives - Implants</b>                                              |        |                                                                 |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG                                                    | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS               |
| <b>Progestin Contraceptives - Injectable</b>                                            |        |                                                                 |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML           | \$0    | \$0 COPAY IF DAY SUPPLY LIMITED TO 91; QL (0.65 ML per 84 days) |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>                   | \$0    | \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)    |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i> | \$0    | \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)    |
| <b>Progestin Contraceptives - IUD</b>                                                   |        |                                                                 |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG                                        | \$0    |                                                                 |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY                           | \$0    |                                                                 |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY                              | \$0    |                                                                 |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG                                          | \$0    |                                                                 |
| <b>Progestin Contraceptives - Oral</b>                                                  |        |                                                                 |
| CAMILA ORAL TABLET 0.35 MG                                                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| DEBLITANE ORAL TABLET 0.35 MG                                                           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| EMZAHH ORAL TABLET 0.35 MG                                                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| ERRIN ORAL TABLET 0.35 MG                                                               | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| HEATHER ORAL TABLET 0.35 MG                                                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| INCASSIA ORAL TABLET 0.35 MG                                                            | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| JENCYCLA ORAL TABLET 0.35 MG                                                            | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| LYLEQ ORAL TABLET 0.35 MG                                                               | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| LYZA ORAL TABLET 0.35 MG                                                                | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| MELEYA ORAL TABLET 0.35 MG                                                              | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| NORA-BE ORAL TABLET 0.35 MG                                                             | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |

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| Drug                                                                             | Status | Notes                                                    |
|----------------------------------------------------------------------------------|--------|----------------------------------------------------------|
| <i>norethindrone oral tablet 0.35 mg</i>                                         | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                      |
| NORLYROC ORAL TABLET 0.35 MG                                                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                      |
| OPILL ORAL TABLET 0.075 MG                                                       | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                      |
| ORQUIDEA ORAL TABLET 0.35 MG                                                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                      |
| SHAROBEL ORAL TABLET 0.35 MG                                                     | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                      |
| SLYND ORAL TABLET 4 MG                                                           | \$0    | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day) |
| <b>Corticosteroids</b>                                                           |        |                                                          |
| <b>Glucocorticosteroids</b>                                                      |        |                                                          |
| AGAMREE ORAL SUSPENSION 40 MG/ML                                                 | Tier 3 | PA; SP                                                   |
| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG                  | Tier 3 | PA; SP                                                   |
| BETALOEAN SUIK COMBINATION KIT 30 MG/5ML                                         | Tier 3 |                                                          |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i>                   | Tier 1 | ST: TRIAL OF BALSALAZIDE IN THE PAST 120 DAYS            |
| <i>budesonide oral capsule delayed release particles 3 mg</i>                    | Tier 1 |                                                          |
| <i>cortisone acetate oral tablet 25 mg</i>                                       | Tier 1 |                                                          |
| <i>deflazacort oral suspension 22.75 mg/ml</i>                                   | Tier 1 | PA; SP                                                   |
| <i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>                         | Tier 1 | PA; SP                                                   |
| <i>dexamethasone acetate injection suspension 8 mg/ml</i>                        | Tier 1 |                                                          |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML                                  | Tier 3 |                                                          |
| <i>dexamethasone oral elixir 0.5 mg/5ml</i>                                      | Tier 1 |                                                          |
| <i>dexamethasone oral solution 0.5 mg/5ml</i>                                    | Tier 1 |                                                          |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 1 |                                                          |
| DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML                                    | Tier 3 |                                                          |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>                             | Tier 1 |                                                          |
| <i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>       | Tier 1 |                                                          |
| IONTOSONE 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML                                  | Tier 3 |                                                          |
| <i>jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>                            | Tier 1 | PA; SP                                                   |
| KENALOG-80 INJECTION SUSPENSION 80 MG/ML                                         | Tier 3 |                                                          |

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| Drug                                                                                                    | Status | Notes  |
|---------------------------------------------------------------------------------------------------------|--------|--------|
| KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG                                                            | Tier 1 | PA; SP |
| MEDPREDKIT COMBINATION KIT 4 MG                                                                         | Tier 1 |        |
| MEDROL ORAL TABLET 2 MG                                                                                 | Tier 2 |        |
| MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML                                                              | Tier 3 |        |
| MEDROLOAN SUIK COMBINATION KIT 40 MG/ML                                                                 | Tier 3 |        |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                          | Tier 1 |        |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i>                                                 | Tier 1 |        |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG                                                 | Tier 3 |        |
| <i>p-care k40g combination kit 40 mg/ml</i>                                                             | Tier 3 |        |
| <i>p-care k80g combination kit 40 mg/ml</i>                                                             | Tier 3 |        |
| <i>physicians ez use joint/tunnel combination kit 40-1 mg/ml-%</i>                                      | Tier 3 |        |
| <i>pod-care 100cg combination kit 30 mg/5ml</i>                                                         | Tier 3 |        |
| <i>pod-care 100kg combination kit 40 mg/ml</i>                                                          | Tier 3 |        |
| <i>prednisolone oral solution 15 mg/5ml</i>                                                             | Tier 1 |        |
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i> | Tier 1 |        |
| <i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>                        | Tier 1 |        |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML                                                            | Tier 2 |        |
| <i>prednisone oral solution 5 mg/5ml</i>                                                                | Tier 1 |        |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                   | Tier 1 |        |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>                 | Tier 1 |        |
| PYQUVI ORAL SUSPENSION 22.75 MG/ML                                                                      | Tier 1 | PA; SP |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG                                    | Tier 3 |        |
| TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG                                                               | Tier 3 | PA; SP |
| <i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml, 80 mg/ml</i>                        | Tier 1 |        |
| TRILOAN II SUIK COMBINATION KIT 40 MG/ML                                                                | Tier 3 |        |

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| Drug                                                                               | Status | Notes                                                                                           |
|------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------|
| TRILOAN SUIK COMBINATION KIT 40 MG/ML                                              | Tier 3 |                                                                                                 |
| <b>Mineralocorticoids</b>                                                          |        |                                                                                                 |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i>                                  | Tier 1 |                                                                                                 |
| <b>Cough/Cold/Allergy</b>                                                          |        |                                                                                                 |
| <b>Antitussives</b>                                                                |        |                                                                                                 |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>                                     | Tier 1 |                                                                                                 |
| <i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>                     | Tier 1 | QL (30 ML per 1 day); AGE (Min 18 Years)                                                        |
| <i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>                           | Tier 1 | QL (6 EA per 1 day); AGE (Min 18 Years)                                                         |
| <i>hydromet oral solution 5-1.5 mg/5ml</i>                                         | Tier 1 | QL (30 ML per 1 day); AGE (Min 18 Years)                                                        |
| <b>Cough/Cold/Allergy Combinations</b>                                             |        |                                                                                                 |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG                 | Tier 3 | ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLETS IN THE PAST 120 DAYS                      |
| <i>coditussin ac oral liquid 200-10 mg/5ml</i>                                     | Tier 3 | AGE (Min 12 Years)                                                                              |
| <i>coditussin dac oral liquid 30-10-200 mg/5ml</i>                                 | Tier 3 | AGE (Min 12 Years)                                                                              |
| <i>g tussin ac oral solution 100-10 mg/5ml</i>                                     | Tier 1 | AGE (Min 12 Years)                                                                              |
| <i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>             | Tier 1 | AGE (Min 12 Years)                                                                              |
| <i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Min 18 Years)                                                        |
| MAR-COF CG EXPECTORANT ORAL LIQUID 225-7.5 MG/5ML                                  | Tier 3 | AGE (Min 12 Years)                                                                              |
| <i>maxi-tuss ac oral solution 100-10 mg/5ml</i>                                    | Tier 1 | AGE (Min 12 Years)                                                                              |
| <i>maxi-tuss cd oral liquid 10-4-10 mg/5ml</i>                                     | Tier 3 | AGE (Min 12 Years)                                                                              |
| NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML                                           | Tier 3 |                                                                                                 |
| NINJACOF-XG ORAL LIQUID 200-8 MG/5ML                                               | Tier 3 | AGE (Min 12 Years)                                                                              |
| <i>poly-tussin ac oral liquid 10-4-10 mg/5ml</i>                                   | Tier 3 | AGE (Min 12 Years)                                                                              |
| <i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>                           | Tier 1 | QL (30 ML per 1 day); AGE (Min 18 Years)                                                        |
| <i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>                                   | Tier 1 |                                                                                                 |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>                         | Tier 1 |                                                                                                 |
| PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML                                                 | Tier 3 | AGE (Min 12 Years)                                                                              |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>                             | Tier 1 |                                                                                                 |
| RYDEX ORAL LIQUID 10-1.33-6.33 MG/5ML                                              | Tier 3 | AGE (Min 12 Years)                                                                              |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG                          | Tier 3 | ST: TRIAL OF PROMETHAZINE/CODEINE IN THE PAST 120 DAYS; QL (2 EA per 1 day); AGE (Min 18 Years) |

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| Drug                                                                          | Status | Notes |
|-------------------------------------------------------------------------------|--------|-------|
| <b>Expectorants</b>                                                           |        |       |
| <i>potassium iodide (expectorant) oral solution 1 gm/ml</i>                   | Tier 1 |       |
| <b>Misc. Respiratory Inhalants</b>                                            |        |       |
| HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %                               | Tier 3 |       |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %                                  | Tier 1 |       |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %                                  | Tier 3 |       |
| <i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i> | Tier 1 |       |
| <b>Mucolytics</b>                                                             |        |       |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i>                          | Tier 1 |       |
| <b>Dermatologicals</b>                                                        |        |       |
| <b>Acne Products</b>                                                          |        |       |
| <i>abenor external cream 4-10 %</i>                                           | Tier 3 |       |
| <i>abenor hp external lotion 4-15 %</i>                                       | Tier 3 |       |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                              | Tier 1 |       |
| <i>acioxaiy external cream 15-4 %</i>                                         | Tier 3 |       |
| <i>adainzoxia external gel 0.3-2.5-4 %</i>                                    | Tier 3 |       |
| <i>adalina external gel 4-5 %</i>                                             | Tier 3 |       |
| <i>adapalene external cream 0.1 %</i>                                         | Tier 1 |       |
| <i>adapalene external gel 0.1 %, 0.3 %</i>                                    | Tier 1 |       |
| <i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>           | Tier 1 |       |
| <i>adeinzde external gel 0.1-2.5-1 %</i>                                      | Tier 3 |       |
| <i>adermica external gel 2.5-1-2-0.025 %</i>                                  | Tier 3 |       |
| <i>adermica hp external gel 2.5-1-2-0.05 %</i>                                | Tier 3 |       |
| <i>admirazol external cream 6-2-5 %</i>                                       | Tier 3 |       |
| <i>admirazol hp external cream 8.5-2-5 %</i>                                  | Tier 3 |       |
| <i>alixi external cream 6-4 %</i>                                             | Tier 3 |       |
| <i>alixi hp external cream 8.5-4 %</i>                                        | Tier 3 |       |
| <i>alomira external gel 5-1-2-0.05 %</i>                                      | Tier 3 |       |
| <i>alomira hp external gel 5-1-2-0.1 %</i>                                    | Tier 3 |       |
| <i>alomira lp external gel 5-1-2-0.025 %</i>                                  | Tier 3 |       |

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| Drug                                                        | Status | Notes                                                                                                                                                                 |
|-------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ALTRENO EXTERNAL LOTION 0.05 %                              | Tier 3 |                                                                                                                                                                       |
| <i>aluris external cream 4-0.05 %</i>                       | Tier 3 |                                                                                                                                                                       |
| <i>aluris external gel 4-0.05 %</i>                         | Tier 3 |                                                                                                                                                                       |
| <i>aluris hp external cream 4-0.1 %</i>                     | Tier 3 |                                                                                                                                                                       |
| <i>aluris hp plus external cream 4-0.1 %</i>                | Tier 3 |                                                                                                                                                                       |
| <i>aluris lp external cream 4-0.025 %</i>                   | Tier 3 |                                                                                                                                                                       |
| <i>aluris lp plus external cream 4-0.025 %</i>              | Tier 3 |                                                                                                                                                                       |
| <i>aluris plus external cream 4-0.05 %</i>                  | Tier 3 |                                                                                                                                                                       |
| <i>aluxof external therapy pack 10-4 &amp; 2-4-0.05 %</i>   | Tier 3 |                                                                                                                                                                       |
| <i>aluxof hp external therapy pack 10-4 &amp; 2-4-0.1 %</i> | Tier 3 |                                                                                                                                                                       |
| <i>alvox external cream 4-0.05 %</i>                        | Tier 3 |                                                                                                                                                                       |
| <i>alvox hp external cream 4-0.1 %</i>                      | Tier 3 |                                                                                                                                                                       |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG           | Tier 1 |                                                                                                                                                                       |
| AMZEEQ EXTERNAL FOAM 4 %                                    | Tier 3 | ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS |
| <i>apexol cleanser external suspension 2-8 %</i>            | Tier 3 |                                                                                                                                                                       |
| <i>apexol hp cleanser external suspension 5-10 %</i>        | Tier 3 |                                                                                                                                                                       |
| <i>aphoria external gel 0.3-2.5-4 %</i>                     | Tier 3 |                                                                                                                                                                       |
| <i>aporix external gel 1-4 %</i>                            | Tier 3 |                                                                                                                                                                       |
| <i>aporix external lotion 1-4 %</i>                         | Tier 3 |                                                                                                                                                                       |
| <i>artilis external gel 1-2.5-4 %</i>                       | Tier 3 |                                                                                                                                                                       |
| <i>artilis hp external gel 1-5-4 %</i>                      | Tier 3 |                                                                                                                                                                       |
| <i>augustil external gel 1-4-2-0.025 %</i>                  | Tier 3 |                                                                                                                                                                       |
| AVAR CLEANSER EXTERNAL LIQUID 10-5 %                        | Tier 1 | QL (1419 GM per 1 FILL)                                                                                                                                               |
| AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 %                      | Tier 1 |                                                                                                                                                                       |
| <i>avidora external cream 1-4-0.025 %</i>                   | Tier 3 |                                                                                                                                                                       |
| <i>avidora external solution 1-4-0.025 %</i>                | Tier 3 |                                                                                                                                                                       |
| <i>avidora hp external cream 1-4-0.05 %</i>                 | Tier 3 |                                                                                                                                                                       |
| <i>awanis external cream 8.5-2-0.025 %</i>                  | Tier 3 |                                                                                                                                                                       |
| <i>azalta external gel 2-5-0.025 %</i>                      | Tier 3 |                                                                                                                                                                       |
| <i>azalta hp external gel 2-5-0.05 %</i>                    | Tier 3 |                                                                                                                                                                       |

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| Drug                                                              | Status | Notes                                                                                                                                                                 |
|-------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BENZAC AC WASH EXTERNAL LIQUID 5 %                                | Tier 3 |                                                                                                                                                                       |
| BENZEPRO EXTERNAL 5.8 %                                           | Tier 3 |                                                                                                                                                                       |
| BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 %                               | Tier 3 |                                                                                                                                                                       |
| BENZEPRO EXTERNAL LIQUID 6.8 %                                    | Tier 3 |                                                                                                                                                                       |
| <i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>       | Tier 1 |                                                                                                                                                                       |
| <i>benzoyl peroxide-erythromycin external gel 5-3 %</i>           | Tier 1 |                                                                                                                                                                       |
| CABTREO EXTERNAL GEL 0.15-3.1-1.2 %                               | Tier 3 | PA                                                                                                                                                                    |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                  | Tier 1 |                                                                                                                                                                       |
| CLINDACIN ETZ EXTERNAL SWAB 1 %                                   | Tier 1 |                                                                                                                                                                       |
| CLINDACIN EXTERNAL FOAM 1 %                                       | Tier 1 |                                                                                                                                                                       |
| CLINDACIN-P EXTERNAL SWAB 1 %                                     | Tier 1 |                                                                                                                                                                       |
| <i>clindamycin phos (once-daily) external gel 1 %</i>             | Tier 1 |                                                                                                                                                                       |
| <i>clindamycin phos (twice-daily) external gel 1 %</i>            | Tier 1 |                                                                                                                                                                       |
| <i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>      | Tier 1 | ST: TRIAL OF CLINDAMYCIN/BENZOYL PEROXIDE 1 %-5 % GEL IN THE PAST 120 DAYS                                                                                            |
| <i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>     | Tier 1 | ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i> | Tier 1 |                                                                                                                                                                       |
| <i>clindamycin phosphate external foam 1 %</i>                    | Tier 1 |                                                                                                                                                                       |
| <i>clindamycin phosphate external lotion 1 %</i>                  | Tier 1 |                                                                                                                                                                       |
| <i>clindamycin phosphate external solution 1 %</i>                | Tier 1 | QL (180 ML per 1 FILL)                                                                                                                                                |
| <i>clindamycin phosphate external swab 1 %</i>                    | Tier 1 |                                                                                                                                                                       |
| <i>clindamycin-tretinoin external gel 1.2-0.025 %</i>             | Tier 1 | ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS |
| CLINOIN EXTERNAL CREAM 1.25-0.025-1 %                             | Tier 3 |                                                                                                                                                                       |
| <i>dapsone external gel 5 %, 7.5 %</i>                            | Tier 1 |                                                                                                                                                                       |

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| Drug                                                        | Status | Notes                  |
|-------------------------------------------------------------|--------|------------------------|
| <i>deoxia external gel 1-4 %</i>                            | Tier 3 |                        |
| <i>deoxia external lotion 1-4 %</i>                         | Tier 3 |                        |
| <i>deoxiademtar external gel 1-4-2-0.025 %</i>              | Tier 3 |                        |
| <i>deoxiatar external solution 1-4-0.025 %</i>              | Tier 3 |                        |
| <i>deoxiavar external cream 1-4-0.05 %</i>                  | Tier 3 |                        |
| <i>diadimaxia external cream 6-2-5 %</i>                    | Tier 3 |                        |
| <i>diadimaxia external gel 6-2-5 %</i>                      | Tier 3 |                        |
| <i>diaoxia external gel 6-4 %</i>                           | Tier 3 |                        |
| <i>diasaxiatar external cream 8.5-2-0.025 %</i>             | Tier 3 |                        |
| <i>diasaxiatar external gel 8.5-2-0.025 %</i>               | Tier 3 |                        |
| <i>diasdimaxia external cream 8.5-2-5 %</i>                 | Tier 3 |                        |
| <i>diasdimaxia external gel 8.5-2-5 %</i>                   | Tier 3 |                        |
| <i>diasoxia external cream 6-4 %, 8.5-4 %</i>               | Tier 3 |                        |
| <i>diasoxia external gel 8.5-4 %</i>                        | Tier 3 |                        |
| <i>dimoxia external gel 4-5 %</i>                           | Tier 3 |                        |
| <i>draxacey external suspension 2-8 %</i>                   | Tier 3 |                        |
| <i>drixece external suspension 5-10 %</i>                   | Tier 3 |                        |
| <i>dynoma external cream 0.05-4 %</i>                       | Tier 3 |                        |
| <i>eceoxia external cream 4-10 %</i>                        | Tier 3 |                        |
| <i>ery external pad 2 %</i>                                 | Tier 3 |                        |
| <i>erythromycin external gel 2 %</i>                        | Tier 1 |                        |
| <i>erythromycin external solution 2 %</i>                   | Tier 1 | QL (180 ML per 1 FILL) |
| <i>ethoxia external cream 4-0.05 %</i>                      | Tier 3 |                        |
| <i>fluoxia external cream 0.05-4 %</i>                      | Tier 3 |                        |
| <i>idyyxiatar external gel 5-0.025 %</i>                    | Tier 3 |                        |
| INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 %     | Tier 3 |                        |
| INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 %     | Tier 3 |                        |
| INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 %                         | Tier 3 |                        |
| <i>inzdeaxiatar external gel 2.5-1-2-0.025 %</i>            | Tier 3 |                        |
| <i>inzdeaxiavar external gel 2.5-1-2-0.05 %</i>             | Tier 3 |                        |
| <i>inzdeoxia external gel 2.5-1-4 %</i>                     | Tier 3 |                        |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 1 |                        |
| <i>ithoxia external cream 4-0.1 %</i>                       | Tier 3 |                        |

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| Drug                                                                                 | Status | Notes                   |
|--------------------------------------------------------------------------------------|--------|-------------------------|
| <i>lounzdomdioxatar external therapy pack 10-4 &amp; 2-4-0.05 %</i>                  | Tier 3 |                         |
| <i>melzara external cream 10-2-6 %</i>                                               | Tier 3 |                         |
| MYORISAN ORAL CAPSULE 30 MG                                                          | Tier 1 |                         |
| NEUAC EXTERNAL GEL 1.2-5 %                                                           | Tier 1 |                         |
| <i>onzdeaxiademtar external gel 5-1-2-2-0.025 %</i>                                  | Tier 3 |                         |
| <i>onzdeaxiademvar external gel 5-1-2-2-0.05 %</i>                                   | Tier 3 |                         |
| <i>onzdeaxiatar external gel 5-1-2-0.025 %</i>                                       | Tier 3 |                         |
| <i>onzdeaxiavar external gel 5-1-2-0.05 %</i>                                        | Tier 3 |                         |
| <i>onzdeaxiazar external gel 5-1-2-0.1 %</i>                                         | Tier 3 |                         |
| <i>onzdeoxia external gel 1-5-4 %</i>                                                | Tier 3 |                         |
| <i>oxiaice external lotion 4-15 %</i>                                                | Tier 3 |                         |
| <i>oxiatar external cream 4-0.025 %</i>                                              | Tier 3 |                         |
| <i>oxiavar external cream 4-0.05 %</i>                                               | Tier 3 |                         |
| <i>oxiavary external cream 4-0.05 %</i>                                              | Tier 3 |                         |
| <i>oxiavary external cream 4-0.1 %</i>                                               | Tier 3 |                         |
| <i>oxiazar external cream 4-0.1 %</i>                                                | Tier 3 |                         |
| PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 %                                           | Tier 1 |                         |
| PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %                                       | Tier 3 |                         |
| PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 %                                            | Tier 3 |                         |
| <i>resorcinol-sulfur external lotion 2-5 %</i>                                       | Tier 1 |                         |
| RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 %                                             | Tier 3 | AGE (Max 39 Years)      |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %                                        | Tier 3 | AGE (Max 39 Years)      |
| <i>rumilo external cream 15-4 %</i>                                                  | Tier 3 |                         |
| <i>saroxia external cream 4-0.05 %</i>                                               | Tier 3 |                         |
| <i>sirvana external gel 5-0.025 %</i>                                                | Tier 3 |                         |
| <i>sorixia external cream 4-0.05 %</i>                                               | Tier 3 |                         |
| <i>sss 10-5 external cream 10-5 %</i>                                                | Tier 1 |                         |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i>                              | Tier 1 |                         |
| <i>sulfacetamide sodium-sulfur external cream 10-5 %</i>                             | Tier 1 |                         |
| <i>sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i> | Tier 1 |                         |
| <i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>                            | Tier 1 | QL (1419 GM per 1 FILL) |

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| Drug                                                                | Status | Notes                                                                                                |
|---------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------|
| <i>sulfacetamide sodium-sulfur external suspension 8-4 %</i>        | Tier 1 |                                                                                                      |
| <i>sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %</i> | Tier 1 |                                                                                                      |
| <i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>        | Tier 1 | QL (1419 ML per 1 FILL)                                                                              |
| SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %                          | Tier 1 |                                                                                                      |
| <i>tardeoxia external cream 1-4-0.025 %</i>                         | Tier 3 |                                                                                                      |
| <i>tardimaxia external gel 2-5-0.025 %</i>                          | Tier 3 |                                                                                                      |
| <i>taroxia external cream 4-0.025 %</i>                             | Tier 3 |                                                                                                      |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>              | Tier 1 |                                                                                                      |
| <i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>               | Tier 1 |                                                                                                      |
| <i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>             | Tier 1 | AGE (Max 39 Years)                                                                                   |
| <i>tretinoin microsphere external gel 0.08 %</i>                    | Tier 1 | ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% IN THE PAST 365 DAYS; AGE (Max 39 Years) |
| <i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>        | Tier 1 | AGE (Max 39 Years)                                                                                   |
| <i>tretinoin microsphere pump external gel 0.08 %</i>               | Tier 1 | ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% IN THE PAST 365 DAYS; AGE (Max 39 Years) |
| <i>unzdomdioxiazar external therapy pack 10-4 &amp; 2-4-0.1 %</i>   | Tier 3 |                                                                                                      |
| VANOXIDE-HC EXTERNAL LOTION 5-0.5 %                                 | Tier 1 |                                                                                                      |
| <i>vardimaxia external gel 2-5-0.05 %</i>                           | Tier 3 |                                                                                                      |
| <i>varoxia external cream 4-0.05 %</i>                              | Tier 3 |                                                                                                      |
| <i>varoxia external gel 4-0.05 %</i>                                | Tier 3 |                                                                                                      |
| WINLEVI EXTERNAL CREAM 1 %                                          | Tier 3 | PA; QL (60 GM per 30 days)                                                                           |
| ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 %                            | Tier 3 |                                                                                                      |
| <i>zaclir cleansing external lotion 8 %</i>                         | Tier 3 |                                                                                                      |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                    | Tier 1 |                                                                                                      |
| <b>Analgesics - Topical</b>                                         |        |                                                                                                      |
| A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 %                  | Tier 3 |                                                                                                      |
| <i>enovarx-baclofen external cream 1 %</i>                          | Tier 3 |                                                                                                      |
| <i>enovarx-tramadol external cream 5 %</i>                          | Tier 3 |                                                                                                      |
| MISICARUB EXTERNAL CREAM 2 %, 5 %                                   | Tier 3 |                                                                                                      |

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| Drug                                                       | Status | Notes                                                                                             |
|------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------|
| MUSCUSOLICE EXTERNAL CREAM 2 %, 5 %                        | Tier 3 |                                                                                                   |
| PRAKETAMIDE EXTERNAL CREAM 5 %                             | Tier 3 |                                                                                                   |
| <b>Antibiotics - Topical</b>                               |        |                                                                                                   |
| <i>batizia external ointment 2-2 %</i>                     | Tier 3 |                                                                                                   |
| <i>baxonil external ointment 1-2 %</i>                     | Tier 3 |                                                                                                   |
| <i>gentamicin sulfate external cream 0.1 %</i>             | Tier 1 | QL (90 GM per 1 FILL)                                                                             |
| <i>gentamicin sulfate external ointment 0.1 %</i>          | Tier 1 | QL (90 GM per 1 FILL)                                                                             |
| <i>idaran external ointment 1-2 %</i>                      | Tier 3 |                                                                                                   |
| <i>mupirocin calcium external cream 2 %</i>                | Tier 1 | QL (90 GM per 1 FILL)                                                                             |
| <i>mupirocin external ointment 2 %</i>                     | Tier 1 | QL (90 GM per 1 FILL)                                                                             |
| <i>nanran external ointment 2-2 %</i>                      | Tier 3 |                                                                                                   |
| NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %                     | Tier 3 | ST: TRIAL OF GENERIC FLUOCINOLONE ACETONIDE CREAM, OIL, OINTMENT OR SOLUTION IN THE PAST 120 DAYS |
| <b>Antifungals - Topical</b>                               |        |                                                                                                   |
| CICLODAN EXTERNAL SOLUTION 8 %                             | Tier 1 | QL (19.8 ML per 1 FILL)                                                                           |
| <i>ciclopirox external gel 0.77 %</i>                      | Tier 1 |                                                                                                   |
| <i>ciclopirox external shampoo 1 %</i>                     | Tier 1 |                                                                                                   |
| <i>ciclopirox external solution 8 %</i>                    | Tier 1 | QL (19.8 ML per 1 FILL)                                                                           |
| <i>ciclopirox olamine external cream 0.77 %</i>            | Tier 1 | QL (180 GM per 1 FILL)                                                                            |
| <i>ciclopirox olamine external suspension 0.77 %</i>       | Tier 1 | QL (180 ML per 1 FILL)                                                                            |
| <i>ciclopirox treatment external kit 8 %</i>               | Tier 3 |                                                                                                   |
| <i>clotrimazole external cream 1 %</i>                     | Tier 1 |                                                                                                   |
| <i>clotrimazole external solution 1 %</i>                  | Tier 1 |                                                                                                   |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i>  | Tier 1 |                                                                                                   |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i> | Tier 1 |                                                                                                   |
| <i>dazinia external cream 1-2.5-2 %</i>                    | Tier 3 |                                                                                                   |
| <i>delibon external cream 2-2.5 %</i>                      | Tier 3 |                                                                                                   |
| <i>denvita external cream 2-4 %</i>                        | Tier 3 |                                                                                                   |
| DERMAZENE EXTERNAL CREAM 1-1 %                             | Tier 1 |                                                                                                   |
| <i>difmetioxrime external solution 4-2-1-4 %</i>           | Tier 3 |                                                                                                   |
| <i>econazole nitrate external cream 1 %</i>                | Tier 1 | QL (170 GM per 1 FILL)                                                                            |
| <i>econazole nitrate external foam 1 %</i>                 | Tier 1 |                                                                                                   |
| ECOZA EXTERNAL FOAM 1 %                                    | Tier 3 |                                                                                                   |
| EXELDERM EXTERNAL CREAM 1 %                                | Tier 2 |                                                                                                   |
| EXODERM EXTERNAL LOTION 25-1 %                             | Tier 3 |                                                                                                   |

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| Drug                                                                    | Status | Notes                                                                                         |
|-------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------|
| <i>fenovia external solution 4-2-1-4 %</i>                              | Tier 3 |                                                                                               |
| <i>fervina external lotion 3-5-20 %</i>                                 | Tier 3 |                                                                                               |
| <i>fidila external shampoo 2-2 %</i>                                    | Tier 3 |                                                                                               |
| <i>filoma external solution 8-1-1 %</i>                                 | Tier 3 |                                                                                               |
| <i>frivo external cream 1-4 %</i>                                       | Tier 3 |                                                                                               |
| <i>fungimez external solution</i>                                       | Tier 3 |                                                                                               |
| <i>hexiounyl external lotion 3-5-20 %</i>                               | Tier 3 |                                                                                               |
| <i>hixdefrima external solution 8-1-1 %</i>                             | Tier 3 |                                                                                               |
| <i>hydrocortisone-iodoquinol external cream 1-1 %</i>                   | Tier 1 |                                                                                               |
| <i>imioxia external cream 1-4 %</i>                                     | Tier 3 |                                                                                               |
| <i>iodoquimez-hc external cream 1-1.9 %</i>                             | Tier 1 |                                                                                               |
| <i>iodoquinol-hydrocortisone-aloe external cream 1-1.9 %</i>            | Tier 1 |                                                                                               |
| <i>ketoconazole external cream 2 %</i>                                  | Tier 1 | QL (180 GM per 1 FILL)                                                                        |
| <i>ketoconazole external shampoo 2 %</i>                                | Tier 1 | QL (360 ML per 1 FILL)                                                                        |
| KLAYESTA EXTERNAL POWDER 100000 UNIT/GM                                 | Tier 1 |                                                                                               |
| LUZU EXTERNAL CREAM 1 %                                                 | Tier 3 | ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM IN THE PAST 365 DAYS; QL (60 GM per 28 days) |
| MICONATATE EXTERNAL THERAPY PACK 2-1 %                                  | Tier 3 |                                                                                               |
| <i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i> | Tier 1 |                                                                                               |
| MYCOZYL AL EXTERNAL SOLUTION 1 %                                        | Tier 1 |                                                                                               |
| <i>naftifine hcl external cream 1 %</i>                                 | Tier 1 |                                                                                               |
| <i>naftifine hcl external cream 2 %</i>                                 | Tier 1 | QL (180 GM per 1 FILL)                                                                        |
| <i>naftifine hcl external gel 2 %</i>                                   | Tier 1 |                                                                                               |
| NYAMYC EXTERNAL POWDER 100000 UNIT/GM                                   | Tier 1 |                                                                                               |
| <i>nystatin external cream 100000 unit/gm</i>                           | Tier 1 |                                                                                               |
| <i>nystatin external ointment 100000 unit/gm</i>                        | Tier 1 | QL (90 GM per 1 FILL)                                                                         |
| <i>nystatin external powder 100000 unit/gm</i>                          | Tier 1 |                                                                                               |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>       | Tier 1 |                                                                                               |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>    | Tier 1 | QL (180 GM per 1 FILL)                                                                        |
| NYSTOP EXTERNAL POWDER 100000 UNIT/GM                                   | Tier 1 |                                                                                               |
| <i>oxiconazole nitrate external cream 1 %</i>                           | Tier 1 | QL (180 GM per 1 FILL)                                                                        |

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| Drug                                                          | Status | Notes                                                                        |
|---------------------------------------------------------------|--------|------------------------------------------------------------------------------|
| OXISTAT EXTERNAL LOTION 1 %                                   | Tier 3 |                                                                              |
| <i>phedrax external shampoo 2-2 %</i>                         | Tier 3 |                                                                              |
| <i>pheodoyo external cream 1-2.5-2 %</i>                      | Tier 3 |                                                                              |
| <i>pheoxia external cream 2-4 %</i>                           | Tier 3 |                                                                              |
| <i>pheyo external cream 2.5-2 %</i>                           | Tier 3 |                                                                              |
| <i>sulconazole nitrate external solution 1 %</i>              | Tier 1 |                                                                              |
| <i>tavaborole external solution 5 %</i>                       | Tier 1 | PA                                                                           |
| VUSION EXTERNAL OINTMENT 0.25-15-81.35 %                      | Tier 3 |                                                                              |
| VYTONE EXTERNAL CREAM 1-1.9 %                                 | Tier 1 |                                                                              |
| <b>Anti-Inflammatory Agents - Topical</b>                     |        |                                                                              |
| <i>diclofenac epolamine external patch 1.3 %</i>              | Tier 1 |                                                                              |
| <i>diclofenac sodium external gel 1 %</i>                     | Tier 1 |                                                                              |
| <i>diclofenac sodium external solution 1.5 %</i>              | Tier 1 |                                                                              |
| <i>dual complex formula 1 kit external cream</i>              | Tier 3 |                                                                              |
| <i>enovarx-diclofenac sodium external cream 2.5 %</i>         | Tier 3 |                                                                              |
| <i>enovarx-ibuprofen external cream 10 %</i>                  | Tier 3 |                                                                              |
| <i>enovarx-naproxen external cream 10 %</i>                   | Tier 3 |                                                                              |
| <i>fbl kit external cream 15-4-5 %</i>                        | Tier 3 |                                                                              |
| FLECTOR EXTERNAL PATCH 1.3 %                                  | Tier 3 |                                                                              |
| K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 %                | Tier 3 |                                                                              |
| LICART EXTERNAL PATCH 24 HOUR 1.3 %                           | Tier 3 | ST: TRIAL OF GENERIC FLECTOR PATCH IN THE PAST 120 DAYS; QL (1 EA per 1 day) |
| <i>napro external cream 15 %</i>                              | Tier 3 |                                                                              |
| TRIFENA PAIN RELIEF EXTERNAL PATCH 1.2-5-4 %                  | Tier 3 |                                                                              |
| <i>triple complex formula 3 kit external cream 20-2-10 %</i>  | Tier 3 |                                                                              |
| <i>vp fc kit external cream</i>                               | Tier 3 |                                                                              |
| <i>vp gkl kit external cream 20-2-10 %</i>                    | Tier 3 |                                                                              |
| <b>Antineoplastic Or Premalignant Lesion Agents - Topical</b> |        |                                                                              |
| AMELUZ EXTERNAL GEL 10 %                                      | Tier 3 |                                                                              |
| <i>bexarotene external gel 1 %</i>                            | Tier 1 | PA; SP                                                                       |
| <i>diclofenac sodium external gel 3 %</i>                     | Tier 1 | QL (100 GM per 1 FILL)                                                       |
| <i>fluorouracil external cream 0.5 %</i>                      | Tier 1 | PA                                                                           |
| <i>fluorouracil external cream 5 %</i>                        | Tier 1 |                                                                              |

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| Drug                                                      | Status | Notes                                                    |
|-----------------------------------------------------------|--------|----------------------------------------------------------|
| <i>fluorouracil external solution 2 %, 5 %</i>            | Tier 1 |                                                          |
| <i>kazuri external gel 5-1-0.05 %</i>                     | Tier 3 |                                                          |
| KEFUNOVA EXTERNAL CREAM 5-0.005 %                         | Tier 3 |                                                          |
| <i>keraxa external gel 3-4 %</i>                          | Tier 3 |                                                          |
| <i>kerida external gel 5-30-0.1 %</i>                     | Tier 3 |                                                          |
| KLISYRI (250 MG) EXTERNAL OINTMENT 1 %                    | Tier 3 | QL (5 EA per 1 FILL)                                     |
| KLISYRI (350 MG) EXTERNAL OINTMENT 1 %                    | Tier 3 | QL (5 EA per 1 FILL)                                     |
| <i>kynara external gel 5-1-2 %</i>                        | Tier 3 |                                                          |
| LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 %    | Tier 3 |                                                          |
| PANRETIN EXTERNAL GEL 0.1 %                               | Tier 3 | SP; QL (60 GM per 28 days)                               |
| <i>quidroxzar external gel 5-30-0.1 %</i>                 | Tier 3 |                                                          |
| <i>quihoxaxia external gel 5-1-2 %</i>                    | Tier 3 |                                                          |
| <i>quihoxvar external gel 5-1-0.05 %</i>                  | Tier 3 |                                                          |
| <i>roaxia external gel 3-4 %</i>                          | Tier 3 |                                                          |
| TOLAK EXTERNAL CREAM 4 %                                  | Tier 2 |                                                          |
| VALCHLOR EXTERNAL GEL 0.016 %                             | Tier 2 | PA; SP                                                   |
| <b>Antipsoriatics</b>                                     |        |                                                          |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>       | Tier 1 | SP                                                       |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML     | Tier 2 | PA; SP                                                   |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML | Tier 2 | PA; SP                                                   |
| <i>calcipotriene external cream 0.005 %</i>               | Tier 1 | ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS |
| <i>calcipotriene external ointment 0.005 %</i>            | Tier 1 | ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS |
| <i>calcipotriene external solution 0.005 %</i>            | Tier 1 | ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS |
| CALCITRENE EXTERNAL OINTMENT 0.005 %                      | Tier 1 | ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS |
| <i>calcitriol external ointment 3 mcg/gm</i>              | Tier 1 | ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS |
| <i>diooxia external cream 0.005-4 %</i>                   | Tier 3 |                                                          |
| <i>methoxsalen rapid oral capsule 10 mg</i>               | Tier 1 |                                                          |
| <i>purazil external cream 0.005-4 %</i>                   | Tier 3 |                                                          |

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| Drug                                                                                  | Status | Notes                                                    |
|---------------------------------------------------------------------------------------|--------|----------------------------------------------------------|
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML                             | Tier 2 | PA; SP                                                   |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML                             | Tier 2 | PA; SP                                                   |
| SOTYKTU ORAL TABLET 6 MG                                                              | Tier 2 | PA; SP                                                   |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML                 | Tier 3 | PA; SP                                                   |
| STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML                | Tier 2 | PA; SP                                                   |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML                                    | Tier 2 | PA; SP                                                   |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML     | Tier 2 | PA; SP                                                   |
| <i>tazarotene external cream 0.05 %</i>                                               | Tier 1 | AGE (Max 39 Years)                                       |
| <i>tazarotene external cream 0.1 %</i>                                                | Tier 1 |                                                          |
| <i>tazarotene external gel 0.05 %, 0.1 %</i>                                          | Tier 1 | AGE (Max 39 Years)                                       |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML                        | Tier 2 | PA; SP                                                   |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML                             | Tier 2 | PA; SP                                                   |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML                             | Tier 2 | PA; SP                                                   |
| <i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i> | Tier 2 | PA; SP; COVERED NDCS: 51759-413-32, 51759-414-32         |
| VECTICAL EXTERNAL OINTMENT 3 MCG/GM                                                   | Tier 3 | ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS |
| VTAMA EXTERNAL CREAM 1 %                                                              | Tier 2 | PA; QL (60 GM per 30 days)                               |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML                                            | Tier 2 | PA; SP                                                   |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML                | Tier 2 | PA; SP                                                   |
| ZITHRANOL EXTERNAL SHAMPOO 1 %                                                        | Tier 3 | ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS |
| <b>Antiseborrheic Products</b>                                                        |        |                                                          |
| <i>daiflor external shampoo 0.77-2 %</i>                                              | Tier 3 |                                                          |
| <i>dionaris external shampoo 0.77-0.05-3 %</i>                                        | Tier 3 |                                                          |
| <i>divendo external shampoo 0.77-0.05 %</i>                                           | Tier 3 |                                                          |

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| Drug                                                     | Status | Notes                                                                                  |
|----------------------------------------------------------|--------|----------------------------------------------------------------------------------------|
| ESKATA EXTERNAL SOLUTION 40 %                            | Tier 3 |                                                                                        |
| <i>haxchlo external shampoo 0.77-0.05 %</i>              | Tier 3 |                                                                                        |
| <i>haxchlodrex external shampoo 0.77-0.05-3 %</i>        | Tier 3 |                                                                                        |
| <i>haxdrax external shampoo 0.77-2 %</i>                 | Tier 3 |                                                                                        |
| OVACE PLUS EXTERNAL CREAM 10 %                           | Tier 3 |                                                                                        |
| OVACE PLUS EXTERNAL LOTION 9.8 %                         | Tier 3 | ST: TRIAL OF KETOCONAZOLE SHAMPOO/CREAM OR CICLOPIROX SHAMPOO/GEL IN THE PAST 120 DAYS |
| PLEXION NS EXTERNAL SHAMPOO 9.8 %                        | Tier 1 |                                                                                        |
| <i>selenium sulfide external lotion 2.5 %</i>            | Tier 1 |                                                                                        |
| <i>selenium sulfide external shampoo 2.25 %, 2.3 %</i>   | Tier 1 |                                                                                        |
| <i>sodium sulfacetamide external shampoo 10 %, 9.8 %</i> | Tier 1 |                                                                                        |
| <i>sodium sulfacetamide wash external liquid 10 %</i>    | Tier 1 |                                                                                        |
| <i>sulfacetamide sodium (cleans) external gel 10 %</i>   | Tier 1 |                                                                                        |
| <i>sulfacetamide sodium external liquid 10 %</i>         | Tier 1 |                                                                                        |
| <b>Antivirals - Topical</b>                              |        |                                                                                        |
| <i>acyclovir external ointment 5 %</i>                   | Tier 1 |                                                                                        |
| ZELSUVMI EXTERNAL GEL 10.3 %                             | Tier 3 | PA                                                                                     |
| <b>Burn Products</b>                                     |        |                                                                                        |
| <i>silver sulfadiazine external cream 1 %</i>            | Tier 1 |                                                                                        |
| SSD EXTERNAL CREAM 1 %                                   | Tier 1 |                                                                                        |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM                       | Tier 3 |                                                                                        |
| <b>Cauterizing Agents</b>                                |        |                                                                                        |
| ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 %            | Tier 3 |                                                                                        |
| <i>silver nitrate external solution 0.5 %</i>            | Tier 1 |                                                                                        |
| <b>Corticosteroids - Topical</b>                         |        |                                                                                        |
| <i>acioxia external gel 0.5-0.1 %</i>                    | Tier 3 |                                                                                        |
| ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 %           | Tier 3 |                                                                                        |
| ALA SCALP EXTERNAL LOTION 2 %                            | Tier 1 | ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS                   |
| <i>ala-cort external cream 1 %</i>                       | Tier 1 |                                                                                        |
| ALA-SCALP EXTERNAL LOTION 2 %                            | Tier 1 | ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS                   |

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| Drug                                                                   | Status | Notes                                                                                                                                         |
|------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <i>alclometasone dipropionate external cream 0.05 %</i>                | Tier 1 |                                                                                                                                               |
| <i>alclometasone dipropionate external ointment 0.05 %</i>             | Tier 1 |                                                                                                                                               |
| <i>amcinonide external cream 0.1 %</i>                                 | Tier 1 | ST: TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN THE PAST 120 DAYS |
| <i>betamethasone dipropionate aug external cream 0.05 %</i>            | Tier 1 |                                                                                                                                               |
| <i>betamethasone dipropionate aug external gel 0.05 %</i>              | Tier 1 |                                                                                                                                               |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i>           | Tier 1 |                                                                                                                                               |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i>         | Tier 1 |                                                                                                                                               |
| <i>betamethasone dipropionate external cream 0.05 %</i>                | Tier 1 |                                                                                                                                               |
| <i>betamethasone dipropionate external lotion 0.05 %</i>               | Tier 1 |                                                                                                                                               |
| <i>betamethasone dipropionate external ointment 0.05 %</i>             | Tier 1 |                                                                                                                                               |
| <i>betamethasone valerate external cream 0.1 %</i>                     | Tier 1 |                                                                                                                                               |
| <i>betamethasone valerate external foam 0.12 %</i>                     | Tier 1 |                                                                                                                                               |
| <i>betamethasone valerate external ointment 0.1 %</i>                  | Tier 1 |                                                                                                                                               |
| <i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>   | Tier 1 | ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS                                                                                      |
| <i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i> | Tier 1 | ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS                                                                                      |
| <i>chlohux external shampoo 0.05-2 %</i>                               | Tier 3 |                                                                                                                                               |
| <i>chlooxia external cream 0.05-4 %</i>                                | Tier 3 |                                                                                                                                               |
| <i>chlooxia external ointment 0.05-4 %</i>                             | Tier 3 |                                                                                                                                               |
| <i>chlooxia external solution 0.05-4 %</i>                             | Tier 3 |                                                                                                                                               |
| <i>clobetasol propionate e external cream 0.05 %</i>                   | Tier 1 |                                                                                                                                               |
| <i>clobetasol propionate emulsion external foam 0.05 %</i>             | Tier 1 |                                                                                                                                               |
| <i>clobetasol propionate external cream 0.05 %</i>                     | Tier 1 |                                                                                                                                               |
| <i>clobetasol propionate external foam 0.05 %</i>                      | Tier 1 |                                                                                                                                               |
| <i>clobetasol propionate external gel 0.05 %</i>                       | Tier 1 |                                                                                                                                               |
| <i>clobetasol propionate external liquid 0.05 %</i>                    | Tier 1 |                                                                                                                                               |
| <i>clobetasol propionate external lotion 0.05 %</i>                    | Tier 1 |                                                                                                                                               |
| <i>clobetasol propionate external ointment 0.05 %</i>                  | Tier 1 |                                                                                                                                               |
| <i>clobetasol propionate external shampoo 0.05 %</i>                   | Tier 1 |                                                                                                                                               |

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| Drug                                                   | Status | Notes                                                                                                                                                                                                                               |
|--------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>clobetasol propionate external solution 0.05 %</i>  | Tier 1 |                                                                                                                                                                                                                                     |
| <i>clocortolone pivalate external cream 0.1 %</i>      | Tier 1 | ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS                                                                                                                                      |
| CLODAN EXTERNAL SHAMPOO 0.05 %                         | Tier 1 |                                                                                                                                                                                                                                     |
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM                       | Tier 3 | ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED (OINT, GEL, LOTION), FLUOCINONIDE 0.1% CREAM, CLOBETASOL (SPRAY, LOTION, GEL, OINT, CRM, SOLN), OR HALOBETASOL 0.05% (CREAM, OINT) IN PAST 120 DAYS; QL (2 EA per 30 days) |
| CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML                | Tier 3 |                                                                                                                                                                                                                                     |
| <i>desonide external cream 0.05 %</i>                  | Tier 1 |                                                                                                                                                                                                                                     |
| <i>desonide external gel 0.05 %</i>                    | Tier 1 | ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS                            |
| <i>desonide external lotion 0.05 %</i>                 | Tier 1 |                                                                                                                                                                                                                                     |
| <i>desonide external ointment 0.05 %</i>               | Tier 1 |                                                                                                                                                                                                                                     |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i>    | Tier 1 |                                                                                                                                                                                                                                     |
| <i>desoximetasone external gel 0.05 %</i>              | Tier 1 |                                                                                                                                                                                                                                     |
| <i>desoximetasone external liquid 0.25 %</i>           | Tier 1 | ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05%(CRM,GEL,LTN,OINT), DESOXIMETASONE (CRM,GEL,OINT), FLUOCINONIDE (CRM,GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO) OR HALOBETASOL (CRM,OINT) IN PAST 120 DAYS                |
| <i>desoximetasone external ointment 0.05 %, 0.25 %</i> | Tier 1 |                                                                                                                                                                                                                                     |
| <i>diochloy external solution 0.005-0.05 %</i>         | Tier 3 |                                                                                                                                                                                                                                     |
| <i>divinix external cream 0.05-4 %</i>                 | Tier 3 |                                                                                                                                                                                                                                     |

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| Drug                                                         | Status | Notes                                                                                                                                                                                          |
|--------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>divinix external ointment 0.05-4 %</i>                    | Tier 3 |                                                                                                                                                                                                |
| <i>divinix external solution 0.05-4 %</i>                    | Tier 3 |                                                                                                                                                                                                |
| <i>domela external cream 0.01-4 %</i>                        | Tier 3 |                                                                                                                                                                                                |
| ENSTILAR EXTERNAL FOAM 0.005-0.064 %                         | Tier 2 |                                                                                                                                                                                                |
| EPIFOAM EXTERNAL FOAM 1-1 %                                  | Tier 3 | ST: TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS                                                                                                                       |
| <i>fluocinolone acetonide body external oil 0.01 %</i>       | Tier 1 |                                                                                                                                                                                                |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i> | Tier 1 |                                                                                                                                                                                                |
| <i>fluocinolone acetonide external ointment 0.025 %</i>      | Tier 1 |                                                                                                                                                                                                |
| <i>fluocinolone acetonide external solution 0.01 %</i>       | Tier 1 |                                                                                                                                                                                                |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i>      | Tier 1 |                                                                                                                                                                                                |
| <i>fluocinonide emulsified base external cream 0.05 %</i>    | Tier 1 |                                                                                                                                                                                                |
| <i>fluocinonide external cream 0.05 %, 0.1 %</i>             | Tier 1 |                                                                                                                                                                                                |
| <i>fluocinonide external gel 0.05 %</i>                      | Tier 1 |                                                                                                                                                                                                |
| <i>fluocinonide external ointment 0.05 %</i>                 | Tier 1 |                                                                                                                                                                                                |
| <i>fluocinonide external solution 0.05 %</i>                 | Tier 1 |                                                                                                                                                                                                |
| <i>flurandrenolide external lotion 0.05 %</i>                | Tier 1 |                                                                                                                                                                                                |
| <i>fluticasone propionate external cream 0.05 %</i>          | Tier 1 |                                                                                                                                                                                                |
| <i>fluticasone propionate external lotion 0.05 %</i>         | Tier 1 |                                                                                                                                                                                                |
| <i>fluticasone propionate external ointment 0.005 %</i>      | Tier 1 |                                                                                                                                                                                                |
| <i>halcinonide external cream 0.1 %</i>                      | Tier 1 | ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PAST 120 DAYS |
| <i>halcinonide external solution 0.1 %</i>                   | Tier 1 | ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PAST 120 DAYS |
| <i>halobetasol propionate external cream 0.05 %</i>          | Tier 1 |                                                                                                                                                                                                |
| <i>halobetasol propionate external ointment 0.05 %</i>       | Tier 1 |                                                                                                                                                                                                |
| <i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>   | Tier 1 |                                                                                                                                                                                                |

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| Drug                                                   | Status | Notes                                                                                                                                                                                                                             |
|--------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>hydrocortisone butyrate external cream 0.1 %</i>    | Tier 1 |                                                                                                                                                                                                                                   |
| <i>hydrocortisone butyrate external lotion 0.1 %</i>   | Tier 1 | ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days) |
| <i>hydrocortisone butyrate external ointment 0.1 %</i> | Tier 1 | ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS                          |
| <i>hydrocortisone butyrate external solution 0.1 %</i> | Tier 1 |                                                                                                                                                                                                                                   |
| <i>hydrocortisone external cream 1 %, 2.5 %</i>        | Tier 1 |                                                                                                                                                                                                                                   |
| <i>hydrocortisone external lotion 2 %</i>              | Tier 1 | ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS                                                                                                                                                              |
| <i>hydrocortisone external lotion 2.5 %</i>            | Tier 1 |                                                                                                                                                                                                                                   |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i>     | Tier 1 |                                                                                                                                                                                                                                   |
| <i>hydrocortisone valerate external cream 0.2 %</i>    | Tier 1 |                                                                                                                                                                                                                                   |
| <i>hydrocortisone valerate external ointment 0.2 %</i> | Tier 1 | ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS                                                                                                                                    |
| <i>ilexor external shampoo 0.05-2 %</i>                | Tier 3 |                                                                                                                                                                                                                                   |
| LIDOTRAL + HYDROCORTISONE EXTERNAL LOTION 3.88-1 %     | Tier 3 |                                                                                                                                                                                                                                   |
| <i>mezparox-hc external cream 1-2.5 %</i>              | Tier 1 |                                                                                                                                                                                                                                   |
| <i>mezparox-hc forte external cream 2.5-2.5 %</i>      | Tier 3 |                                                                                                                                                                                                                                   |
| <i>mometasone furoate external cream 0.1 %</i>         | Tier 1 |                                                                                                                                                                                                                                   |
| <i>mometasone furoate external ointment 0.1 %</i>      | Tier 1 |                                                                                                                                                                                                                                   |
| <i>mometasone furoate external solution 0.1 %</i>      | Tier 1 |                                                                                                                                                                                                                                   |
| NUCORT EXTERNAL LOTION 2 %                             | Tier 3 |                                                                                                                                                                                                                                   |
| <i>paramox-hc external gel 1-2 %</i>                   | Tier 1 |                                                                                                                                                                                                                                   |
| <i>plenura external solution 0.005-0.05 %</i>          | Tier 3 |                                                                                                                                                                                                                                   |

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| Drug                                                                   | Status | Notes                                                                                          |
|------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------|
| PRAMOSONE EXTERNAL CREAM 1-1 %                                         | Tier 2 | ST: TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS                       |
| PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %                               | Tier 2 |                                                                                                |
| PRAMOSONE EXTERNAL OINTMENT 1-1 %                                      | Tier 2 | ST: TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS                       |
| PRAMOSONE EXTERNAL OINTMENT 1-2.5 %                                    | Tier 2 |                                                                                                |
| RADIAURA EXTERNAL CREAM 3-0.5 %                                        | Tier 3 |                                                                                                |
| SCALACORT DK EXTERNAL KIT 2 & 2-2 %                                    | Tier 2 |                                                                                                |
| SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION)                    | Tier 3 |                                                                                                |
| SERNIVO EXTERNAL EMULSION 0.05 %                                       | Tier 3 | ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS |
| <i>teliora external gel 0.1-0.5 %</i>                                  | Tier 3 |                                                                                                |
| <i>tetoxia external cream 0.01-4 %</i>                                 | Tier 3 |                                                                                                |
| TEXACORT EXTERNAL SOLUTION 2.5 %                                       | Tier 2 | ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS                           |
| TOVET EXTERNAL FOAM 0.05 %                                             | Tier 1 |                                                                                                |
| <i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>   | Tier 1 |                                                                                                |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>           | Tier 1 |                                                                                                |
| <i>triamcinolone acetonide external cream 0.5 %</i>                    | Tier 1 | QL (454 GM per 30 days)                                                                        |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>          | Tier 1 |                                                                                                |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> | Tier 1 |                                                                                                |
| TRIDERM EXTERNAL CREAM 0.5 %                                           | Tier 1 | QL (454 GM per 30 days)                                                                        |
| WYNZORA EXTERNAL CREAM 0.005-0.064 %                                   | Tier 3 | ST: TRIAL OF GENERIC TACLONEX OINTMENT IN THE PAST 120 DAYS.                                   |
| <b>Eczema Agents</b>                                                   |        |                                                                                                |
| ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML                   | Tier 2 | PA; SP                                                                                         |

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| Drug                                                                       | Status | Notes                      |
|----------------------------------------------------------------------------|--------|----------------------------|
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML                    | Tier 2 | PA; SP                     |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML     | Tier 2 | PA; SP                     |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | Tier 2 | PA; SP                     |
| EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML                     | Tier 2 | PA; SP                     |
| EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML                 | Tier 2 | PA; SP                     |
| OPZELURA EXTERNAL CREAM 1.5 %                                              | Tier 2 | PA; QL (60 GM per 30 days) |
| <b>Emollient/Keratolytic Agents</b>                                        |        |                            |
| CEM-UREA EXTERNAL SOLUTION 45 %                                            | Tier 3 |                            |
| HYDRO 40 EXTERNAL FOAM 40 %                                                | Tier 3 |                            |
| PRONAL EXTERNAL GEL 40-10 %                                                | Tier 3 |                            |
| UMECTA MOUSSE EXTERNAL FOAM 40 %                                           | Tier 1 |                            |
| URAMAXIN EXTERNAL GEL 45 %                                                 | Tier 3 |                            |
| <i>urea external cream 20 %, 39 %, 40 %, 45 %, 47 %</i>                    | Tier 1 |                            |
| <i>urea external lotion 40 %</i>                                           | Tier 1 |                            |
| <i>urea nail external gel 45 %</i>                                         | Tier 1 |                            |
| UREDEB EXTERNAL CREAM 39 %                                                 | Tier 1 |                            |
| <i>uremez-40 external cream 40 %</i>                                       | Tier 1 |                            |
| URESOL EXTERNAL CREAM 42.5 %                                               | Tier 3 |                            |
| <i>xirun external gel 40-10 %</i>                                          | Tier 3 |                            |
| <i>xurea external cream 39 %</i>                                           | Tier 1 |                            |
| <b>Emollients</b>                                                          |        |                            |
| <i>ammonium lactate external cream 12 %</i>                                | Tier 1 |                            |
| <i>ammonium lactate external lotion 12 %</i>                               | Tier 1 |                            |
| <i>vitamin c brightening serum external liquid</i>                         | Tier 1 |                            |
| <b>Enzymes - Topical</b>                                                   |        |                            |
| NEXOBRID EXTERNAL GEL 8.8 %                                                | Tier 3 |                            |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM                                       | Tier 3 | PA                         |
| <b>Hair Growth Agents</b>                                                  |        |                            |
| <i>finapid external solution 0.1-5 %</i>                                   | Tier 3 |                            |
| <i>finapod external solution 0.1-7 %</i>                                   | Tier 3 |                            |
| <i>finapodtar external solution 0.1-7-0.025 %</i>                          | Tier 3 |                            |

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| Drug                                                    | Status | Notes               |
|---------------------------------------------------------|--------|---------------------|
| <i>flyprogpdtar external solution 0.1-0.1-5-0.025 %</i> | Tier 3 |                     |
| <i>harisis external solution 0.1-0.1-5-0.025 %</i>      | Tier 3 |                     |
| <i>harviva external solution 0.1-5 %</i>                | Tier 3 |                     |
| <i>harviva hp external solution 0.1-7 %</i>             | Tier 3 |                     |
| <i>hemtara external solution 0.05-5 %</i>               | Tier 3 |                     |
| <i>hemtara hp external solution 0.05-7 %</i>            | Tier 3 |                     |
| <i>hentis external solution 5-0.1-0.025 %</i>           | Tier 3 |                     |
| <i>hentis hp external solution 7-0.1-0.025 %</i>        | Tier 3 |                     |
| <i>hesmilla external solution 0.05-5-2-0.5 %</i>        | Tier 3 |                     |
| <i>hevona external solution 0.01-5-0.025 %</i>          | Tier 3 |                     |
| <i>holixia external solution 0.1-7 %</i>                | Tier 3 |                     |
| <i>holizar external solution 7-0.025 %</i>              | Tier 3 |                     |
| <i>honista external solution 0.1-7-0.025 %</i>          | Tier 3 |                     |
| <i>hovitra external solution 7-4 %</i>                  | Tier 3 |                     |
| LITFULO ORAL CAPSULE 50 MG                              | Tier 3 | PA; SP              |
| <i>oxopid external solution 0.05-5 %</i>                | Tier 3 |                     |
| <i>oxopidaxiaqup external solution 0.05-5-2-0.5 %</i>   | Tier 3 |                     |
| <i>oxopod external solution 0.05-7 %</i>                | Tier 3 |                     |
| <i>pidprogtar external solution 5-0.1-0.025 %</i>       | Tier 3 |                     |
| <i>podoxia external solution 7-4 %</i>                  | Tier 3 |                     |
| <i>podprog external solution 0.1-7 %</i>                | Tier 3 |                     |
| <i>podprogtar external solution 7-0.1-0.025 %</i>       | Tier 3 |                     |
| <i>podtar external solution 7-0.025 %</i>               | Tier 3 |                     |
| <i>tetpidtar external solution 0.01-5-0.025 %</i>       | Tier 3 |                     |
| <b>Immunomodulating Agents - Topical</b>                |        |                     |
| <i>imiquimod external cream 5 %</i>                     | Tier 1 | QL (2 EA per 1 day) |
| <b>Immunosuppressive Agents - Topical</b>               |        |                     |
| <i>elyzia external cream 4-0.1 %</i>                    | Tier 3 |                     |
| <i>elyzia external ointment 4-0.1 %</i>                 | Tier 3 |                     |
| <i>hovyn external solution 0.1 %</i>                    | Tier 3 |                     |
| HYFTOR EXTERNAL GEL 0.2 %                               | Tier 3 | PA; SP              |
| <i>nujo external solution 0.1 %</i>                     | Tier 3 |                     |
| <i>nuju external cream 0.1 %</i>                        | Tier 3 |                     |
| <i>oxianujo external cream 4-0.1 %</i>                  | Tier 3 |                     |
| <i>oxianujo external ointment 4-0.1 %</i>               | Tier 3 |                     |

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| Drug                                                      | Status | Notes                                                                                                                                                                                     |
|-----------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>pimecrolimus external cream 1 %</i>                    | Tier 1 | ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% or 0.5% OINTMENT IN THE PAST 120 DAYS |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i>         | Tier 1 | ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% or 0.5% OINTMENT IN THE PAST 120 DAYS |
| <i>veven external cream 0.1 %</i>                         | Tier 3 |                                                                                                                                                                                           |
| <b>Keratolytic/Antimitotic Agents</b>                     |        |                                                                                                                                                                                           |
| GORDOFILM EXTERNAL SOLUTION 16.7-16.7 %                   | Tier 3 |                                                                                                                                                                                           |
| KERALYT EXTERNAL SHAMPOO 6 %                              | Tier 1 |                                                                                                                                                                                           |
| <i>metdray external gel 2-17 %</i>                        | Tier 3 |                                                                                                                                                                                           |
| PODOCON-25 EXTERNAL SOLUTION 25 %                         | Tier 3 |                                                                                                                                                                                           |
| <i>podofilox external gel 0.5 %</i>                       | Tier 1 | ST: TRIAL OF 0.5% PODOFILOX SOLUTION IN THE PAST 120 DAYS; QL (0.5 GM per 1 day)                                                                                                          |
| <i>podofilox external solution 0.5 %</i>                  | Tier 1 | QL (0.5 ML per 1 day)                                                                                                                                                                     |
| <i>salicylic acid er external solution 28.5 %</i>         | Tier 1 |                                                                                                                                                                                           |
| <i>salicylic acid external foam 6 %</i>                   | Tier 1 |                                                                                                                                                                                           |
| <i>salicylic acid external shampoo 6 %</i>                | Tier 1 |                                                                                                                                                                                           |
| <i>salicylic acid external solution 26 %</i>              | Tier 1 |                                                                                                                                                                                           |
| <i>salicylic acid wart remover external liquid 27.5 %</i> | Tier 1 |                                                                                                                                                                                           |
| <i>salimez external cream 6 %</i>                         | Tier 3 |                                                                                                                                                                                           |
| <i>salimez forte external cream 10 %</i>                  | Tier 3 |                                                                                                                                                                                           |
| SALVAX DUO PLUS EXTERNAL KIT 6 & 35 %                     | Tier 3 |                                                                                                                                                                                           |
| SALVAX EXTERNAL FOAM 6 %                                  | Tier 3 |                                                                                                                                                                                           |
| SALYCIM EXTERNAL CREAM 6 %                                | Tier 3 |                                                                                                                                                                                           |
| ULTRASAL-ER EXTERNAL SOLUTION 28.5 %                      | Tier 3 |                                                                                                                                                                                           |
| <i>weleris external gel 2-17 %</i>                        | Tier 3 |                                                                                                                                                                                           |
| XALIX EXTERNAL SOLUTION 28 %                              | Tier 3 |                                                                                                                                                                                           |
| YCANTH EXTERNAL SOLUTION 0.7 %                            | Tier 3 | PA                                                                                                                                                                                        |

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| Drug                                                                 | Status | Notes                   |
|----------------------------------------------------------------------|--------|-------------------------|
| <b>Local Anesthetics - Topical</b>                                   |        |                         |
| <i>alegenix external disk 0.0375-5 %</i>                             | Tier 1 |                         |
| <i>anodynerx external patch 0.05-2.5-5 %</i>                         | Tier 3 |                         |
| CADIRAMD EXTERNAL KIT 2.5-2.5 %                                      | Tier 3 |                         |
| CETACAINE EXTERNAL AEROSOL 2-2-14 %                                  | Tier 3 |                         |
| CETACAINE EXTERNAL GEL 2-2-14 %                                      | Tier 3 |                         |
| CETACAINE EXTERNAL LIQUID 2-2-14 %                                   | Tier 3 |                         |
| CLEVER CHOICE COMFORT EZ TRANSDERMAL PATCH 2-4-1 %, 20-4-1 %         | Tier 3 |                         |
| CRYODOSE TA EXTERNAL AEROSOL                                         | Tier 3 |                         |
| DERMACINRX LIDOGEL EXTERNAL GEL 2.8 %                                | Tier 1 |                         |
| <i>dyclopro external solution 0.5 %</i>                              | Tier 3 |                         |
| <i>eha external lotion 4 %</i>                                       | Tier 3 |                         |
| <i>enovarx-lidocaine hcl external cream 10 %, 5 %</i>                | Tier 3 |                         |
| <i>enznonuty external ointment 20-10-10 %</i>                        | Tier 3 |                         |
| GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL                          | Tier 3 |                         |
| GLYDO EXTERNAL PREFILLED SYRINGE 2 %                                 | Tier 1 |                         |
| <i>l.e.t. (racepinephrine) external gel 4-0.05-0.5 %</i>             | Tier 3 |                         |
| <i>l.e.t. (racepinephrine) external solution 4-0.05-0.5 %</i>        | Tier 3 |                         |
| <i>l.e.t. external gel 4-0.05-0.5 %</i>                              | Tier 3 |                         |
| <i>levatio external patch 0.03-5 %</i>                               | Tier 3 |                         |
| <i>lidocaine external ointment 5 %</i>                               | Tier 1 | QL (240 GM per 30 days) |
| <i>lidocaine external patch 5 %</i>                                  | Tier 1 | QL (3 EA per 1 day)     |
| <i>lidocaine hcl external cream 3 %, 4.12 %</i>                      | Tier 1 |                         |
| <i>lidocaine hcl external solution 4 %</i>                           | Tier 1 |                         |
| <i>lidocaine hcl urethral/mucosal external gel 2 %</i>               | Tier 1 |                         |
| <i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i> | Tier 1 |                         |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i>                 | Tier 1 |                         |
| LIDOCAN EXTERNAL PATCH 5 %                                           | Tier 1 | QL (3 EA per 1 day)     |
| <i>lidopin external cream 3 %</i>                                    | Tier 1 |                         |
| <i>lidopin external cream 3.25 %</i>                                 | Tier 3 |                         |
| <i>lido-racepinephrine-tetracaine external gel 4-0.05-0.5 %</i>      | Tier 1 |                         |

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| Drug                                                                 | Status | Notes                   |
|----------------------------------------------------------------------|--------|-------------------------|
| <i>lido-racepinephrine-tetracaine external solution 4-0.05-0.5 %</i> | Tier 1 |                         |
| LIDOREX EXTERNAL GEL 2.8 %                                           | Tier 1 |                         |
| LIDORUB EXTERNAL CREAM 7.5 %                                         | Tier 3 |                         |
| <i>lidostream external kit 5 &amp; 10 %</i>                          | Tier 3 |                         |
| LIDOTHOL EXTERNAL GEL 4.5-5 %                                        | Tier 3 |                         |
| LIDTOPIC EXTERNAL CREAM 7.5 %                                        | Tier 3 |                         |
| LIDTOPIC MAX EXTERNAL CREAM 10 %                                     | Tier 3 |                         |
| LM PLUS RELIEF EXTERNAL PATCH 3.5-7 %                                | Tier 3 |                         |
| LYDEXA EXTERNAL CREAM 4.12 %                                         | Tier 1 |                         |
| <i>nendrux external gel 5-40 %</i>                                   | Tier 3 |                         |
| NEUROZYL EXTERNAL CREAM 4.12 %                                       | Tier 1 |                         |
| <i>nobela external ointment 20-10-10 %</i>                           | Tier 3 |                         |
| <i>nolira external cream 23-7 %</i>                                  | Tier 3 |                         |
| <i>nynutey external cream 23-7 %</i>                                 | Tier 3 |                         |
| PHARMACIST CHOICE TSX TRANSDERMAL PATCH 2-4-1 %                      | Tier 3 |                         |
| <i>premium lidocaine external ointment 5 %</i>                       | Tier 1 | QL (240 GM per 30 days) |
| <i>premium scar external patch 2-4-30 %</i>                          | Tier 3 |                         |
| <i>prepiv supply combination kit 2.5-2.5 &amp; 0.9 %</i>             | Tier 3 |                         |
| QUTENZA (2 PATCH) EXTERNAL KIT 8 %                                   | Tier 3 | PA                      |
| QUTENZA (4 PATCH) EXTERNAL KIT 8 %                                   | Tier 3 | PA                      |
| QUTENZA EXTERNAL KIT 8 %                                             | Tier 3 | PA                      |
| SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 %                              | Tier 3 |                         |
| STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 %                 | Tier 3 |                         |
| SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 %                        | Tier 3 |                         |
| <i>topical l.e.t. external gel 4-0.09-0.5 %</i>                      | Tier 3 |                         |
| TRIDACAINE II EXTERNAL PATCH 5 %                                     | Tier 1 | QL (3 EA per 1 day)     |
| TRIDACAINE III EXTERNAL PATCH 5 %                                    | Tier 1 | QL (3 EA per 1 day)     |
| TRILOCAINE EXTERNAL CREAM 4.12 %                                     | Tier 1 |                         |
| VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 %                         | Tier 3 |                         |
| <i>wayzen external gel 5-40 %</i>                                    | Tier 3 |                         |

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| Drug                                                   | Status | Notes                                                 |
|--------------------------------------------------------|--------|-------------------------------------------------------|
| <b>Misc. Dermatological Products</b>                   |        |                                                       |
| DERMASO PLUS EXTERNAL CREAM                            | Tier 3 |                                                       |
| GENADUR COMBINATION KIT                                | Tier 3 |                                                       |
| PR CREAM EXTERNAL KIT                                  | Tier 3 |                                                       |
| PRESERA EXTERNAL FOAM                                  | Tier 3 |                                                       |
| STRATA CTX EXTERNAL GEL                                | Tier 3 |                                                       |
| STRATA XRT EXTERNAL GEL                                | Tier 3 |                                                       |
| <b>Misc. Topical</b>                                   |        |                                                       |
| <i>dermacinrx surgical combopak external kit</i>       | Tier 3 |                                                       |
| DRYSOL EXTERNAL SOLUTION 20 %                          | Tier 2 |                                                       |
| HYPOCYN ANTIPRURITIC EXTERNAL GEL 0.012 %              | Tier 3 |                                                       |
| QBREXZA EXTERNAL PAD 2.4 %                             | Tier 2 | PA                                                    |
| XERAC AC EXTERNAL SOLUTION 6.25 %                      | Tier 3 |                                                       |
| <b>Phosphodiesterase 4 (Pde4) Inhibitors - Topical</b> |        |                                                       |
| EUCRISA EXTERNAL OINTMENT 2 %                          | Tier 2 | PA; QL (100 GM per 30 days)                           |
| ZORYVE EXTERNAL CREAM 0.05 %                           | Tier 2 | PA; QL (2 GM per 1 day)                               |
| ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %                    | Tier 2 | PA; QL (60 GM per 30 days)                            |
| ZORYVE EXTERNAL FOAM 0.3 %                             | Tier 2 | PA; QL (60 GM per 30 days)                            |
| <b>Podiatric Products</b>                              |        |                                                       |
| DIABECIN HR EXTERNAL CREAM 4.12-0.13 %                 | Tier 3 |                                                       |
| <b>Rosacea Agents</b>                                  |        |                                                       |
| <i>aveida external gel 1-1 %</i>                       | Tier 3 |                                                       |
| <i>aveidaoxia external gel 1-1-4 %</i>                 | Tier 3 |                                                       |
| <i>azelaic acid external gel 15 %</i>                  | Tier 1 |                                                       |
| <i>brimonidine tartrate external gel 0.33 %</i>        | Tier 1 |                                                       |
| <i>dazaveidaoxia external gel 0.25-1-1-4 %</i>         | Tier 3 |                                                       |
| <i>dazomon external gel 0.25 %</i>                     | Tier 3 |                                                       |
| <i>doxycycline oral capsule delayed release 40 mg</i>  | Tier 1 | PA                                                    |
| EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG     | Tier 3 | PA                                                    |
| FINACEA EXTERNAL FOAM 15 %                             | Tier 2 |                                                       |
| <i>ivermectin external cream 1 %</i>                   | Tier 1 | ST: TRIAL OF FINACEA GEL OR FOAM IN THE PAST 120 DAYS |
| <i>metronidazole external cream 0.75 %</i>             | Tier 1 |                                                       |
| <i>metronidazole external gel 0.75 %, 1 %</i>          | Tier 1 |                                                       |
| <i>metronidazole external lotion 0.75 %</i>            | Tier 1 |                                                       |

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| Drug                                        | Status | Notes  |
|---------------------------------------------|--------|--------|
| <i>remyda external gel 0.25 %</i>           | Tier 3 |        |
| <i>rensoti external cream 1-4-1 %</i>       | Tier 3 |        |
| <i>restimo external gel 1-1 %</i>           | Tier 3 |        |
| <i>rocelix external cream 4-1 %</i>         | Tier 3 |        |
| <i>rositara external gel 1-1-4 %</i>        | Tier 3 |        |
| <i>rovis external gel 0.25-1-1-4 %</i>      | Tier 3 |        |
| <b>Scabicides &amp; Pediculicides</b>       |        |        |
| <i>malathion external lotion 0.5 %</i>      | Tier 1 |        |
| NATROBA EXTERNAL SUSPENSION 0.9 %           | Tier 3 |        |
| <i>permethrin external cream 5 %</i>        | Tier 1 |        |
| <i>spinosad external suspension 0.9 %</i>   | Tier 1 |        |
| <b>Scar Treatment Products</b>              |        |        |
| RECEDO EXTERNAL GEL                         | Tier 3 |        |
| <b>Wound Care Products</b>                  |        |        |
| ALLEVYN GENTLE EXTERNAL PAD                 | Tier 3 |        |
| AQUACEL AG BURN EXTERNAL PAD 4"X5"          | Tier 3 |        |
| ATRAPRO CP EXTERNAL KIT                     | Tier 3 |        |
| COLLANEX EXTERNAL POWDER                    | Tier 3 |        |
| CURITY HYPERTONIC NACL STRIP EXTERNAL       | Tier 3 |        |
| CURITY NACL DRESSING 6"X6-3/4" EXTERNAL PAD | Tier 3 |        |
| FILSUEVZ EXTERNAL GEL 10 %                  | Tier 3 | PA; SP |
| HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD   | Tier 3 |        |
| HYDROFERA BLUE READY FOAM EXTERNAL PAD      | Tier 3 |        |
| KENDALL ALGINATE 12" ROPE EXTERNAL          | Tier 3 |        |
| KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD   | Tier 3 |        |
| KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD   | Tier 3 |        |
| KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD   | Tier 3 |        |
| KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD   | Tier 3 |        |
| KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD   | Tier 3 |        |
| KENDALL HYDROGEL WOUND DRESS EXTERNAL       | Tier 3 |        |

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| Drug                                                 | Status | Notes                   |
|------------------------------------------------------|--------|-------------------------|
| KENDALL ZINC CA ALGINATE 4"X4" EXTERNAL PAD          | Tier 3 |                         |
| KERASTAT EXTERNAL CREAM                              | Tier 3 |                         |
| KERASTAT EXTERNAL GEL 5 %                            | Tier 3 |                         |
| MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD           | Tier 3 |                         |
| MICROCYN SKIN AND WOUND EXTERNAL GEL                 | Tier 3 |                         |
| MICROMATRIX WOUND POWDER EXTERNAL POWDER             | Tier 3 |                         |
| PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL              | Tier 3 |                         |
| REGRANEX EXTERNAL GEL 0.01 %                         | Tier 2 |                         |
| VASHE WOUND EXTERNAL SOLUTION , 0.033 %              | Tier 3 |                         |
| <b>Diagnostic Products</b>                           |        |                         |
| <b>Diagnostic Tests</b>                              |        |                         |
| CONTOUR NEXT TEST IN VITRO STRIP                     | Tier 2 | QL (200 EA per 30 days) |
| CONTOUR PLUS TEST IN VITRO STRIP                     | Tier 2 | QL (200 EA per 30 days) |
| CONTOUR TEST IN VITRO STRIP                          | Tier 2 | QL (200 EA per 30 days) |
| FREESTYLE INSULINX TEST IN VITRO STRIP               | Tier 2 | QL (200 EA per 30 days) |
| FREESTYLE LITE TEST IN VITRO STRIP                   | Tier 2 | QL (200 EA per 30 days) |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP          | Tier 2 | QL (200 EA per 30 days) |
| FREESTYLE TEST IN VITRO STRIP                        | Tier 2 | QL (200 EA per 30 days) |
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP          | Tier 2 | QL (200 EA per 30 days) |
| <i>udsx medicated system combination kit 20 mg</i>   | Tier 3 |                         |
| <i>udsxmp medicated system combination kit 20 mg</i> | Tier 3 |                         |
| <b>Dietary Products/Dietary Management Products</b>  |        |                         |
| <b>Dietary Management Products</b>                   |        |                         |
| ASTAMED MYO ORAL CAPSULE                             | Tier 3 |                         |
| AVAILNEX ORAL TABLET CHEWABLE 750 MG                 | Tier 3 |                         |
| AXONA ORAL PACKET                                    | Tier 3 |                         |
| CEREFOLIN BRAIN WELLNESS ORAL TABLET 6-2-600 MG      | Tier 3 |                         |
| DEPLIN 15 ORAL CAPSULE 15-90.314 MG                  | Tier 3 |                         |
| DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG                | Tier 3 |                         |

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| Drug                                                                                                                                                                                         | Status | Notes  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| DEPLIN FC ORAL CAPSULE 15 MG, 7.5 MG                                                                                                                                                         | Tier 3 |        |
| ELFOLATE ORAL TABLET 15 MG, 7.5 MG                                                                                                                                                           | Tier 3 |        |
| ENLYTE ORAL CAPSULE                                                                                                                                                                          | Tier 3 |        |
| ENTERAGAM ORAL PACKET 5 GM                                                                                                                                                                   | Tier 3 |        |
| FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT                                                                                                                                                    | Tier 3 |        |
| FOSTEUM PLUS ORAL CAPSULE                                                                                                                                                                    | Tier 3 |        |
| GALAXTRA ORAL POWDER                                                                                                                                                                         | Tier 3 |        |
| LDL CARE ORAL POWDER                                                                                                                                                                         | Tier 3 |        |
| <i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>                                                                                                                         | Tier 3 |        |
| <i>lormate oral capsule</i>                                                                                                                                                                  | Tier 3 |        |
| <i>medactiv oral tablet</i>                                                                                                                                                                  | Tier 3 |        |
| METAFOLBIC PLUS ORAL TABLET 6-2-600 MG                                                                                                                                                       | Tier 3 |        |
| <i>neoke bhb oral powder</i>                                                                                                                                                                 | Tier 3 |        |
| <i>pro-critic oral packet</i>                                                                                                                                                                | Tier 3 |        |
| PROLEEVA ORAL CAPSULE                                                                                                                                                                        | Tier 3 |        |
| RHEUMATE ORAL CAPSULE                                                                                                                                                                        | Tier 3 |        |
| SULFZIX ORAL CAPSULE                                                                                                                                                                         | Tier 3 |        |
| TOBAKIENT ORAL CAPSULE                                                                                                                                                                       | Tier 3 |        |
| VASCAZEN ORAL CAPSULE 1 GM                                                                                                                                                                   | Tier 3 |        |
| <i>vb6 p5p oral powder</i>                                                                                                                                                                   | Tier 3 |        |
| <b>Digestive Aids</b>                                                                                                                                                                        |        |        |
| <b>Digestive Enzymes</b>                                                                                                                                                                     |        |        |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT                                                          | Tier 2 |        |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML                                                                                                                                                           | Tier 3 | PA; SP |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | Tier 2 |        |

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| Drug                                                                 | Status | Notes                        |
|----------------------------------------------------------------------|--------|------------------------------|
| <b>Diuretics</b>                                                     |        |                              |
| <b>Carbonic Anhydrase Inhibitors</b>                                 |        |                              |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | Tier 1 |                              |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                      | Tier 1 |                              |
| <i>dichlorphenamide oral tablet 50 mg</i>                            | Tier 1 | PA; SP                       |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                        | Tier 1 |                              |
| ORMALVI ORAL TABLET 50 MG                                            | Tier 1 | PA; SP                       |
| <b>Diuretic Combinations</b>                                         |        |                              |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>             | Tier 1 |                              |
| <i>spironolactone-hctz oral tablet 25-25 mg</i>                      | Tier 1 |                              |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>                      | Tier 1 |                              |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>             | Tier 1 |                              |
| <b>Loop Diuretics</b>                                                |        |                              |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                     | Tier 1 |                              |
| <i>ethacrynic acid oral tablet 25 mg</i>                             | Tier 1 | PA                           |
| FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML                       | Tier 3 | PA; SP                       |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>                    | Tier 1 |                              |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>                    | Tier 1 |                              |
| LASIX ONYU SUBCUTANEOUS CARTRIDGE KIT 80 MG/2.67ML                   | Tier 3 | PA; SP; QL (1 EA per 1 FILL) |
| <i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>              | Tier 1 |                              |
| <b>Potassium Sparing Diuretics</b>                                   |        |                              |
| <i>amiloride hcl oral tablet 5 mg</i>                                | Tier 1 |                              |
| <i>spironolactone oral suspension 25 mg/5ml</i>                      | Tier 1 | PA                           |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>               | Tier 1 |                              |
| <i>triamterene oral capsule 100 mg, 50 mg</i>                        | Tier 1 |                              |
| <b>Thiazides And Thiazide-Like Diuretics</b>                         |        |                              |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                       | Tier 1 |                              |
| DIURIL ORAL SUSPENSION 250 MG/5ML                                    | Tier 3 |                              |
| HEMICLOR ORAL TABLET 12.5 MG                                         | Tier 3 |                              |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                      | Tier 1 |                              |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>         | Tier 1 |                              |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                        | Tier 1 |                              |

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| Drug                                                                  | Status | Notes                                                                                |
|-----------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------|
| INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML                        | Tier 3 | PA                                                                                   |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                     | Tier 1 |                                                                                      |
| THALITONE ORAL TABLET 15 MG                                           | Tier 3 |                                                                                      |
| <b>Endocrine And Metabolic Agents - Misc.</b>                         |        |                                                                                      |
| <b>Adrenal Steroid Inhibitors</b>                                     |        |                                                                                      |
| ISTURISA ORAL TABLET 1 MG, 5 MG                                       | Tier 3 | PA; SP                                                                               |
| RECORLEV ORAL TABLET 150 MG                                           | Tier 3 | PA                                                                                   |
| <b>Bone Density Regulators</b>                                        |        |                                                                                      |
| <i>alendronate sodium oral solution 70 mg/75ml</i>                    | Tier 1 | QL (75 ML per 7 days)                                                                |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>             | Tier 1 |                                                                                      |
| BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML             | Tier 3 | PA; SP                                                                               |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i>             | Tier 1 |                                                                                      |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i>                | Tier 1 |                                                                                      |
| FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT           | Tier 2 |                                                                                      |
| <i>ibandronate sodium oral tablet 150 mg</i>                          | Tier 1 |                                                                                      |
| OSENVLT SUBCUTANEOUS SOLUTION 120 MG/1.7ML                            | Tier 2 | PA; SP                                                                               |
| <i>risedronate sodium oral tablet 150 mg</i>                          | Tier 1 | ST: TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 30 days) |
| <i>risedronate sodium oral tablet 30 mg, 5 mg</i>                     | Tier 1 | ST: TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 1 day)   |
| <i>risedronate sodium oral tablet 35 mg</i>                           | Tier 1 | ST: TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 7 days)  |
| <i>risedronate sodium oral tablet delayed release 35 mg</i>           | Tier 1 | ST: TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 7 days)  |
| STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML             | Tier 2 | PA; SP                                                                               |
| <i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i> | Tier 1 | PA; SP                                                                               |

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| Drug                                                                                                   | Status | Notes                                                        |
|--------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML                                              | Tier 2 | PA; SP                                                       |
| <b>Corticotropin</b>                                                                                   |        |                                                              |
| ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML                                         | Tier 3 | PA; SP                                                       |
| ACTHAR INJECTION GEL 80 UNIT/ML                                                                        | Tier 3 | PA; SP                                                       |
| CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML                                | Tier 3 | PA; SP                                                       |
| CORTROPHIN INJECTION GEL 80 UNIT/ML                                                                    | Tier 3 | PA; SP                                                       |
| <b>Fertility Regulators</b>                                                                            |        |                                                              |
| <i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>                          | Tier 3 | ST: TRIAL OF NOVAREL OR OVIDREL IN THE PAST 120 DAYS         |
| CLOMID ORAL TABLET 50 MG                                                                               | Tier 1 |                                                              |
| <i>clomiphene citrate oral tablet 50 mg</i>                                                            | Tier 1 |                                                              |
| <i>clomiphene citrate tablet 50 mg oral</i>                                                            | Tier 1 |                                                              |
| <i>clomiphene citrate tablet 50 mg oral</i>                                                            | Tier 3 |                                                              |
| FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML                      | Tier 3 | SP; ST: TRIAL OF GONAL-F OR GONAL-F-RFF IN THE PAST 120 DAYS |
| GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT                                           | Tier 2 | SP                                                           |
| GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML | Tier 2 | SP                                                           |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT                                                | Tier 2 | SP                                                           |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT                                                    | Tier 2 | SP                                                           |
| MILOPHENE ORAL TABLET 50 MG                                                                            | Tier 1 |                                                              |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT                                                 | Tier 2 |                                                              |
| OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML                                          | Tier 2 |                                                              |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT                                                | Tier 3 | ST: TRIAL OF NOVAREL OR OVIDREL IN THE PAST 120 DAYS         |
| <b>Gnrh/Lhrh Antagonists</b>                                                                           |        |                                                              |
| <i>cetrorelix acetate subcutaneous kit 0.25 mg</i>                                                     | Tier 1 | SP                                                           |

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| Drug                                                                                                                                         | Status | Notes                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------|
| <i>ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>                                                               | Tier 1 | SP                                                                                 |
| ORLISSA ORAL TABLET 150 MG, 200 MG                                                                                                           | Tier 2 | PA                                                                                 |
| <b>Growth Hormone Receptor Antagonists</b>                                                                                                   |        |                                                                                    |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                                                               | Tier 2 | SP                                                                                 |
| <b>Growth Hormone Releasing Hormones (Ghrh)</b>                                                                                              |        |                                                                                    |
| EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG                                                                                             | Tier 3 | PA; SP                                                                             |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG                                                                                          | Tier 3 | PA; SP                                                                             |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG                                                                                                          | Tier 3 | PA; SP                                                                             |
| <b>Growth Hormones</b>                                                                                                                       |        |                                                                                    |
| GENOTROPIN MINISUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG                     | Tier 2 | PA; SP                                                                             |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG                                                                                                | Tier 2 | PA; SP                                                                             |
| NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML                                       | Tier 2 | PA; SP                                                                             |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML                                                                            | Tier 3 | PA; SP                                                                             |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG                                                                                         | Tier 3 | PA; SP                                                                             |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG | Tier 2 | PA; SP                                                                             |
| SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML                                                              | Tier 2 | PA; SP                                                                             |
| <b>Hormone Receptor Modulators</b>                                                                                                           |        |                                                                                    |
| <i>raloxifene hcl oral tablet 60 mg</i>                                                                                                      | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day) |

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| Drug                                                        | Status | Notes                          |
|-------------------------------------------------------------|--------|--------------------------------|
| <b>Insulin-Like Growth Factors (Somatomedins)</b>           |        |                                |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML                    | Tier 3 | PA; SP                         |
| <b>Lhrh/Gnrh Agonist Analog Pituitary Suppressants</b>      |        |                                |
| SYNAREL NASAL SOLUTION 2 MG/ML                              | Tier 3 | PA; SP                         |
| <b>Menopausal Symptoms Suppressants</b>                     |        |                                |
| VEOZAH ORAL TABLET 45 MG                                    | Tier 3 |                                |
| <b>Metabolic Modifiers</b>                                  |        |                                |
| <i>betaine oral powder</i>                                  | Tier 1 | PA; SP                         |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>            | Tier 1 |                                |
| <i>calcitriol oral solution 1 mcg/ml</i>                    | Tier 1 |                                |
| <i>carglumic acid oral tablet soluble 200 mg</i>            | Tier 1 | PA; SP                         |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>              | Tier 1 | SP; QL (2 EA per 1 day)        |
| <i>cinacalcet hcl oral tablet 90 mg</i>                     | Tier 1 | SP; QL (4 EA per 1 day)        |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> | Tier 1 |                                |
| FORZINITY SUBCUTANEOUS SOLUTION 280 MG/3.5ML                | Tier 3 | PA; SP; QL (3.5 ML per 7 days) |
| GALAFOLD ORAL CAPSULE 123 MG                                | Tier 3 | PA; SP                         |
| <i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i>        | Tier 1 | PA; SP                         |
| HARLIKU ORAL TABLET 2 MG                                    | Tier 3 | PA; SP                         |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML                     | Tier 3 | PA; SP                         |
| JAVYGTOR ORAL PACKET 100 MG, 500 MG                         | Tier 1 | SP                             |
| JAVYGTOR ORAL TABLET 100 MG                                 | Tier 1 | SP                             |
| KUVAN ORAL PACKET 100 MG, 500 MG                            | Tier 2 | SP                             |
| KUVAN ORAL TABLET 100 MG                                    | Tier 2 | SP                             |
| <i>levocarnitine oral solution 1 gm/10ml</i>                | Tier 1 |                                |
| <i>levocarnitine oral tablet 330 mg</i>                     | Tier 1 |                                |
| <i>levocarnitine sf oral solution 1 gm/10ml</i>             | Tier 1 |                                |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG         | Tier 3 | PA; SP                         |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>     | Tier 1 | PA; SP                         |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG                         | Tier 2 | PA; SP                         |
| NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG           | Tier 3 | PA; SP                         |
| OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM                  | Tier 3 | PA; SP                         |

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| Drug                                                                                    | Status | Notes                           |
|-----------------------------------------------------------------------------------------|--------|---------------------------------|
| OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM                                              | Tier 3 | PA; SP                          |
| OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM                                          | Tier 3 | PA; SP                          |
| OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM                                          | Tier 3 | PA; SP                          |
| OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM                                          | Tier 3 | PA; SP                          |
| OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM                                    | Tier 3 | PA; SP                          |
| OPFOLDA ORAL CAPSULE 65 MG                                                              | Tier 3 | PA; SP                          |
| ORFADIN ORAL SUSPENSION 4 MG/ML                                                         | Tier 2 | PA; SP                          |
| PALYNZIQ SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML | Tier 2 | PA; SP                          |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                                    | Tier 1 |                                 |
| PHEBURANE ORAL PELLET 483 MG/GM                                                         | Tier 3 | PA; SP                          |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG                                           | Tier 2 | QL (2 EA per 1 day)             |
| REDEMPLO SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 25 MG/0.5ML                         | Tier 3 | PA; SP; QL (0.5 ML per 90 days) |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML                                             | Tier 3 | PA; SP                          |
| <i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>                           | Tier 1 | SP                              |
| <i>sapropterin dihydrochloride oral tablet 100 mg</i>                                   | Tier 1 | SP                              |
| SEPHIENCE ORAL PACKET 1000 MG, 250 MG                                                   | Tier 3 | PA; SP                          |
| <i>sodium phenylbutyrate oral powder 3 gml/tsp</i>                                      | Tier 1 | PA; SP                          |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                                         | Tier 1 | PA; SP                          |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML         | Tier 2 | PA; SP                          |
| TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML                               | Tier 3 | PA; SP                          |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG                      | Tier 3 | PA; SP                          |

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| Drug                                                                                                    | Status | Notes                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| XPHOZAH ORAL TABLET 20 MG, 30 MG                                                                        | Tier 3 | ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (2 EA per 1 day) |
| XURIDEN ORAL PACKET 2 GM                                                                                | Tier 2 | PA; SP                                                                                                                                                                        |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML              | Tier 3 | PA; SP                                                                                                                                                                        |
| ZELVYSIA ORAL PACKET 100 MG, 500 MG                                                                     | Tier 1 | SP                                                                                                                                                                            |
| <b>Posterior Pituitary Hormones</b>                                                                     |        |                                                                                                                                                                               |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i>                                              | Tier 1 |                                                                                                                                                                               |
| <i>desmopressin acetate injection solution 4 mcg/ml</i>                                                 | Tier 1 |                                                                                                                                                                               |
| <i>desmopressin acetate nasal solution 1.5 mg/ml</i>                                                    | Tier 3 |                                                                                                                                                                               |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>                                                  | Tier 1 |                                                                                                                                                                               |
| <i>desmopressin acetate pf injection solution 4 mcg/ml</i>                                              | Tier 1 |                                                                                                                                                                               |
| <i>desmopressin acetate spray nasal solution 0.01 %</i>                                                 | Tier 1 |                                                                                                                                                                               |
| <b>Progesterone Receptor Antagonists</b>                                                                |        |                                                                                                                                                                               |
| <i>mifepristone oral tablet 200 mg</i>                                                                  | Tier 1 |                                                                                                                                                                               |
| <b>Prolactin Inhibitors</b>                                                                             |        |                                                                                                                                                                               |
| <i>cabergoline oral tablet 0.5 mg</i>                                                                   | Tier 1 |                                                                                                                                                                               |
| <b>Somatostatic Agents</b>                                                                              |        |                                                                                                                                                                               |
| BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML                                             | Tier 3 | PA; SP                                                                                                                                                                        |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG                                                             | Tier 3 | PA; SP                                                                                                                                                                        |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | Tier 1 | SP                                                                                                                                                                            |
| <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>     | Tier 1 | SP                                                                                                                                                                            |
| PALSONIFY ORAL TABLET 20 MG, 30 MG                                                                      | Tier 3 | PA; SP                                                                                                                                                                        |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML                                          | Tier 3 | PA; SP                                                                                                                                                                        |
| <b>Unknown</b>                                                                                          |        |                                                                                                                                                                               |
| CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG                                                            | Tier 3 | PA; SP                                                                                                                                                                        |
| CRENESSITY ORAL SOLUTION 50 MG/ML                                                                       | Tier 3 | PA; SP                                                                                                                                                                        |

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| Drug                                                                                       | Status | Notes                       |
|--------------------------------------------------------------------------------------------|--------|-----------------------------|
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG                                                   | Tier 3 | PA                          |
| VOXZOGO SUBCUTANEOUS SOLUTION<br>RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG                     | Tier 3 | PA; SP                      |
| <b>Vasopressin Receptor Antagonists</b>                                                    |        |                             |
| JYNARQUE ORAL TABLET 15 MG, 30 MG                                                          | Tier 1 | PA; SP                      |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG,<br>30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG | Tier 1 | PA; SP                      |
| <i>tolvaptan oral tablet 15 mg</i>                                                         | Tier 1 | SP; QL (30 EA per 365 days) |
| <i>tolvaptan oral tablet 30 mg</i>                                                         | Tier 1 | SP; QL (60 EA per 365 days) |
| <b>Estrogens</b>                                                                           |        |                             |
| <b>Estrogen Combinations</b>                                                               |        |                             |
| ABIGALE LO ORAL TABLET 0.5-0.1 MG                                                          | Tier 1 |                             |
| ABIGALE ORAL TABLET 1-0.5 MG                                                               | Tier 1 |                             |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG                                                  | Tier 3 |                             |
| BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG                                                   | Tier 2 | QL (1 EA per 1 day)         |
| COMBIPATCH TRANSDERMAL PATCH TWICE<br>WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY            | Tier 2 | QL (2 EA per 7 days)        |
| COVARYX HS ORAL TABLET 0.625-1.25 MG                                                       | Tier 1 |                             |
| COVARYX ORAL TABLET 1.25-2.5 MG                                                            | Tier 1 |                             |
| DUAVEE ORAL TABLET 0.45-20 MG                                                              | Tier 2 |                             |
| EEMT HS ORAL TABLET 0.625-1.25 MG                                                          | Tier 1 |                             |
| EEMT ORAL TABLET 1.25-2.5 MG                                                               | Tier 1 |                             |
| <i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>                                 | Tier 1 |                             |
| <i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>                               | Tier 1 |                             |
| <i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>                                    | Tier 1 |                             |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-<br/>0.5 mg</i>                  | Tier 1 |                             |
| ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG                                                     | Tier 1 |                             |
| ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG                                                   | Tier 1 |                             |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-<br>MCG                                         | Tier 1 |                             |
| JINTELI ORAL TABLET 1-5 MG-MCG                                                             | Tier 1 |                             |
| MIMVEY ORAL TABLET 1-0.5 MG                                                                | Tier 1 |                             |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG                                                          | Tier 2 | PA                          |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-<br/>mcg, 1-5 mg-mcg</i>             | Tier 1 |                             |

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| Drug                                                                                                                            | Status | Notes                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG                                                                            | Tier 2 | PA                                                                                                     |
| PREMPHASE ORAL TABLET 0.625-5 MG                                                                                                | Tier 2 |                                                                                                        |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG                                                           | Tier 2 |                                                                                                        |
| <b>Estrogens</b>                                                                                                                |        |                                                                                                        |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR                                                  | Tier 3 | QL (2 EA per 7 days)                                                                                   |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML                                                                                        | Tier 3 |                                                                                                        |
| DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR                    | Tier 1 | QL (2 EA per 7 days)                                                                                   |
| <i>ec-rx estradiol transdermal cream 0.4 %, 0.6 %</i>                                                                           | Tier 3 |                                                                                                        |
| ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)                                                                                | Tier 3 | ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (52 GM per 30 days)   |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                 | Tier 1 |                                                                                                        |
| <i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm</i>                                                   | Tier 1 | QL (1 EA per 1 day)                                                                                    |
| <i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>                                                                        | Tier 1 | ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS                           |
| <i>estradiol transdermal gel 1 mg/gm</i>                                                                                        | Tier 1 | QL (1 GM per 1 day)                                                                                    |
| <i>estradiol transdermal gel 1.25 mg/1.25gm</i>                                                                                 | Tier 1 | QL (37.5 GM per 30 days)                                                                               |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>         | Tier 1 | QL (2 EA per 7 days)                                                                                   |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | Tier 1 | QL (1 EA per 7 days)                                                                                   |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>                                                        | Tier 1 |                                                                                                        |
| <i>estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>                                              | Tier 1 |                                                                                                        |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY                                                                                      | Tier 3 | ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (16.2 ML per 30 days) |

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| Drug                                                                                                           | Status | Notes                |
|----------------------------------------------------------------------------------------------------------------|--------|----------------------|
| LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 1 | QL (2 EA per 7 days) |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR                                                                  | Tier 3 | QL (1 EA per 7 days) |
| <b>Fluoroquinolones</b>                                                                                        |        |                      |
| <b>Fluoroquinolones</b>                                                                                        |        |                      |
| BAXDELA ORAL TABLET 450 MG                                                                                     | Tier 3 | PA                   |
| CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)                                          | Tier 2 |                      |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>                                                    | Tier 1 |                      |
| <i>levofloxacin oral solution 25 mg/ml</i>                                                                     | Tier 1 |                      |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                                                         | Tier 1 |                      |
| <i>moxifloxacin hcl oral tablet 400 mg</i>                                                                     | Tier 1 |                      |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                                                    | Tier 1 |                      |
| <b>Gastrointestinal Agents - Misc.</b>                                                                         |        |                      |
| <b>5-Ht4 Receptor Agonists</b>                                                                                 |        |                      |
| <i>prucalopride succinate oral tablet 1 mg, 2 mg</i>                                                           | Tier 1 | QL (1 EA per 1 day)  |
| <b>Agents For Chronic Idiopathic Constipation (Cic)</b>                                                        |        |                      |
| TRULANCE ORAL TABLET 3 MG                                                                                      | Tier 2 | QL (1 EA per 1 day)  |
| <b>Bile Acid Synthesis Disorder Agents</b>                                                                     |        |                      |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG                                                                             | Tier 3 | PA; SP               |
| CTEXLI ORAL TABLET 250 MG                                                                                      | Tier 3 | PA; SP               |
| <b>Farnesoid X Receptor (Fxr) Agonists</b>                                                                     |        |                      |
| OALIVA ORAL TABLET 10 MG, 5 MG                                                                                 | Tier 2 | PA; SP               |
| <b>Gallstone Solubilizing Agents</b>                                                                           |        |                      |
| CHENODAL ORAL TABLET 250 MG                                                                                    | Tier 3 | PA; SP               |
| <i>ursodiol oral capsule 300 mg</i>                                                                            | Tier 1 |                      |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                                                     | Tier 1 |                      |
| URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML                                                                  | Tier 3 |                      |
| <b>Gastrointestinal Antiallergy Agents</b>                                                                     |        |                      |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i>                                                             | Tier 1 |                      |
| <b>Gastrointestinal Chloride Channel Activators</b>                                                            |        |                      |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                                                                 | Tier 1 | QL (2 EA per 1 day)  |
| <b>Gastrointestinal Stimulants</b>                                                                             |        |                      |
| <i>dexpanthenol injection solution 250 mg/ml</i>                                                               | Tier 3 |                      |

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| Drug                                                                               | Status | Notes  |
|------------------------------------------------------------------------------------|--------|--------|
| GIMOTI NASAL SOLUTION 15 MG/ACT                                                    | Tier 3 | PA; SP |
| <i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>                       | Tier 1 |        |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                                  | Tier 1 |        |
| <i>metoclopramide hcl oral tablet dispersible 5 mg</i>                             | Tier 1 |        |
| <b>Hepatotropics</b>                                                               |        |        |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG                                         | Tier 3 | PA; SP |
| <b>Inflammatory Bowel Agents</b>                                                   |        |        |
| <i>balsalazide disodium oral capsule 750 mg</i>                                    | Tier 1 |        |
| CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML                    | Tier 3 | PA; SP |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML                    | Tier 3 | PA; SP |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                                                 | Tier 3 | PA; SP |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML                        | Tier 3 | PA; SP |
| ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML                      | Tier 3 | PA; SP |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>                | Tier 1 |        |
| <i>mesalamine er oral capsule extended release 500 mg</i>                          | Tier 1 |        |
| <i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>                       | Tier 1 |        |
| <i>mesalamine rectal enema 4 gm</i>                                                | Tier 1 |        |
| <i>mesalamine rectal suppository 1000 mg</i>                                       | Tier 1 |        |
| <i>mesalamine-cleanser rectal kit 4 gm</i>                                         | Tier 1 |        |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML     | Tier 2 | PA; SP |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML | Tier 2 | PA; SP |
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML                                | Tier 2 | PA; SP |
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML                            | Tier 2 | PA; SP |

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| Drug                                                                     | Status | Notes               |
|--------------------------------------------------------------------------|--------|---------------------|
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG                             | Tier 3 |                     |
| SFROWASA RECTAL ENEMA 4 GM/60ML                                          | Tier 3 |                     |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML       | Tier 2 | PA; SP              |
| <i>sulfasalazine oral tablet 500 mg</i>                                  | Tier 1 |                     |
| <i>sulfasalazine oral tablet delayed release 500 mg</i>                  | Tier 1 |                     |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML                                 | Tier 2 | PA; SP              |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML               | Tier 2 | PA; SP              |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML               | Tier 2 | PA; SP              |
| TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML   | Tier 2 | PA; SP              |
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML                                | Tier 2 | PA; SP              |
| <b>Intestinal Acidifiers</b>                                             |        |                     |
| <i>enulose oral solution 10 gm/15ml</i>                                  | Tier 1 |                     |
| <i>generlac oral solution 10 gm/15ml</i>                                 | Tier 1 |                     |
| <i>lactulose encephalopathy oral solution 10 gm/15ml</i>                 | Tier 1 |                     |
| <b>Irritable Bowel Syndrome (Ibs) Agents</b>                             |        |                     |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>                            | Tier 1 |                     |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                            | Tier 2 | QL (1 EA per 1 day) |
| VIBERZI ORAL TABLET 100 MG, 75 MG                                        | Tier 2 | QL (2 EA per 1 day) |
| <b>Peripheral Opioid Receptor Antagonists</b>                            |        |                     |
| <i>alvimopan oral capsule 12 mg</i>                                      | Tier 1 |                     |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                                      | Tier 2 | QL (1 EA per 1 day) |
| RELISTOR ORAL TABLET 150 MG                                              | Tier 3 | PA                  |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML                               | Tier 3 | PA                  |
| RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML | Tier 3 | PA                  |
| SYMPROIC ORAL TABLET 0.2 MG                                              | Tier 2 | QL (1 EA per 1 day) |
| <b>Phosphate Binder Agents</b>                                           |        |                     |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i>                 | Tier 1 |                     |

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| Drug                                                                    | Status | Notes                                                                                                                                                                          |
|-------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>calcium acetate (phos binder) oral tablet 667 mg</i>                 | Tier 1 |                                                                                                                                                                                |
| <i>calcium acetate oral tablet 667 mg</i>                               | Tier 1 |                                                                                                                                                                                |
| <i>ferric citrate oral tablet 1 gm 210 mg(fe)</i>                       | Tier 1 | ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day) |
| FOSRENOL ORAL PACKET 1000 MG, 750 MG                                    | Tier 3 | ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (3 EA per 1 day)  |
| <i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i> | Tier 1 |                                                                                                                                                                                |
| <i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>                   | Tier 1 |                                                                                                                                                                                |
| <i>sevelamer carbonate oral tablet 800 mg</i>                           | Tier 1 |                                                                                                                                                                                |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                         | Tier 1 |                                                                                                                                                                                |
| VELPHORO ORAL TABLET CHEWABLE 500 MG                                    | Tier 2 | QL (6 EA per 1 day)                                                                                                                                                            |
| <b>Short Bowel Syndrome (Sbs) Agents</b>                                |        |                                                                                                                                                                                |
| GATTEX SUBCUTANEOUS KIT 5 MG                                            | Tier 2 | PA; SP                                                                                                                                                                         |
| <b>Tryptophan Hydroxylase Inhibitors</b>                                |        |                                                                                                                                                                                |
| XERMELO ORAL TABLET 250 MG                                              | Tier 2 | PA; SP                                                                                                                                                                         |
| <b>Unknown</b>                                                          |        |                                                                                                                                                                                |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG                 | Tier 3 | PA; SP                                                                                                                                                                         |
| BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG                                   | Tier 3 | PA; SP                                                                                                                                                                         |
| IQIRVO ORAL TABLET 80 MG                                                | Tier 2 | PA; SP                                                                                                                                                                         |
| LIVDELZI ORAL CAPSULE 10 MG                                             | Tier 2 | PA; SP                                                                                                                                                                         |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML                              | Tier 3 | PA; SP                                                                                                                                                                         |
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG                         | Tier 3 | PA; SP                                                                                                                                                                         |
| REBYOTA RECTAL SUSPENSION 150 ML                                        | Tier 3 | PA; SP                                                                                                                                                                         |
| VOWST ORAL CAPSULE                                                      | Tier 2 | PA; SP                                                                                                                                                                         |
| <b>General Anesthetics</b>                                              |        |                                                                                                                                                                                |
| <b>Volatile Anesthetics</b>                                             |        |                                                                                                                                                                                |
| <i>desflurane inhalation solution</i>                                   | Tier 1 |                                                                                                                                                                                |

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| Drug                                                                                                        | Status | Notes  |
|-------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>isoflurane inhalation solution</i>                                                                       | Tier 1 |        |
| <i>sevoflurane inhalation solution</i>                                                                      | Tier 1 |        |
| TERRELL INHALATION SOLUTION                                                                                 | Tier 1 |        |
| <b>Genitourinary Agents - Miscellaneous</b>                                                                 |        |        |
| <b>Acidifiers</b>                                                                                           |        |        |
| K-PHOS NO 2 ORAL TABLET 305-700 MG                                                                          | Tier 3 |        |
| <b>Alkalinizers</b>                                                                                         |        |        |
| <i>cytra k crystals oral packet 3300-1002 mg</i>                                                            | Tier 3 |        |
| ORACIT ORAL SOLUTION 490-640 MG/5ML                                                                         | Tier 3 |        |
| <i>oral citrate oral solution 490-640 mg/5ml</i>                                                            | Tier 3 |        |
| <i>pot &amp; sod cit-cit ac oral solution 550-500-334 mg/5ml</i>                                            | Tier 1 |        |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i> | Tier 1 |        |
| <i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>                                          | Tier 1 |        |
| <i>sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml</i>                     | Tier 1 |        |
| <i>sodium citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml</i>                        | Tier 1 |        |
| <i>tricitrates oral solution 550-500-334 mg/5ml</i>                                                         | Tier 1 |        |
| <b>Cystinosis Agents</b>                                                                                    |        |        |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG                                                                         | Tier 3 | SP     |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG                                                          | Tier 2 | PA; SP |
| PROCYSBI ORAL PACKET 300 MG, 75 MG                                                                          | Tier 2 | PA; SP |
| <b>Genitourinary Irrigants</b>                                                                              |        |        |
| <i>acetic acid irrigation solution 0.25 %</i>                                                               | Tier 1 |        |
| ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %                                                             | Tier 1 |        |
| CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 %                                                             | Tier 1 |        |
| <i>glycine irrigation solution 1.5 %</i>                                                                    | Tier 1 |        |
| <i>glycine urologic irrigation solution 1.5 %</i>                                                           | Tier 1 |        |
| <i>neomycin-polymyxin b gu irrigation solution 40-200000</i>                                                | Tier 1 |        |
| RENACIDIN IRRIGATION SOLUTION                                                                               | Tier 3 |        |
| <i>sodium chloride irrigation solution 0.9 %</i>                                                            | Tier 1 |        |

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| Drug                                                                     | Status | Notes                                                                                                                 |
|--------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Interstitial Cystitis Agents</b>                                      |        |                                                                                                                       |
| ELMIRON ORAL CAPSULE 100 MG                                              | Tier 2 | PA                                                                                                                    |
| <b>Prostatic Hypertrophy Agents</b>                                      |        |                                                                                                                       |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>       | Tier 1 |                                                                                                                       |
| AVODART ORAL CAPSULE 0.5 MG                                              | Tier 1 |                                                                                                                       |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG               | Tier 3 |                                                                                                                       |
| <i>dutasteride oral capsule 0.5 mg</i>                                   | Tier 1 |                                                                                                                       |
| <i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>                | Tier 1 | ST: TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN IN THE PAST 120 DAYS |
| <i>finasteride oral tablet 5 mg</i>                                      | Tier 1 |                                                                                                                       |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                                 | Tier 1 |                                                                                                                       |
| <i>tamsulosin hcl oral capsule 0.4 mg</i>                                | Tier 1 |                                                                                                                       |
| <b>Unknown</b>                                                           |        |                                                                                                                       |
| FILSPARI ORAL TABLET 200 MG, 400 MG                                      | Tier 2 | PA; SP                                                                                                                |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML                               | Tier 3 | PA; SP                                                                                                                |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML                               | Tier 3 | PA; SP                                                                                                                |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML | Tier 3 | PA; SP                                                                                                                |
| VANRAFIA ORAL TABLET 0.75 MG                                             | Tier 2 | PA; SP                                                                                                                |
| <b>Urinary Analgesics</b>                                                |        |                                                                                                                       |
| <i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>                    | Tier 1 |                                                                                                                       |
| <b>Urinary Stone Agents</b>                                              |        |                                                                                                                       |
| LITHOSTAT ORAL TABLET 250 MG                                             | Tier 3 |                                                                                                                       |
| THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG                     | Tier 2 | SP                                                                                                                    |
| <i>tiopronin oral tablet 100 mg</i>                                      | Tier 1 | SP                                                                                                                    |
| <i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>              | Tier 1 | SP                                                                                                                    |
| VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG                      | Tier 1 | SP                                                                                                                    |

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| Drug                                                                                                                         | Status | Notes                                                                           |
|------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------|
| <b>Gout Agents</b>                                                                                                           |        |                                                                                 |
| <b>Gout Agent Combinations</b>                                                                                               |        |                                                                                 |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i>                                                                          | Tier 1 |                                                                                 |
| <b>Gout Agents</b>                                                                                                           |        |                                                                                 |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                                                                                | Tier 1 |                                                                                 |
| <i>colchicine oral capsule 0.6 mg</i>                                                                                        | Tier 1 | QL (2 EA per 1 day)                                                             |
| <i>colchicine oral tablet 0.6 mg</i>                                                                                         | Tier 1 | QL (4 EA per 1 day)                                                             |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                                                                                   | Tier 1 | ST: TRIAL OF ALLOPURINOL IN THE PAST 120 DAYS; QL (1 EA per 1 day)              |
| GLOPERBA ORAL SOLUTION 0.6 MG/5ML                                                                                            | Tier 3 | ST: TRIAL OF COLCHICINE CAPS OR TABS IN THE PAST 120 DAYS; QL (10 ML per 1 day) |
| <b>Uricosurics</b>                                                                                                           |        |                                                                                 |
| <i>probenecid oral tablet 500 mg</i>                                                                                         | Tier 1 |                                                                                 |
| <b>Hematological Agents - Misc.</b>                                                                                          |        |                                                                                 |
| <b>Antihemophilic Products</b>                                                                                               |        |                                                                                 |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT          | Tier 2 | SP                                                                              |
| <i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i> | Tier 2 | SP                                                                              |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT                            | Tier 2 | SP                                                                              |
| ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML                                              | Tier 3 | PA; SP                                                                          |
| ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT                             | Tier 3 | SP                                                                              |
| ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT                                               | Tier 3 | SP                                                                              |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT                   | Tier 3 | SP                                                                              |

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| Drug                                                                                                                                                           | Status | Notes  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| ALTUVIII INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 2000 UNIT, 250<br>UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 750 UNIT                                     | Tier 2 | SP     |
| BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000<br>UNIT, 250 UNIT, 3000 UNIT, 500 UNIT                                                                                 | Tier 3 | SP     |
| COAGADEX INTRAVENOUS SOLUTION<br>RECONSTITUTED 250 UNIT, 500 UNIT                                                                                              | Tier 3 | SP     |
| CORIFACT INTRAVENOUS KIT 1000-1600 UNIT                                                                                                                        | Tier 3 | SP     |
| ELOCTATE INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000<br>UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT,<br>5000 UNIT, 6000 UNIT, 750 UNIT | Tier 2 | SP     |
| ESPEROCT INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000<br>UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT                                              | Tier 2 | SP     |
| FEIBA INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT                                                                                     | Tier 3 | SP     |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105<br>MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML,<br>300 MG/2ML, 60 MG/0.4ML                                                   | Tier 3 | PA; SP |
| HEMOFIL M INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1700 UNIT, 250<br>UNIT, 500 UNIT                                                                    | Tier 3 | SP     |
| HUMATE-P INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT,<br>500-1200 UNIT                                                                  | Tier 3 | SP     |
| HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-<br>INJECTOR 150 MG/ML                                                                                                     | Tier 3 | PA; SP |
| IDELVION INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 2000 UNIT, 250<br>UNIT, 3500 UNIT, 500 UNIT                                                          | Tier 3 | SP     |
| IXINITY INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000<br>UNIT, 500 UNIT                                                                     | Tier 3 | SP     |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED<br>1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500<br>UNIT                                                             | Tier 2 | SP     |

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| Drug                                                                                                                           | Status | Notes  |
|--------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| KOATE INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT                                                      | Tier 3 | SP     |
| KOATE-DVI INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT                                                                      | Tier 3 | SP     |
| KOGENATE FS INTRAVENOUS KIT 1000 UNIT,<br>2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT                                             | Tier 2 | SP     |
| KOVALTRY INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 2000 UNIT, 250<br>UNIT, 3000 UNIT, 500 UNIT                          | Tier 2 | SP     |
| NOVOEIGHT INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000<br>UNIT, 250 UNIT, 3000 UNIT, 500 UNIT              | Tier 2 | SP     |
| NOVOSEVEN RT INTRAVENOUS SOLUTION<br>RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG                                                      | Tier 3 | SP     |
| NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT,<br>250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500<br>UNIT                          | Tier 3 | SP     |
| NUWIQ INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 2000 UNIT, 250<br>UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT       | Tier 3 | SP     |
| <i>obizur intravenous solution reconstituted 500 unit</i>                                                                      | Tier 3 | SP     |
| PROFILNINE INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT                                                | Tier 3 | SP     |
| QFITLIA SUBCUTANEOUS SOLUTION 20<br>MG/0.2ML                                                                                   | Tier 3 | PA; SP |
| QFITLIA SUBCUTANEOUS SOLUTION AUTO-<br>INJECTOR 50 MG/0.5ML                                                                    | Tier 3 | PA; SP |
| REBINYN INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000<br>UNIT, 500 UNIT                                     | Tier 3 | SP     |
| RECOMBINATE INTRAVENOUS SOLUTION<br>RECONSTITUTED 1241-1800 UNIT, 1801-2400<br>UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT | Tier 3 | SP     |
| <i>rixubis intravenous solution reconstituted 1000 unit,<br/>2000 unit, 250 unit, 3000 unit, 500 unit</i>                      | Tier 3 | SP     |
| SEVENFACT INTRAVENOUS SOLUTION<br>RECONSTITUTED 1 MG, 2 MG, 5 MG                                                               | Tier 3 | SP     |

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| Drug                                                                                            | Status | Notes  |
|-------------------------------------------------------------------------------------------------|--------|--------|
| TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT                                             | Tier 3 | SP     |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT                                 | Tier 3 | SP     |
| WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT                                             | Tier 3 | SP     |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT                                 | Tier 2 | SP     |
| XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT             | Tier 2 | SP     |
| <b>Bradykinin B2 Receptor Antagonists</b>                                                       |        |        |
| <i>icatibant acetate subcutaneous solution 30 mg/3ml</i>                                        | Tier 1 | PA; SP |
| <i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>                      | Tier 1 | PA; SP |
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML                                       | Tier 1 | PA; SP |
| <b>Complement Inhibitors</b>                                                                    |        |        |
| BERINERT INTRAVENOUS KIT 500 UNIT                                                               | Tier 3 | PA; SP |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT                                             | Tier 3 | PA; SP |
| EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML                                                     | Tier 3 | PA; SP |
| FABHALTA ORAL CAPSULE 200 MG                                                                    | Tier 2 | PA; SP |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT                               | Tier 3 | PA; SP |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT                                           | Tier 3 | PA; SP |
| TAVNEOS ORAL CAPSULE 10 MG                                                                      | Tier 3 | PA; SP |
| VOYDEYA ORAL TABLET 100 MG                                                                      | Tier 3 | PA; SP |
| VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG                                                    | Tier 3 | PA; SP |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML | Tier 3 | PA; SP |
| <b>Hemataologic - Tyrosine Kinase Inhibitors</b>                                                |        |        |
| TAVALISSE ORAL TABLET 100 MG, 150 MG                                                            | Tier 2 | PA; SP |
| WAYRILZ ORAL TABLET 400 MG                                                                      | Tier 3 | PA; SP |

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| Drug                                                                                           | Status | Notes                           |
|------------------------------------------------------------------------------------------------|--------|---------------------------------|
| <b>Hematorheologic Agents</b>                                                                  |        |                                 |
| <i>pentoxifylline er oral tablet extended release 400 mg</i>                                   | Tier 1 |                                 |
| <b>Plasma Kallikrein Inhibitors</b>                                                            |        |                                 |
| EKTERLY ORAL TABLET 300 MG                                                                     | Tier 3 | PA; SP; QL (4 EA per 1 day)     |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG                                                           | Tier 3 | PA; SP                          |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML                                                      | Tier 3 | PA; SP                          |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML                         | Tier 3 | PA; SP                          |
| <b>Plasma Proteins</b>                                                                         |        |                                 |
| RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG                                            | Tier 3 | PA; SP                          |
| <b>Platelet Aggregation Inhibitors</b>                                                         |        |                                 |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>                                                | Tier 1 |                                 |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>                 | Tier 1 |                                 |
| BRILINTA ORAL TABLET 90 MG                                                                     | Tier 2 | QL (2 EA per 1 day)             |
| CABLIVI INJECTION KIT 11 MG                                                                    | Tier 3 | PA; SP                          |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                                    | Tier 1 |                                 |
| <i>clopidogrel bisulfate oral tablet 300 mg</i>                                                | Tier 1 | QL (4 EA per 30 days)           |
| <i>clopidogrel bisulfate oral tablet 75 mg</i>                                                 | Tier 1 |                                 |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                                            | Tier 1 |                                 |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>                                                   | Tier 1 | QL (1 EA per 1 day)             |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i>                                                     | Tier 1 | QL (2 EA per 1 day)             |
| ZONTIVITY ORAL TABLET 2.08 MG                                                                  | Tier 3 | QL (1 EA per 1 day)             |
| <b>Unknown</b>                                                                                 |        |                                 |
| ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML                                      | Tier 3 | PA; SP                          |
| DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML                                       | Tier 3 | PA; SP; QL (0.8 ML per 28 days) |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG                                                        | Tier 3 | PA; SP                          |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG | Tier 3 | PA; SP                          |
| <b>Hematopoietic Agents</b>                                                                    |        |                                 |
| <b>Agents For Gaucher Disease</b>                                                              |        |                                 |
| CERDELGA ORAL CAPSULE 84 MG                                                                    | Tier 2 | SP                              |

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| Drug                                                                | Status | Notes                                                            |
|---------------------------------------------------------------------|--------|------------------------------------------------------------------|
| <i>miglustat oral capsule 100 mg</i>                                | Tier 1 | PA; SP                                                           |
| YARGESA ORAL CAPSULE 100 MG                                         | Tier 1 | PA; SP                                                           |
| <b>Agents For Sickle Cell Anemia</b>                                |        |                                                                  |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG                          | Tier 3 |                                                                  |
| <i>l-glutamine oral packet 5 gm</i>                                 | Tier 1 | PA; SP                                                           |
| SIKLOS ORAL TABLET 100 MG                                           | Tier 3 | QL (2 EA per 1 day)                                              |
| SIKLOS ORAL TABLET 1000 MG                                          | Tier 3 | ST: TRIAL OF GENERIC HYDROXYUREA AND DROXIA IN THE PAST 365 DAYS |
| XROMI ORAL SOLUTION 100 MG/ML                                       | Tier 3 | PA                                                               |
| <b>Cobalamins</b>                                                   |        |                                                                  |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i>                | Tier 1 |                                                                  |
| <i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>  | Tier 1 |                                                                  |
| <i>methylcobalamin injection solution reconstituted 10000 mcg</i>   | Tier 1 |                                                                  |
| <b>Folic Acid/Folates</b>                                           |        |                                                                  |
| <i>cvs folic acid oral tablet 800 mcg</i>                           | \$0    |                                                                  |
| <i>folate oral tablet 400 mcg</i>                                   | \$0    |                                                                  |
| <i>folic acid injection solution 5 mg/ml</i>                        | Tier 1 |                                                                  |
| <i>folic acid oral tablet 1 mg</i>                                  | Tier 1 |                                                                  |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>                      | \$0    |                                                                  |
| <i>ft folic acid oral tablet 400 mcg, 800 mcg</i>                   | \$0    |                                                                  |
| <i>gnp folic acid oral tablet 400 mcg</i>                           | \$0    |                                                                  |
| <i>kp folic acid oral tablet 800 mcg</i>                            | \$0    |                                                                  |
| <i>qc folic acid oral tablet 800 mcg</i>                            | \$0    |                                                                  |
| <i>ra folic acid oral tablet 400 mcg, 800 mcg</i>                   | \$0    |                                                                  |
| <i>true folic acid oral tablet 400 mcg</i>                          | \$0    |                                                                  |
| <i>yl folic acid oral tablet 400 mcg</i>                            | \$0    |                                                                  |
| <b>Hematopoietic Growth Factors</b>                                 |        |                                                                  |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG                        | Tier 3 | PA; SP                                                           |
| DOPTLET ORAL TABLET 20 MG                                           | Tier 2 | PA; SP                                                           |
| DOPTLET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG                        | Tier 2 | PA; SP                                                           |
| <i>eltrombopag olamine oral packet 12.5 mg, 25 mg</i>               | Tier 1 | PA; SP                                                           |
| <i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | PA; SP                                                           |

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| Drug                                                                                                                                              | Status | Notes  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>eltrombopag olamine tablet 25 mg oral</i>                                                                                                      | Tier 3 | SP     |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML | Tier 3 | PA; SP |
| MULPLETA ORAL TABLET 3 MG                                                                                                                         | Tier 3 | PA; SP |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML                                                                                             | Tier 2 | PA; SP |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML                                                                        | Tier 2 | PA; SP |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML                                 | Tier 2 | PA; SP |
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML                                                                                 | Tier 3 | PA; SP |
| VAFSEO ORAL TABLET 150 MG, 300 MG                                                                                                                 | Tier 3 | PA     |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML                                                                                      | Tier 2 | PA; SP |
| <b>Hematopoietic Mixtures</b>                                                                                                                     |        |        |
| <i>cholecal df oral tablet 1-3800 mg-unit</i>                                                                                                     | Tier 3 |        |
| CIFEREX ORAL CAPSULE 1-3775 MG-UNIT                                                                                                               | Tier 3 |        |
| DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG                                                                                                      | Tier 3 |        |
| <i>folic d3 oral capsule 1-3775 mg-unit</i>                                                                                                       | Tier 3 |        |
| FOLI-D ORAL TABLET 1-2000 MG-UNIT                                                                                                                 | Tier 3 |        |
| <i>folite oral tablet</i>                                                                                                                         | Tier 3 |        |
| FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT                                                                                                             | Tier 3 |        |
| FOLIXATE ORAL TABLET 1-125 MG-MCG                                                                                                                 | Tier 3 |        |
| FOLTREXYL ORAL TABLET 1-5000 MG-UNIT                                                                                                              | Tier 3 |        |
| FOLVITE-D ORAL TABLET 1-3775 MG-UNIT                                                                                                              | Tier 3 |        |
| <i>hematinic/folic acid oral tablet 324-1 mg</i>                                                                                                  | Tier 3 |        |
| <i>ortho df oral capsule 1-3775 mg-unit</i>                                                                                                       | Tier 3 |        |
| <i>ortho-folic oral capsule 1-3760 mg-unit</i>                                                                                                    | Tier 3 |        |
| <i>ostachol oral tablet 1-3800 mg-unit</i>                                                                                                        | Tier 3 |        |
| <b>Stem Cell Mobilizers</b>                                                                                                                       |        |        |
| XOLREMDI ORAL CAPSULE 100 MG                                                                                                                      | Tier 3 | PA; SP |

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| Drug                                                                                                 | Status | Notes |
|------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Hemostatics</b>                                                                                   |        |       |
| <b>Hemostatics - Systemic</b>                                                                        |        |       |
| <i>aminocaproic acid oral solution 0.25 gm/ml</i>                                                    | Tier 1 |       |
| <i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>                                                 | Tier 1 |       |
| <i>tranexamic acid oral tablet 650 mg</i>                                                            | Tier 1 |       |
| <b>Hemostatics - Topical</b>                                                                         |        |       |
| ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML                                                                | Tier 3 |       |
| ASTRINGYN EXTERNAL SOLUTION 259 MG/GM                                                                | Tier 3 |       |
| GEL-FLOW EXTERNAL KIT                                                                                | Tier 3 |       |
| GELFOAM-JMI POWDER EXTERNAL KIT                                                                      | Tier 3 |       |
| GELFOAM-JMI SPONGE EXTERNAL KIT                                                                      | Tier 3 |       |
| <i>monsels ferric subsulfate external paste</i>                                                      | Tier 3 |       |
| <i>monsels ferric subsulfate external solution</i>                                                   | Tier 3 |       |
| RECOTHROM EXTERNAL SOLUTION<br>RECONSTITUTED 20000 UNIT, 5000 UNIT                                   | Tier 3 |       |
| RECOTHROM SPRAY KIT EXTERNAL SOLUTION<br>RECONSTITUTED 20000 UNIT                                    | Tier 3 |       |
| THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000<br>UNIT                                                     | Tier 3 |       |
| THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000<br>UNIT                                                   | Tier 3 |       |
| THROMBIN-JMI EXTERNAL SOLUTION<br>RECONSTITUTED 20000 UNIT, 5000 UNIT                                | Tier 3 |       |
| THROMBOGEN EXTERNAL KIT 10000 UNIT                                                                   | Tier 3 |       |
| THROMBOGEN EXTERNAL SOLUTION<br>RECONSTITUTED 1000 UNIT, 10000 UNIT                                  | Tier 3 |       |
| TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML                                                               | Tier 3 |       |
| TISSEEL EXTERNAL SOLUTION                                                                            | Tier 3 |       |
| VISTASEAL EXTERNAL PREFILLED SYRINGE KIT<br>10 ML, 2 ML, 4 ML                                        | Tier 3 |       |
| <b>Hypnotics/Sedatives/Sleep Disorder Agents</b>                                                     |        |       |
| <b>Barbiturate Hypnotics</b>                                                                         |        |       |
| <i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60<br/>mg/15ml</i>                              | Tier 1 |       |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30<br/>mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Tier 1 |       |

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| Drug                                                                      | Status | Notes                                                                                                                             |
|---------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Hypnotics - Tricyclic Agents</b>                                       |        |                                                                                                                                   |
| <i>doxepin hcl oral tablet 3 mg, 6 mg</i>                                 | Tier 1 | ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE IN THE PAST 120 DAYS; QL (1 EA per 1 day) |
| <b>Non-Barbiturate Hypnotics</b>                                          |        |                                                                                                                                   |
| <i>estazolam oral tablet 1 mg, 2 mg</i>                                   | Tier 1 |                                                                                                                                   |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>                           | Tier 1 | QL (1 EA per 1 day)                                                                                                               |
| <i>flurazepam hcl oral capsule 15 mg, 30 mg</i>                           | Tier 1 |                                                                                                                                   |
| <i>midazolam hcl (pf) injection solution 10 mg/2ml, 5 mg/ml</i>           | Tier 1 |                                                                                                                                   |
| <i>midazolam hcl injection solution 10 mg/2ml, 5 mg/ml</i>                | Tier 1 |                                                                                                                                   |
| <i>midazolam hcl oral syrup 2 mg/ml</i>                                   | Tier 1 |                                                                                                                                   |
| MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML                             | Tier 3 |                                                                                                                                   |
| <i>quazepam oral tablet 15 mg</i>                                         | Tier 1 | ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ESZOPICLONE, FLURAZEPAM, TEMAZEPAM, ZALEPLON, OR ZOLPIDEM IN THE PAST 120 DAYS     |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>               | Tier 1 |                                                                                                                                   |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i>                            | Tier 1 |                                                                                                                                   |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                                  | Tier 1 | QL (1 EA per 1 day)                                                                                                               |
| <i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i> | Tier 1 | QL (1 EA per 1 day)                                                                                                               |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>                          | Tier 1 | QL (1 EA per 1 day)                                                                                                               |
| <i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>     | Tier 1 | QL (1 EA per 1 day)                                                                                                               |
| <b>Orexin Receptor Antagonists</b>                                        |        |                                                                                                                                   |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                            | Tier 2 | ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)                                |
| DAYVIGO ORAL TABLET 10 MG, 5 MG                                           | Tier 2 | ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)                                |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG                                          | Tier 3 | ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)                                |

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| Drug                                                                     | Status | Notes                                                                                                            |
|--------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------|
| <b>Selective Melatonin Receptor Agonists</b>                             |        |                                                                                                                  |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML                                       | Tier 3 | PA; SP                                                                                                           |
| <i>ramelteon oral tablet 8 mg</i>                                        | Tier 1 | ST: TRIAL OF ZOLPIDEM IR, ZALEPLON, OR ESZOPICLONE IN THE PAST 120 DAYS                                          |
| <i>tasimelteon oral capsule 20 mg</i>                                    | Tier 1 | PA; SP                                                                                                           |
| <b>Laxatives</b>                                                         |        |                                                                                                                  |
| <b>Laxative Combinations</b>                                             |        |                                                                                                                  |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML                         | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)   |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM                            | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM                            | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM           | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| <i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i> | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)   |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>    | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>          | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| <i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i> | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)       |
| <i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>   | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)       |
| PEG-PREP ORAL KIT 5-210 MG-GM                                            | \$0    | \$0 COPAY IF FILL OF 2 IN 365 DAYS AND 45-75 YEARS OF AGE                                                        |

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| Drug                                                                        | Status | Notes                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PLENVU ORAL SOLUTION RECONSTITUTED 140 GM                                   | \$0    | ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; \$0 COPAY IF QUANTITY IS LIMITED TO 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL) |
| SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM                                | \$0    | ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; \$0 COPAY IF QUANTITY IS LIMITED TO 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL) |
| SUTAB ORAL TABLET 1479-225-188 MG                                           | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)                                                                                                                         |
| <b>Laxatives - Miscellaneous</b>                                            |        |                                                                                                                                                                                                                                      |
| <i>constulose oral solution 10 gm/15ml</i>                                  | Tier 1 |                                                                                                                                                                                                                                      |
| <i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>                       | Tier 1 |                                                                                                                                                                                                                                      |
| <b>Lubricant Laxatives</b>                                                  |        |                                                                                                                                                                                                                                      |
| <i>mineral oil heavy oral oil</i>                                           | Tier 1 |                                                                                                                                                                                                                                      |
| <b>Local Anesthetics-Parenteral</b>                                         |        |                                                                                                                                                                                                                                      |
| <b>Local Anesthetic Combinations</b>                                        |        |                                                                                                                                                                                                                                      |
| <i>lets kit</i>                                                             | Tier 3 |                                                                                                                                                                                                                                      |
| MARVONA SUIK COMBINATION KIT 0.5 %                                          | Tier 3 |                                                                                                                                                                                                                                      |
| <b>Local Anesthetics - Amides</b>                                           |        |                                                                                                                                                                                                                                      |
| <i>bupivacaine hcl injection solution prefilled syringe 0.125 % (50 ml)</i> | Tier 1 |                                                                                                                                                                                                                                      |
| XARACOLL IMPLANT IMPLANT 3 X 100 MG                                         | Tier 3 |                                                                                                                                                                                                                                      |
| <b>Macrolides</b>                                                           |        |                                                                                                                                                                                                                                      |
| <b>Azithromycin</b>                                                         |        |                                                                                                                                                                                                                                      |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>    | Tier 1 |                                                                                                                                                                                                                                      |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>                      | Tier 1 |                                                                                                                                                                                                                                      |
| ZITHROMAX ORAL PACKET 1 GM                                                  | Tier 3 |                                                                                                                                                                                                                                      |

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| Drug                                                                                    | Status | Notes                |
|-----------------------------------------------------------------------------------------|--------|----------------------|
| <b>Clarithromycin</b>                                                                   |        |                      |
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>                    | Tier 1 |                      |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>              | Tier 1 |                      |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                        | Tier 1 |                      |
| <b>Erythromycins</b>                                                                    |        |                      |
| E.E.S. 400 ORAL TABLET 400 MG                                                           | Tier 3 |                      |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i>                  | Tier 1 |                      |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i>                                     | Tier 1 |                      |
| <i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>             | Tier 1 |                      |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i> | Tier 1 |                      |
| <i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>                  | Tier 1 |                      |
| <b>Fidaxomicin</b>                                                                      |        |                      |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML                                          | Tier 2 | QL (10 ML per 1 day) |
| DIFICID ORAL TABLET 200 MG                                                              | Tier 1 | QL (2 EA per 1 day)  |
| <i>fidaxomicin oral tablet 200 mg</i>                                                   | Tier 1 | QL (2 EA per 1 day)  |
| <b>Medical Devices And Supplies</b>                                                     |        |                      |
| <b>Bandages-Dressings-Tape</b>                                                          |        |                      |
| AMD FOAM DRESSING PAD 3-1/2"X3" , 4"X4" , 6"X6"                                         | Tier 3 |                      |
| AMD FOAM DRESSING TOPSHEET PAD 4"X4"                                                    | Tier 3 |                      |
| CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"                                                | Tier 3 |                      |
| CURITY AMD ANTIMICROBIAL STRIP                                                          | Tier 3 |                      |
| CURITY IODOFORM PACKING STRIP                                                           | Tier 3 |                      |
| CURITY WOUND CLOSURE 1/2"X4"                                                            | Tier 3 |                      |
| CURITY WOUND CLOSURE 1/4"X1.5"                                                          | Tier 3 |                      |
| CURITY WOUND CLOSURE 1/4"X3"                                                            | Tier 3 |                      |
| CURITY WOUND CLOSURE 1/4"X4"                                                            | Tier 3 |                      |
| CURITY WOUND CLOSURE 1/8"X3"                                                            | Tier 3 |                      |
| EXCILON AMD DRAIN SPONGES PAD 4"X4"                                                     | Tier 3 |                      |
| KERLIX AMD ANTIMICROBIAL                                                                | Tier 3 |                      |

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| Drug                                        | Status | Notes                                                            |
|---------------------------------------------|--------|------------------------------------------------------------------|
| KERLIX AMD SUPER SPONGES PAD 6"X6-3/4"      | Tier 3 |                                                                  |
| TELFA AMD ISLAND DRESSING PAD 4"X5" , 4"X8" | Tier 3 |                                                                  |
| TELFA AMD NON-ADHERENT PAD 3"X8"            | Tier 3 |                                                                  |
| <b>Contraceptives</b>                       |        |                                                                  |
| <i>aimsco lubricated</i>                    | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 61                         |
| CAYA VAGINAL DIAPHRAGM                      | \$0    |                                                                  |
| <i>condoms</i>                              | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 61                         |
| DUREX EXTRA SENSITIVE THIN                  | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                         |
| DUREX EXTRA SENSITIVE THIN DEVICE           | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                         |
| DUREX REALFEEL DEVICE                       | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                         |
| DUREX TROPICAL                              | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                         |
| FANTASY LUBRICATED                          | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                         |
| FANTASY LUBRICATED/SPERMICIDE               | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                         |
| FC2 FEMALE CONDOM                           | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND QUANTITY DOES NOT EXCEED 61 |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM   | \$0    |                                                                  |
| KAMELEON LUBRICATED                         | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                         |
| <i>kimono</i>                               | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                         |
| KIMONO COLORS DEVICE                        | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                         |
| KIMONO MAXX-LARGE FLARE                     | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                         |
| <i>kimono micro thin</i>                    | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                         |
| <i>kimono micro thin plus</i>               | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                         |

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| Drug                                  | Status | Notes                                    |
|---------------------------------------|--------|------------------------------------------|
| <i>kimono plus</i>                    | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| <i>kimono ps</i>                      | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| <i>kimono ps plus</i>                 | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| <i>kimono sensation</i>               | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| <i>kimono sensation plus</i>          | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO SPECIAL DEVICE                 | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| <i>maxx</i>                           | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| <i>maxx plus</i>                      | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM  | \$0    |                                          |
| REALITY LATEX CONDOMS                 | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 61 |
| REALITY LATEX/ULTRA TEXTURED DEVICE   | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| REALITY LATEX/ULTRA THIN DEVICE       | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TROJAN BARESKIN DEVICE                | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TROJAN ENZ                            | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TROJAN MAGNUM                         | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TROJAN ULTRA RIBBED LUBRICATED DEVICE | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TROJAN ULTRA THIN                     | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TROJAN ULTRA THIN/SPERMICIDAL         | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TROJAN-ENZ LUBRICATED                 | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |

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| Drug                                         | Status | Notes                                    |
|----------------------------------------------|--------|------------------------------------------|
| TROJAN-ENZ/SPERMICIDAL                       | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| <i>true cover device</i>                     | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 61 |
| TRUSTEX COLOR CONDOMS + LUBE                 | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX LUB/RIBBED/STUDDED                   | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX LUB/SPERMICIDE EX ST                 | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX LUB/SPERMICIDE XL                    | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX LUBRICATED                           | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX LUBRICATED EX LARGE                  | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX LUBRICATED EXTRA ST                  | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX LUBRICATED/SPERMICIDE                | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX NATURAL CONDOMS + LUBE               | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX NON-LUBRICATED                       | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX RIA LUB/SPERMICIDE                   | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX RIA LUBRICATED                       | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX RIA NON-LUBRICATED                   | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX-NONOXYNOL-9/RIB/STUD                 | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % | \$0    |                                          |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % | \$0    |                                          |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % | \$0    |                                          |

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| Drug                                         | Status | Notes |
|----------------------------------------------|--------|-------|
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % | \$0    |       |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % | \$0    |       |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % | \$0    |       |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % | \$0    |       |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % | \$0    |       |
| <b>Diabetic Supplies</b>                     |        |       |
| ACCU-CHEK FASTCLIX LANCETS                   | Tier 2 |       |
| ACCU-CHEK SAFE-T PRO LANCETS                 | Tier 2 |       |
| ACCU-CHEK SOFTCLIX LANCETS                   | Tier 2 |       |
| <i>acti-lance 28g</i>                        | Tier 2 |       |
| <i>acti-lance lite lancets 28g</i>           | Tier 2 |       |
| <i>acti-lance special lancets 17g</i>        | Tier 2 |       |
| <i>acti-lance universal 23g</i>              | Tier 2 |       |
| <i>advanced mobile lancet</i>                | Tier 2 |       |
| ADVOCATE LANCETS                             | Tier 2 |       |
| ADVOCATE LANCETS 30G                         | Tier 2 |       |
| ADVOCATE SAFETY LANCETS                      | Tier 2 |       |
| ADVOCATE SAFETY LANCETS 21G                  | Tier 2 |       |
| ADVOCATE SAFETY LANCETS 23G                  | Tier 2 |       |
| ADVOCATE SAFETY LANCETS 26G                  | Tier 2 |       |
| ADVOCATE SAFETY LANCETS 28G                  | Tier 2 |       |
| AGAMATRIX ULTRA-THIN LANCETS                 | Tier 2 |       |
| <i>aimsko twist lancets 32g</i>              | Tier 2 |       |
| AIMSCO TWIST LANCETS 33G                     | Tier 2 |       |
| AQUALANCE LANCETS 30G                        | Tier 2 |       |
| <i>assure comfort lancets 28g</i>            | Tier 2 |       |
| ASSURE LANCE LANCETS                         | Tier 2 |       |
| ASSURE LANCE LANCETS 21G                     | Tier 2 |       |
| ASSURE LANCE PLUS SAFETY 25G                 | Tier 2 |       |
| ASSURE LANCE PLUS SAFETY 30G                 | Tier 2 |       |
| ASSURE LANCE SAFETY LANCET 28G               | Tier 2 |       |

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| Drug                                | Status | Notes                                                                           |
|-------------------------------------|--------|---------------------------------------------------------------------------------|
| <i>aurora lancet super thin 30g</i> | Tier 2 |                                                                                 |
| <i>aurora lancet thin 23g</i>       | Tier 2 |                                                                                 |
| BD MICROTAINER LANCETS              | Tier 2 |                                                                                 |
| CAREONE LANCET SUPER THIN 30G       | Tier 2 |                                                                                 |
| <i>careone lancet thin 23g</i>      | Tier 2 |                                                                                 |
| CARESENS LANCETS                    | Tier 2 |                                                                                 |
| CARESENS LANCETS 30G                | Tier 2 |                                                                                 |
| CARETOUCH SAFETY LANCETS            | Tier 2 |                                                                                 |
| CARETOUCH SAFETY LANCETS 26G        | Tier 2 |                                                                                 |
| CARETOUCH TWIST LANCETS 28G         | Tier 2 |                                                                                 |
| CARETOUCH TWIST LANCETS 30G         | Tier 2 |                                                                                 |
| CARETOUCH TWIST LANCETS 33G         | Tier 2 |                                                                                 |
| CARETOUCH TWIST MC LANCETS 30G      | Tier 2 |                                                                                 |
| CHOSEN LANCETS 30G                  | Tier 2 |                                                                                 |
| CHOSEN SAFETY LANCETS 28G           | Tier 2 |                                                                                 |
| CLEANLET LANCETS 28G                | Tier 2 |                                                                                 |
| CLEVER CHEK LANCETS                 | Tier 2 |                                                                                 |
| CLEVER CHOICE COMFORT EZ            | Tier 2 |                                                                                 |
| CLEVER CHOICE LANCETS 21G           | Tier 2 |                                                                                 |
| CLEVER CHOICE LANCETS 23G           | Tier 2 |                                                                                 |
| CLEVER CHOICE LANCETS 28G           | Tier 2 |                                                                                 |
| COAGUCHEK LANCETS                   | Tier 2 |                                                                                 |
| <i>comfort assured lancets 28g</i>  | Tier 2 |                                                                                 |
| <i>comfort assured lancets 33g</i>  | Tier 2 |                                                                                 |
| COMFORT TOUCH LANCETS 31G           | Tier 2 |                                                                                 |
| COMFORT TOUCH PLUS LANCETS 28G      | Tier 2 |                                                                                 |
| COMFORT TOUCH PLUS LANCETS 30G      | Tier 2 |                                                                                 |
| COMFORT TOUCH TWIST LANCET 30G      | Tier 2 |                                                                                 |
| <i>cvs lancets original</i>         | Tier 2 |                                                                                 |
| <i>cvs lancets thin 26g</i>         | Tier 2 |                                                                                 |
| <i>cvs ultra thin lancets</i>       | Tier 2 |                                                                                 |
| DEXCOM G6 RECEIVER DEVICE           | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |

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| Drug                                     | Status | Notes                                                                           |
|------------------------------------------|--------|---------------------------------------------------------------------------------|
| DEXCOM G6 SENSOR                         | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 10 days)  |
| DEXCOM G6 TRANSMITTER                    | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)  |
| DEXCOM G7 15 DAY SENSOR                  | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 10 days)  |
| DEXCOM G7 RECEIVER DEVICE                | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| DEXCOM G7 SENSOR                         | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 10 days)  |
| <i>diabetes monitor digit add-on kit</i> | Tier 3 |                                                                                 |
| <i>diabetes monitor digit soln kit</i>   | Tier 3 |                                                                                 |
| DIATHRIVE LANCET ULTRA THIN 30           | Tier 2 |                                                                                 |
| DIATHRIVE LANCETS                        | Tier 2 |                                                                                 |
| DROPLET LANCETS ULTRA THIN 30G           | Tier 2 |                                                                                 |
| DROPLET PERSONAL LANCETS 30G             | Tier 2 |                                                                                 |
| DROPSAFE ACTI-LANCE 23G                  | Tier 2 |                                                                                 |
| DRUG MART ON-THE-GO LANCET 30G           | Tier 2 |                                                                                 |
| DRUG MART UNILET LANCETS 28G             | Tier 2 |                                                                                 |
| DRUG MART UNILET LANCETS 30G             | Tier 2 |                                                                                 |
| DRUG MART UNILET LANCETS 33G             | Tier 2 |                                                                                 |
| <i>easy comfort lancets</i>              | Tier 2 |                                                                                 |
| <i>easy comfort lancets twist top</i>    | Tier 2 |                                                                                 |
| EASY TOUCH LANCETS 21G                   | Tier 2 |                                                                                 |
| EASY TOUCH LANCETS 23G                   | Tier 2 |                                                                                 |
| EASY TOUCH LANCETS 26G                   | Tier 2 |                                                                                 |
| EASY TOUCH LANCETS 28G                   | Tier 2 |                                                                                 |
| EASY TOUCH LANCETS 28G/TWIST             | Tier 2 |                                                                                 |
| EASY TOUCH LANCETS 30G                   | Tier 2 |                                                                                 |
| EASY TOUCH LANCETS 30G/TWIST             | Tier 2 |                                                                                 |
| EASY TOUCH LANCETS 32G                   | Tier 2 |                                                                                 |
| EASY TOUCH LANCETS 32G/TWIST             | Tier 2 |                                                                                 |

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| Drug                                 | Status | Notes                                                                           |
|--------------------------------------|--------|---------------------------------------------------------------------------------|
| EASY TOUCH LANCETS 33G/TWIST         | Tier 2 |                                                                                 |
| EASY TOUCH SAFETY LANCETS 21G        | Tier 2 |                                                                                 |
| EASY TOUCH SAFETY LANCETS 23G        | Tier 2 |                                                                                 |
| EASY TOUCH SAFETY LANCETS 26G        | Tier 2 |                                                                                 |
| EASY TOUCH SAFETY LANCETS 28G        | Tier 2 |                                                                                 |
| EMBRACE LANCETS ULTRA THIN 30G       | Tier 2 |                                                                                 |
| EMBRACE PRESSURE ACTIVATED 21G       | Tier 2 |                                                                                 |
| EMBRACE PRESSURE ACTIVATED 28G       | Tier 2 |                                                                                 |
| ENLITE GLUCOSE SENSOR                | Tier 3 |                                                                                 |
| EVERSENSE 365 SENSOR/HOLDER          | Tier 3 | PA                                                                              |
| EVERSENSE 365 SMART TRANSMIT         | Tier 3 | PA                                                                              |
| EVERSENSE SENSOR/HOLDER              | Tier 3 | PA                                                                              |
| EVERSENSE SMART TRANSMITTER          | Tier 3 | PA                                                                              |
| EZ-LETS LANCETS 21G                  | Tier 2 |                                                                                 |
| EZ-LETS LANCETS 26G                  | Tier 2 |                                                                                 |
| EZ-LETS LANCETS 28G                  | Tier 2 |                                                                                 |
| EZ-LETS LANCETS 30G                  | Tier 2 |                                                                                 |
| FIFTY50 SAFETY SEAL LANCETS          | Tier 2 |                                                                                 |
| FIFTY50 UNILET LANCETS 33G           | Tier 2 |                                                                                 |
| FINGERSTIX LANCETS                   | Tier 2 |                                                                                 |
| <i>fondcircle single use lancets</i> | Tier 2 |                                                                                 |
| FORA LANCETS                         | Tier 2 |                                                                                 |
| FREESTYLE LANCETS                    | Tier 2 |                                                                                 |
| FREESTYLE LIBRE 14 DAY READER DEVICE | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 14 DAY SENSOR        | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)  |
| FREESTYLE LIBRE 2 PLUS SENSOR        | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)  |
| FREESTYLE LIBRE 2 READER DEVICE      | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |

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| Drug                                  | Status | Notes                                                                           |
|---------------------------------------|--------|---------------------------------------------------------------------------------|
| FREESTYLE LIBRE 2 SENSOR              | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)  |
| FREESTYLE LIBRE 3 PLUS SENSOR         | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)  |
| FREESTYLE LIBRE 3 READER DEVICE       | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 3 SENSOR              | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)  |
| FREESTYLE LIBRE READER DEVICE         | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| FREESTYLE UNISTICK II LANCETS         | Tier 2 |                                                                                 |
| GENTEEL BUTTERFLY TOUCH LANCET        | Tier 2 |                                                                                 |
| <i>global inject ease lancets 28g</i> | Tier 2 |                                                                                 |
| <i>global inject ease lancets 30g</i> | Tier 2 |                                                                                 |
| GLUCOCOM LANCETS 28G                  | Tier 2 |                                                                                 |
| GLUCOCOM LANCETS 30G                  | Tier 2 |                                                                                 |
| GLUCOCOM LANCETS 33G                  | Tier 2 |                                                                                 |
| <i>gnp sterile lancets 28g</i>        | Tier 2 |                                                                                 |
| <i>gnp sterile lancets 30g</i>        | Tier 2 |                                                                                 |
| <i>gnp sterile lancets 33g</i>        | Tier 2 |                                                                                 |
| GOJJI STERILE LANCETS                 | Tier 2 |                                                                                 |
| GUARDIAN 4 GLUCOSE SENSOR             | Tier 3 | PA                                                                              |
| GUARDIAN 4 TRANSMITTER                | Tier 3 | PA                                                                              |
| GUARDIAN LINK 3 TRANSMITTER           | Tier 3 | PA                                                                              |
| GUARDIAN SENSOR (3)                   | Tier 3 | PA                                                                              |
| <i>guardian sensor 3</i>              | Tier 3 | PA                                                                              |
| HAEMOLANCE                            | Tier 2 |                                                                                 |
| HAEMOLANCE LOW FLOW LANCETS           | Tier 2 |                                                                                 |
| HAEMOLANCE PLUS                       | Tier 2 |                                                                                 |
| HAEMOLANCE PLUS HIGH FLOW             | Tier 2 |                                                                                 |
| HAEMOLANCE PLUS LOW FLOW              | Tier 2 |                                                                                 |
| HAEMOLANCE PLUS MAX FLOW              | Tier 2 |                                                                                 |

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| Drug                                  | Status | Notes |
|---------------------------------------|--------|-------|
| HAEMOLANCE PLUS PEDIATRIC FLOW        | Tier 2 |       |
| <i>h-e-b incontrol lancets 28g</i>    | Tier 2 |       |
| <i>h-e-b incontrol lancets 30g</i>    | Tier 2 |       |
| <i>h-e-b incontrol lancets 33g</i>    | Tier 2 |       |
| HY-VEE LANCETS                        | Tier 2 |       |
| <i>hy-vee thin lancets</i>            | Tier 2 |       |
| <i>ilet insulin pump device</i>       | Tier 3 | PA    |
| IN TOUCH STERILE LANCETS 30G          | Tier 2 |       |
| <i>kinney lancets</i>                 | Tier 2 |       |
| <i>kinney thin lancets</i>            | Tier 2 |       |
| KROGER HEALTHPRO LANCET 26G           | Tier 2 |       |
| <i>kroger lancets</i>                 | Tier 2 |       |
| <i>kroger lancets super thin</i>      | Tier 2 |       |
| <i>kroger lancets thin</i>            | Tier 2 |       |
| <i>lancets</i>                        | Tier 2 |       |
| <i>lancets 28g thin</i>               | Tier 2 |       |
| <i>lancets 30g</i>                    | Tier 2 |       |
| <i>lancets 33g</i>                    | Tier 2 |       |
| <i>lancets micro thin 33g</i>         | Tier 2 |       |
| LANCETS SUPER THIN                    | Tier 2 |       |
| <i>lancets super thin 28g</i>         | Tier 2 |       |
| <i>lancets thin</i>                   | Tier 2 |       |
| LANCETS ULTRA THIN                    | Tier 2 |       |
| <i>lancets ultra thin 30g</i>         | Tier 2 |       |
| LIBERTY MEDICAL LANCETS               | Tier 2 |       |
| <i>lite touch lancets</i>             | Tier 2 |       |
| LITETOUCH LANCETS                     | Tier 2 |       |
| <i>live better lancet super thin</i>  | Tier 2 |       |
| <i>medichoice safety lancet</i>       | Tier 2 |       |
| <i>medichoice safety lancet extra</i> | Tier 2 |       |
| <i>medichoice safety lancet norm</i>  | Tier 2 |       |
| MEDLANCE PLUS EXTRA 21G               | Tier 2 |       |
| MEDLANCE PLUS LITE 25G                | Tier 2 |       |
| MEDLANCE PLUS SPECIAL 0.8MM           | Tier 2 |       |
| MEDLANCE PLUS SUPERLITE 30G           | Tier 2 |       |
| MEDLANCE PLUS UNIVERSAL 21G           | Tier 2 |       |

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| Drug                               | Status | Notes                  |
|------------------------------------|--------|------------------------|
| MEDTRONIC MINIMED 780G KIT         | Tier 3 | PA                     |
| MEIJER LANCETS                     | Tier 2 |                        |
| MEIJER LANCETS UNIVERSAL 21G       | Tier 2 |                        |
| MEIJER LANCETS UNIVERSAL 30G       | Tier 2 |                        |
| MEIJER LANCETS UNIVERSAL 33G       | Tier 2 |                        |
| MICROLET LANCETS                   | Tier 2 |                        |
| MINIMED 630G GUARDIAN PRESS        | Tier 3 | PA                     |
| MINIMED 630G INSULIN PUMP KIT      | Tier 3 | PA                     |
| MINIMED 770G INSULIN PUMP SYS KIT  | Tier 3 | PA                     |
| MINIMED 780G INSULIN PUMP KIT      | Tier 3 | PA                     |
| MM TWIST LANCETS                   | Tier 2 |                        |
| <i>mobile lancets 30g</i>          | Tier 2 |                        |
| MONOLET LANCETS                    | Tier 2 |                        |
| MONOLET OPD LANCETS                | Tier 2 |                        |
| MONOLETTOR SAFETY LANCETS          | Tier 2 |                        |
| MYGLUCOHEALTH LANCETS 30G          | Tier 2 |                        |
| NOVA SAFETY LANCETS 23G            | Tier 2 |                        |
| NOVA SAFETY LANCETS 28G            | Tier 2 |                        |
| NOVA SUREFLEX LANCETS              | Tier 2 |                        |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT  | Tier 2 | QL (1 EA per 365 days) |
| OMNIPOD 5 DEXG7G6 PODS GEN 5       | Tier 2 |                        |
| OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT | Tier 2 | QL (1 EA per 365 days) |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS      | Tier 2 |                        |
| OMNIPOD DASH INTRO (GEN 4) KIT     | Tier 2 | QL (1 EA per 365 days) |
| OMNIPOD DASH PDM (GEN 4) KIT       | Tier 2 | QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4)          | Tier 2 |                        |
| ONETOUCH DELICA PLUS LANCET30G     | Tier 2 |                        |
| ONETOUCH DELICA PLUS LANCET33G     | Tier 2 |                        |
| ONETOUCH DELICA SAFETY LANCING     | Tier 3 |                        |
| ONETOUCH ULTRASOFT 2 LANCETS       | Tier 2 |                        |
| PERFECT LANCETS 28G                | Tier 2 |                        |
| PERFECT LANCETS 30G                | Tier 2 |                        |
| PERFECT POINT SAFETY LANCETS       | Tier 2 |                        |
| PHARMACIST CHOICE LANCETS          | Tier 2 |                        |
| <i>pip lancets 28g</i>             | Tier 2 |                        |
| <i>pip lancets 30g</i>             | Tier 2 |                        |

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| Drug                                  | Status | Notes |
|---------------------------------------|--------|-------|
| <i>pro comfort lancets 30g</i>        | Tier 2 |       |
| <i>pro comfort lancets 31g</i>        | Tier 2 |       |
| <i>pro comfort safety lancets 30g</i> | Tier 2 |       |
| PRODIGY LANCETS 28G                   | Tier 2 |       |
| PRODIGY SAFETY LANCETS 26G            | Tier 2 |       |
| PRODIGY TWIST TOP LANCETS 28G         | Tier 2 |       |
| <i>pure comfort lancets 30g</i>       | Tier 2 |       |
| <i>px lancets microthin 33g</i>       | Tier 2 |       |
| <i>px lancets ultra thin 28g</i>      | Tier 2 |       |
| <i>qc lancets super thin 30g</i>      | Tier 2 |       |
| <i>qc lancets ultra thin</i>          | Tier 2 |       |
| <i>qc unilet lancets 28g</i>          | Tier 2 |       |
| <i>qc unilet lancets micro thin</i>   | Tier 2 |       |
| READYLANCE SAFETY LANCETS             | Tier 2 |       |
| <i>reality lancets</i>                | Tier 2 |       |
| <i>reality trigger lancets</i>        | Tier 2 |       |
| RELION LANCET DEVICES 30G             | Tier 3 |       |
| RELION LANCETS                        | Tier 3 |       |
| RELION LANCETS MICRO-THIN 33G         | Tier 2 |       |
| RELION LANCETS THIN 26G               | Tier 2 |       |
| RELION LANCETS ULTRA-THIN 30G         | Tier 2 |       |
| RELION ULTRA THIN LANCETS 30G         | Tier 2 |       |
| RIGHTTEST GL300 LANCETS               | Tier 2 |       |
| <i>safety lancet 30g/pressure act</i> | Tier 2 |       |
| SAFETY LANCETS                        | Tier 2 |       |
| SAFETY LANCETS 21G                    | Tier 2 |       |
| SAFETY LANCETS 23G                    | Tier 2 |       |
| <i>safety lancets 28g</i>             | Tier 2 |       |
| <i>saps health plus lancets</i>       | Tier 2 |       |
| <i>saps health twist top lancets</i>  | Tier 2 |       |
| <i>saps twist top lancets</i>         | Tier 2 |       |
| <i>sapscare twist top lancets</i>     | Tier 2 |       |
| <i>sb lancets thin</i>                | Tier 2 |       |
| <i>sb lancets ultra thin</i>          | Tier 2 |       |
| SIMPLERA SENSOR                       | Tier 3 | PA    |
| SIMPLERA SYNC SENSOR                  | Tier 3 | PA    |

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| Drug                                  | Status | Notes                  |
|---------------------------------------|--------|------------------------|
| SIMPLERA SYSTEM                       | Tier 3 | PA                     |
| SINGLE-LET                            | Tier 2 |                        |
| SMARTTEST LANCETS 28G                 | Tier 2 |                        |
| SOLUS V2 LANCETS 28G                  | Tier 2 |                        |
| SOLUS V2 TWIST LANCETS 30G            | Tier 2 |                        |
| STERILANCE TL                         | Tier 2 |                        |
| <i>super thin lancets</i>             | Tier 2 |                        |
| <i>sure comfort lancets 18g</i>       | Tier 2 |                        |
| <i>sure comfort lancets 21g</i>       | Tier 2 |                        |
| <i>sure comfort lancets 23g</i>       | Tier 2 |                        |
| <i>sure comfort lancets 28g</i>       | Tier 2 |                        |
| <i>sure comfort lancets 30g</i>       | Tier 2 |                        |
| SURELITE LANCETS                      | Tier 2 |                        |
| T:SLIM X2 BASAL-IQ PUMP DEVICE        | Tier 3 | PA                     |
| T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE  | Tier 3 | PA                     |
| T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE  | Tier 3 | PA                     |
| T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE | Tier 3 | PA                     |
| T:SLIM X2 INSULIN PUMP DEVICE         | Tier 3 | PA                     |
| TANDEM MOBI SYSTEM STARTER KIT        | Tier 3 | PA                     |
| TECHLITE AST LANCETS                  | Tier 2 |                        |
| TECHLITE LANCETS                      | Tier 2 |                        |
| TECHLITE LANCETS 26G                  | Tier 2 |                        |
| <i>todays health thin lancets 28g</i> | Tier 2 |                        |
| <i>todays health thin lancets 30g</i> | Tier 2 |                        |
| TRAVEL LANCETS ADVANCED 28G           | Tier 2 |                        |
| <i>true comfort safety lancets</i>    | Tier 2 |                        |
| <i>true comfort twist top lancets</i> | Tier 2 |                        |
| TRUEPLUS LANCETS 26G                  | Tier 2 |                        |
| TRUEPLUS LANCETS 28G                  | Tier 2 |                        |
| TRUEPLUS LANCETS 30G                  | Tier 2 |                        |
| TRUEPLUS LANCETS 33G                  | Tier 2 |                        |
| TRUEPLUS SAFETY LANCETS 28G           | Tier 2 |                        |
| TWIST REFILL KIT KIT                  | Tier 2 |                        |
| TWIST REFILL KIT/INFUSION SET KIT     | Tier 2 |                        |
| TWIST STARTER KIT KIT                 | Tier 2 | QL (1 EA per 365 days) |
| <i>twist top lancets 30g</i>          | Tier 2 |                        |

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| Drug                          | Status | Notes |
|-------------------------------|--------|-------|
| ULTILET CLASSIC LANCETS       | Tier 2 |       |
| ULTILET LANCETS               | Tier 2 |       |
| ULTILET SAFETY LANCETS        | Tier 2 |       |
| ULTILET SAFETY LANCETS 23G    | Tier 2 |       |
| <i>ultra thin lancets 31g</i> | Tier 2 |       |
| <i>ultra-care lancets 30g</i> | Tier 2 |       |
| ULTRA-THIN II AUTO LANCET     | Tier 2 |       |
| ULTRA-THIN II LANCETS         | Tier 2 |       |
| UNILET COMFORTOUCH LANCET     | Tier 2 |       |
| UNILET EXCELITE               | Tier 2 |       |
| UNILET EXCELITE II            | Tier 2 |       |
| UNILET G.P. LANCET            | Tier 2 |       |
| UNILET G.P. SUPERLITE LANCET  | Tier 2 |       |
| UNILET GP 28 ULTRA THIN       | Tier 2 |       |
| UNILET LANCET                 | Tier 2 |       |
| UNILET MICRO-THIN 33G         | Tier 2 |       |
| UNILET SUPERLITE LANCET       | Tier 2 |       |
| UNILET SUPER-THIN 30G         | Tier 2 |       |
| UNILET ULTRA-THIN 28G         | Tier 2 |       |
| UNISTIK 1                     | Tier 2 |       |
| UNISTIK 2                     | Tier 2 |       |
| UNISTIK 2 COMFORT             | Tier 2 |       |
| UNISTIK 2 EXTRA               | Tier 2 |       |
| UNISTIK 2 NEONATAL            | Tier 2 |       |
| UNISTIK 2 NORMAL              | Tier 2 |       |
| UNISTIK 2 SUPER               | Tier 2 |       |
| UNISTIK 3                     | Tier 2 |       |
| UNISTIK 3 COMFORT             | Tier 2 |       |
| UNISTIK 3 EXTRA               | Tier 2 |       |
| UNISTIK 3 GENTLE              | Tier 2 |       |
| UNISTIK 3 NEONATAL            | Tier 2 |       |
| UNISTIK 3 NORMAL              | Tier 2 |       |
| UNISTIK CZT COMFORT           | Tier 2 |       |
| UNISTIK CZT NORMAL            | Tier 2 |       |
| UNISTIK NORMAL                | Tier 2 |       |
| UNISTIK PRO SAFETY LANCET     | Tier 2 |       |

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| Drug                                          | Status | Notes |
|-----------------------------------------------|--------|-------|
| UNISTIK SAFETY LANCETS 28G                    | Tier 2 |       |
| UNISTIK SAFETY LANCETS 30G                    | Tier 2 |       |
| UNISTIK TOUCH SAFETY LANC 21G                 | Tier 2 |       |
| UNISTIK TOUCH SAFETY LANC 23G                 | Tier 2 |       |
| UNISTIK TOUCH SAFETY LANC 28G                 | Tier 2 |       |
| UNISTIK TOUCH SAFETY LANC 30G                 | Tier 2 |       |
| VERIFINE SAFE LANCET MINI 21G                 | Tier 2 |       |
| VERIFINE SAFE LANCET MINI 23G                 | Tier 2 |       |
| VERIFINE SAFE LANCET MINI 28G                 | Tier 2 |       |
| VERIFINE SAFE LANCET MINI 30G                 | Tier 2 |       |
| VERIFINE UNIVERSAL LANCETS 28G                | Tier 2 |       |
| VERIFINE UNIVERSAL LANCETS 30G                | Tier 2 |       |
| VERIFINE UNIVERSAL LANCETS 33G                | Tier 2 |       |
| V-GO 20 KIT 20 UNIT/24HR                      | Tier 2 |       |
| V-GO 30 KIT 30 UNIT/24HR                      | Tier 2 |       |
| V-GO 40 KIT 40 UNIT/24HR                      | Tier 2 |       |
| VIVAGUARD LANCETS                             | Tier 2 |       |
| VIVAGUARD LANCETS 30G                         | Tier 2 |       |
| VIVAGUARD SAFETY LANCETS 28G                  | Tier 2 |       |
| zevrx twist top lancets 30g                   | Tier 2 |       |
| <b>Foot Care Products</b>                     |        |       |
| BIOFREQUENCY INSOLES                          | Tier 3 |       |
| <b>Gi-Gu Ostomy &amp; Irrigation Supplies</b> |        |       |
| URESTA STARTER KIT                            | Tier 3 |       |
| yoni fit bladder support kit 1 vaginal device | Tier 3 |       |
| yoni fit bladder support kit 2 vaginal device | Tier 3 |       |
| yoni fit bladder support kit 3 vaginal device | Tier 3 |       |
| yoni fit bladder support kit 4 vaginal device | Tier 3 |       |
| yoni fit bladder support kit 5 vaginal device | Tier 3 |       |
| <b>Impotence Aids</b>                         |        |       |
| RAPPORT RLS KIT                               | Tier 3 |       |
| RAPPORT VTD KIT                               | Tier 3 |       |
| <b>Misc. Devices</b>                          |        |       |
| alcoh-wipe sheet                              | Tier 3 |       |
| essentra wipes 9x9" sheet 70 %                | Tier 3 |       |

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| Drug                                                                                                                                                                                                       | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Oral Hygiene Products</b>                                                                                                                                                                               |        |       |
| MI PASTE DENTAL PASTE                                                                                                                                                                                      | Tier 3 |       |
| MI PASTE PLUS DENTAL PASTE                                                                                                                                                                                 | Tier 3 |       |
| REMESENSE DENTAL 3 %                                                                                                                                                                                       | Tier 3 |       |
| <b>Parenteral Therapy Supplies</b>                                                                                                                                                                         |        |       |
| AUTOJECT 2                                                                                                                                                                                                 | Tier 3 |       |
| BD AUTOSHIELD DUO 30G X 5 MM                                                                                                                                                                               | Tier 2 |       |
| BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML                                                                                                                                                            | Tier 2 |       |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML                                                                                                                                                                  | Tier 2 |       |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML                                                               | Tier 2 |       |
| BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM                                                                                                                                                                   | Tier 2 |       |
| BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM                                                                                                                                                                    | Tier 2 |       |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM                                                                                                                                                                      | Tier 2 |       |
| BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM                                                                                                                                                                    | Tier 2 |       |
| BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM                                                                                                                                                                  | Tier 2 |       |
| BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM                                                                                                                                                                   | Tier 2 |       |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML                                                                                                                                                         | Tier 2 |       |
| BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML                                                                                                                   | Tier 2 |       |
| CEQUR SIMPLICITY 2U DEVICE                                                                                                                                                                                 | Tier 2 |       |
| CEQUR SIMPLICITY INSERTER                                                                                                                                                                                  | Tier 2 |       |
| EMBECTA AUTOSHIELD DUO 30G X 5 MM                                                                                                                                                                          | Tier 2 |       |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML                                                                                                                                       | Tier 2 |       |
| EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 |       |
| EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML                                                                                                                                                             | Tier 2 |       |
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM                                                                                                                                                                   | Tier 2 |       |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM                                                                                                                                                                         | Tier 2 |       |

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| Drug                                                                             | Status | Notes                                                                                                         |
|----------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------|
| EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM | Tier 2 |                                                                                                               |
| <i>inject-ease</i>                                                               | Tier 3 |                                                                                                               |
| INPEN 100-BLUE-LILLY-HUMALOG DEVICE                                              | Tier 2 |                                                                                                               |
| INPEN 100-BLUE-NOVOLOG-FIASP DEVICE                                              | Tier 2 |                                                                                                               |
| INPEN 100-GREY-LILLY-HUMALOG DEVICE                                              | Tier 2 |                                                                                                               |
| INPEN 100-GREY-NOVOLOG-FIASP DEVICE                                              | Tier 2 |                                                                                                               |
| INPEN 100-PINK-LILLY-HUMALOG DEVICE                                              | Tier 2 |                                                                                                               |
| INPEN 100-PINK-NOVOLOG-FIASP DEVICE                                              | Tier 2 |                                                                                                               |
| J-TIP KIT W/VIAL ADAPTERS KIT                                                    | Tier 3 |                                                                                                               |
| NORDIPEN 5 INJECTION DEVICE                                                      | Tier 3 |                                                                                                               |
| NORDIPEN DELIVERY SYSTEM                                                         | Tier 3 |                                                                                                               |
| <b>Migraine Products</b>                                                         |        |                                                                                                               |
| <b>Migraine Combinations</b>                                                     |        |                                                                                                               |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                                  | Tier 1 | QL (10 EA per 7 days)                                                                                         |
| <b>Migraine Products</b>                                                         |        |                                                                                                               |
| <i>dihydroergotamine mesylate injection solution 1 mg/ml</i>                     | Tier 1 | QL (15 ML per 14 days)                                                                                        |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>                         | Tier 1 | ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (8 ML per 28 days)                      |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG                                        | Tier 3 | QL (10 EA per 7 days)                                                                                         |
| TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT                                     | Tier 3 | ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (12 ML per 28 days); AGE (Min 18 Years) |
| <b>Migraine Products - Monoclonal Antibodies</b>                                 |        |                                                                                                               |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML                  | Tier 2 | PA; QL (1 ML per 30 days)                                                                                     |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML                           | Tier 2 | PA; QL (1.5 ML per 30 days)                                                                                   |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML                       | Tier 2 | PA; QL (1.5 ML per 30 days)                                                                                   |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML         | Tier 2 | PA; QL (3 ML per 30 days)                                                                                     |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML                           | Tier 2 | PA; QL (1 ML per 30 days)                                                                                     |

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| Drug                                                                               | Status | Notes                                                                                           |
|------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------|
| EMGALITY SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 120 MG/ML                      | Tier 2 | PA; QL (1 ML per 30 days)                                                                       |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG                                               | Tier 2 | PA; QL (18 EA per 30 days)                                                                      |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG                                            | Tier 2 | PA; QL (1 EA per 1 day)                                                                         |
| UBRELVY ORAL TABLET 100 MG, 50 MG                                                  | Tier 2 | PA; QL (16 EA per 30 days)                                                                      |
| ZAVZPRET NASAL SOLUTION 10 MG/ACT                                                  | Tier 3 | PA; QL (8 EA per 30 days)                                                                       |
| <b>Migraine Products - Nsaids</b>                                                  |        |                                                                                                 |
| ELYXYB ORAL SOLUTION 120 MG/4.8ML                                                  | Tier 3 | PA                                                                                              |
| <b>Serotonin Agonists</b>                                                          |        |                                                                                                 |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>                             | Tier 1 | ST: TRIAL OF ORAL SUMATRIPTAN OR<br>RIZATRIPTAN IN THE PAST 180 DAYS; QL<br>(18 EA per 30 days) |
| <i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>                            | Tier 1 | ST: TRIAL OF ORAL SUMATRIPTAN OR<br>RIZATRIPTAN IN THE PAST 180 DAYS; QL<br>(18 EA per 30 days) |
| <i>frovatriptan succinate oral tablet 2.5 mg</i>                                   | Tier 1 | ST: TRIAL OF ORAL SUMATRIPTAN OR<br>RIZATRIPTAN IN THE PAST 180 DAYS; QL<br>(18 EA per 30 days) |
| IMITREX STATDOSE REFILL SUBCUTANEOUS<br>SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML  | Tier 3 | QL (18 ML per 30 days)                                                                          |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR 4 MG/0.5ML          | Tier 3 | QL (18 ML per 30 days)                                                                          |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>                                    | Tier 1 | QL (18 EA per 30 days)                                                                          |
| RELPAK ORAL TABLET 20 MG, 40 MG                                                    | Tier 1 | ST: TRIAL OF ORAL SUMATRIPTAN OR<br>RIZATRIPTAN IN THE PAST 180 DAYS; QL<br>(18 EA per 30 days) |
| REYVOW ORAL TABLET 100 MG, 50 MG                                                   | Tier 2 | PA; QL (8 EA per 30 days)                                                                       |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>                                | Tier 1 | QL (27 EA per 30 days)                                                                          |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>                    | Tier 1 | QL (27 EA per 30 days)                                                                          |
| <i>sumatriptan nasal solution 20 mg/act</i>                                        | Tier 1 | QL (18 EA per 30 days)                                                                          |
| <i>sumatriptan nasal solution 5 mg/act</i>                                         | Tier 1 | QL (36 EA per 30 days)                                                                          |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>                      | Tier 1 | QL (18 EA per 30 days)                                                                          |
| <i>sumatriptan succinate refill subcutaneous solution<br/>cartridge 6 mg/0.5ml</i> | Tier 1 | QL (18 ML per 30 days)                                                                          |

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| Drug                                                                                       | Status | Notes                                                                                     |
|--------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------|
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>                              | Tier 1 | QL (18 ML per 30 days)                                                                    |
| <i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>                | Tier 1 | QL (18 ML per 30 days)                                                                    |
| <i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>                                            | Tier 1 | ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                                               | Tier 1 | ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days) |
| <i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>                                   | Tier 1 | ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days) |
| ZOMIG NASAL SOLUTION 2.5 MG                                                                | Tier 3 | ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days) |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG                                                             | Tier 1 | ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days) |
| <b>Minerals &amp; Electrolytes</b>                                                         |        |                                                                                           |
| <b>Calcium</b>                                                                             |        |                                                                                           |
| CALCIFOL ORAL WAFER 1342-1.6 MG                                                            | Tier 3 |                                                                                           |
| <b>Fluoride</b>                                                                            |        |                                                                                           |
| FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML                                                    | Tier 3 |                                                                                           |
| <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>                                     | \$0    | \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS                                                      |
| <i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i> | \$0    | \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS                                                      |
| <b>Iodine Products</b>                                                                     |        |                                                                                           |
| <i>iodine strong oral solution 5 %</i>                                                     | Tier 1 |                                                                                           |
| <b>Phosphate</b>                                                                           |        |                                                                                           |
| PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG                                             | Tier 1 |                                                                                           |
| <i>phosphorous oral tablet 155-852-130 mg</i>                                              | Tier 1 |                                                                                           |
| PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG                                        | Tier 1 |                                                                                           |
| PHOSPHO-TRIN K500 ORAL TABLET 500 MG                                                       | Tier 1 |                                                                                           |
| <i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>                                     | Tier 1 |                                                                                           |

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| Drug                                                                                    | Status | Notes  |
|-----------------------------------------------------------------------------------------|--------|--------|
| <b>Potassium</b>                                                                        |        |        |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ, 25 MEQ                                 | Tier 3 |        |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ                                         | Tier 1 |        |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ                                        | Tier 1 |        |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ                                        | Tier 1 |        |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ                                        | Tier 1 |        |
| KLOR-CON ORAL PACKET 20 MEQ                                                             | Tier 1 |        |
| KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ                                             | Tier 1 |        |
| K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ                                                 | Tier 1 |        |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>   | Tier 1 |        |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>                | Tier 1 |        |
| <i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i> | Tier 1 |        |
| <i>potassium chloride oral packet 20 meq</i>                                            | Tier 1 |        |
| <i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>      | Tier 1 |        |
| <b>Sodium</b>                                                                           |        |        |
| <i>sodium chloride (pf) injection solution 0.9 %</i>                                    | Tier 1 |        |
| <i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>                               | Tier 1 |        |
| <b>Zinc</b>                                                                             |        |        |
| GALZIN ORAL CAPSULE 25 MG, 50 MG                                                        | Tier 3 |        |
| <b>Miscellaneous Therapeutic Classes</b>                                                |        |        |
| <b>Chelating Agents</b>                                                                 |        |        |
| CUVRIOR ORAL TABLET 300 MG                                                              | Tier 3 | PA; SP |
| <i>penicillamine oral capsule 250 mg</i>                                                | Tier 1 | PA; SP |
| <i>penicillamine oral tablet 250 mg</i>                                                 | Tier 1 | PA; SP |
| <i>trientine hcl oral capsule 250 mg, 500 mg</i>                                        | Tier 1 | PA; SP |

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| Drug                                                                  | Status | Notes  |
|-----------------------------------------------------------------------|--------|--------|
| <b>Continuous Renal Replacement Therapy (Crrt) Solutions</b>          |        |        |
| <i>phoxillum b22k4/0 extracorporeal solution 22-4-1 meq-mmoll</i>     | Tier 3 |        |
| <i>phoxillum bk4/2.5 extracorporeal solution 32-4-2.5-1 meq-mmoll</i> | Tier 3 |        |
| PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L                | Tier 3 |        |
| PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L              | Tier 3 |        |
| PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L                  | Tier 3 |        |
| PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L            | Tier 3 |        |
| PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L          | Tier 3 |        |
| PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L            | Tier 3 |        |
| PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L             | Tier 3 |        |
| REGIOCIT EXTRACORPOREAL SOLUTION 0.529 %                              | Tier 3 |        |
| <i>trisodium citrate/crrt extracorporeal solution</i>                 | Tier 3 |        |
| <b>Digital Therapy</b>                                                |        |        |
| <i>natural cycles contraceptive</i>                                   | \$0    |        |
| <b>Homeopathic Products</b>                                           |        |        |
| ACUNOL ORAL TABLET                                                    | Tier 3 |        |
| COLCIGEL EXTERNAL GEL                                                 | Tier 3 |        |
| ECZEMOL ORAL TABLET                                                   | Tier 3 |        |
| <i>morcin external cream</i>                                          | Tier 3 |        |
| PSORIZIDE FORTE ORAL TABLET 30-1-15 MG                                | Tier 3 |        |
| PSORIZIDE ULTRA ORAL TABLET                                           | Tier 3 |        |
| SPEEDGEL RX EXTERNAL GEL                                              | Tier 3 |        |
| <i>streptococcinum 30c sublingual pellet</i>                          | Tier 3 |        |
| TRANZGEL EXTERNAL GEL                                                 | Tier 3 |        |
| <b>Immunomodulators</b>                                               |        |        |
| JOENJA ORAL TABLET 70 MG                                              | Tier 3 | PA; SP |

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| Drug                                                                          | Status | Notes  |
|-------------------------------------------------------------------------------|--------|--------|
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>     | Tier 1 | PA; SP |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG                | Tier 2 | PA; SP |
| REZUROCK ORAL TABLET 200 MG                                                   | Tier 2 | PA; SP |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                                           | Tier 2 | PA; SP |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML | Tier 3 | PA; SP |
| <b>Immunosuppressive Agents</b>                                               |        |        |
| AZASAN ORAL TABLET 100 MG, 75 MG                                              | Tier 1 |        |
| <i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>                          | Tier 1 |        |
| <i>cyclosporine modified capsule 50 mg oral</i>                               | Tier 1 |        |
| <i>cyclosporine modified capsule 50 mg oral</i>                               | Tier 3 |        |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>                | Tier 1 |        |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                          | Tier 1 |        |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                                | Tier 1 |        |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML                    | Tier 3 | PA; SP |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>                  | Tier 1 |        |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG                                            | Tier 1 |        |
| GENGRAF ORAL SOLUTION 100 MG/ML                                               | Tier 1 |        |
| LUPKYNIS ORAL CAPSULE 7.9 MG                                                  | Tier 3 | PA; SP |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                              | Tier 1 |        |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>          | Tier 1 |        |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                               | Tier 1 |        |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>        | Tier 1 |        |
| <i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>           | Tier 1 |        |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML                                            | Tier 3 | PA     |
| NEORAL ORAL CAPSULE 100 MG, 25 MG                                             | Tier 3 |        |
| NEORAL ORAL SOLUTION 100 MG/ML                                                | Tier 3 |        |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG                                       | Tier 3 |        |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG                                              | Tier 2 |        |

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| Drug                                                            | Status | Notes  |
|-----------------------------------------------------------------|--------|--------|
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG                           | Tier 3 |        |
| <i>sirolimus oral solution 1 mg/ml</i>                          | Tier 1 |        |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                 | Tier 1 |        |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>               | Tier 1 |        |
| <b>Irrigation Solutions</b>                                     |        |        |
| ARGYLE STERILE WATER IRRIGATION SOLUTION                        | Tier 1 |        |
| <i>lactated ringers irrigation solution</i>                     | Tier 1 |        |
| PHYSIOLYTE IRRIGATION SOLUTION                                  | Tier 1 |        |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION                        | Tier 1 |        |
| <i>sterile water for irrigation irrigation solution</i>         | Tier 1 |        |
| <i>sterile water for irrigation solution irrigation</i>         | Tier 3 |        |
| <i>sterile water for irrigation solution irrigation</i>         | Tier 1 |        |
| <i>water for irrigation, sterile irrigation solution</i>        | Tier 1 |        |
| <b>Misc Natural Products</b>                                    |        |        |
| BRUSELIX ORAL TABLET                                            | Tier 3 |        |
| <i>imubolic oral capsule</i>                                    | Tier 3 |        |
| <i>ultra hers rx oral capsule</i>                               | Tier 3 |        |
| <i>ultra his oral capsule</i>                                   | Tier 3 |        |
| <i>ultra pcos oral capsule</i>                                  | Tier 3 |        |
| <b>Miscellaneous Therapeutic Classes</b>                        |        |        |
| NEXAVIR INJECTION SOLUTION 25.5 MG/ML                           | Tier 3 |        |
| <b>Potassium Removing Agents</b>                                |        |        |
| KIONEX COMBINATION SUSPENSION 15 GM/60ML                        | Tier 1 |        |
| LOKELMA ORAL PACKET 10 GM, 5 GM                                 | Tier 2 |        |
| <i>sodium polystyrene sulfonate oral powder</i>                 | Tier 1 |        |
| SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML | Tier 1 |        |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML     | Tier 3 |        |
| VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM             | Tier 3 | PA     |
| <b>Sclerosing Agents</b>                                        |        |        |
| <i>polidocanol intravenous solution 5 %</i>                     | Tier 1 |        |
| <b>Systemic Lupus Erythematosus Agents</b>                      |        |        |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML          | Tier 3 | PA; SP |

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| Drug                                                           | Status | Notes  |
|----------------------------------------------------------------|--------|--------|
| BENLYSTA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 200 MG/ML  | Tier 3 | PA; SP |
| <b>Unknown</b>                                                 |        |        |
| <i>eua patient assessment</i>                                  | Tier 3 |        |
| VIJOICE ORAL PACKET 50 MG                                      | Tier 3 | PA; SP |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG,<br>200 & 50 MG, 50 MG | Tier 3 | PA; SP |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG                              | Tier 3 | PA; SP |
| <b>Mouth/Throat/Dental Agents</b>                              |        |        |
| <b>Anesthetics Topical Oral</b>                                |        |        |
| FIRST-MOUTHWASH BLM MOUTH/THROAT<br>SUSPENSION                 | Tier 3 |        |
| <i>lidocaine hcl mouth/throat solution 4 %</i>                 | Tier 1 |        |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i>         | Tier 1 |        |
| <b>Anti-Infectives - Throat</b>                                |        |        |
| <i>clotrimazole mouth/throat troche 10 mg</i>                  | Tier 1 |        |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i>         | Tier 1 |        |
| ORAVIG BUCCAL TABLET 50 MG                                     | Tier 3 |        |
| <b>Antiseptics - Mouth/Throat</b>                              |        |        |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>    | Tier 1 |        |
| DEBACTEROL MOUTH/THROAT SOLUTION 30-50<br>%                    | Tier 3 |        |
| PERIOGARD MOUTH/THROAT SOLUTION 0.12 %                         | Tier 1 |        |
| <b>Dental Products</b>                                         |        |        |
| CLINPRO 5000 DENTAL PASTE 1.1 %                                | Tier 1 |        |
| DENTA 5000 PLUS DENTAL CREAM 1.1 %                             | Tier 1 |        |
| <i>denta 5000 plus sensitive dental gel 1.1-5 %</i>            | Tier 3 |        |
| DENTAGEL DENTAL GEL 1.1 %                                      | Tier 1 |        |
| EASYGEL DENTAL GEL 0.4 %                                       | Tier 1 |        |
| FLUORIDEX DAILY RENEWAL MOUTH/THROAT<br>CONCENTRATE 0.63 %     | Tier 1 |        |
| FLUORIDEX DENTAL PASTE 1.1 %                                   | Tier 1 |        |
| FLUORIDEX ENHANCED WHITENING DENTAL<br>PASTE 1.1 %             | Tier 1 |        |
| FLUORIDEX SENSITIVITY RELIEF DENTAL GEL<br>1.1-5 %             | Tier 3 |        |
| FLUORIMAX 5000 DENTAL PASTE 1.1 %                              | Tier 1 |        |

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| Drug                                                                | Status | Notes |
|---------------------------------------------------------------------|--------|-------|
| FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 %                         | Tier 3 |       |
| <i>fraiche 5000 dental dental gel 1.1 %</i>                         | Tier 1 |       |
| <i>fraiche 5000 previ dental gel 1.1-3 %</i>                        | Tier 3 |       |
| JUST RIGHT 5000 DENTAL PASTE 1.1 %                                  | Tier 1 |       |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 %                    | Tier 3 |       |
| PREVIDENT 5000 KIDS DENTAL PASTE 1.1 %                              | Tier 1 |       |
| PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 %                         | Tier 3 |       |
| <i>sf 5000 plus dental cream 1.1 %</i>                              | Tier 1 |       |
| <i>sf dental gel 1.1 %</i>                                          | Tier 1 |       |
| <i>sod fluoride-potassium nitrate dental gel 1.1-5 %</i>            | Tier 1 |       |
| <i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>               | Tier 3 |       |
| <i>sodium fluoride 5000 plus dental cream 1.1 %</i>                 | Tier 1 |       |
| <i>sodium fluoride 5000 ppm dental cream 1.1 %</i>                  | Tier 1 |       |
| <i>sodium fluoride 5000 ppm dental gel 1.1 %</i>                    | Tier 1 |       |
| <i>sodium fluoride 5000 ppm dental paste 1.1 %</i>                  | Tier 1 |       |
| <i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>            | Tier 3 |       |
| <i>sodium fluoride dental cream 1.1 %</i>                           | Tier 1 |       |
| <i>sodium fluoride dental gel 1.1 %</i>                             | Tier 1 |       |
| <i>sodium fluoride mouth/throat solution 0.2 %</i>                  | Tier 1 |       |
| VANISH DENTAL LIQUID EXTENDED RELEASE 5 %                           | Tier 3 |       |
| <b>Steroids - Mouth/Throat/Dental</b>                               |        |       |
| <i>acyclonine mum mouth/throat aerosol powder 36.7-16.7-3.33 %</i>  | Tier 3 |       |
| ORALONE MOUTH/THROAT PASTE 0.1 %                                    | Tier 1 |       |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i>             | Tier 1 |       |
| <b>Throat Products - Misc.</b>                                      |        |       |
| <i>cevimeline hcl oral capsule 30 mg</i>                            | Tier 1 |       |
| NUMOISYN MOUTH/THROAT LIQUID                                        | Tier 3 |       |
| NUMOISYN MOUTH/THROAT LOZENGE                                       | Tier 3 |       |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                     | Tier 1 |       |
| <b>Multivitamins</b>                                                |        |       |
| <b>Multiple Vitamins W/ Minerals &amp; Fluoride-Iron-Folic Acid</b> |        |       |
| QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG                             | Tier 3 |       |

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| Drug                                                                      | Status | Notes |
|---------------------------------------------------------------------------|--------|-------|
| <b>Ped Multi Vitamins W/FI &amp; Fe</b>                                   |        |       |
| <i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>                | Tier 1 |       |
| <i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>            | Tier 1 |       |
| POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML                            | Tier 3 |       |
| POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG                          | Tier 3 |       |
| QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML                           | Tier 3 |       |
| <b>Ped Mv W/ Fluoride</b>                                                 |        |       |
| FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML                                     | Tier 3 |       |
| FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG                        | Tier 3 |       |
| <i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i> | Tier 1 |       |
| <i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>         | Tier 1 |       |
| <i>multivitamin/fluoride oral suspension 0.25 mg/ml</i>                   | Tier 1 |       |
| <i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>   | Tier 1 |       |
| MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG                 | Tier 3 |       |
| POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML                                   | Tier 3 |       |
| POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG                   | Tier 3 |       |
| QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML                     | Tier 3 |       |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG              | Tier 3 |       |
| SOLUVITA ACD WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML                       | Tier 3 |       |
| SOLUVITA WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML                | Tier 3 |       |
| TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML                                    | Tier 3 |       |
| <i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i>                 | Tier 3 |       |
| <i>tri-vitamin with fluoride oral suspension 0.25 mg/ml</i>               | Tier 3 |       |
| <i>tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>              | Tier 3 |       |

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| Drug                                                                                       | Status | Notes |
|--------------------------------------------------------------------------------------------|--------|-------|
| <i>vitamins acd-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>                           | Tier 3 |       |
| <b>Pediatric Multiple Vitamins &amp; Minerals W/ Fluoride</b>                              |        |       |
| FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG                                         | Tier 3 |       |
| <b>Prenatal Vitamins</b>                                                                   |        |       |
| ALIVE DAILY SUP PRENATAL GUMMI ORAL TABLET CHEWABLE 0.18-25 MG                             | \$0    |       |
| ALIVE PREMIUM PRENATAL ORAL CAPSULE 13.5-0.2-100 MG                                        | \$0    |       |
| ALIVE PRENATAL ORAL TABLET CHEWABLE 0.12-25 MG                                             | \$0    |       |
| <i>altrixa ob oral tablet 15-0.4-0.6 mg</i>                                                | \$0    |       |
| ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG                                              | \$0    |       |
| ATABEX OB ORAL TABLET 29-1 MG                                                              | \$0    |       |
| ATABEX ONE ORAL CAPSULE DELAYED RELEASE 27-1-40 MG                                         | \$0    |       |
| ATABEX ORAL TABLET CHEWABLE 18-0.8 MG                                                      | \$0    |       |
| <i>cadeau dha oral capsule 29-0.4-0.8-375 mg</i>                                           | \$0    |       |
| CENTRUM PRENATAL GUMMIES ORAL TABLET CHEWABLE 0.18-25 MG                                   | \$0    |       |
| CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG                                           | \$0    |       |
| <i>classic prenatal oral tablet 28-0.8 mg</i>                                              | \$0    |       |
| <i>complete natal dha oral 29-1-200 &amp; 200 mg</i>                                       | \$0    |       |
| <i>completenate oral tablet chewable 29-1 mg</i>                                           | \$0    |       |
| CO-NATAL FA ORAL TABLET                                                                    | \$0    |       |
| CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG                                                      | \$0    |       |
| CONCEPT OB ORAL CAPSULE 130-92.4-1 MG                                                      | \$0    |       |
| <i>cvs prenatal gummy oral tablet chewable 0.18-25 mg, 0.4 mg, 0.4-113.5 mg, 0.4-25 mg</i> | \$0    |       |
| <i>cvs prenatal multi+dha oral capsule 27-0.8-250 mg</i>                                   | \$0    |       |
| <i>cvs prenatal multivitamin oral capsule 27-0.8-250 mg</i>                                | \$0    |       |
| <i>cvs prenatal oral tablet 27-0.8 mg</i>                                                  | \$0    |       |
| <i>cvs womens prenatal+dha oral 28-0.975 &amp; 200 mg</i>                                  | \$0    |       |
| ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG                                                       | \$0    |       |

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| Drug                                                              | Status | Notes |
|-------------------------------------------------------------------|--------|-------|
| <i>eqi prenatal formula oral tablet 28-0.8 mg</i>                 | \$0    |       |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG                                  | \$0    |       |
| <i>ft prenatal oral tablet 28-0.8 mg</i>                          | \$0    |       |
| <i>gnp prenatal oral tablet 28-0.8 mg</i>                         | \$0    |       |
| <i>gnp prenatal/folic acid oral tablet 28-0.8 mg</i>              | \$0    |       |
| GOOD START PRENATAL NOURISH ORAL<br>TABLET CHEWABLE 0.12-33.3 MG  | \$0    |       |
| HEALTHY MAMA BE WELL ROUNDED ORAL<br>THERAPY PACK 28-0.8 & 450 MG | \$0    |       |
| INATAL GT ORAL TABLET                                             | \$0    |       |
| <i>jenliva prenatal/postnatal oral capsule 1 mg</i>               | \$0    |       |
| <i>kp prenatal multivitamins oral tablet 28-0.8 mg</i>            | \$0    |       |
| <i>kpn prenatal oral tablet 0.1 mg</i>                            | \$0    |       |
| <i>masonatal oral tablet 28-0.8 mg</i>                            | \$0    |       |
| <i>matervia oral capsule 0.5 mg</i>                               | \$0    |       |
| <i>m-natal plus oral tablet 27-1 mg</i>                           | \$0    |       |
| <i>multi prenatal oral tablet 27-0.8 mg</i>                       | \$0    |       |
| NEONATAL PLUS ORAL TABLET 27-1 MG                                 | \$0    |       |
| <i>neonatal prenatal oral tablet 27-0.8 mg</i>                    | \$0    |       |
| NEONATAL VITAMIN ORAL TABLET 27-0.8 MG                            | \$0    |       |
| NIVA-PLUS ORAL TABLET 27-1 MG                                     | \$0    |       |
| OBSTETRIX DHA ORAL 29-1 & 350 MG                                  | \$0    |       |
| OBSTETRIX EC ORAL TABLET DELAYED<br>RELEASE 29-1 MG               | \$0    |       |
| OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG                            | \$0    |       |
| OBTREX DHA ORAL 29-1 & 350 MG                                     | \$0    |       |
| OBTREX ORAL TABLET                                                | \$0    |       |
| ONE A DAY PRENATAL ADV BRAIN ORAL<br>THERAPY PACK                 | \$0    |       |
| ONE A DAY PRENATAL ORAL TABLET CHEWABLE<br>0.4-25 MG              | \$0    |       |
| <i>one vite womens oral tablet 27-0.8 mg</i>                      | \$0    |       |
| <i>one vite womens plus oral tablet 27-1 mg</i>                   | \$0    |       |
| ONE-A-DAY WOMENS PRENATAL 1 ORAL<br>CAPSULE 28-0.8-235 MG         | \$0    |       |

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| Drug                                                                                       | Status | Notes |
|--------------------------------------------------------------------------------------------|--------|-------|
| P2I PRENATAL WITH CHOLINE ORAL CAPSULE 0.333 MG                                            | \$0    |       |
| <i>pnv 27-cal/fel/fa oral tablet 60-1 mg</i>                                               | \$0    |       |
| <i>pnv prenatal plus multivit+dha oral 27-1 &amp; 312 mg</i>                               | \$0    |       |
| <i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>                                        | \$0    |       |
| <i>pnv-select oral tablet 27-0.6-0.4 mg</i>                                                | \$0    |       |
| <i>prenatabs fa oral tablet 29-1 mg</i>                                                    | \$0    |       |
| PRENATABS RX ORAL TABLET 29-1 MG                                                           | \$0    |       |
| <i>prenatal (w/iron &amp; fa) oral tablet 27-0.8 mg</i>                                    | \$0    |       |
| <i>prenatal + complete multi oral therapy pack 0.267 &amp; 373 mg, 18-0.8 &amp; 290 mg</i> | \$0    |       |
| <i>prenatal 19 oral tablet , 29-1 mg</i>                                                   | \$0    |       |
| <i>prenatal 19 oral tablet chewable , 29-1 mg</i>                                          | \$0    |       |
| <i>prenatal complete oral capsule therapy pack</i>                                         | \$0    |       |
| <i>prenatal complete oral tablet 14-0.4 mg</i>                                             | \$0    |       |
| PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG                                                  | \$0    |       |
| <i>prenatal fa + dha + choline oral tablet chewable 0.18-35 mg</i>                         | \$0    |       |
| <i>prenatal formula a-free oral tablet 9-0.267 mg</i>                                      | \$0    |       |
| <i>prenatal formula oral capsule 28-0.8-235 mg</i>                                         | \$0    |       |
| <i>prenatal forte oral tablet</i>                                                          | \$0    |       |
| <i>prenatal gummies oral tablet chewable 0.18-25 mg</i>                                    | \$0    |       |
| <i>prenatal gummies/dha &amp; fa oral tablet chewable 0.4-32.5 mg</i>                      | \$0    |       |
| <i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-228 mg, 27-0.8-250 mg</i>        | \$0    |       |
| <i>prenatal multivit plus folate oral tablet 0.8 mg</i>                                    | \$0    |       |
| PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG                                           | \$0    |       |
| <i>prenatal multivitamin plus dha oral capsule 27-0.8-250 mg</i>                           | \$0    |       |
| <i>prenatal one daily oral tablet 27-0.8 mg</i>                                            | \$0    |       |
| <i>prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg, 6.75-0.2 mg</i>                     | \$0    |       |
| <i>prenatal plus oral tablet 27-1 mg</i>                                                   | \$0    |       |
| <i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>                                   | \$0    |       |

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| Drug                                                           | Status | Notes |
|----------------------------------------------------------------|--------|-------|
| <i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>      | \$0    |       |
| <i>prenatal vitamins oral tablet 27-0.8 mg</i>                 | \$0    |       |
| <i>prenatal/folic acid+dha oral capsule 27-0.8-200 mg</i>      | \$0    |       |
| <i>prenatal/iron oral tablet , 28-0.8 mg</i>                   | \$0    |       |
| <i>prenatal+dha oral 28-0.975 &amp; 200 mg</i>                 | \$0    |       |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG                             | \$0    |       |
| <i>prenate max oral tablet 15-0.4-0.6 mg</i>                   | \$0    |       |
| PRENATOL-M ORAL TABLET 27-1.2 MG                               | \$0    |       |
| PROVIDA OB ORAL CAPSULE 20-20-1.25 MG                          | \$0    |       |
| <i>qc prenatal oral tablet 28-0.8 mg</i>                       | \$0    |       |
| <i>ra prenatal formula oral tablet 28-0.8 mg</i>               | \$0    |       |
| <i>ra prenatal oral tablet 28-0.8 mg</i>                       | \$0    |       |
| <i>se-natal 19 oral tablet 29-1 mg</i>                         | \$0    |       |
| <i>se-natal 19 oral tablet chewable 29-1 mg</i>                | \$0    |       |
| SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG             | \$0    |       |
| STUART ONE ORAL CAPSULE 27-0.8-200 MG                          | \$0    |       |
| TARON-C DHA ORAL CAPSULE 35-1 MG                               | \$0    |       |
| THERANATAL COMPLETE ORAL 27-1 & 300 MG                         | \$0    |       |
| THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG                  | \$0    |       |
| THERANATAL ONE ORAL CAPSULE 27-1-300 MG                        | \$0    |       |
| THERANATAL OVAVITE ORAL THERAPY PACK 18-1 & 125 MG             | \$0    |       |
| <i>thrivite rx oral tablet 29-1 mg</i>                         | \$0    |       |
| <i>trinatal rx 1 oral tablet 60-1 mg</i>                       | \$0    |       |
| TRINATE ORAL TABLET                                            | \$0    |       |
| <i>ultra prenatal vit/min + dha oral capsule 23-0.8-200 mg</i> | \$0    |       |
| UPSPRING PRENATAL COMPLETE ORAL CAPSULE 9-0.267-191.67 MG      | \$0    |       |
| VINATE CARE ORAL TABLET CHEWABLE 40-1 MG                       | \$0    |       |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG        | \$0    |       |
| VITAFUSION PRENATAL ORAL TABLET CHEWABLE 0.18-32.5 MG          | \$0    |       |

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| Drug                                                                       | Status | Notes                       |
|----------------------------------------------------------------------------|--------|-----------------------------|
| <i>vita-pac oral capsule 0.9 mg</i>                                        | \$0    |                             |
| <i>wescap-c dha oral capsule 53.5-38-1 mg</i>                              | \$0    |                             |
| <i>wesnatal dha complete oral 29-1-200 &amp; 200 mg</i>                    | \$0    |                             |
| <i>westab plus oral tablet 27-1 mg</i>                                     | \$0    |                             |
| <b>Musculoskeletal Therapy Agents</b>                                      |        |                             |
| <b>Central Muscle Relaxants</b>                                            |        |                             |
| <i>baclofen oral solution 10 mg/5ml, 5 mg/5ml</i>                          | Tier 1 | PA                          |
| <i>baclofen oral suspension 25 mg/5ml</i>                                  | Tier 1 | PA                          |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>                             | Tier 1 |                             |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i>                             | Tier 1 |                             |
| <i>chlorzoxazone oral tablet 500 mg</i>                                    | Tier 1 |                             |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>                 | Tier 1 |                             |
| <i>enovarx-cyclobenzaprine hcl transdermal cream 20 mg/gm</i>              | Tier 3 |                             |
| FEXMID ORAL TABLET 7.5 MG                                                  | Tier 1 |                             |
| <i>metaxalone oral tablet 400 mg, 800 mg</i>                               | Tier 1 |                             |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                            | Tier 1 |                             |
| <i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i> | Tier 1 |                             |
| TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML                                   | Tier 3 |                             |
| TANLOR ORAL TABLET 1000 MG                                                 | Tier 1 |                             |
| <i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>                        | Tier 1 |                             |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i>                               | Tier 1 |                             |
| <b>Direct Muscle Relaxants</b>                                             |        |                             |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>                 | Tier 1 |                             |
| <b>Muscle Relaxant Combinations</b>                                        |        |                             |
| ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG                                 | Tier 3 | QL (4 EA per 1 day)         |
| <b>Unknown</b>                                                             |        |                             |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG                     | Tier 3 | PA; SP                      |
| <b>Viscosupplements</b>                                                    |        |                             |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML              | Tier 2 | PA; QL (12 ML per 180 days) |

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| Drug                                                                                 | Status | Notes                                                                                                                                                       |
|--------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SYNVISC INTRA-ARTICULAR SOLUTION<br>PREFILLED SYRINGE 16 MG/2ML                      | Tier 2 | PA; QL (12 ML per 180 days)                                                                                                                                 |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION<br>PREFILLED SYRINGE 48 MG/6ML                  | Tier 2 | PA; QL (12 ML per 180 days)                                                                                                                                 |
| <b>Nasal Agents - Systemic And Topical</b>                                           |        |                                                                                                                                                             |
| <b>Nasal Agent Combinations</b>                                                      |        |                                                                                                                                                             |
| <i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>                        | Tier 1 | ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS; QL (23 GM per 30 days)                                                                  |
| <i>lidocaine hcl-oxymetazoline nasal solution prefilled syringe 2-0.025 % (2 ml)</i> | Tier 1 |                                                                                                                                                             |
| <b>Nasal Anesthetics</b>                                                             |        |                                                                                                                                                             |
| <i>cocaine hcl nasal solution 40 mg/ml</i>                                           | Tier 1 |                                                                                                                                                             |
| NUMBRINO NASAL SOLUTION 40 MG/ML                                                     | Tier 3 |                                                                                                                                                             |
| <b>Nasal Antiallergy</b>                                                             |        |                                                                                                                                                             |
| <i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>                            | Tier 1 |                                                                                                                                                             |
| <i>olopatadine hcl nasal solution 0.6 %</i>                                          | Tier 1 |                                                                                                                                                             |
| <b>Nasal Anticholinergics</b>                                                        |        |                                                                                                                                                             |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>                             | Tier 1 |                                                                                                                                                             |
| <b>Nasal Steroids</b>                                                                |        |                                                                                                                                                             |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>                                | Tier 1 | QL (25 ML per 30 days)                                                                                                                                      |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i>                            | Tier 1 |                                                                                                                                                             |
| <i>mometasone furoate nasal suspension 50 mcg/act</i>                                | Tier 1 |                                                                                                                                                             |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT                                    | Tier 2 | ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS; QL (6.8 GM per 30 days)                                                                 |
| QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT                                              | Tier 2 | ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS; QL (10.6 GM per 30 days)                                                                |
| XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT                                           | Tier 2 | ST: TRIAL OF 1 OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS: MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS; QL (32 ML per 30 days) |
| <b>Sympathomimetic Decongestants</b>                                                 |        |                                                                                                                                                             |
| <i>epinephrine hcl (nasal) nasal solution 0.1 %</i>                                  | Tier 1 |                                                                                                                                                             |

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| Drug                                                              | Status | Notes  |
|-------------------------------------------------------------------|--------|--------|
| <b>Neuromuscular Agents</b>                                       |        |        |
| <b>Als Agents</b>                                                 |        |        |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML                           | Tier 3 | PA; SP |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML               | Tier 3 | PA; SP |
| <i>riluzole oral tablet 50 mg</i>                                 | Tier 1 |        |
| TEGLUTIK ORAL SUSPENSION 50 MG/10ML                               | Tier 3 | PA; SP |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML                               | Tier 3 | PA; SP |
| <b>Muscular Dystrophy Agents</b>                                  |        |        |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML                                | Tier 3 | PA; SP |
| <b>Spinal Muscular Atrophy Agents (Sma)</b>                       |        |        |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML                    | Tier 3 | PA; SP |
| EVRYSDI ORAL TABLET 5 MG                                          | Tier 3 | PA; SP |
| <b>Unknown</b>                                                    |        |        |
| DAYBUE ORAL SOLUTION 200 MG/ML                                    | Tier 3 | PA; SP |
| SKYCLARYS ORAL CAPSULE 50 MG                                      | Tier 3 | PA; SP |
| <b>Nutrients</b>                                                  |        |        |
| <b>Lipids</b>                                                     |        |        |
| DOJOLVI ORAL LIQUID 100 %                                         | Tier 3 | PA; SP |
| NEOKE MCT70 ORAL POWDER 70 GM/100GM                               | Tier 3 |        |
| <b>Misc. Nutritional Substances</b>                               |        |        |
| ALTEMIA ORAL EMULSION                                             | Tier 3 |        |
| CYTOTINE ORAL POWDER                                              | Tier 3 |        |
| <b>Proteins</b>                                                   |        |        |
| AMINOAMRMS ORAL CAPSULE                                           | Tier 1 |        |
| AMINORELIEFRMS ORAL CAPSULE                                       | Tier 1 |        |
| NEOKE ALCAR ORAL POWDER                                           | Tier 3 |        |
| REFRESH AA 15 PKU ORAL LIQUID                                     | Tier 3 |        |
| REFRESH AA 15 TYR ORAL LIQUID                                     | Tier 3 |        |
| <b>Ophthalmic Agents</b>                                          |        |        |
| <b>Beta-Blockers - Ophthalmic</b>                                 |        |        |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i>                    | Tier 1 |        |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %                           | Tier 3 |        |
| <i>bimatoprost-timolol maleate ophthalmic solution 0.01-0.5 %</i> | Tier 1 |        |

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| Drug                                                                       | Status | Notes                                                                                                  |
|----------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|
| <i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>          | Tier 1 |                                                                                                        |
| <i>carteolol hcl ophthalmic solution 1 %</i>                               | Tier 1 |                                                                                                        |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>             | Tier 1 |                                                                                                        |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>          | Tier 1 | ST: TRIAL OF DORZOLAMIDE/TIMOLOL (NON-COSOPT PF FORMULATION) IN THE PAST 120 DAYS; QL (2 EA per 1 day) |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                           | Tier 1 |                                                                                                        |
| <i>timolol hemihydrate ophthalmic solution 0.5 %</i>                       | Tier 1 |                                                                                                        |
| <i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>              | Tier 1 |                                                                                                        |
| TIMOLOL MALEATE OCUDOSE OPTHALMIC SOLUTION 0.5 %                           | Tier 1 | ST: TRIAL OF TIMOLOL DROPS (NON-OCUDOSE FORMULATION) IN THE PAST 120 DAYS; QL (2 EA per 1 day)         |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>       | Tier 1 |                                                                                                        |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>                   | Tier 1 |                                                                                                        |
| <i>timolol maleate pf ophthalmic solution 0.25 %</i>                       | Tier 1 | QL (2 EA per 1 day)                                                                                    |
| <i>timolol maleate pf ophthalmic solution 0.5 %</i>                        | Tier 1 | ST: TRIAL OF TIMOLOL DROPS (NON-OCUDOSE FORMULATION) IN THE PAST 120 DAYS; QL (2 EA per 1 day)         |
| <i>timolol-brimon-dorzol-bimatopr ophthalmic solution 0.5-0.1-2-0.01 %</i> | Tier 1 |                                                                                                        |
| <i>timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.1-2 %</i>      | Tier 1 |                                                                                                        |
| <i>timolol-dorzolamid-bimatoprost ophthalmic solution 0.5-2-0.01 %</i>     | Tier 1 |                                                                                                        |
| <b>Cycloplegic Mydriatics</b>                                              |        |                                                                                                        |
| ALTAFRIN OPTHALMIC SOLUTION 10 %, 2.5 %                                    | Tier 1 |                                                                                                        |
| <i>atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %, 1 %</i>   | Tier 1 |                                                                                                        |
| CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 %                                     | Tier 3 |                                                                                                        |
| CYCLOMYDRIL OPTHALMIC SOLUTION 0.2-1 %                                     | Tier 3 |                                                                                                        |
| <i>cyclopentolate hcl ophthalmic solution 1 %</i>                          | Tier 1 |                                                                                                        |
| HOMATROPAIRE OPTHALMIC SOLUTION 5 %                                        | Tier 3 |                                                                                                        |
| MYDCOMBI OPTHALMIC SOLUTION CARTRIDGE 1-2.5 %                              | Tier 3 |                                                                                                        |

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| Drug                                                                                                   | Status | Notes                                                                                                 |
|--------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------|
| <i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>                                               | Tier 1 |                                                                                                       |
| <i>tropicamide-cyclopentolate-pe ophthalmic solution 1-1-2.5 %</i>                                     | Tier 1 |                                                                                                       |
| <i>tropicamide-cyclopentolate-pe solution 1-1-2.5 % ophthalmic</i>                                     | Tier 1 |                                                                                                       |
| <i>tropicamide-cyclopentolate-pe solution 1-1-2.5 % ophthalmic</i>                                     | Tier 3 |                                                                                                       |
| <i>tropicamide-phenylephrine ophthalmic solution 1-2.5 %</i>                                           | Tier 1 |                                                                                                       |
| <i>tropic-cyclopent-pe-ketorolac ophthalmic solution 1-1-10-0.5 %, 1-1-2.5-0.5 %</i>                   | Tier 1 |                                                                                                       |
| <i>tropic-cyclopent-pe-ketorolac ophthalmic solution prefilled syringe 1-1-10-0.5 %, 1-1-2.5-0.5 %</i> | Tier 1 |                                                                                                       |
| <i>tropic-cyclop-pe-keto-propar ophthalmic solution prefilled syringe</i>                              | Tier 1 |                                                                                                       |
| <b>Miotics</b>                                                                                         |        |                                                                                                       |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %                                           | Tier 3 | SP                                                                                                    |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>                                               | Tier 1 |                                                                                                       |
| <i>pilocarpine hcl ophthalmic solution 1.25 %</i>                                                      | Tier 1 | QL (10 ML per 30 days)                                                                                |
| QLOSI OPHTHALMIC SOLUTION 0.4 %                                                                        | Tier 3 | ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (60 EA per 30 days) |
| VIZZ OPHTHALMIC SOLUTION 1.44 %                                                                        | Tier 3 | QL (1 EA per 1 day)                                                                                   |
| <b>Ophthalmic Adrenergic Agents</b>                                                                    |        |                                                                                                       |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i>                                                     | Tier 1 |                                                                                                       |
| <i>bimatoprost-brimonidine-dorzol ophthalmic solution 0.01-0.1-2 %</i>                                 | Tier 3 |                                                                                                       |
| <i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>                                   | Tier 1 |                                                                                                       |
| <i>brimonidine-dorzolamide ophthalmic solution 0.1-2 %</i>                                             | Tier 1 |                                                                                                       |
| IOPIDINE OPHTHALMIC SOLUTION 1 %                                                                       | Tier 3 |                                                                                                       |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %                                                                | Tier 2 |                                                                                                       |
| <b>Ophthalmic Anti-Infectives</b>                                                                      |        |                                                                                                       |
| BACIGUENT OPHTHALMIC OINTMENT 500 UNIT/GM                                                              | Tier 3 |                                                                                                       |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i>                                                      | Tier 1 |                                                                                                       |

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| Drug                                                                                  | Status | Notes                                                                         |
|---------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------|
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>                   | Tier 1 |                                                                               |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 %                                                 | Tier 2 |                                                                               |
| BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 %                                      | Tier 3 |                                                                               |
| CILOXAN OPHTHALMIC OINTMENT 0.3 %                                                     | Tier 2 |                                                                               |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>                                    | Tier 1 |                                                                               |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i>                                       | Tier 1 |                                                                               |
| <i>gatifloxacin ophthalmic solution 0.5 %</i>                                         | Tier 1 |                                                                               |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i>                                   | Tier 1 |                                                                               |
| <i>levofloxacin ophthalmic solution 0.5 %, 1.5 %</i>                                  | Tier 1 |                                                                               |
| MITOSOL OPHTHALMIC KIT 0.2 MG                                                         | Tier 3 |                                                                               |
| <i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>                            | Tier 1 |                                                                               |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i>                                     | Tier 1 |                                                                               |
| <i>moxifloxacin-bromfenac ophthalmic solution 0.5-0.075 %</i>                         | Tier 1 |                                                                               |
| NATACYN OPHTHALMIC SUSPENSION 5 %                                                     | Tier 3 |                                                                               |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i> | Tier 1 |                                                                               |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>              | Tier 1 |                                                                               |
| NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000                                         | Tier 1 |                                                                               |
| <i>ofloxacin ophthalmic solution 0.3 %</i>                                            | Tier 1 |                                                                               |
| POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM                                         | Tier 1 |                                                                               |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>               | Tier 1 |                                                                               |
| <i>povidone-iodine ophthalmic solution 5 %</i>                                        | Tier 1 |                                                                               |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i>                                  | Tier 1 |                                                                               |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i>                                  | Tier 1 |                                                                               |
| <i>tobramycin ophthalmic solution 0.3 %</i>                                           | Tier 1 |                                                                               |
| TOBREX OPHTHALMIC OINTMENT 0.3 %                                                      | Tier 2 |                                                                               |
| <i>trifluridine ophthalmic solution 1 %</i>                                           | Tier 1 | ST: TRIAL OF ORAL ACYCLOVIR, VALACYCLOVIR OR FAMCICLOVIR IN THE PAST 120 DAYS |
| XDEMVIY OPHTHALMIC SOLUTION 0.25 %                                                    | Tier 3 | PA; SP                                                                        |

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| Drug                                                                                   | Status | Notes                                                                                                                                                                       |
|----------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ophthalmic Immunomodulators</b>                                                     |        |                                                                                                                                                                             |
| <i>cyclosporine ophthalmic emulsion 0.05 %</i>                                         | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                         |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %                                          | Tier 2 | QL (5.5 ML per 30 days)                                                                                                                                                     |
| RESTASIS OPHTHALMIC EMULSION 0.05 %                                                    | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                         |
| VERKAZIA OPHTHALMIC EMULSION 0.1 %                                                     | Tier 3 | PA                                                                                                                                                                          |
| <b>Ophthalmic Integrin Antagonists</b>                                                 |        |                                                                                                                                                                             |
| XIIDRA OPHTHALMIC SOLUTION 5 %                                                         | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                         |
| <b>Ophthalmic Kinase Inhibitors</b>                                                    |        |                                                                                                                                                                             |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 %                                                   | Tier 3 | ST: TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, TRAVATAN Z, AZOPT, OR SIMBRINZA IN THE PAST 365 DAYS.; QL (2.5 ML per 30 days) |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %                                             | Tier 3 | ST: TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, TRAVATAN Z, AZOPT, OR SIMBRINZA IN THE PAST 365 DAYS.; QL (2.5 ML per 25 days) |
| <b>Ophthalmic Local Anesthetics</b>                                                    |        |                                                                                                                                                                             |
| AKTEN OPHTHALMIC GEL 3.5 %                                                             | Tier 3 |                                                                                                                                                                             |
| ALTACAIN OPHTHALMIC SOLUTION 0.5 %                                                     | Tier 1 |                                                                                                                                                                             |
| IHEEZO OPHTHALMIC GEL 3 %                                                              | Tier 3 |                                                                                                                                                                             |
| <i>proparacaine hcl ophthalmic solution 0.5 %</i>                                      | Tier 1 |                                                                                                                                                                             |
| <i>tetracaine hcl ophthalmic solution 0.5 %</i>                                        | Tier 3 |                                                                                                                                                                             |
| <i>tetracaine hcl solution 0.5 % ophthalmic</i>                                        | Tier 1 |                                                                                                                                                                             |
| <i>tetracaine hcl solution 0.5 % ophthalmic</i>                                        | Tier 3 |                                                                                                                                                                             |
| <b>Ophthalmic Nerve Growth Factors</b>                                                 |        |                                                                                                                                                                             |
| OXERVATE OPHTHALMIC SOLUTION 0.002 %                                                   | Tier 3 | PA; SP                                                                                                                                                                      |
| <b>Ophthalmic Photoenhancers</b>                                                       |        |                                                                                                                                                                             |
| PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 & 0.146-20 % | Tier 3 | SP                                                                                                                                                                          |
| <b>Ophthalmic Steroids</b>                                                             |        |                                                                                                                                                                             |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>                           | Tier 1 |                                                                                                                                                                             |

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| Drug                                                                          | Status | Notes                                                                                                                                       |
|-------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <i>clobetasol propionate ophthalmic suspension 0.05 %</i>                     | Tier 3 | ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS.; QL (3.5 ML per 14 days) |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>               | Tier 1 | QL (15 ML per 14 days)                                                                                                                      |
| DEXTENZA OPHTHALMIC INSERT 0.4 MG                                             | Tier 3 |                                                                                                                                             |
| <i>difluprednate ophthalmic emulsion 0.05 %</i>                               | Tier 1 | QL (5 ML per 7 days)                                                                                                                        |
| <i>double pm ophthalmic solution reconstituted 1-0.5 %</i>                    | Tier 3 |                                                                                                                                             |
| EYSUVIS OPHTHALMIC SUSPENSION 0.25 %                                          | Tier 2 |                                                                                                                                             |
| <i>fluorometholone ophthalmic suspension 0.1 %</i>                            | Tier 1 | QL (5 ML per 7 days)                                                                                                                        |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 %                                             | Tier 2 | QL (7 GM per 14 days)                                                                                                                       |
| LOTEMAX SM OPHTHALMIC GEL 0.38 %                                              | Tier 2 | QL (5 GM per 7 days)                                                                                                                        |
| <i>loteprednol etabonate ophthalmic gel 0.5 %</i>                             | Tier 1 | QL (5 GM per 7 days)                                                                                                                        |
| <i>loteprednol etabonate ophthalmic suspension 0.2 %</i>                      | Tier 1 | ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS.; QL (5 ML per 7 days)    |
| <i>loteprednol etabonate ophthalmic suspension 0.5 %</i>                      | Tier 1 | QL (10 ML per 7 days)                                                                                                                       |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 %                                           | Tier 3 | ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS.; QL (25 ML per 14 days)  |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>          | Tier 1 |                                                                                                                                             |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i> | Tier 1 |                                                                                                                                             |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>                | Tier 1 |                                                                                                                                             |
| NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %                                        | Tier 1 |                                                                                                                                             |
| <i>prednisolone acetate ophthalmic suspension 1 %</i>                         | Tier 1 | QL (10 ML per 7 days)                                                                                                                       |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i>                  | Tier 1 | QL (10 ML per 7 days)                                                                                                                       |
| <i>prednisolone-bromfenac ophthalmic solution 1-0.075 %</i>                   | Tier 1 |                                                                                                                                             |

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| Drug                                                                    | Status | Notes                                                                                                                          |
|-------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------|
| <i>prednisolone-moxifloxacin ophthalmic solution 1-0.5 %</i>            | Tier 1 |                                                                                                                                |
| <i>prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %</i> | Tier 1 |                                                                                                                                |
| <i>prednisolon-moxiflox-ketorolac ophthalmic solution 1-0.5-0.5 %</i>   | Tier 1 |                                                                                                                                |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>         | Tier 1 |                                                                                                                                |
| TOBRADEX OPTHALMIC OINTMENT 0.3-0.1 %                                   | Tier 2 |                                                                                                                                |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>         | Tier 1 |                                                                                                                                |
| <i>triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %</i>        | Tier 3 |                                                                                                                                |
| <i>triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %</i>         | Tier 3 |                                                                                                                                |
| <b>Ophthalmic Surgical Aids</b>                                         |        |                                                                                                                                |
| GELFILM OPTHALMIC FILM                                                  | Tier 3 |                                                                                                                                |
| <b>Ophthalmics - Misc.</b>                                              |        |                                                                                                                                |
| ACUVAIL OPTHALMIC SOLUTION 0.45 %                                       | Tier 3 | ST: TRIAL OF ILEVRO 0.3% AND ONE OF THE FOLLOWING: DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 365 DAYS; QL (4 EA per 1 day) |
| ALOCRILO OPTHALMIC SOLUTION 2 %                                         | Tier 3 | ST: TRIAL OF CROMOLYN 4% OPTHALMIC DROPS IN THE PAST 120 DAYS; QL (20 ML per 30 days)                                          |
| <i>azelastine hcl ophthalmic solution 0.05 %</i>                        | Tier 1 | QL (12 ML per 30 days)                                                                                                         |
| <i>brinzolamide ophthalmic suspension 1 %</i>                           | Tier 1 |                                                                                                                                |
| <i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>         | Tier 1 | ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPTHALMIC DROPS IN THE PAST 120 DAYS; QL (3.4 ML per 16 days)                     |
| <i>bromfenac sodium ophthalmic solution 0.07 %</i>                      | Tier 1 | ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPTHALMIC DROPS IN THE PAST 120 DAYS; QL (3 ML per 16 days)                       |
| <i>bromfenac sodium ophthalmic solution 0.075 %</i>                     | Tier 1 | ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPTHALMIC DROPS IN THE PAST 120 DAYS; QL (5 ML per 16 days)                       |
| <i>cromolyn sodium ophthalmic solution 4 %</i>                          | Tier 1 | QL (50 ML per 30 days)                                                                                                         |
| CYSTADROPS OPTHALMIC SOLUTION 0.37 %                                    | Tier 2 | PA; SP                                                                                                                         |

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| Drug                                                           | Status | Notes                                                                                               |
|----------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------|
| CYSTARAN OPHTHALMIC SOLUTION 0.44 %                            | Tier 2 | PA; SP                                                                                              |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i>             | Tier 1 | QL (5 ML per 7 days)                                                                                |
| <i>dorzolamide hcl ophthalmic solution 2 %</i>                 | Tier 1 |                                                                                                     |
| <i>epinastine hcl ophthalmic solution 0.05 %</i>               | Tier 1 | QL (10 ML per 30 days)                                                                              |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i>          | Tier 1 |                                                                                                     |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 %                             | Tier 2 | QL (3.4 ML per 16 days)                                                                             |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %</i>        | Tier 1 |                                                                                                     |
| <i>ketorolac tromethamine ophthalmic solution 0.5 %</i>        | Tier 1 | QL (2 ML per 3 days)                                                                                |
| MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML                          | Tier 2 |                                                                                                     |
| <i>olopatadine hcl ophthalmic solution 0.2 %</i>               | Tier 1 | QL (3 ML per 30 days)                                                                               |
| UPNEEQ OPHTHALMIC SOLUTION 0.1 %                               | Tier 3 | PA                                                                                                  |
| <b>Prostaglandins - Ophthalmic</b>                             |        |                                                                                                     |
| <i>bimatoprost ophthalmic solution 0.03 %</i>                  | Tier 1 | QL (2.5 ML per 25 days)                                                                             |
| <i>latanoprost ophthalmic solution 0.005 %</i>                 | Tier 1 |                                                                                                     |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 %                             | Tier 2 | QL (2.5 ML per 25 days)                                                                             |
| <i>tafluprost (pf) ophthalmic solution 0.0015 %</i>            | Tier 1 | QL (1 EA per 1 day)                                                                                 |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i>       | Tier 1 | QL (2.5 ML per 25 days)                                                                             |
| VYZULTA OPHTHALMIC SOLUTION 0.024 %                            | Tier 3 | ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (2.5 ML per 30 days) |
| XELPROS OPHTHALMIC EMULSION 0.005 %                            | Tier 3 | ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (2.5 ML per 25 days) |
| <b>Unknown</b>                                                 |        |                                                                                                     |
| TYRVAYA NASAL SOLUTION 0.03 MG/ACT                             | Tier 2 | PA                                                                                                  |
| <b>Otic Agents</b>                                             |        |                                                                                                     |
| <b>Otic Agents - Miscellaneous</b>                             |        |                                                                                                     |
| <i>acetic acid otic solution 2 %</i>                           | Tier 1 |                                                                                                     |
| <b>Otic Anti-Infectives</b>                                    |        |                                                                                                     |
| <i>ciprofloxacin hcl otic solution 0.2 %</i>                   | Tier 1 |                                                                                                     |
| <i>ofloxacin otic solution 0.3 %</i>                           | Tier 1 |                                                                                                     |
| <b>Otic Combinations</b>                                       |        |                                                                                                     |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>   | Tier 1 |                                                                                                     |
| <i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i> | Tier 1 |                                                                                                     |
| <i>ciprofloxacin-hydrocortisone otic suspension 0.2-1 %</i>    | Tier 1 |                                                                                                     |

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| Drug                                                                                                  | Status | Notes                  |
|-------------------------------------------------------------------------------------------------------|--------|------------------------|
| CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML                                                     | Tier 3 |                        |
| <i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>                                           | Tier 1 |                        |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>                                              | Tier 1 |                        |
| OTOVEL OTIC SOLUTION 0.3-0.025 %                                                                      | Tier 3 |                        |
| PRAMOTIC OTIC LIQUID 1-0.1 %                                                                          | Tier 3 |                        |
| <b>Otic Steroids</b>                                                                                  |        |                        |
| <i>fluocinolone acetonide otic oil 0.01 %</i>                                                         | Tier 1 |                        |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i>                                                 | Tier 1 |                        |
| <b>Oxytocics</b>                                                                                      |        |                        |
| <b>Abortifacients/Agents For Cervical Ripening</b>                                                    |        |                        |
| CERVIDIL VAGINAL INSERT 10 MG                                                                         | Tier 3 |                        |
| PREPIDIL VAGINAL GEL 0.5 MG/3GM                                                                       | Tier 3 |                        |
| <b>Oxytocics</b>                                                                                      |        |                        |
| METHERGINE ORAL TABLET 0.2 MG                                                                         | Tier 1 | QL (28 EA per 30 days) |
| <i>methylergonovine maleate oral tablet 0.2 mg</i>                                                    | Tier 1 | QL (28 EA per 30 days) |
| <b>Passive Immunizing And Treatment Agents</b>                                                        |        |                        |
| <b>Antitoxins-Antivenins</b>                                                                          |        |                        |
| ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED                                                           | Tier 3 |                        |
| <b>Immune Serums</b>                                                                                  |        |                        |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | Tier 2 | PA; SP                 |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML                            | Tier 3 | PA; SP                 |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | Tier 2 | PA; SP                 |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML                             | Tier 3 | PA; SP                 |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML           | Tier 3 | PA; SP                 |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML                              | Tier 2 | PA; SP                 |

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| Drug                                                                                                                                      | Status | Notes                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------|
| <b>Monoclonal Antibodies</b>                                                                                                              |        |                                                                                                       |
| BEYFORTUS INTRAMUSCULAR SOLUTION<br>PREFILLED SYRINGE 100 MG/ML                                                                           | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 2,<br>FILL OF 2 IN 120 DAYS, AND 19 MONTHS<br>OF AGE OR YOUNGER   |
| BEYFORTUS INTRAMUSCULAR SOLUTION<br>PREFILLED SYRINGE 50 MG/0.5ML                                                                         | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5,<br>FILL OF 2 IN 120 DAYS, AND 19 MONTHS<br>OF AGE OR YOUNGER |
| <b>Passive Immunizing Agents - Combinations</b>                                                                                           |        |                                                                                                       |
| HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5<br>GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML                                                  | Tier 3 | PA; SP                                                                                                |
| <b>Penicillins</b>                                                                                                                        |        |                                                                                                       |
| <b>Aminopenicillins</b>                                                                                                                   |        |                                                                                                       |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>                                                                                            | Tier 1 |                                                                                                       |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml,<br/>200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>                                       | Tier 1 |                                                                                                       |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                                                             | Tier 1 |                                                                                                       |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>                                                                                    | Tier 1 |                                                                                                       |
| <i>ampicillin oral capsule 500 mg</i>                                                                                                     | Tier 1 |                                                                                                       |
| <b>Natural Penicillins</b>                                                                                                                |        |                                                                                                       |
| <i>penicillin v potassium oral solution reconstituted 125<br/>mg/5ml, 250 mg/5ml</i>                                                      | Tier 1 |                                                                                                       |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                                                                  | Tier 1 |                                                                                                       |
| <b>Penicillin Combinations</b>                                                                                                            |        |                                                                                                       |
| <i>amoxicillin-pot clavulanate er oral tablet extended<br/>release 12 hour 1000-62.5 mg</i>                                               | Tier 1 |                                                                                                       |
| <i>amoxicillin-pot clavulanate oral suspension<br/>reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml,<br/>400-57 mg/5ml, 600-42.9 mg/5ml</i> | Tier 1 |                                                                                                       |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg,<br/>500-125 mg, 875-125 mg</i>                                                     | Tier 1 |                                                                                                       |
| <b>Penicillinase-Resistant Penicillins</b>                                                                                                |        |                                                                                                       |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>                                                                                   | Tier 1 |                                                                                                       |
| <b>Pharmaceutical Adjuvants</b>                                                                                                           |        |                                                                                                       |
| <b>Gelatin Capsules (Empty)</b>                                                                                                           |        |                                                                                                       |
| <i>capsule ezeefit #0 clear capsule</i>                                                                                                   | Tier 3 |                                                                                                       |
| <i>capsule ezeefit #00 clear capsule</i>                                                                                                  | Tier 3 |                                                                                                       |
| DRCAPS SIZE 00 CAPSULE                                                                                                                    | Tier 3 |                                                                                                       |

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| Drug                                                           | Status | Notes |
|----------------------------------------------------------------|--------|-------|
| DRCAPS SIZE 1 CAPSULE                                          | Tier 3 |       |
| <b>Liquid Vehicles</b>                                         |        |       |
| ADA EXTERNAL SHAMPOO                                           | Tier 3 |       |
| <i>bacteriostatic water(benz alc) injection solution</i>       | Tier 3 |       |
| <i>cherry oral syrup</i>                                       | Tier 1 |       |
| FLAVOR BLEND ORAL SUSPENSION                                   | Tier 3 |       |
| <i>flavor plus oral liquid</i>                                 | Tier 3 |       |
| <i>flavor sweet oral syrup</i>                                 | Tier 3 |       |
| FOAMIL EXTERNAL LIQUID                                         | Tier 3 |       |
| LOZIBASE S                                                     | Tier 3 |       |
| <i>multi-peptide serum external liquid</i>                     | Tier 3 |       |
| ORA-BLEND ORAL SUSPENSION                                      | Tier 3 |       |
| ORA-BLEND SF ORAL SUSPENSION                                   | Tier 3 |       |
| ORAPENN SD ANHYD SWEETENED ORAL LIQUID                         | Tier 3 |       |
| ORA-PLUS ORAL LIQUID                                           | Tier 3 |       |
| ORA-SWEET ORAL SYRUP                                           | Tier 3 |       |
| ORA-SWEET SF ORAL SYRUP                                        | Tier 3 |       |
| PCCA ACACIA SYRUP BASE ORAL SYRUP                              | Tier 3 |       |
| PCCA SWEET-SF ORAL SYRUP                                       | Tier 3 |       |
| PCCA SYRUP VEHICLE ORAL SYRUP                                  | Tier 3 |       |
| PCCA-PLUS ORAL SUSPENSION                                      | Tier 3 |       |
| <i>raspberry syrup oral syrup</i>                              | Tier 1 |       |
| RHEOSPRAY EXTERNAL LIQUID                                      | Tier 3 |       |
| <i>saline bacteriostatic injection solution 0.9 %</i>          | Tier 1 |       |
| SERAQUA EXTERNAL LIQUID                                        | Tier 3 |       |
| <i>sodium chloride bacteriostatic injection solution 0.9 %</i> | Tier 1 |       |
| SOLYDRA EXTERNAL LIQUID                                        | Tier 3 |       |
| SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION                   | Tier 3 |       |
| SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION                 | Tier 3 |       |
| SYRPALTA ORAL SYRUP , 85 %                                     | Tier 3 |       |
| SYRSPEND SF ORAL LIQUID                                        | Tier 3 |       |
| SYRSPEND SF PH4 ORAL SUSPENSION RECONSTITUTED                  | Tier 3 |       |
| TRICHOSOL EXTERNAL SOLUTION                                    | Tier 3 |       |

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| Drug                                         | Status | Notes |
|----------------------------------------------|--------|-------|
| U-MILD EXTERNAL SHAMPOO                      | Tier 3 |       |
| UNISPEND ANHYDROUS SWEETENED ORAL SUSPENSION | Tier 3 |       |
| VERSAFREE ORAL SYRUP                         | Tier 3 |       |
| VERSAPLUS ORAL SYRUP                         | Tier 3 |       |
| VERSAPRO EXTERNAL SHAMPOO                    | Tier 3 |       |
| <b>Non Gelatin Capsules (Empty)</b>          |        |       |
| <i>non gelatin capsules (empty) capsule</i>  | Tier 3 |       |
| <b>Semi Solid Vehicles</b>                   |        |       |
| <i>1st base external cream</i>               | Tier 3 |       |
| ALPAWASH EXTERNAL OINTMENT                   | Tier 3 |       |
| ALTADERM EXTERNAL CREAM                      | Tier 3 |       |
| <i>anhydrous cream base cream</i>            | Tier 3 |       |
| ATREVIS HYDROGEL EXTERNAL CREAM              | Tier 3 |       |
| AUXIPRO VANISHING EXTERNAL CREAM             | Tier 3 |       |
| CARBOGEL 940 GEL                             | Tier 3 |       |
| CARBOHOL 940 GEL                             | Tier 3 |       |
| CHRYSADERM DAY EXTERNAL CREAM                | Tier 3 |       |
| CHRYSADERM NIGHT EXTERNAL CREAM              | Tier 3 |       |
| <i>cutis plus external cream</i>             | Tier 3 |       |
| DURABASE ADVANCED EXTERNAL CREAM             | Tier 3 |       |
| DURABASE EXTERNAL CREAM                      | Tier 3 |       |
| EMOLIVAN EXTERNAL CREAM                      | Tier 3 |       |
| ESPUMIL FOAM                                 | Tier 3 |       |
| <i>fagron ls plus external cream</i>         | Tier 3 |       |
| <i>fagron natural external cream</i>         | Tier 3 |       |
| <i>fagron supreme external cream</i>         | Tier 3 |       |
| FITALITE EXTERNAL CREAM                      | Tier 3 |       |
| <i>freedom adaptaderm external cream</i>     | Tier 3 |       |
| <i>freedom derma serum external cream</i>    | Tier 3 |       |
| FREEDOM DERMA-D EXTERNAL CREAM               | Tier 3 |       |
| FREEDOM DERMA-N EXTERNAL CREAM               | Tier 3 |       |
| HUMCO BASE PAIN MGMT EXTERNAL CREAM          | Tier 3 |       |
| HYDROGEL GEL                                 | Tier 3 |       |
| LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM   | Tier 3 |       |

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| Drug                                                | Status | Notes |
|-----------------------------------------------------|--------|-------|
| <i>lipo cream base external cream</i>               | Tier 3 |       |
| LIPOCREAM BASE EXTERNAL CREAM                       | Tier 3 |       |
| <i>lipofoam rx foam</i>                             | Tier 3 |       |
| <i>lipolayer external cream</i>                     | Tier 3 |       |
| <i>lipopen ultra base external cream</i>            | Tier 3 |       |
| LIPOZYME EXTERNAL CREAM                             | Tier 3 |       |
| MEDIDERM EXTERNAL CREAM                             | Tier 3 |       |
| MEDIHOL BASE GEL                                    | Tier 3 |       |
| <i>multi-phasic penetrating cmpd external cream</i> | Tier 3 |       |
| NOURILITE EXTERNAL CREAM                            | Tier 3 |       |
| NOURIVAN ANTIOX BASE EXTERNAL CREAM                 | Tier 3 |       |
| OCCLUVAN EXTERNAL OINTMENT                          | Tier 3 |       |
| OMNIBASE EXTERNAL CREAM                             | Tier 3 |       |
| PCCA ALADERM BASE EXTERNAL CREAM                    | Tier 3 |       |
| PCCA ANHYDROUS BASE OINTMENT                        | Tier 3 |       |
| PCCA ANHYDROUS LIPODERM BASE EXTERNAL CREAM         | Tier 3 |       |
| PCCA BIOPEPTIDE BASE EXTERNAL CREAM                 | Tier 3 |       |
| PCCA COBASE #1 EXTERNAL OINTMENT                    | Tier 3 |       |
| PCCA COSMETIC HRT BASE EXTERNAL CREAM               | Tier 3 |       |
| PCCA CUSTOM LIPO-MAX EXTERNAL CREAM                 | Tier 3 |       |
| PCCA ELLAGE VAGINAL CREAM                           | Tier 3 |       |
| PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM        | Tier 3 |       |
| PCCA LIPODERM BASE EXTERNAL CREAM                   | Tier 3 |       |
| PCCA LIPOSOMIC BASE DRY EXTERNAL CREAM              | Tier 3 |       |
| PCCA LIPOSOMIC BASE NORMAL EXTERNAL CREAM           | Tier 3 |       |
| PCCA LIPOSOMIC BASE OILY EXTERNAL CREAM             | Tier 3 |       |
| PCCA LIPOSOMIC BASE SENSITIVE EXTERNAL CREAM        | Tier 3 |       |
| PCCA MVC BASE EXTERNAL CREAM                        | Tier 3 |       |
| PCCA NATACREAM EXTERNAL CREAM                       | Tier 3 |       |
| PCCA POLYPEG BASE EXTERNAL OINTMENT                 | Tier 3 |       |
| PCCA PRACASIL TM-PLUS BASE EXTERNAL CREAM           | Tier 3 |       |

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| Drug                                                 | Status | Notes |
|------------------------------------------------------|--------|-------|
| PCCA VANISHING CREAM BASE EXTERNAL CREAM             | Tier 3 |       |
| PCCA VANISHING CREAM LIGHT EXTERNAL CREAM            | Tier 3 |       |
| PCCA VANPEN BASE EXTERNAL CREAM                      | Tier 3 |       |
| <i>penderm external cream</i>                        | Tier 3 |       |
| <i>pensomal external cream</i>                       | Tier 3 |       |
| PHARMABASE COSMETIC EXTERNAL CREAM                   | Tier 3 |       |
| PHARMABASE HEAVY EXTERNAL CREAM                      | Tier 3 |       |
| PHYTOBASE EXTERNAL CREAM                             | Tier 3 |       |
| PLO GEL - MEDIFLO 30 EXTERNAL KIT                    | Tier 3 |       |
| PLO GEL - MEDIFLO 30 PRE-MIXED EXTERNAL GEL          | Tier 3 |       |
| PLO GEL - MEDIFLO EXTERNAL KIT                       | Tier 3 |       |
| PLO GEL - MEDIFLO PRE-MIXED EXTERNAL GEL             | Tier 3 |       |
| <i>p-siloxan ds external cream</i>                   | Tier 3 |       |
| <i>sa3 derm external cream</i>                       | Tier 3 |       |
| <i>salt durable cream external cream</i>             | Tier 3 |       |
| SALT STABLE LS ADVANCED EXTERNAL CREAM               | Tier 3 |       |
| SALTSTABLE LO EXTERNAL CREAM                         | Tier 3 |       |
| <i>silprotex plus external cream</i>                 | Tier 3 |       |
| <i>skyy derm external cream</i>                      | Tier 3 |       |
| <i>teroderm external cream</i>                       | Tier 3 |       |
| <i>teroderm-plus external cream</i>                  | Tier 3 |       |
| <i>vanishing cream botanical base external cream</i> | Tier 3 |       |
| <i>vanishing external cream</i>                      | Tier 3 |       |
| <i>vanish-pen external cream</i>                     | Tier 3 |       |
| VASELINE EXTERNAL GEL                                | Tier 1 |       |
| VERSAPRO EXTERNAL CREAM                              | Tier 3 |       |
| VERSAPRO FOAM                                        | Tier 3 |       |
| VERSATILE ANHYDROUS CREAM BASE CREAM                 | Tier 3 |       |
| <i>versatile cream base external cream</i>           | Tier 3 |       |
| VERSATILE RICH BASE EXTERNAL CREAM                   | Tier 3 |       |
| <i>vp dermabase external cream</i>                   | Tier 3 |       |
| <i>white petrolatum external gel</i>                 | Tier 1 |       |
| XEMATOP BASE EXTERNAL CREAM                          | Tier 3 |       |

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| Drug                                                                                        | Status | Notes                                                                  |
|---------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------|
| ZOE SCRIPTS IDEALBASE EXTERNAL CREAM                                                        | Tier 3 |                                                                        |
| <b>Progestins</b>                                                                           |        |                                                                        |
| <b>Progestins</b>                                                                           |        |                                                                        |
| <i>ec-rx progesterone transdermal cream 10 %, 20 %</i>                                      | Tier 3 |                                                                        |
| GALLIFREY ORAL TABLET 5 MG                                                                  | Tier 1 |                                                                        |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>                          | Tier 1 |                                                                        |
| <i>megestrol acetate oral suspension 625 mg/5ml</i>                                         | Tier 1 | ST: TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION IN THE PAST 120 DAYS |
| <i>norethindrone acetate oral tablet 5 mg</i>                                               | Tier 1 |                                                                        |
| <i>progesterone intramuscular oil 50 mg/ml</i>                                              | Tier 1 |                                                                        |
| <i>progesterone micronized transdermal cream 10 %</i>                                       | Tier 3 |                                                                        |
| <i>progesterone oral capsule 100 mg, 200 mg</i>                                             | Tier 1 |                                                                        |
| PROMETRIUM ORAL CAPSULE 200 MG                                                              | Tier 1 |                                                                        |
| <b>Psychotherapeutic And Neurological Agents - Misc.</b>                                    |        |                                                                        |
| <b>Agents For Chemical Dependency</b>                                                       |        |                                                                        |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i>                               | Tier 1 |                                                                        |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                                | Tier 1 |                                                                        |
| <i>lofexidine hcl oral tablet 0.18 mg</i>                                                   | Tier 1 | PA                                                                     |
| <b>Anti-Cataleptic Agents</b>                                                               |        |                                                                        |
| LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM                                               | Tier 3 | PA; SP                                                                 |
| LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM                                      | Tier 3 | PA; SP                                                                 |
| <i>sodium oxybate oral solution 500 mg/ml</i>                                               | Tier 3 | PA; SP                                                                 |
| XYWAV ORAL SOLUTION 500 MG/ML                                                               | Tier 3 | PA; SP                                                                 |
| <b>Antidementia Agents</b>                                                                  |        |                                                                        |
| <i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>                                         | Tier 1 |                                                                        |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>                                    | Tier 1 |                                                                        |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i> | Tier 1 | QL (1 EA per 1 day)                                                    |
| <i>galantamine hydrobromide oral solution 4 mg/ml</i>                                       | Tier 1 | QL (200 ML per 30 days)                                                |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>                               | Tier 1 | QL (2 EA per 1 day)                                                    |

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| Drug                                                                                                     | Status | Notes                                                                                                  |
|----------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|
| LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML                                           | Tier 3 | PA; SP                                                                                                 |
| <i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>                  | Tier 1 | ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (1 EA per 1 day)             |
| <i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>                                                    | Tier 1 | QL (300 ML per 30 days)                                                                                |
| <i>memantine hcl oral tablet 10 mg, 5 mg</i>                                                             | Tier 1 | QL (2 EA per 1 day)                                                                                    |
| <i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>                                              | Tier 1 | QL (49 EA per 28 days)                                                                                 |
| <i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i> | Tier 1 | ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS; QL (1 EA per 1 day)                         |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG                                                   | Tier 2 | ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS; QL (1 EA per 1 day)                         |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                                     | Tier 1 |                                                                                                        |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>                     | Tier 1 | QL (1 EA per 1 day)                                                                                    |
| ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG                                                   | Tier 3 | ST: TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN THE PAST 120 DAYS; QL (2 EA per 1 day) |
| <b>Combination Psychotherapeutics</b>                                                                    |        |                                                                                                        |
| <i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>                                    | Tier 1 |                                                                                                        |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG                                                | Tier 3 | ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)              |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>              | Tier 1 | QL (1 EA per 1 day)                                                                                    |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>                | Tier 1 |                                                                                                        |
| <b>Hypoactive Sexual Desire Disorder (Hsdd) Agents</b>                                                   |        |                                                                                                        |
| ADDYI ORAL TABLET 100 MG                                                                                 | Tier 3 | PA                                                                                                     |
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML                                                | Tier 3 | PA                                                                                                     |
| <b>Movement Disorder Drug Therapy</b>                                                                    |        |                                                                                                        |
| AUSTEDO ORAL TABLET 12 MG, 9 MG                                                                          | Tier 2 | PA; SP; QL (4 EA per 1 day)                                                                            |
| AUSTEDO ORAL TABLET 6 MG                                                                                 | Tier 2 | PA; SP; QL (2 EA per 1 day)                                                                            |

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| Drug                                                                                                  | Status | Notes                       |
|-------------------------------------------------------------------------------------------------------|--------|-----------------------------|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG | Tier 2 | PA; SP; QL (1 EA per 1 day) |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG           | Tier 2 | PA; SP                      |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG                                                             | Tier 2 | PA; SP; QL (1 EA per 1 day) |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG                                                    | Tier 2 | PA; SP; QL (1 EA per 1 day) |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG                                                         | Tier 2 | PA; SP; QL (1 EA per 1 day) |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                                                       | Tier 1 | PA; SP                      |
| <b>Multiple Sclerosis Agents</b>                                                                      |        |                             |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML                                               | Tier 2 | PA; SP                      |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML                                     | Tier 2 | PA; SP                      |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                                                     | Tier 2 | PA; SP                      |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML                                             | Tier 2 | PA; SP                      |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>                                    | Tier 1 | PA; SP                      |
| <i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>                                  | Tier 1 | PA; SP                      |
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>      | Tier 1 | PA; SP                      |
| <i>fingolimod hcl oral capsule 0.5 mg</i>                                                             | Tier 1 | PA; SP                      |
| GILENYA ORAL CAPSULE 0.25 MG                                                                          | Tier 3 | PA; SP                      |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>                  | Tier 1 | PA; SP                      |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML                                    | Tier 1 | PA; SP                      |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML                                              | Tier 2 | PA; SP                      |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG                                                    | Tier 2 | PA; SP                      |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG                                                     | Tier 2 | PA; SP                      |

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| Drug                                                                               | Status | Notes  |
|------------------------------------------------------------------------------------|--------|--------|
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG                                  | Tier 2 | PA; SP |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG                                  | Tier 2 | PA; SP |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG                                  | Tier 2 | PA; SP |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG                                  | Tier 2 | PA; SP |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG                                  | Tier 2 | PA; SP |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG                                            | Tier 2 | PA; SP |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG            | Tier 2 | PA; SP |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML                    | Tier 2 | PA; SP |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML        | Tier 2 | PA; SP |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML    | Tier 2 | PA; SP |
| PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML                         | Tier 2 | PA; SP |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML                     | Tier 2 | PA; SP |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML      | Tier 2 | PA; SP |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG | Tier 2 | PA; SP |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML           | Tier 2 | PA; SP |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG      | Tier 2 | PA; SP |
| TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG                               | Tier 3 | PA; SP |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i>                                       | Tier 1 | PA; SP |

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| Drug                                                                              | Status | Notes                                                                                                                                                             |
|-----------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG                                      | Tier 2 | PA; SP                                                                                                                                                            |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG      | Tier 3 | PA; SP                                                                                                                                                            |
| ZEPOSIA ORAL CAPSULE 0.92 MG                                                      | Tier 3 | PA; SP                                                                                                                                                            |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)          | Tier 3 | PA; SP                                                                                                                                                            |
| <b>Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents</b>                       |        |                                                                                                                                                                   |
| CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & %                           | Tier 3 |                                                                                                                                                                   |
| <i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>         | Tier 1 | ST: TRIAL OF 2 OF THE FOLLOWING: PREGABALIN (IR), GABAPENTIN, TCA, DULOXETINE, VENLAFAXINE, VALPROIC ACID OR DIVALPROEX IN THE PAST 365 DAYS; QL (3 EA per 1 day) |
| <i>pregabalin er oral tablet extended release 24 hour 330 mg</i>                  | Tier 1 | ST: TRIAL OF 2 OF THE FOLLOWING: PREGABALIN (IR), GABAPENTIN, TCA, DULOXETINE, VENLAFAXINE, VALPROIC ACID OR DIVALPROEX IN THE PAST 365 DAYS; QL (2 EA per 1 day) |
| <b>Premenstrual Dysphoric Disorder (Pmdd) Agents</b>                              |        |                                                                                                                                                                   |
| <i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>                             | Tier 1 |                                                                                                                                                                   |
| <b>Pseudobulbar Affect (Pba) Agents</b>                                           |        |                                                                                                                                                                   |
| NUDEXTA ORAL CAPSULE 20-10 MG                                                     | Tier 3 | PA                                                                                                                                                                |
| <b>Psychotherapeutic And Neurological Agents - Misc.</b>                          |        |                                                                                                                                                                   |
| AQNEURSA ORAL PACKET 1 GM                                                         | Tier 2 | PA; SP                                                                                                                                                            |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG                                 | Tier 2 | PA; SP                                                                                                                                                            |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                            | Tier 1 |                                                                                                                                                                   |
| <b>Smoking Deterrents</b>                                                         |        |                                                                                                                                                                   |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i> | \$0    | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                                                                        |
| <i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>                                   | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                                                                       |

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| <b>Drug</b>                                                                     | <b>Status</b> | <b>Notes</b>                                                                                |
|---------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------|
| <i>cvs nicotine mouth/throat lozenge 2 mg</i>                                   | \$0           | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                      | \$0           | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                  | \$0           | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | \$0           | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>eq nicotine mouth/throat lozenge 4 mg</i>                                    | \$0           | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                       | \$0           | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                   | \$0           | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>                   | \$0           | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>             | \$0           | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>eq nicotine polacrilex mouth/throat gum 2 mg</i>                             | \$0           | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>folding paddle walker</i>                                                    | \$0           | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>                         | \$0           | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |

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| Drug                                                                            | Status | Notes                                                                                       |
|---------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------|
| <i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>                                  | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>                              | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>  | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>                        | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>gnp nicotine mouth/throat gum 2 mg, 4 mg</i>                                 | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                      | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                  | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>                           | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>                       | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>goodsense nicotine polacrilex mouth/throat gum 4 mg</i>                      | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR                                   | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |

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| Drug                                                        | Status | Notes                                                                                       |
|-------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------|
| KLS QUIT2 MOUTH/THROAT GUM 2 MG                             | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG                         | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| KLS QUIT4 MOUTH/THROAT GUM 4 MG                             | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG                         | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| NICORETTE MOUTH/THROAT LOZENGE 2 MG                         | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>        | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>   | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>      | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>  | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i> | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i> | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>  | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |

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| Drug                                                                                       | Status | Notes                                                                                                               |
|--------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|
| <i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>                | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                          |
| NICOTROL NS NASAL SOLUTION 10 MG/ML                                                        | \$0    | \$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days) |
| <i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>     | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                          |
| <i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>                                    | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                         |
| <i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>                                         | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                         |
| <i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>                                             | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                         |
| <i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                              | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                         |
| <i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>                        | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                          |
| THRIVE MOUTH/THROAT GUM 2 MG                                                               | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                         |
| <i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i> | \$0    | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)     |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>                                       | \$0    | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)     |

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| Drug                                                                 | Status | Notes                                                                                                                |
|----------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------|
| <i>varenicline tartrate(continue) oral tablet 1 mg</i>               | \$0    | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)      |
| <b>Transthyretin Amyloidosis Agents</b>                              |        |                                                                                                                      |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML               | Tier 3 | PA; SP                                                                                                               |
| <b>Vasomotor Symptom Agents</b>                                      |        |                                                                                                                      |
| <i>paroxetine mesylate oral capsule 7.5 mg</i>                       | Tier 1 | ST: TRIAL OF PAROXETINE HCL OR VENLAFAXINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)                                 |
| <b>Respiratory Agents - Misc.</b>                                    |        |                                                                                                                      |
| <b>Alpha-Proteinase Inhibitor (Human)</b>                            |        |                                                                                                                      |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG        | Tier 3 | PA; SP                                                                                                               |
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML    | Tier 3 | PA; SP                                                                                                               |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML                        | Tier 3 | PA; SP                                                                                                               |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG | Tier 3 | PA; SP                                                                                                               |
| <b>Cystic Fibrosis Agents</b>                                        |        |                                                                                                                      |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG                        | Tier 2 | PA; SP                                                                                                               |
| BRONCHITOL INHALATION CAPSULE 40 MG                                  | Tier 3 | SP; ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day); AGE (Min 18 Years) |
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG                   | Tier 3 | SP; ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day); AGE (Min 18 Years) |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG            | Tier 2 | PA; SP                                                                                                               |
| KALYDECO ORAL TABLET 150 MG                                          | Tier 2 | PA; SP                                                                                                               |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG                 | Tier 2 | PA; SP                                                                                                               |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                           | Tier 2 | PA; SP                                                                                                               |

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| Drug                                                                     | Status | Notes                                                                                                                           |
|--------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------|
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML                               | Tier 2 | PA; SP                                                                                                                          |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG         | Tier 2 | PA; SP                                                                                                                          |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG | Tier 2 | PA; SP                                                                                                                          |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG         | Tier 2 | PA; SP                                                                                                                          |
| <b>Pulmonary Fibrosis Agents</b>                                         |        |                                                                                                                                 |
| JASCAYD ORAL TABLET 18 MG, 9 MG                                          | Tier 3 | PA; SP; QL (2 EA per 1 day)                                                                                                     |
| OFEV ORAL CAPSULE 100 MG, 150 MG                                         | Tier 3 | PA; SP                                                                                                                          |
| <i>pirfenidone oral capsule 267 mg</i>                                   | Tier 1 | PA; SP                                                                                                                          |
| <i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>                    | Tier 1 | PA; SP                                                                                                                          |
| <b>Respiratory Agents - Misc.</b>                                        |        |                                                                                                                                 |
| BRINSUPRI ORAL TABLET 10 MG, 25 MG                                       | Tier 3 | PA; SP; QL (1 EA per 1 day)                                                                                                     |
| <b>Sulfonamides</b>                                                      |        |                                                                                                                                 |
| <b>Sulfonamides</b>                                                      |        |                                                                                                                                 |
| <i>sulfadiazine oral tablet 500 mg</i>                                   | Tier 1 |                                                                                                                                 |
| <b>Tetracyclines</b>                                                     |        |                                                                                                                                 |
| <b>Aminomethylcyclines</b>                                               |        |                                                                                                                                 |
| NUZYRA ORAL TABLET 150 MG                                                | Tier 3 | PA                                                                                                                              |
| <b>Tetracyclines</b>                                                     |        |                                                                                                                                 |
| <i>avidoxy oral tablet 100 mg</i>                                        | Tier 1 |                                                                                                                                 |
| <i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>                     | Tier 1 |                                                                                                                                 |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                    | Tier 1 | QL (2 EA per 1 day)                                                                                                             |
| <i>doxycycline hyclate oral tablet 100 mg</i>                            | Tier 1 | QL (2 EA per 1 day)                                                                                                             |
| <i>doxycycline hyclate oral tablet 150 mg</i>                            | Tier 1 | ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 150 MG TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)                            |
| <i>doxycycline hyclate oral tablet 20 mg</i>                             | Tier 1 |                                                                                                                                 |
| <i>doxycycline hyclate oral tablet 50 mg</i>                             | Tier 1 | ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED; QL (4 EA per 1 day) |
| <i>doxycycline hyclate oral tablet 75 mg</i>                             | Tier 1 | ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)                              |

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| Drug                                                                                                                                           | Status | Notes                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------|
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                                                                                      | Tier 1 |                                                                                                                                 |
| <i>doxycycline monohydrate oral capsule 150 mg</i>                                                                                             | Tier 1 | QL (2 EA per 1 day)                                                                                                             |
| <i>doxycycline monohydrate oral capsule 75 mg</i>                                                                                              | Tier 1 | ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)                              |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>                                                                         | Tier 1 |                                                                                                                                 |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>                                                                                | Tier 1 |                                                                                                                                 |
| <i>doxycycline monohydrate oral tablet 150 mg</i>                                                                                              | Tier 1 | QL (2 EA per 1 day)                                                                                                             |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>                                                                                       | Tier 1 |                                                                                                                                 |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>                                                                                        | Tier 1 |                                                                                                                                 |
| MONDOXYNE NL ORAL CAPSULE 100 MG                                                                                                               | Tier 1 |                                                                                                                                 |
| TARGADOX ORAL TABLET 50 MG                                                                                                                     | Tier 1 | ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED; QL (4 EA per 1 day) |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i>                                                                                            | Tier 1 |                                                                                                                                 |
| <b>Thyroid Agents</b>                                                                                                                          |        |                                                                                                                                 |
| <b>Antithyroid Agents</b>                                                                                                                      |        |                                                                                                                                 |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                                                                     | Tier 1 |                                                                                                                                 |
| <i>propylthiouracil oral tablet 50 mg</i>                                                                                                      | Tier 1 |                                                                                                                                 |
| <i>sodium iodide i-131 oral solution 1000 mcil/ml</i>                                                                                          | Tier 1 |                                                                                                                                 |
| <b>Thyroid Hormones</b>                                                                                                                        |        |                                                                                                                                 |
| ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG                                              | Tier 3 | ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS                                                                 |
| ERMEZA ORAL SOLUTION 150 MCG/5ML                                                                                                               | Tier 3 | PA                                                                                                                              |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                             | Tier 1 | QL (2 EA per 1 day)                                                                                                             |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG                      | Tier 1 | QL (2 EA per 1 day)                                                                                                             |
| <i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 1 | PA                                                                                                                              |

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| Drug                                                                                                                                                                                                      | Status | Notes                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------|
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>                                                            | Tier 1 | QL (2 EA per 1 day)                                                                   |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                                                                                         | Tier 1 | QL (2 EA per 1 day)                                                                   |
| LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG                                                                                                                                                                  | Tier 1 |                                                                                       |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>                                                                                                                                              | Tier 1 |                                                                                       |
| <i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                                                                                                        | Tier 3 | ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS                       |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG                                                                                                                                                 | Tier 3 | ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS                       |
| RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG                                                                                                                                                 | Tier 3 | ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS                       |
| THYQUIDITY ORAL SOLUTION 100 MCG/5ML                                                                                                                                                                      | Tier 3 | ST: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS; QL (20 ML per 1 day) |
| <i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                                                                                                             | Tier 1 | ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS                       |
| TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG                                                                                                                                                          | Tier 3 | PA                                                                                    |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | Tier 3 | PA                                                                                    |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG                                                                              | Tier 1 | QL (2 EA per 1 day)                                                                   |
| <b>Toxoids</b>                                                                                                                                                                                            |        |                                                                                       |
| <b>Toxoid Combinations</b>                                                                                                                                                                                |        |                                                                                       |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5                                                                                                                                                       | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE                      |
| ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5                                                                                                                                     | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE                      |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5                                                                                                                                 | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE                      |

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| Drug                                                                        | Status | Notes                                                            |
|-----------------------------------------------------------------------------|--------|------------------------------------------------------------------|
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5                                   | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10                                  | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML                    | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                         | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED                             | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| QUADRACEL INTRAMUSCULAR SUSPENSION                                          | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML                 | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML                               | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAXELIS INTRAMUSCULAR SUSPENSION                                            | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                          | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Ulcer Drugs/Antispasmodics/Anticholinergics</b>                          |        |                                                                  |
| <b>Antispasmodics</b>                                                       |        |                                                                  |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i> | Tier 1 |                                                                  |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>                     | Tier 1 |                                                                  |
| <i>dicyclomine hcl oral capsule 10 mg</i>                                   | Tier 1 |                                                                  |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i>                              | Tier 1 |                                                                  |
| <i>dicyclomine hcl oral tablet 20 mg</i>                                    | Tier 1 |                                                                  |
| <i>glycopyrrolate oral solution 1 mg/5ml</i>                                | Tier 1 |                                                                  |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                                | Tier 1 |                                                                  |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i> | Tier 1 |                                                                  |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>                         | Tier 1 |                                                                  |
| <i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>                        | Tier 1 |                                                                  |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>                             | Tier 1 |                                                                  |
| <i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>                 | Tier 1 |                                                                  |

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| Drug                                                                 | Status | Notes                                                                                                             |
|----------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------|
| <i>hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg</i>  | Tier 1 |                                                                                                                   |
| <i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>     | Tier 1 |                                                                                                                   |
| <i>hyosyne oral elixir 0.125 mg/5ml</i>                              | Tier 1 |                                                                                                                   |
| <i>hyosyne oral solution 0.125 mg/ml</i>                             | Tier 1 |                                                                                                                   |
| <i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>              | Tier 1 |                                                                                                                   |
| NULEV ORAL TABLET DISPERSIBLE 0.125 MG                               | Tier 1 |                                                                                                                   |
| <i>oscimin oral tablet 0.125 mg</i>                                  | Tier 1 |                                                                                                                   |
| <i>oscimin sublingual tablet sublingual 0.125 mg</i>                 | Tier 1 |                                                                                                                   |
| <b>H-2 Antagonists</b>                                               |        |                                                                                                                   |
| <i>cimetidine hcl oral solution 300 mg/5ml</i>                       | Tier 1 |                                                                                                                   |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>         | Tier 1 |                                                                                                                   |
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i>            | Tier 1 |                                                                                                                   |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                           | Tier 1 |                                                                                                                   |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                        | Tier 1 |                                                                                                                   |
| <b>Misc. Anti-Ulcer</b>                                              |        |                                                                                                                   |
| <i>sucralfate oral suspension 1 gm/10ml</i>                          | Tier 1 |                                                                                                                   |
| <i>sucralfate oral tablet 1 gm</i>                                   | Tier 1 |                                                                                                                   |
| <b>Proton Pump Inhibitors</b>                                        |        |                                                                                                                   |
| <i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>     | Tier 1 | ST: TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZOLE IN THE PAST 120 DAYS; QL (1 EA per 1 day) |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg</i>     | Tier 1 | QL (1 EA per 1 day)                                                                                               |
| <i>esomeprazole magnesium oral capsule delayed release 40 mg</i>     | Tier 1 | QL (2 EA per 1 day)                                                                                               |
| <i>esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | Tier 1 | QL (1 EA per 1 day)                                                                                               |
| <i>esomeprazole magnesium oral packet 40 mg</i>                      | Tier 1 | QL (2 EA per 1 day)                                                                                               |
| FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML                           | Tier 3 |                                                                                                                   |
| FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML                             | Tier 3 |                                                                                                                   |

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| Drug                                                                             | Status | Notes                                                                                                               |
|----------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|
| FIRST-PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML                                       | Tier 3 |                                                                                                                     |
| <i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>                    | Tier 1 |                                                                                                                     |
| <i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>         | Tier 1 | ST: TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZOLE IN THE PAST 120 DAYS                        |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>               | Tier 1 |                                                                                                                     |
| <i>pantoprazole sodium oral packet 40 mg</i>                                     | Tier 1 | ST: TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZOLE IN THE PAST 120 DAYS                        |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>              | Tier 1 |                                                                                                                     |
| <i>rabeprazole sodium oral capsule sprinkle 10 mg</i>                            | Tier 1 | ST: TRIAL OF 2 OF THE FOLLOWING: OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE IN THE PAST 365 DAYS; QL (1 EA per 1 day) |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i>                      | Tier 1 | QL (1 EA per 1 day)                                                                                                 |
| VOQUEZNA ORAL TABLET 10 MG                                                       | Tier 3 | PA; QL (1 EA per 1 day)                                                                                             |
| VOQUEZNA ORAL TABLET 20 MG                                                       | Tier 3 | PA                                                                                                                  |
| <b>Ulcer Drugs - Prostaglandins</b>                                              |        |                                                                                                                     |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                  | Tier 1 |                                                                                                                     |
| <b>Ulcer Therapy Combinations</b>                                                |        |                                                                                                                     |
| <i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i> | Tier 1 | QL (112 EA per 10 days)                                                                                             |
| <i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>                  | Tier 1 |                                                                                                                     |
| <i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>                | Tier 1 |                                                                                                                     |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>         | Tier 1 | ST: TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZOLE IN THE PAST 120 DAYS; QL (1 EA per 1 day)   |
| TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG                              | Tier 3 | QL (168 EA per 14 days); AGE (Min 18 Years)                                                                         |
| VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG                                    | Tier 3 | PA; QL (112 EA per 14 days)                                                                                         |

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| Drug                                                                                  | Status | Notes                                                            |
|---------------------------------------------------------------------------------------|--------|------------------------------------------------------------------|
| VOQUEZNA TRIPLE PAK ORAL THERAPY PACK<br>500-500-20 MG                                | Tier 3 | PA; QL (112 EA per 14 days)                                      |
| <b>Urinary Antispasmodics</b>                                                         |        |                                                                  |
| <b>Urinary Antispasmodic - Antimuscarinics<br/>(Anticholinergic)</b>                  |        |                                                                  |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i> | Tier 1 |                                                                  |
| <i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>       | Tier 1 | QL (1 EA per 1 day)                                              |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i> | Tier 1 |                                                                  |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i>                                     | Tier 1 |                                                                  |
| <i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>                                   | Tier 1 |                                                                  |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR                                    | Tier 3 | ST: TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i>                                  | Tier 1 |                                                                  |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>       | Tier 1 |                                                                  |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>                                    | Tier 1 |                                                                  |
| <i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>               | Tier 1 |                                                                  |
| <i>trospium chloride oral tablet 20 mg</i>                                            | Tier 1 |                                                                  |
| <b>Urinary Antispasmodics - Beta-3 Adrenergic Agonists</b>                            |        |                                                                  |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML                                    | Tier 2 |                                                                  |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG                           | Tier 1 | QL (1 EA per 1 day)                                              |
| <b>Urinary Antispasmodics - Cholinergic Agonists</b>                                  |        |                                                                  |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                     | Tier 1 |                                                                  |
| <b>Urinary Antispasmodics - Direct Muscle Relaxants</b>                               |        |                                                                  |
| <i>flavoxate hcl oral tablet 100 mg</i>                                               | Tier 1 |                                                                  |
| <b>Vaccines</b>                                                                       |        |                                                                  |
| <b>Bacterial Vaccines</b>                                                             |        |                                                                  |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED                                           | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

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| Drug                                                                           | Status | Notes                                                               |
|--------------------------------------------------------------------------------|--------|---------------------------------------------------------------------|
| BEXSERO INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                   | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| CAPVAXIVE INTRAMUSCULAR SOLUTION<br>PREFILLED SYRINGE 0.5 ML                   | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| HIBERIX INJECTION SOLUTION RECONSTITUTED<br>10 MCG                             | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML                                        | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| MENVEO INTRAMUSCULAR SOLUTION                                                  | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| MENVEO INTRAMUSCULAR SOLUTION<br>RECONSTITUTED                                 | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5<br>MCG/0.5ML                           | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| PENBRAYA INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED                             | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| <i>penmenvy intramuscular suspension reconstituted</i>                         | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| PNEUMOVAX 23 INJECTION SOLUTION<br>PREFILLED SYRINGE 25 MCG/0.5ML              | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| PREVNAR 20 INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| TRUMENBA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                  | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML               | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| <b>Viral Vaccines</b>                                                          |        |                                                                     |
| ABRYSV0 INTRAMUSCULAR SOLUTION<br>RECONSTITUTED 120 MCG/0.5ML                  | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| AFLURIA INTRAMUSCULAR SUSPENSION                                               | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 0.5 ML | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| AREXVY INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED 120 MCG/0.5ML                 | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| COMIRNATY 5-11 YEARS INTRAMUSCULAR<br>SUSPENSION 10 MCG/0.3ML                  | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |

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| Drug                                                                                 | Status | Notes                                                               |
|--------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------|
| COMIRNATY INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 30 MCG/0.3ML                 | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| ENGRIX-B INJECTION SUSPENSION 20 MCG/ML                                              | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| ENGRIX-B INJECTION SUSPENSION PREFILLED<br>SYRINGE 10 MCG/0.5ML, 20 MCG/ML           | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| FLUAD INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                           | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| FLUARIX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                         | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| FLUBLOK INTRAMUSCULAR SOLUTION<br>PREFILLED SYRINGE 0.5 ML                           | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| FLUCELVAX INTRAMUSCULAR SUSPENSION                                                   | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| FLUCELVAX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                       | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| FLULAVAL INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                        | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| FLUMIST NASAL LIQUID                                                                 | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE HIGH-DOSE INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 0.5 ML               | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE INTRAMUSCULAR SUSPENSION                                                     | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                         | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5<br>ML                                        | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                      | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| HAVRIX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 1440 EL U/ML, 720 EL<br>U/0.5ML | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| HEPLISAV-B INTRAMUSCULAR SOLUTION<br>PREFILLED SYRINGE 20 MCG/0.5ML                  | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |
| IPOL INJECTION SUSPENSION                                                            | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE |

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| Drug                                                                                         | Status | Notes                                                            |
|----------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------|
| M-M-R II INJECTION SOLUTION RECONSTITUTED                                                    | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| MNEXSPIKE INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 10 MCG/0.2ML                         | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| MRESVIA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 50 MCG/0.5ML                           | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <i>nuvaxovid covid-19 vaccine intramuscular suspension<br/>prefilled syringe 5 mcg/0.5ml</i> | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PRIORIX SUBCUTANEOUS SUSPENSION<br>RECONSTITUTED                                             | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PROQUAD SUBCUTANEOUS SUSPENSION<br>RECONSTITUTED                                             | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| RECOMBIVAX HB INJECTION SUSPENSION 10<br>MCG/ML, 40 MCG/ML, 5 MCG/0.5ML                      | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| RECOMBIVAX HB INJECTION SUSPENSION<br>PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML               | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| ROTARIX ORAL SUSPENSION                                                                      | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| ROTARIX ORAL SUSPENSION RECONSTITUTED                                                        | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| ROTATEQ ORAL SOLUTION                                                                        | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| SHINGRIX INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED 50 MCG/0.5ML                              | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| SPIKEVAX 6M-11Y INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 25<br>MCG/0.25ML               | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| SPIKEVAX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 50 MCG/0.5ML                          | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| TWINRIX INTRAMUSCULAR SUSPENSION 720-20                                                      | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| TWINRIX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 720-20 ELU-MCG/ML                      | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAQTA INTRAMUSCULAR SUSPENSION 25<br>UNIT/0.5ML, 50 UNIT/ML                                  | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAQTA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML                | \$0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

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| Drug                                                         | Status | Notes                                                                                                                                                                                                                           |
|--------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VARIVAX INJECTION SUSPENSION<br>RECONSTITUTED 1350 PFU/0.5ML | \$0    | \$0 COPAY WITH RESTRICTIONS THAT<br>APPLY ACCORDING TO CDC GUIDANCE                                                                                                                                                             |
| <b>Vaginal Products</b>                                      |        |                                                                                                                                                                                                                                 |
| <b>Miscellaneous Vaginal Products</b>                        |        |                                                                                                                                                                                                                                 |
| FEM PH VAGINAL GEL 0.9-0.025 %                               | Tier 3 |                                                                                                                                                                                                                                 |
| TRIMO-SAN VAGINAL GEL 0.025-0.01 %                           | Tier 3 |                                                                                                                                                                                                                                 |
| <b>Spermicides</b>                                           |        |                                                                                                                                                                                                                                 |
| ENCARE VAGINAL SUPPOSITORY 100 MG                            | \$0    |                                                                                                                                                                                                                                 |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL<br>GEL 3 %            | \$0    |                                                                                                                                                                                                                                 |
| TODAY SPONGE VAGINAL 1000 MG                                 | \$0    |                                                                                                                                                                                                                                 |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28<br>%               | \$0    |                                                                                                                                                                                                                                 |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4<br>%                 | \$0    |                                                                                                                                                                                                                                 |
| <b>Unknown</b>                                               |        |                                                                                                                                                                                                                                 |
| PHEXX VAGINAL GEL 1.8-1-0.4 %                                | \$0    |                                                                                                                                                                                                                                 |
| PHEXXI VAGINAL GEL 1.8-1-0.4 %                               | \$0    |                                                                                                                                                                                                                                 |
| <b>Vaginal Anti-Infectives</b>                               |        |                                                                                                                                                                                                                                 |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG                           | Tier 3 | ST: TRIAL OF TWO OF THE FOLLOWING<br>GENERICs: ORAL METRONIDAZOLE<br>TABLETS, ORAL CLINDAMYCIN<br>CAPSULES, INTRAVAGINAL<br>METRONIDAZOLE GEL, INTRAVAGINAL<br>CLINDAMYCIN CREAM IN THE PAST 365<br>DAYS; QL (3 EA per 30 days) |
| <i>clindamycin phosphate vaginal cream 2 %</i>               | Tier 1 |                                                                                                                                                                                                                                 |
| CLINDESSE VAGINAL CREAM 2 %                                  | Tier 3 | ST: TRIAL OF TWO OF THE FOLLOWING<br>GENERICs: ORAL METRONIDAZOLE<br>TABLETS, ORAL CLINDAMYCIN<br>CAPSULES, INTRAVAGINAL<br>METRONIDAZOLE GEL, INTRAVAGINAL<br>CLINDAMYCIN CREAM IN THE PAST 365<br>DAYS                        |
| GYNAZOLE-1 VAGINAL CREAM 2 %                                 | Tier 2 |                                                                                                                                                                                                                                 |
| <i>metronidazole vaginal gel 0.75 %</i>                      | Tier 1 |                                                                                                                                                                                                                                 |
| <i>miconazole 3 vaginal suppository 200 mg</i>               | Tier 3 |                                                                                                                                                                                                                                 |

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| Drug                                                                                            | Status | Notes                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NUVESSA VAGINAL GEL 1.3 %                                                                       | Tier 3 | ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                                   | Tier 1 |                                                                                                                                                                                        |
| <i>terconazole vaginal suppository 80 mg</i>                                                    | Tier 1 |                                                                                                                                                                                        |
| VANDAZOLE VAGINAL GEL 0.75 %                                                                    | Tier 3 |                                                                                                                                                                                        |
| <b>Vaginal Estrogens</b>                                                                        |        |                                                                                                                                                                                        |
| <i>estradiol vaginal cream 0.01 %</i>                                                           | Tier 1 |                                                                                                                                                                                        |
| <i>estradiol vaginal tablet 10 mcg</i>                                                          | Tier 1 |                                                                                                                                                                                        |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG                                           | Tier 3 | ST: TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS; QL (18 EA per 28 days)                                                   |
| IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG                                               | Tier 3 | ST: TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS; QL (18 EA per 28 days)                                                   |
| PREMARIN VAGINAL CREAM 0.625 MG/GM                                                              | Tier 2 |                                                                                                                                                                                        |
| YUVAFEM VAGINAL TABLET 10 MCG                                                                   | Tier 1 |                                                                                                                                                                                        |
| <b>Vaginal Progestins</b>                                                                       |        |                                                                                                                                                                                        |
| CRINONE VAGINAL GEL 4 %, 8 %                                                                    | Tier 2 |                                                                                                                                                                                        |
| ENDOMETRIN VAGINAL INSERT 100 MG                                                                | Tier 3 |                                                                                                                                                                                        |
| FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG                                       | Tier 3 |                                                                                                                                                                                        |
| <i>progesterone vaginal insert 100 mg</i>                                                       | Tier 1 |                                                                                                                                                                                        |
| <b>Vasopressors</b>                                                                             |        |                                                                                                                                                                                        |
| <b>Anaphylaxis Therapy Agents</b>                                                               |        |                                                                                                                                                                                        |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML              | Tier 2 | QL (2 EA per 365 days)                                                                                                                                                                 |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | Tier 1 | QL (4 EA per 1 FILL)                                                                                                                                                                   |
| <i>epinephrine injection solution prefilled syringe 0.3 mg/0.3ml</i>                            | Tier 1 | QL (4 EA per 1 FILL)                                                                                                                                                                   |

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|-------------------------------------------------------------------------------|--------|----------------------|
| NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML                                   | Tier 3 | QL (4 EA per 1 FILL) |
| <b>Neurogenic Orthostatic Hypotension (Noh) - Agents</b>                      |        |                      |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>                          | Tier 1 | PA; SP               |
| <b>Vasopressors</b>                                                           |        |                      |
| <i>epinephrine injection solution prefilled syringe 1 mg/ml</i>               | Tier 1 |                      |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                          | Tier 1 |                      |
| <i>phenylephrine hcl-nacl intravenous solution 40-0.9 mg/250ml-%</i>          | Tier 1 |                      |
| <b>Vitamins</b>                                                               |        |                      |
| <b>Oil Soluble Vitamins</b>                                                   |        |                      |
| <i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>                         | Tier 1 |                      |
| <i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>                   | Tier 1 |                      |
| <i>phytonadione oral tablet 5 mg</i>                                          | Tier 1 |                      |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i> | Tier 1 |                      |
| <i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>                     | Tier 1 |                      |
| <b>Water Soluble Vitamins</b>                                                 |        |                      |
| <i>pyridoxine hcl injection solution 100 mg/ml</i>                            | Tier 1 |                      |
| <i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>                  | Tier 1 |                      |

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