



# 2026 Comprehensive Formulary

(List of Covered Drugs)



Commercial

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| Drug Name                                                                                                                                    | Drug Tier | Requirements/Limits   |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <b>Analgesics</b>                                                                                                                            |           |                       |
| <b>Analgesics, Miscellaneous</b>                                                                                                             |           |                       |
| <i>acetaminophen-codeine oral solution</i><br>120-12 mg/5 ml                                                                                 | 1         | QL (4500 per 30 days) |
| <i>acetaminophen-codeine oral tablet</i><br>300-15 mg, 300-30 mg                                                                             | 1         | QL (360 per 30 days)  |
| <i>acetaminophen-codeine oral tablet</i><br>300-60 mg                                                                                        | 1         | QL (180 per 30 days)  |
| BELBUCA BUCCAL FILM 150 (buprenorphine hcl)<br>MCG, 300 MCG, 450 MCG, 600<br>MCG, 75 MCG, 750 MCG, 900<br>MCG                                | 3         | QL (60 per 30 days)   |
| <i>belladonna alkaloids-opium rectal</i><br><i>suppository</i> 16.2-30 mg, 16.2-60 mg                                                        | 2         |                       |
| <i>buprenorphine transdermal patch</i> (Butrans)<br><i>weekly</i> 10 mcg/hour, 15 mcg/hour, 20<br><i>mcg/hour</i> , 5 mcg/hour, 7.5 mcg/hour | 2         | QL (4 per 28 days)    |
| <i>butalbital-acetaminop-caf-cod oral</i><br><i>capsule</i> 50-300-40-30 mg, 50-325-<br>40-30 mg                                             | 2         | QL (180 per 30 days)  |
| <i>butalbital-acetaminophen oral tablet</i><br>50-300 mg                                                                                     | 1         | QL (180 per 30 days)  |
| <i>butalbital-acetaminophen oral tablet</i> (Tencon)<br>50-325 mg                                                                            | 1         |                       |
| <i>butalbital-acetaminophen-caff oral</i> (Fioricet)<br><i>capsule</i> 50-300-40 mg                                                          | 2         |                       |
| <i>butalbital-acetaminophen-caff oral</i><br><i>capsule</i> 50-325-40 mg                                                                     | 2         |                       |
| <i>butalbital-acetaminophen-caff oral</i><br><i>tablet</i> 50-325-40 mg                                                                      | 1         |                       |
| <i>butalbital-aspirin-caffeine oral</i><br><i>capsule</i> 50-325-40 mg                                                                       | 2         |                       |
| <i>butalbital-aspirin-caffeine oral tablet</i><br>50-325-40 mg                                                                               | 1         |                       |
| <i>butorphanol nasal spray,non-aerosol</i><br>10 mg/ml                                                                                       | 1         |                       |
| <i>codeine sulfate oral tablet</i> 15 mg, 30<br>mg                                                                                           | 1         | QL (360 per 30 days)  |
| <i>codeine sulfate oral tablet</i> 60 mg                                                                                                     | 1         | QL (180 per 30 days)  |
| <i>codeine-bitalbital-asa-caff oral</i> (Ascomp with Codeine)<br><i>capsule</i> 30-50-325-40 mg                                              | 2         | QL (180 per 30 days)  |

| <b>Drug Name</b>                                                                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (oxycodone-acetaminophen)                              | 1                | QL (360 per 30 days)       |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>                   | 2                | PA; QL (120 per 30 days)   |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>                                         | 1                | PA; QL (10 per 30 days)    |
| <i>fentanyl transdermal patch 72 hour 25 mcg/hr, 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>                              | 2                | PA; QL (10 per 30 days)    |
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>                       | 2                | QL (60 per 30 days)        |
| <i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER) | 2                | QL (30 per 30 days)        |
| <i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 120 mg</i>                                                  | 2                | QL (30 per 30 days)        |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                                                               | 2                | QL (5520 per 30 days)      |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                                                  | 2                | QL (390 per 30 days)       |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                                      | 1                | QL (360 per 30 days)       |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>                                                                  | 2                |                            |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>                                                                           | 1                |                            |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)                                                                           | 2                |                            |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)                                                                  | 1                |                            |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>                                                    | 2                | PA; QL (30 per 30 days)    |
| <i>hydromorphone oral tablet extended release 24 hr 32 mg</i>                                                                 | 2                | PA; QL (60 per 30 days)    |
| <i>hydromorphone rectal suppository 3 mg</i>                                                                                  | 1                |                            |
| <i>levorphanol tartrate oral tablet 2 mg</i> (Xyvona)                                                                         | 1                |                            |

| Drug Name                                                                                        | Drug Tier | Requirements/Limits      |
|--------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>                                    | 1         |                          |
| <i>meperidine oral solution 50 mg/5 ml</i>                                                       | 1         | QL (900 per 30 days)     |
| <i>meperidine oral tablet 50 mg</i>                                                              | 1         | QL (180 per 30 days)     |
| <i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)                                  | 1         | QL (120 per 30 days)     |
| <i>methadone oral solution 10 mg/5 ml</i>                                                        | 1         | QL (600 per 30 days)     |
| <i>methadone oral solution 5 mg/5 ml</i>                                                         | 1         | QL (1200 per 30 days)    |
| <i>methadone oral tablet 10 mg</i>                                                               | 1         | QL (120 per 30 days)     |
| <i>methadone oral tablet 5 mg</i>                                                                | 1         | QL (240 per 30 days)     |
| <i>methadone oral tablet, soluble 40 mg</i> (Methadose)                                          | 1         | QL (30 per 30 days)      |
| <i>methadose oral tablet, soluble 40 mg</i> (methadone)                                          | 1         | QL (30 per 30 days)      |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>                                 | 1         | PA                       |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg</i>                                         | 2         | QL (60 per 30 days)      |
| <i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>              | 2         | QL (30 per 30 days)      |
| <i>morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)</i>                         | 1         |                          |
| MORPHINE ORAL TABLET 15 MG, 30 MG                                                                | 2         |                          |
| <i>morphine oral tablet extended release 100 mg, 200 mg</i>                                      | 2         | QL (90 per 30 days)      |
| <i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i> (MS Contin)                     | 2         | QL (90 per 30 days)      |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>                                     | 2         |                          |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (tapentadol) | 3         | ST; QL (60 per 30 days)  |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol)                                            | 3         | ST; QL (180 per 30 days) |
| <i>oxycodone oral capsule 5 mg</i>                                                               | 1         |                          |
| <i>oxycodone oral concentrate 20 mg/ml</i>                                                       | 2         | PA                       |
| <i>oxycodone oral solution 5 mg/5 ml</i>                                                         | 1         |                          |
| <i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>                                                  | 1         |                          |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)                                           | 1         |                          |

| <b>Drug Name</b>                                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg, 40 mg</i> (OxyContin)                    | 2                | QL (60 per 30 days)        |
| <i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)                           | 2                | QL (120 per 30 days)       |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet) | 1                | QL (360 per 30 days)       |
| <i>oxymorphone oral tablet 10 mg, 5 mg</i>                                                       | 1                | QL (120 per 30 days)       |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>          | 2                | QL (60 per 30 days)        |
| <i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>                               | 2                | QL (120 per 30 days)       |
| <i>pentazocine-naloxone oral tablet 50-0.5 mg</i>                                                | 1                |                            |
| <i>tapentadol oral tablet 100 mg, 50 mg, 75 mg</i> (Nucynta)                                     | 2                | ST; QL (180 per 30 days)   |
| <i>tencon oral tablet 50-325 mg</i> (butalbital-acetaminophen)                                   | 1                |                            |
| <i>tramadol oral tablet 100 mg</i>                                                               | 2                |                            |
| <i>tramadol oral tablet 25 mg</i>                                                                | 1                | QL (120 per 30 days)       |
| <i>tramadol oral tablet 50 mg</i>                                                                | 1                | QL (240 per 30 days)       |
| <i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>                        | 2                | QL (30 per 30 days)        |
| <i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>                          | 2                | QL (30 per 30 days)        |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                                            | 1                | QL (300 per 30 days)       |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG                              | 3                | QL (60 per 30 days)        |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG                                             | 3                | QL (120 per 30 days)       |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG                                             | 3                | QL (240 per 30 days)       |
| <i>xyvona oral tablet 2 mg</i> (levorphanol tartrate)                                            | 1                |                            |
| <i>zebutal oral capsule 50-325-40 mg</i> (butalbital-acetaminophen-caff)                         | 2                |                            |

| Drug Name                                                                                         | Drug Tier | Requirements/Limits     |
|---------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>Nonsteroidal Anti-Inflammatory Agents</b>                                                      |           |                         |
| <i>celecoxib oral capsule 100 mg, 50 mg</i> (Celebrex)                                            | 2         | PA; QL (60 per 30 days) |
| <i>celecoxib oral capsule 200 mg, 400 mg</i> (Celebrex)                                           | 2         | PA; QL (30 per 30 days) |
| <i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)                             | 2         |                         |
| <i>diclofenac potassium oral tablet 25 mg</i> (Lofena)                                            | 1         |                         |
| <i>diclofenac potassium oral tablet 50 mg</i>                                                     | 1         |                         |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                                | 1         |                         |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>                 | 1         |                         |
| <i>diclofenac sodium topical gel 3 %</i>                                                          | 2         | QL (100 per 1 day)      |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50) | 2         |                         |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75) | 2         |                         |
| <i>diflunisal oral tablet 500 mg</i>                                                              | 2         |                         |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                                       | 2         |                         |
| <i>etodolac oral tablet 400 mg</i> (Lodine)                                                       | 2         |                         |
| <i>etodolac oral tablet 500 mg</i>                                                                | 2         |                         |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>                         | 2         |                         |
| <i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)                                                  | 1         |                         |
| <i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)                                         | 1         |                         |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)                                   | 1         |                         |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)                                         | 1         |                         |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                                     | 1         |                         |
| <i>indomethacin oral capsule, extended release 75 mg</i>                                          | 2         |                         |

| Drug Name                                                                        | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------------------------|-----------|---------------------|
| <i>ketoprofen oral capsule 25 mg, 50 mg</i>                                      | 1         |                     |
| <i>ketoprofen oral capsule 75 mg</i> (Orudis)                                    | 1         |                     |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>                     | 2         |                     |
| <i>ketorolac oral tablet 10 mg</i>                                               | 1         | QL (20 per 5 days)  |
| <i>kiprofen oral capsule 25 mg</i> (ketoprofen)                                  | 1         |                     |
| <i>lurbipr oral tablet 100 mg</i> (flurbiprofen)                                 | 1         |                     |
| <i>lurbiro oral tablet 100 mg</i> (flurbiprofen)                                 | 1         |                     |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i>                                  | 2         |                     |
| <i>mefenamic acid oral capsule 250 mg</i>                                        | 2         |                     |
| <i>meloxicam oral tablet 15 mg</i>                                               | 1         |                     |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                     | 1         |                     |
| <i>naproxen oral tablet 250 mg, 375 mg</i>                                       | 1         |                     |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn)                                    | 1         |                     |
| <i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn) | 2         |                     |
| <i>naproxen sodium oral tablet 275 mg</i>                                        | 1         |                     |
| <i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)                           | 1         |                     |
| <i>oxaprozin oral tablet 600 mg</i>                                              | 2         |                     |
| <i>piroxicam oral capsule 10 mg</i>                                              | 2         |                     |
| <i>piroxicam oral capsule 20 mg</i> (Feldene)                                    | 2         |                     |
| <i>salsalate oral tablet 500 mg, 750 mg</i>                                      | 1         |                     |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                       | 1         |                     |
| <i>tolmetin oral capsule 400 mg</i> (Tolectin DS)                                | 2         |                     |
| <i>tolmetin oral tablet 200 mg</i>                                               | 2         |                     |
| <i>tolmetin oral tablet 600 mg</i> (Tolectin 600)                                | 2         |                     |
| <b>Anesthetics</b>                                                               |           |                     |
| <b>Local Anesthetics</b>                                                         |           |                     |
| <i>ana-lex kit rectal kit 2-2 %</i>                                              | 2         |                     |
| <i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)             | 2         |                     |
| <i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>                | 1         |                     |
| <i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %</i>                         | 1         |                     |

| Drug Name                                                                                | Drug Tier | Requirements/Limits     |
|------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>lidocaine hcl-hydrocortison ac rectal kit 3-1 % (7 gram), 3-2.5 % (7 gram)</i>        | 2         |                         |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>                                   |           |                         |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>                                   |           |                         |
| <i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>                            | 2         |                         |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>                                    | 1         | PA; QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i> (Suboxone)                 | 2         | PA; QL (60 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i> (Suboxone)                | 2         | PA; QL (30 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>                         | 2         | PA; QL (90 per 30 days) |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>           | 1         | QL (60 per 30 days)     |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                             | 1         |                         |
| <i>naloxone injection solution 0.4 mg/ml</i>                                             | 2         |                         |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>                                     | 2         |                         |
| <i>naloxone nasal spray,non-aerosol 4 mg/actuation</i> (Narcan)                          | 2         | QL (4 per 30 days)      |
| <i>naltrexone oral tablet 50 mg</i>                                                      | 1         |                         |
| NICOTROL INHALATION CARTRIDGE 10 MG                                                      | 0         | QL (336 per 30 days)    |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML                                             | 0         | QL (50 per 28 days)     |
| OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION                                           | 3         | QL (4 per 30 days)      |
| <i>varenicline tartrate oral tablet 0.5 mg</i> (Chantix)                                 | 0         | QL (672 per 365 days)   |
| <i>varenicline tartrate oral tablet 1 mg</i> (Chantix)                                   | 0         | QL (336 per 365 days)   |
| ZUBSOLV SUBLINGUAL TABLET 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 | 3         | PA; QL (30 per 30 days) |

| Drug Name                                                                           | Drug Tier | Requirements/Limits     |
|-------------------------------------------------------------------------------------|-----------|-------------------------|
| ZUBSOLV SUBLINGUAL<br>TABLET 8.6-2.1 MG                                             | 3         | PA; QL (60 per 30 days) |
| ZURNAI INJECTION AUTO-<br>INJECTOR 1.5 MG/0.5 ML                                    | 3         | QL (4 per 30 days)      |
| <b>Antianxiety Agents</b>                                                           |           |                         |
| <b>Benzodiazepines</b>                                                              |           |                         |
| ALPRAZOLAM INTENSOL ORAL<br>CONCENTRATE 1 MG/ML                                     | 2         |                         |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)                   | 1         |                         |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>       | 2         |                         |
| <i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>           | 2         |                         |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                         | 1         |                         |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)                         | 1         |                         |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 2         |                         |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                   | 1         |                         |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)                        | 1         |                         |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                                   | 1         |                         |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)                              | 1         |                         |
| <i>estazolam oral tablet 1 mg, 2 mg</i>                                             | 1         |                         |
| <i>flurazepam oral capsule 15 mg, 30 mg</i>                                         | 1         |                         |
| <i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)                      | 1         |                         |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)                            | 1         |                         |
| <i>meprobamate oral tablet 200 mg, 400 mg</i>                                       | 2         |                         |
| <i>midazolam oral syrup 2 mg/ml</i>                                                 | 1         |                         |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                                    | 1         |                         |

| Drug Name                                                                                 | Drug Tier | Requirements/Limits               |
|-------------------------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>quazepam oral tablet 15 mg</i> (Doral)                                                 | 2         |                                   |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)                    | 1         |                                   |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i>                                            | 1         |                                   |
| <b>Antibacterials</b>                                                                     |           |                                   |
| <b>Aminoglycosides</b>                                                                    |           |                                   |
| <i>neomycin oral tablet 500 mg</i>                                                        | 1         |                                   |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi) | 2         | PA; *May have Specialty Costshare |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)              | 2         | PA; *May have Specialty Costshare |
| <b>Antibacterials, Miscellaneous</b>                                                      |           |                                   |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)                   | 1         |                                   |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)       | 1         |                                   |
| <i>fosfomycin tromethamine oral packet 3 gram</i>                                         | 2         |                                   |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)                   | 2         |                                   |
| <i>linezolid oral tablet 600 mg</i>                                                       | 2         |                                   |
| <i>methenamine hippurate oral tablet 1 gram</i>                                           | 1         |                                   |
| <i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>                                 | 1         |                                   |
| <i>metronidazole oral capsule 375 mg</i>                                                  | 1         |                                   |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                           | 1         |                                   |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>                             | 1         |                                   |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>                                     | 1         | QL (120 per 30 days)              |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)                      | 1         |                                   |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)                             | 2         |                                   |
| <i>trimethoprim oral tablet 100 mg</i>                                                    | 1         |                                   |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG                                                 | 3         |                                   |

| Drug Name                                                                                | Drug Tier | Requirements/Limits                                    |
|------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| <i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i> (methen-sod phos-meth blue-hyos)      | 2         |                                                        |
| <i>vancomycin oral capsule 125 mg</i> (Vancocin)                                         | 2         | QL (56 per 30 days)                                    |
| <i>vancomycin oral capsule 250 mg</i> (Vancocin)                                         | 2         | QL (112 per 30 days)                                   |
| <i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)                                     | 2         | QL (280 per 30 days)                                   |
| <i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)                                     | 2         | QL (600 per 30 days)                                   |
| XIFAXAN ORAL TABLET 550 MG                                                               | 3         | PA; *May have Specialty Costshare; QL (60 per 30 days) |
| <b>Cephalosporins</b>                                                                    |           |                                                        |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                              | 1         |                                                        |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 1         |                                                        |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i>                                | 1         |                                                        |
| <i>cefadroxil oral capsule 500 mg</i>                                                    | 1         |                                                        |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | 1         |                                                        |
| <i>cefadroxil oral tablet 1 gram</i>                                                     | 1         |                                                        |
| <i>cefдинir oral capsule 300 mg</i>                                                      | 1         |                                                        |
| <i>cefдинir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>              | 1         |                                                        |
| <i>cefіxime oral capsule 400 mg</i>                                                      | 1         |                                                        |
| <i>cefіxime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>              | 1         |                                                        |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>            | 1         |                                                        |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>                                            | 1         |                                                        |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>             | 1         |                                                        |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                              | 1         |                                                        |
| <i>cefіuroxime axetil oral tablet 250 mg, 500 mg</i>                                     | 1         |                                                        |

| Drug Name                                                                                           | Drug Tier | Requirements/Limits                                     |
|-----------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>                                               | 1         |                                                         |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>                       | 1         |                                                         |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                                        | 1         |                                                         |
| <b>Macrolides</b>                                                                                   |           |                                                         |
| <i>azithromycin oral packet 1 gram</i>                                                              | 1         |                                                         |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>                                  | 1         |                                                         |
| <i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i> (Zithromax)                      | 1         |                                                         |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)                                          | 1         |                                                         |
| <i>azithromycin oral tablet 600 mg</i>                                                              | 1         |                                                         |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>                   | 1         |                                                         |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                                    | 1         |                                                         |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>                                     | 2         |                                                         |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML                                                 | 3         | PA; *May have Specialty Costshare; QL (300 per 30 days) |
| E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)                                         | 1         |                                                         |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i> (erythromycin)                           | 1         |                                                         |
| <i>ery-tab oral tablet, delayed release (dr/ec) 500 mg</i> (erythromycin)                           | 2         |                                                         |
| <i>erythrocin (as stearate) oral tablet 250 mg</i> (erythromycin stearate)                          | 1         |                                                         |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules) | 1         |                                                         |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)      | 1         |                                                         |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)                                  | 1         |                                                         |

| <b>Drug Name</b>                                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>                             |
|-----------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------|
| <i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>                                           | 1                |                                                        |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>                                                            | 1                |                                                        |
| <i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i> (Ery-Tab)                         | 1                |                                                        |
| <i>erythromycin oral tablet, delayed release (dr/ec) 333 mg</i> (Ery-Tab)                                 | 2                |                                                        |
| <i>fidaxomicin oral tablet 200 mg</i> (Difacid)                                                           | 2                | PA; QL (20 per 10 days)                                |
| <b>Miscellaneous B-Lactam Antibiotics</b>                                                                 |                  |                                                        |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                                                     | 3                | PA; *May have Specialty Costshare; QL (84 per 56 days) |
| <b>Penicillins</b>                                                                                        |                  |                                                        |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>                                                            | 1                |                                                        |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>  | 1                |                                                        |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                             | 1                |                                                        |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>                                                   | 1                |                                                        |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>    | 1                |                                                        |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)        | 1                |                                                        |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | 1                |                                                        |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>                                     | 1                |                                                        |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)                                     | 1                |                                                        |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>                       | 2                |                                                        |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                           | 1                |                                                        |

| Drug Name                                                                                 | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>ampicillin oral capsule 500 mg</i>                                                     | 1         |                     |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>                                          | 1         |                     |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>                    | 1         |                     |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                  | 1         |                     |
| <b>Quinolones</b>                                                                         |           |                     |
| <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>                                       | 1         |                     |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)                               | 1         |                     |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro) | 2         |                     |
| <i>levofloxacin oral solution 250 mg/10 ml</i>                                            | 1         |                     |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                                    | 1         |                     |
| <i>moxifloxacin oral tablet 400 mg</i>                                                    | 2         |                     |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                               | 1         |                     |
| <b>Sulfonamides</b>                                                                       |           |                     |
| <i>sulfadiazine oral tablet 500 mg</i>                                                    | 1         |                     |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)           | 1         |                     |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)                      | 1         |                     |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)                  | 1         |                     |
| <i>sulfatrim oral suspension 200-40 mg/5 ml</i> (sulfamethoxazole-trimethoprim)           | 2         |                     |
| <b>Tetracyclines</b>                                                                      |           |                     |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                                          | 1         |                     |
| <i>doxycycline hyclate oral capsule 100 mg</i>                                            | 1         | QL (60 per 30 days) |
| <i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)                                  | 1         | QL (60 per 30 days) |
| <i>doxycycline hyclate oral tablet 100 mg</i>                                             | 1         | QL (60 per 30 days) |
| <i>doxycycline hyclate oral tablet 20 mg</i>                                              | 1         |                     |

| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyme NL)            | 1                | QL (60 per 30 days)                                     |
| <i>doxycycline monohydrate oral capsule 150 mg</i>                           | 2                | QL (60 per 30 days)                                     |
| <i>doxycycline monohydrate oral capsule 50 mg</i>                            | 1                | QL (60 per 30 days)                                     |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | 1                |                                                         |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)                  | 1                | QL (60 per 30 days)                                     |
| <i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>              | 1                | QL (60 per 30 days)                                     |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                         | 1                |                                                         |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>                          | 2                |                                                         |
| <i>mondoxyme nl oral capsule 100 mg, 75 mg</i> (doxycycline monohydrate)     | 2                | QL (60 per 30 days)                                     |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                              | 1                |                                                         |
| <b>Anticancer Agents</b>                                                     |                  |                                                         |
| <b>Anticancer Agents</b>                                                     |                  |                                                         |
| <i>abiraterone oral tablet 250 mg</i> (Abirtega)                             | 2                | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| <i>abiraterone oral tablet 500 mg</i> (Zytiga)                               | 2                | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| <i>abirtega oral tablet 250 mg</i> (abiraterone)                             | 2                | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                                     | 3                | PA; *May have Specialty Costshare                       |
| ALECENSA ORAL CAPSULE 150 MG                                                 | 3                | PA; *May have Specialty Costshare; QL (240 per 30 days) |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex)                               | 1                | QL (30 per 30 days)                                     |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG                                           | 3                | PA; *May have Specialty Costshare                       |

| <b>Drug Name</b>                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|----------------------------------------------------------|------------------|---------------------------------------------------------|
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>bexarotene oral capsule 75 mg</i> (Targretin)         | 2                | PA; *May have Specialty Costshare; QL (420 per 30 days) |
| <i>bexarotene topical gel 1 %</i> (Targretin)            | 3                | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex)          | 1                | PA                                                      |
| BOSULIF ORAL CAPSULE 100 MG                              | 3                | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| BOSULIF ORAL CAPSULE 50 MG                               | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| BOSULIF ORAL TABLET 100 MG (bosutinib)                   | 3                | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| BOSULIF ORAL TABLET 400 MG, 500 MG (bosutinib)           | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>bosutinib oral tablet 100 mg</i> (Bosulif)            | 2                | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| <i>bosutinib oral tablet 400 mg, 500 mg</i> (Bosulif)    | 2                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| BRUKINSA ORAL CAPSULE 80 MG                              | 3                | PA; *May have Specialty Costshare                       |
| BRUKINSA ORAL TABLET 160 MG                              | 3                | PA; *May have Specialty Costshare                       |
| CABOMETYX ORAL TABLET 20 MG, 60 MG                       | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| CABOMETYX ORAL TABLET 40 MG                              | 3                | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>capecitabine oral tablet 150 mg</i>                   | 2                | PA; *May have Specialty Costshare; QL (28 per 21 days)  |

| <b>Drug Name</b>                                                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|---------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| <i>capecitabine oral tablet 500 mg</i>                                                                        | 2                | PA; *May have Specialty Costshare; QL (112 per 21 days) |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | 3                | PA; *May have Specialty Costshare; QL (112 per 28 days) |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                                                              | 2                | PA; *May have Specialty Costshare                       |
| DANZITEN ORAL TABLET 71 MG, 95 MG                                                                             | 3                | PA; *May have Specialty Costshare                       |
| <i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)                                    | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>dasatinib oral tablet 20 mg</i> (Sprycel)                                                                  | 3                | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| DAURISMO ORAL TABLET 100 MG                                                                                   | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| DAURISMO ORAL TABLET 25 MG                                                                                    | 3                | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| ERIVEDGE ORAL CAPSULE 150 MG                                                                                  | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| ERLEADA ORAL TABLET 240 MG                                                                                    | 2                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| ERLEADA ORAL TABLET 60 MG                                                                                     | 2                | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 25 mg</i>                                                                    | 2                | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>erlotinib oral tablet 150 mg</i>                                                                           | 2                | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| <i>etoposide oral capsule 50 mg</i>                                                                           | 1                | PA                                                      |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)                                                | 2                | PA; *May have Specialty Costshare                       |

| <b>Drug Name</b>                                                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|---------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg</i> (Torpenz)                             | 2                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>everolimus (antineoplastic) oral tablet 7.5 mg</i> (Torpenz)                                   | 2                | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | 2                | PA; *May have Specialty Costshare                       |
| <i>exemestane oral tablet 25 mg</i> (Aromasin)                                                    | 1                | PA; QL (30 per 30 days)                                 |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG                                                                  | 3                | PA; *May have Specialty Costshare                       |
| <i>gefitinib oral tablet 250 mg</i> (Iressa)                                                      | 2                | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                                                          | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG                                                               | 3                | PA; *May have Specialty Costshare                       |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea)                                                   | 1                |                                                         |
| IBRANCE ORAL CAPSULE 100 MG                                                                       | 2                | PA; *May have Specialty Costshare; QL (21 per 28 days)  |
| <i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)                                              | 2                | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| IMBRUVICA ORAL CAPSULE 140 MG                                                                     | 3                | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG                                                                      | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                                                      | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| INLYTA ORAL TABLET 1 MG                                                                           | 3                | PA; *May have Specialty Costshare; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG                                                                           | 3                | PA; *May have Specialty Costshare; QL (120 per 30 days) |

| <b>Drug Name</b>                                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|---------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| INREBIC ORAL CAPSULE 100 MG                                                                             | 3                | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG, 9 MG                                                                          | 3                | PA; *May have Specialty Costshare                       |
| IWILFIN ORAL TABLET 192 MG                                                                              | 3                | PA; *May have Specialty Costshare                       |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                                                     | 3                | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2)                                    | 2                | PA; *May have Specialty Costshare                       |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)                                                             | 2                | PA; *May have Specialty Costshare; QL (63 per 28 days)  |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb)                                                            | 2                | PA; *May have Specialty Costshare; QL (180 per 30 days) |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)                    | 2                | PA; *May have Specialty Costshare; QL (28 per 28 days)  |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG                                                        | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) | 3                | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)          | 3                | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>letrozole oral tablet 2.5 mg</i> (Femara)                                                            | 1                |                                                         |
| LEUKERAN ORAL TABLET 2 MG                                                                               | 3                | PA; *May have Specialty Costshare                       |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>                                                          | 2                | PA; *May have Specialty Costshare                       |
| LONSURF ORAL TABLET 15-6.14 MG                                                                          | 3                | PA; *May have Specialty Costshare; QL (100 per 28 days) |

| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|-------------------------------------------------------------|------------------|---------------------------------------------------------|
| LONSURF ORAL TABLET 20-8.19 MG                              | 3                | PA; *May have Specialty Costshare; QL (80 per 28 days)  |
| LORBRENA ORAL TABLET 100 MG                                 | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| LORBRENA ORAL TABLET 25 MG                                  | 3                | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| LUMAKRAS ORAL TABLET 320 MG                                 | 3                | PA                                                      |
| LYNPARZA ORAL TABLET 100 MG, 150 MG                         | 3                | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG                                 | 3                | PA; *May have Specialty Costshare                       |
| MATULANE ORAL CAPSULE 50 MG                                 | 3                | PA; *May have Specialty Costshare                       |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                   | 1                |                                                         |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML                         | 3                | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| MEKINIST ORAL TABLET 0.5 MG                                 | 3                | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| MEKINIST ORAL TABLET 2 MG                                   | 3                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| MEKTOVI ORAL TABLET 15 MG                                   | 3                | PA; *May have Specialty Costshare; QL (180 per 30 days) |
| <i>melphalan oral tablet 2 mg</i> (Alkeran)                 | 1                |                                                         |
| <i>mercaptopurine oral tablet 50 mg</i>                     | 1                |                                                         |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | 1                |                                                         |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | 1                |                                                         |
| <i>methotrexate sodium injection solution 25 mg/ml</i>      | 1                |                                                         |
| <i>methotrexate sodium oral tablet 2.5 mg</i>               | 1                |                                                         |

| Drug Name                                                          | Drug Tier | Requirements/Limits                                     |
|--------------------------------------------------------------------|-----------|---------------------------------------------------------|
| MYLERAN ORAL TABLET 2 MG                                           | 3         | *May have Specialty Costshare                           |
| NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG            | 2         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i> (Tasigna)  | 2         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| <i>nilutamide oral tablet 150 mg</i>                               | 2         | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                            | 3         | PA; *May have Specialty Costshare; QL (3 per 28 days)   |
| NUBEQA ORAL TABLET 300 MG                                          | 2         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG                                         | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                         | 3         | PA; *May have Specialty Costshare                       |
| <i>pazopanib oral tablet 200 mg</i> (Votrient)                     | 2         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| <i>pazopanib oral tablet 400 mg</i>                                | 2         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| <i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i> (Pomalyst) | 3         | PA; *May have Specialty Costshare; QL (21 per 28 days)  |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)        | 3         | PA; *May have Specialty Costshare; QL (21 per 28 days)  |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG                             | 3         | PA; *May have Specialty Costshare; QL (180 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML                                 | 3         |                                                         |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar)                      | 2         | PA; *May have Specialty Costshare; QL (120 per 30 days) |

| Drug Name                                                                    | Drug Tier | Requirements/Limits                                     |
|------------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)          | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| SPRYCEL ORAL TABLET 20 MG (dasatinib)                                        | 3         | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| STIVARGA ORAL TABLET 40 MG                                                   | 3         | PA; *May have Specialty Costshare; QL (84 per 28 days)  |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | 2         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| TABLOID ORAL TABLET 40 MG (thioguanine)                                      | 3         | *May have Specialty Costshare                           |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                           | 3         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                                    | 3         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG                 | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| TALZENNA ORAL CAPSULE 0.25 MG                                                | 3         | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                                    | 0         |                                                         |
| TAZVERIK ORAL TABLET 200 MG                                                  | 3         | PA; *May have Specialty Costshare                       |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> | 2         | PA; *May have Specialty Costshare                       |
| TIBSOVO ORAL TABLET 250 MG                                                   | 3         | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>toremifene oral tablet 60 mg</i> (Fareston)                               | 2         | *May have Specialty Costshare                           |
| <i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))               | 2         | PA; *May have Specialty Costshare                       |
| <i>torpenz oral tablet 2.5 mg, 5 mg</i> (everolimus (antineoplastic))        | 2         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |

| Drug Name                                                          | Drug Tier | Requirements/Limits                                     |
|--------------------------------------------------------------------|-----------|---------------------------------------------------------|
| <i>torpenz oral tablet 7.5 mg</i> (everolimus (antineoplastic))    | 2         | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>               | 2         | PA; *May have Specialty Costshare                       |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG                     | 2         |                                                         |
| TRUQAP ORAL TABLET 160 MG, 200 MG                                  | 3         | PA; *May have Specialty Costshare                       |
| TURALIO ORAL CAPSULE 125 MG                                        | 3         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 3         | PA; *May have Specialty Costshare; QL (42 per 28 days)  |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                 | 2         | PA; *May have Specialty Costshare; QL (56 per 28 days)  |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG                                | 3         | PA; *May have Specialty Costshare                       |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                    | 3         | PA; *May have Specialty Costshare                       |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                           | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                | 3         | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| XOSPATA ORAL TABLET 40 MG                                          | 3         | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| XTANDI ORAL CAPSULE 40 MG                                          | 2         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG                                           | 2         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG                                           | 2         | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| ZEJULA ORAL CAPSULE 100 MG                                         | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |

| Drug Name                                                                      |                           | Drug Tier | Requirements/Limits                                     |
|--------------------------------------------------------------------------------|---------------------------|-----------|---------------------------------------------------------|
| ZEJULA ORAL TABLET 200 MG, 300 MG                                              |                           | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| ZELBORAF ORAL TABLET 240 MG                                                    |                           | 3         | PA; *May have Specialty Costshare; QL (240 per 30 days) |
| ZOLINZA ORAL CAPSULE 100 MG                                                    |                           | 3         | PA; *May have Specialty Costshare                       |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                                             |                           | 3         | PA; *May have Specialty Costshare                       |
| <b>Anticholinergic Agents</b>                                                  |                           |           |                                                         |
| <b>Antimuscarinics/Antispasmodics</b>                                          |                           |           |                                                         |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>                        | (Librax (with clidinium)) | 1         |                                                         |
| <i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>                      | (Cuvposa)                 | 2         |                                                         |
| <b>Anticonvulsants</b>                                                         |                           |           |                                                         |
| <b>Anticonvulsants</b>                                                         |                           |           |                                                         |
| <i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>             | (Briviact)                | 2         | *May have Specialty Costshare; QL (60 per 30 days)      |
| BRIVIACT ORAL SOLUTION 10 MG/ML                                                | (brivaracetam)            | 3         | *May have Specialty Costshare; QL (600 per 30 days)     |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>  | (Carbatrol)               | 1         |                                                         |
| <i>carbamazepine oral tablet 200 mg</i>                                        | (Tegretol)                | 1         |                                                         |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | (Tegretol XR)             | 1         |                                                         |
| <i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>                      |                           | 1         |                                                         |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                       | (Onfi)                    | 2         | PA; QL (60 per 30 days)                                 |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                    | (Depakote Sprinkles)      | 1         |                                                         |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>            | (Depakote ER)             | 1         |                                                         |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>  | (Depakote)                | 1         |                                                         |

| <b>Drug Name</b>                                                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>epitol oral tablet 200 mg</i> (carbamazepine)                                                                       | 1                |                            |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin)                                                                     | 1                |                            |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)                                                               | 1                |                            |
| <i>felbamate oral tablet 400 mg</i> (Felbatol)                                                                         | 1                | QL (270 per 30 days)       |
| <i>felbamate oral tablet 600 mg</i> (Felbatol)                                                                         | 1                | QL (180 per 30 days)       |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)                                                      | 1                |                            |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)                                                                | 1                |                            |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)                                                               | 1                |                            |
| <i>gabapentin oral tablet extended release 24 hr 300 mg, 450 mg, 600 mg, 750 mg, 900 mg</i> (Gralise)                  | 2                | PA; QL (90 per 30 days)    |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (gabapentin)                         | 3                | PA; QL (90 per 30 days)    |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG                                                                           | 3                | PA; QL (30 per 30 days)    |
| HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG                                                                           | 3                | PA; QL (60 per 30 days)    |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat)                                                                      | 2                | QL (1200 per 30 days)      |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)                                                   | 2                | QL (60 per 30 days)        |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i> (Subvenite)                                                      | 1                |                            |
| <i>lamotrigine oral tablet 25 mg</i> (Subvenite)                                                                       | 1                | QL (180 per 30 days)       |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter (Blue))            | 2                |                            |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange)) | 2                |                            |
| <i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> (Lamictal ODT Starter (Green))         | 2                |                            |
| <i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)                                              | 2                | QL (90 per 30 days)        |

| Drug Name                                                                      |                                  | Drug Tier | Requirements/Limits  |
|--------------------------------------------------------------------------------|----------------------------------|-----------|----------------------|
| <i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>    | (Lamictal XR)                    | 2         | QL (60 per 30 days)  |
| <i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>              | (Lamictal XR)                    | 2         | QL (180 per 30 days) |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>               | (Lamictal)                       | 1         |                      |
| <i>lamotrigine oral tablet, disintegrating 100 mg</i>                          | (Lamictal ODT)                   | 2         | QL (90 per 30 days)  |
| <i>lamotrigine oral tablet, disintegrating 200 mg</i>                          | (Lamictal ODT)                   | 2         | QL (60 per 30 days)  |
| <i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i>                    | (Lamictal ODT)                   | 2         | QL (180 per 30 days) |
| <i>lamotrigine oral tablets, dose pack 25 mg (35)</i>                          | (Subvenite Starter (Blue) Kit)   | 1         |                      |
| <i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i>              | (Subvenite Starter (Orange) Kit) | 1         |                      |
| <i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i>             | (Subvenite Starter (Green) Kit)  | 1         |                      |
| <i>levetiracetam oral solution 100 mg/ml</i>                                   | (Keppra)                         | 1         |                      |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>              | (Keppra)                         | 1         |                      |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>         | (Keppra XR)                      | 2         |                      |
| <i>methsuximide oral capsule 300 mg</i>                                        | (Celontin)                       | 2         |                      |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>                    | (Trileptal)                      | 1         |                      |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                        | (Trileptal)                      | 1         |                      |
| <i>perampanel oral suspension 0.5 mg/ml</i>                                    | (Fycompa)                        | 2         |                      |
| <i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>             | (Fycompa)                        | 2         |                      |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>                          |                                  | 1         |                      |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 60 mg, 97.2 mg</i> |                                  | 1         |                      |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                                   | (Dilantin-125)                   | 1         |                      |
| <i>phenytoin oral tablet, chewable 50 mg</i>                                   | (Dilantin Infatabs)              | 1         |                      |

| <b>Drug Name</b>                                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)                            | 1                |                            |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)                             | 1                |                            |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica) | 1                |                            |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica)                                                   | 1                |                            |
| <i>primidone oral tablet 125 mg</i>                                                                 | 1                |                            |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)                                               | 1                |                            |
| <i>rufinamide oral tablet 200 mg</i> (Banzel)                                                       | 2                | PA; QL (480 per 30 days)   |
| <i>rufinamide oral tablet 400 mg</i> (Banzel)                                                       | 2                | PA; QL (240 per 30 days)   |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg</i> (lamotrigine)                                   | 1                |                            |
| <i>subvenite oral tablet 25 mg</i> (lamotrigine)                                                    | 1                | QL (180 per 30 days)       |
| <i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i> (lamotrigine)                 | 1                |                            |
| <i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i> (lamotrigine)   | 1                |                            |
| <i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i> (lamotrigine)   | 1                |                            |
| <i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>                                                      | 2                | QL (120 per 30 days)       |
| <i>tiagabine oral tablet 16 mg</i>                                                                  | 2                | QL (90 per 30 days)        |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)                                     | 1                |                            |
| <i>topiramate oral capsule, sprinkle 50 mg</i>                                                      | 1                |                            |
| <i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)                   | 2                | QL (60 per 30 days)        |
| <i>topiramate oral capsule,extended release 24hr 25 mg</i> (Trokendi XR)                            | 2                | QL (240 per 30 days)       |
| <i>topiramate oral capsule,extended release 24hr 50 mg</i> (Trokendi XR)                            | 2                | QL (120 per 30 days)       |
| <i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i>                                | 2                | QL (30 per 30 days)        |

| Drug Name                                                                                                                | Drug Tier | Requirements/Limits                                     |
|--------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| <i>topiramate oral capsule,sprinkle,er</i><br>24hr 150 mg, 200 mg                                                        | 2         | QL (60 per 30 days)                                     |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)                                                     | 1         |                                                         |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                                                          | 1         |                                                         |
| <i>valproic acid oral capsule 250 mg</i>                                                                                 | 1         |                                                         |
| <i>vigabatrin oral powder in packet 500 mg</i> (Sabril)                                                                  | 3         | PA; *May have Specialty Costshare; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Sabril)                                                                            | 3         | PA; *May have Specialty Costshare; QL (180 per 30 days) |
| <i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)                                                                | 3         | PA; *May have Specialty Costshare; QL (180 per 30 days) |
| XCOPRI MAINTENANCE PACK<br>ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)                    | 2         | ST; QL (60 per 30 days)                                 |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG                                                                          | 2         | ST; QL (30 per 30 days)                                 |
| XCOPRI ORAL TABLET 200 MG                                                                                                | 2         | ST; QL (60 per 30 days)                                 |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 2         | ST; QL (30 per 30 days)                                 |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)                                                                  | 1         |                                                         |
| <i>zonisamide oral capsule 50 mg</i>                                                                                     | 1         |                                                         |
| <b>Antidementia Agents</b>                                                                                               |           |                                                         |
| <b>Antidementia Agents</b>                                                                                               |           |                                                         |
| <i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)                                                                       | 1         |                                                         |
| <i>donepezil oral tablet 23 mg</i> (Aricept)                                                                             | 2         |                                                         |
| <i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>                                                                  | 1         |                                                         |
| <i>ergoloid oral tablet 1 mg</i>                                                                                         | 1         |                                                         |
| <i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>                                                | 2         | QL (30 per 30 days)                                     |
| <i>galantamine oral solution 4 mg/ml</i>                                                                                 | 1         | QL (200 per 30 days)                                    |

| Drug Name                                                                                             | Drug Tier | Requirements/Limits     |
|-------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| galantamine oral tablet 12 mg, 4 mg, 8 mg                                                             | 1         | QL (60 per 30 days)     |
| memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg                                         | 2         | QL (30 per 30 days)     |
| memantine oral capsule, sprinkle, er 24hr 7 mg (Namenda XR)                                           | 2         | QL (30 per 30 days)     |
| memantine oral solution 2 mg/ml                                                                       | 1         | QL (300 per 30 days)    |
| memantine oral tablet 10 mg, 5 mg                                                                     | 1         | QL (60 per 30 days)     |
| memantine oral tablets, dose pack 5-10 mg                                                             | 1         | QL (49 per 28 days)     |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg                                         | 1         |                         |
| rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch) | 2         | QL (30 per 30 days)     |
| <b>Antidepressants</b>                                                                                |           |                         |
| <b>Antidepressants</b>                                                                                |           |                         |
| amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg                                  | 1         |                         |
| amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg                                        | 1         |                         |
| amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg                                                    | 1         |                         |
| bupropion hcl oral tablet 100 mg, 75 mg                                                               | 1         |                         |
| bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL)                       | 1         |                         |
| bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR)              | 1         |                         |
| citalopram oral solution 10 mg/5 ml                                                                   | 1         |                         |
| citalopram oral tablet 10 mg, 20 mg, 40 mg (Celexa)                                                   | 1         |                         |
| clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)                                             | 2         |                         |
| desipramine oral tablet 10 mg, 25 mg (Norpramin)                                                      | 2         |                         |
| desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg                                                  | 2         |                         |
| desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg                                       | 2         | ST; QL (30 per 30 days) |

| <b>Drug Name</b>                                                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>desvenlafaxine succinate oral tablet</i> (Pristiq)<br><i>extended release 24 hr 100 mg, 25 mg, 50 mg</i> | 2                | ST; QL (30 per 30 days)    |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                                      | 1                |                            |
| <i>doxepin oral concentrate 10 mg/ml</i>                                                                    | 1                |                            |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>                                  | 1                | QL (60 per 30 days)        |
| <i>escitalopram oxalate oral capsule 15 mg</i>                                                              | 1                |                            |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>                                                         | 1                |                            |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)                                        | 1                |                            |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)                                            | 3                | ST; QL (30 per 30 days)    |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG                                     | 3                | ST; QL (30 per 30 days)    |
| <i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)                                                        | 1                |                            |
| <i>fluoxetine oral capsule 40 mg</i>                                                                        | 1                |                            |
| <i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>                                                | 2                |                            |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                                                        | 2                |                            |
| <i>fluoxetine oral tablet 10 mg, 20 mg</i>                                                                  | 1                |                            |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>                                                         | 1                |                            |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                                       | 2                |                            |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                                        | 2                |                            |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)                                                       | 1                |                            |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i>                                                                | 1                |                            |
| <i>mirtazapine oral tablet, disintegrating</i> (Remeron SolTab)<br><i>15 mg, 30 mg, 45 mg</i>               | 1                |                            |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                                         | 2                |                            |

| <b>Drug Name</b>                                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                                | 1                |                            |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                                               | 1                |                            |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>     | 2                | QL (30 per 30 days)        |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)                                    | 2                |                            |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)                        | 1                |                            |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR) | 2                |                            |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>   | 1                |                            |
| <i>phenelzine oral tablet 15 mg</i> (Nardil)                                                | 1                |                            |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>                                                | 2                |                            |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)                                        | 1                |                            |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)                                 | 1                |                            |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate)                                          | 2                |                            |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                                  | 1                |                            |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                       | 1                |                            |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG                                                   | 3                | ST; QL (30 per 30 days)    |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)  | 1                |                            |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                         | 1                |                            |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>         | 2                |                            |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)                                 | 1                | ST; QL (30 per 30 days)    |

| Drug Name                                                                                                                   | Drug Tier | Requirements/Limits      |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>Antidiabetic Agents</b>                                                                                                  |           |                          |
| <b>Antidiabetic Agents, Miscellaneous</b>                                                                                   |           |                          |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                                                                            | 1         |                          |
| <i>alogliptin oral tablet 12.5 mg, 25 mg</i> (Nesina)                                                                       | 2         | QL (30 per 30 days)      |
| <i>alogliptin oral tablet 6.25 mg</i>                                                                                       | 2         | QL (30 per 30 days)      |
| <i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)                                                 | 2         | QL (60 per 30 days)      |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg</i> (Oseni)                                                     | 2         | QL (30 per 30 days)      |
| <i>alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg</i>                                                               | 2         | QL (30 per 30 days)      |
| BYDUREON BCISE<br>SUBCUTANEOUS AUTO-<br>INJECTOR 2 MG/0.85 ML                                                               | 2         | PA; QL (3.4 per 28 days) |
| BYETTA SUBCUTANEOUS PEN<br>INJECTOR 10 MCG/DOSE(250<br>MCG/ML) 2.4 ML                                                       | 2         | PA; QL (2.4 per 30 days) |
| BYETTA SUBCUTANEOUS PEN<br>INJECTOR 5 MCG/DOSE (250<br>MCG/ML) 1.2 ML                                                       | 2         | PA; QL (1.2 per 30 days) |
| <i>dapagliflozin oral tablet 10 mg, 5 mg</i> (Farxiga)                                                                      | 2         | QL (30 per 30 days)      |
| <i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg</i> (Xigduo XR) | 1         | QL (30 per 30 days)      |
| DM2 COMBO PACK, TABLET<br>AND STRIP 500 MG                                                                                  | 1         |                          |
| GLYXAMBI ORAL TABLET 10-5<br>MG, 25-5 MG                                                                                    | 2         | QL (30 per 30 days)      |
| JANUMET ORAL TABLET 50-<br>1,000 MG, 50-500 MG (sitagliptin phos-<br>metformin)                                             | 2         | QL (60 per 30 days)      |
| JANUMET XR ORAL TABLET, ER<br>MULTIPHASE 24 HR 100-1,000<br>MG                                                              | 2         | QL (30 per 30 days)      |
| JANUMET XR ORAL TABLET, ER<br>MULTIPHASE 24 HR 50-1,000 MG,<br>50-500 MG                                                    | 2         | QL (60 per 30 days)      |
| JANUVIA ORAL TABLET 100<br>MG, 25 MG, 50 MG (sitagliptin phosphate)                                                         | 2         | QL (30 per 30 days)      |
| JARDIANCE ORAL TABLET 10<br>MG, 25 MG                                                                                       | 2         | QL (30 per 30 days)      |

| <b>Drug Name</b>                                                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet)                                                                      | 2                |                            |
| <i>metformin oral tablet 1,000 mg, 500 mg, 750 mg, 850 mg</i>                                                            | 1                |                            |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>                                                       | 1                |                            |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                         | 2                |                            |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 2                | PA; QL (2 per 28 days)     |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                                                             | 1                |                            |
| OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG                                                                                   | 2                | PA; QL (30 per 30 days)    |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)            | 2                | PA; QL (3 per 28 days)     |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)                                                              | 1                |                            |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)                                                   | 2                |                            |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i>                                                                      | 1                |                            |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)                                                       | 1                |                            |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                        | 2                |                            |
| RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG                                                               | 2                | PA; QL (30 per 30 days)    |
| <i>saxagliptin oral tablet 2.5 mg, 5 mg</i>                                                                              | 2                | QL (30 per 30 days)        |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>                         | 2                | QL (30 per 30 days)        |
| <i>sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg</i> (Janumet)                                           | 1                | QL (60 per 30 days)        |
| <i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i> (Januvia)                                                  | 1                | QL (30 per 30 days)        |

| <b>Drug Name</b>                                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| SYMLINPEN 120<br>SUBCUTANEOUS PEN INJECTOR<br>2,700 MCG/2.7 ML                                         | 3                | PA; QL (10.8 per 28 days)  |
| SYMLINPEN 60<br>SUBCUTANEOUS PEN INJECTOR<br>1,500 MCG/1.5 ML                                          | 3                | PA; QL (6 per 28 days)     |
| SYNJARDY ORAL TABLET 12.5-<br>1,000 MG, 12.5-500 MG, 5-1,000<br>MG, 5-500 MG                           | 2                | QL (60 per 30 days)        |
| SYNJARDY XR ORAL TABLET,<br>IR - ER, BIPHASIC 24HR 10-1,000<br>MG, 25-1,000 MG                         | 2                | QL (30 per 30 days)        |
| SYNJARDY XR ORAL TABLET,<br>IR - ER, BIPHASIC 24HR 12.5-<br>1,000 MG, 5-1,000 MG                       | 2                | QL (60 per 30 days)        |
| TRIJARDY XR ORAL TABLET, IR<br>- ER, BIPHASIC 24HR 10-5-1,000<br>MG, 25-5-1,000 MG                     | 2                | QL (30 per 30 days)        |
| TRIJARDY XR ORAL TABLET, IR<br>- ER, BIPHASIC 24HR 12.5-2.5-<br>1,000 MG, 5-2.5-1,000 MG               | 2                | QL (60 per 30 days)        |
| TRULICITY SUBCUTANEOUS<br>PEN INJECTOR 0.75 MG/0.5 ML,<br>1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5<br>MG/0.5 ML | 2                | PA; QL (2 per 28 days)     |
| <b>Insulins</b>                                                                                        |                  |                            |
| HUMULIN 70/30 U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION<br>100 UNIT/ML (70-30)                          | 2                | QL (40 per 28 days)        |
| HUMULIN 70/30 U-100 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT/ML (70-30)                         | 2                | QL (30 per 28 days)        |
| HUMULIN N NPH INSULIN<br>KWIKPEN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3<br>ML)                     | 2                | QL (30 per 28 days)        |
| HUMULIN N NPH U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION<br>100 UNIT/ML                                  | 2                | QL (40 per 28 days)        |
| HUMULIN R REGULAR U-100<br>INSULIN INJECTION SOLUTION<br>100 UNIT/ML                                   | 2                | QL (40 per 28 days)        |

| Drug Name                                                                                                                 | Drug Tier | Requirements/Limits     |
|---------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| HUMULIN R U-500 (CONC)<br>INSULIN SUBCUTANEOUS<br>SOLUTION 500 UNIT/ML                                                    | 2         | QL (40 per 28 days)     |
| HUMULIN R U-500 (CONC)<br>KWIKPEN SUBCUTANEOUS<br>INSULIN PEN 500 UNIT/ML (3<br>ML)                                       | 2         | QL (24 per 28 days)     |
| <i>insulin degludec subcutaneous<br/>insulin pen 100 unit/ml (3 ml)</i> (Tresiba FlexTouch U-<br>100)                     | 2         | QL (30 per 28 days)     |
| <i>insulin degludec subcutaneous<br/>insulin pen 200 unit/ml (3 ml)</i> (Tresiba FlexTouch U-<br>200)                     | 2         | QL (18 per 28 days)     |
| <i>insulin degludec subcutaneous<br/>solution 100 unit/ml</i> (Tresiba U-100 Insulin)                                     | 2         | QL (18 per 28 days)     |
| <i>insulin glargine-yfgn subcutaneous<br/>insulin pen 100 unit/ml (3 ml)</i> (Semglee(insulin glarg-<br>yfgn)Pen)         | 2         | QL (30 per 28 days)     |
| <i>insulin glargine-yfgn subcutaneous<br/>solution 100 unit/ml</i> (Semglee(insulin<br>glargine-yfgn))                    | 2         | QL (40 per 28 days)     |
| <i>insulin lispro protamin-lispro<br/>subcutaneous insulin pen 100 unit/ml<br/>(75-25)</i> (Humalog Mix 75-25<br>KwikPen) | 2         | QL (30 per 28 days)     |
| <i>insulin lispro subcutaneous insulin<br/>pen 100 unit/ml</i> (Admelog SoloStar U-<br>100 Insulin)                       | 2         | QL (30 per 28 days)     |
| <i>insulin lispro subcutaneous insulin<br/>pen, half-unit 100 unit/ml</i> (Humalog Junior<br>KwikPen U-100)               | 2         | QL (30 per 28 days)     |
| <i>insulin lispro subcutaneous solution<br/>100 unit/ml</i> (Admelog U-100 Insulin<br>lispro)                             | 2         | QL (40 per 28 days)     |
| LYUMJEV KWIKPEN U-100<br>INSULIN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML                                                  | 2         | QL (30 per 28 days)     |
| LYUMJEV KWIKPEN U-200<br>INSULIN SUBCUTANEOUS<br>INSULIN PEN 200 UNIT/ML (3<br>ML)                                        | 2         | QL (12 per 28 days)     |
| LYUMJEV TEMPO PEN(U-<br>100)INSULN SUBCUTANEOUS<br>INSULIN PEN, SENSOR 100<br>UNIT/ML                                     | 2         | QL (30 per 28 days)     |
| LYUMJEV U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                                             | 2         | QL (40 per 28 days)     |
| SOLIQUA 100/33<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT-33 MCG/ML                                                          | 2         | ST; QL (30 per 28 days) |

| Drug Name                                                                   |                               | Drug Tier | Requirements/Limits   |
|-----------------------------------------------------------------------------|-------------------------------|-----------|-----------------------|
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)       | (insulin glargine u-300 conc) | 2         | QL (18 per 28 days)   |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | (insulin glargine u-300 conc) | 2         | QL (13.5 per 28 days) |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)         | (insulin degludec)            | 2         | QL (30 per 28 days)   |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)         | (insulin degludec)            | 2         | QL (18 per 28 days)   |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                     | (insulin degludec)            | 2         | QL (18 per 28 days)   |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)        |                               | 2         | QL (15 per 28 days)   |
| <b>Sulfonylureas</b>                                                        |                               |           |                       |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                             |                               | 1         |                       |
| <i>glipizide oral tablet 10 mg, 15 mg, 5 mg</i>                             |                               | 1         |                       |
| <i>glipizide oral tablet 2.5 mg</i>                                         |                               | 1         | QL (60 per 30 days)   |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>      |                               | 1         |                       |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>     |                               | 1         |                       |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                  |                               | 1         |                       |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                          |                               | 1         |                       |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>    |                               | 1         |                       |
| <b>Antifungals</b>                                                          |                               |           |                       |
| <b>Antifungals</b>                                                          |                               |           |                       |
| <i>ciclopirox topical cream 0.77 %</i>                                      | (Ciclodan)                    | 1         | QL (90 per 30 days)   |
| <i>ciclopirox topical gel 0.77 %</i>                                        |                               | 2         |                       |
| <i>ciclopirox topical shampoo 1 %</i>                                       |                               | 2         |                       |
| <i>ciclopirox topical solution 8 %</i>                                      | (Ciclodan)                    | 1         | QL (19.8 per 30 days) |

| Drug Name                                                                       | Drug Tier | Requirements/Limits     |
|---------------------------------------------------------------------------------|-----------|-------------------------|
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))               | 1         | QL (90 per 30 days)     |
| <i>clotrimazole mucous membrane troche 10 mg</i>                                | 1         |                         |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))               | 1         |                         |
| <i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))        | 1         |                         |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>                        | 1         |                         |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>                       | 2         |                         |
| EXELDERM TOPICAL CREAM 1 % (sulconazole)                                        | 3         |                         |
| EXELDERM TOPICAL SOLUTION 1 % (sulconazole)                                     | 3         |                         |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml</i>                  | 1         |                         |
| <i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)       | 1         |                         |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                    | 1         |                         |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)                        | 1         |                         |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                       | 1         |                         |
| <i>griseofulvin microsize oral tablet 500 mg</i>                                | 2         |                         |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>                   | 2         |                         |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox)                              | 1         |                         |
| <i>itraconazole oral solution 10 mg/ml</i>                                      | 2         |                         |
| <i>ketoconazole oral tablet 200 mg</i>                                          | 1         |                         |
| <i>ketoconazole topical cream 2 %</i>                                           | 1         | QL (180 per 30 days)    |
| <i>ketoconazole topical shampoo 2 %</i>                                         | 1         |                         |
| <i>luliconazole topical cream 1 %</i> (Luzu)                                    | 2         | ST; QL (60 per 28 days) |
| <i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion) | 2         |                         |
| <i>miconazole-3 vaginal suppository 200 mg</i>                                  | 1         |                         |
| <i>naftifine topical cream 1 %</i>                                              | 2         |                         |
| <i>naftifine topical cream 2 %</i>                                              | 2         | QL (180 per 30 days)    |

| Drug Name                                                                             | Drug Tier | Requirements/Limits     |
|---------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)                             | 1         |                         |
| <i>nystatin oral suspension 100,000 unit/ml</i>                                       | 1         |                         |
| <i>nystatin oral tablet 500,000 unit</i>                                              | 1         |                         |
| <i>nystatin topical cream 100,000 unit/gram</i>                                       | 1         |                         |
| <i>nystatin topical ointment 100,000 unit/gram</i>                                    | 1         |                         |
| <i>nystatin topical powder 100,000 unit/gram</i> (Nystop)                             | 1         |                         |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>                      | 2         |                         |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>                | 2         |                         |
| <i>nystop topical powder 100,000 unit/gram</i> (nystatin)                             | 1         |                         |
| <i>oxiconazole topical cream 1 %</i>                                                  | 2         | QL (180 per 30 days)    |
| <i>sulconazole topical cream 1 %</i> (Exelderm)                                       | 2         |                         |
| <i>sulconazole topical solution 1 %</i> (Exelderm)                                    | 2         |                         |
| <i>tavaborole topical solution with applicator 5 %</i>                                | 2         | PA; QL (10 per 30 days) |
| <i>terbinafine hcl oral tablet 250 mg</i>                                             | 1         |                         |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend) | 2         |                         |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                         | 2         |                         |
| <b>Antigout Agents</b>                                                                |           |                         |
| <b>Antigout Agents, Other</b>                                                         |           |                         |
| <i>allopurinol oral tablet 100 mg</i> (Zyloprim)                                      | 1         |                         |
| <i>allopurinol oral tablet 300 mg</i>                                                 | 1         |                         |
| <i>colchicine oral tablet 0.6 mg</i> (Colcrys)                                        | 2         | QL (120 per 30 days)    |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)                                   | 2         | ST; QL (30 per 30 days) |
| <i>probenecid oral tablet 500 mg</i>                                                  | 1         |                         |
| <b>Antihistamines</b>                                                                 |           |                         |
| <b>Antihistamines</b>                                                                 |           |                         |
| <i>alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg</i>         | 1         |                         |

| Drug Name                                                                 |                                | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------------|--------------------------------|-----------|---------------------|
| <i>alavert oral tablet,disintegrating 10 mg</i>                           | (loratadine)                   | 1         |                     |
| <i>all day allergy (cetirizine) oral capsule 10 mg</i>                    |                                | 1         |                     |
| ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG                                 | (fexofenadine)                 | 1         |                     |
| ALLEGRA-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 60-120 MG            | (fexofenadine-pseudoephedrine) | 1         |                     |
| ALLEGRA-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG           | (fexofenadine-pseudoephedrine) | 1         |                     |
| <i>allerclear d-12hr oral tablet extended release 12 hr 5-120 mg</i>      |                                | 1         |                     |
| <i>allerclear d-24hr oral tablet extended release 24 hr 10-240 mg</i>     | (loratadine-pseudoephedrine)   | 1         |                     |
| <i>allergy relief (cetirizine) oral solution 1 mg/ml</i>                  | (cetirizine)                   | 1         |                     |
| <i>allergy relief (fexofenadine) oral tablet 60 mg</i>                    | (fexofenadine)                 | 1         |                     |
| <i>aller-tec d oral tablet extended release 12 hr 5-120 mg</i>            | (cetirizine-pseudoephedrine)   | 1         |                     |
| <i>aller-tec oral tablet 10 mg</i>                                        | (cetirizine)                   | 1         |                     |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                        | (Carbzah)                      | 1         |                     |
| <i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i> | (Karbinal ER)                  | 2         |                     |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                             |                                | 1         |                     |
| <i>carbzah oral liquid 4 mg/5 ml</i>                                      | (carbinoxamine maleate)        | 1         |                     |
| <i>cetiri-d oral tablet extended release 12 hr 5-120 mg</i>               | (cetirizine-pseudoephedrine)   | 1         |                     |
| <i>cetirizine oral solution 1 mg/ml</i>                                   | (Allergy Relief (cetirizine))  | 1         |                     |
| <i>cetirizine oral solution 5 mg/5 ml</i>                                 |                                | 1         |                     |
| <i>cetirizine oral tablet 10 mg</i>                                       | (Aller-Tec)                    | 1         |                     |
| <i>cetirizine oral tablet 5 mg</i>                                        | (Allergy Relief (cetirizine))  | 1         |                     |
| <i>cetirizine oral tablet,chewable 10 mg</i>                              | (Children's Wal-Zyr)           | 1         |                     |

| Drug Name                                                                     |                | Drug Tier | Requirements/Limits  |
|-------------------------------------------------------------------------------|----------------|-----------|----------------------|
| <i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i> | (Aller-Tec D)  | 1         |                      |
| <i>child allergy relf(cetirizine) oral solution 1 mg/ml</i>                   | (cetirizine)   | 1         |                      |
| <i>children's allegra allergy oral suspension 30 mg/5 ml</i>                  | (fexofenadine) | 1         | QL (300 per 30 days) |
| <i>children's allegra allergy oral tablet,disintegrating 30 mg</i>            |                | 1         |                      |
| <i>children's allergy relief(fex) oral suspension 30 mg/5 ml</i>              | (fexofenadine) | 1         | QL (300 per 30 days) |
| <i>children's allergy(cetirizine) oral solution 1 mg/ml</i>                   | (cetirizine)   | 1         |                      |
| <i>children's cetirizine oral solution 1 mg/ml</i>                            | (cetirizine)   | 1         |                      |
| <i>children's cetirizine oral tablet,chewable 5 mg</i>                        | (cetirizine)   | 1         |                      |
| CHILDREN'S CLARITIN ORAL SOLUTION 5 MG/5 ML                                   | (loratadine)   | 1         |                      |
| CHILDREN'S CLARITIN ORAL TABLET,CHEWABLE 5 MG                                 |                | 1         |                      |
| <i>children's wal-fex oral suspension 30 mg/5 ml</i>                          | (fexofenadine) | 1         | QL (300 per 30 days) |
| <i>children's wal-zyr oral solution 1 mg/ml</i>                               | (cetirizine)   | 1         |                      |
| <i>children's wal-zyr oral tablet,chewable 10 mg</i>                          | (cetirizine)   | 1         |                      |
| CHILDREN'S ZYRTEC ALLERGY ORAL SOLUTION 1 MG/ML                               | (cetirizine)   | 1         |                      |
| CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,DISINTEGRATING 10 MG                    |                | 1         |                      |
| <i>child's all day allergy(cetir) oral solution 1 mg/ml</i>                   | (cetirizine)   | 1         |                      |
| CLARITIN LIQUI-GEL ORAL CAPSULE 10 MG                                         | (loratadine)   | 1         |                      |
| CLARITIN ORAL TABLET 10 MG                                                    | (loratadine)   | 1         |                      |
| CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 10 MG                            | (loratadine)   | 1         |                      |

| Drug Name                                                                                |                                  | Drug Tier | Requirements/Limits     |
|------------------------------------------------------------------------------------------|----------------------------------|-----------|-------------------------|
| CLARITIN REDITABS ORAL<br>TABLET,DISINTEGRATING 5 MG                                     |                                  | 1         |                         |
| CLARITIN-D 12 HOUR ORAL<br>TABLET EXTENDED RELEASE<br>12 HR 5-120 MG                     |                                  | 1         |                         |
| CLARITIN-D 24 HOUR ORAL<br>TABLET EXTENDED RELEASE<br>24 HR 10-240 MG                    | (loratadine-<br>pseudoephedrine) | 1         |                         |
| <i>clemastine oral tablet 2.68 mg</i>                                                    | (Clemsza)                        | 1         |                         |
| <i>clemasz oral tablet 2.68 mg</i>                                                       | (clemastine)                     | 1         |                         |
| <i>clemsza oral tablet 2.68 mg</i>                                                       | (clemastine)                     | 1         |                         |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>                                               |                                  | 1         |                         |
| <i>cyproheptadine oral tablet 4 mg</i>                                                   |                                  | 1         |                         |
| <i>desloratadine oral tablet 5 mg</i>                                                    | (Clarinex)                       | 2         | ST; QL (30 per 30 days) |
| <i>desloratadine oral<br/>tablet,disintegrating 2.5 mg, 5 mg</i>                         |                                  | 2         | ST; QL (30 per 30 days) |
| <i>fexofenadine oral tablet 180 mg, 60<br/>mg</i>                                        | (Allegra Allergy)                | 1         |                         |
| <i>fexofenadine-pseudoephedrine oral<br/>tablet extended release 12 hr 60-120<br/>mg</i> | (Allegra-D 12 Hour)              | 1         |                         |
| <i>hydroxyzine hcl oral solution 10<br/>mg/5 ml</i>                                      |                                  | 1         |                         |
| <i>hydroxyzine hcl oral tablet 10 mg, 25<br/>mg, 50 mg</i>                               |                                  | 1         |                         |
| <i>levocetirizine oral solution 2.5 mg/5<br/>ml</i>                                      | (Xyzal)                          | 1         | QL (300 per 30 days)    |
| <i>levocetirizine oral tablet 5 mg</i>                                                   | (24HR Allergy Relief)            | 1         | QL (30 per 30 days)     |
| <i>loradamed oral tablet 10 mg</i>                                                       | (loratadine)                     | 1         |                         |
| <i>lorata-d oral tablet extended release<br/>24 hr 10-240 mg</i>                         | (loratadine-<br>pseudoephedrine) | 1         |                         |
| <i>loratadine oral solution 5 mg/5 ml</i>                                                | (Children's Claritin)            | 1         |                         |
| <i>loratadine oral tablet 10 mg</i>                                                      | (Claritin)                       | 1         |                         |
| <i>loratadine oral tablet,disintegrating<br/>10 mg</i>                                   | (Alavert)                        | 1         |                         |
| <i>loratadine-d oral tablet extended<br/>release 12 hr 5-120 mg</i>                      |                                  | 1         |                         |
| <i>loratadine-d oral tablet extended<br/>release 24 hr 10-240 mg</i>                     | (loratadine-<br>pseudoephedrine) | 1         |                         |
| <i>promethazine oral syrup 6.25 mg/5<br/>ml</i>                                          |                                  | 1         |                         |

| Drug Name                                                              |                                | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------|--------------------------------|-----------|---------------------|
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>            | (Promethazine VC)              | 1         |                     |
| <i>respa-ar oral tablet extended release 12 hr 8-90-0.24 mg</i>        |                                | 2         |                     |
| <i>wal-fex allergy oral tablet 180 mg, 60 mg</i>                       | (fexofenadine)                 | 1         |                     |
| <i>wal-fex d 12 hour oral tablet extended release 12 hr 60-120 mg</i>  | (fexofenadine-pseudoephedrine) | 1         |                     |
| <i>wal-fex d 24 hour oral tablet extended release 24 hr 180-240 mg</i> | (fexofenadine-pseudoephedrine) | 1         |                     |
| <i>wal-itin d 12 hour oral tablet extended release 12 hr 5-120 mg</i>  |                                | 1         |                     |
| <i>wal-itin d oral tablet extended release 24 hr 10-240 mg</i>         | (loratadine-pseudoephedrine)   | 1         |                     |
| <i>wal-itin oral solution 5 mg/5 ml</i>                                | (loratadine)                   | 1         |                     |
| <i>wal-itin oral tablet 10 mg</i>                                      | (loratadine)                   | 1         |                     |
| <i>wal-zyr (cetirizine) oral capsule 10 mg</i>                         |                                | 1         |                     |
| <i>wal-zyr (cetirizine) oral tablet 10 mg</i>                          | (cetirizine)                   | 1         |                     |
| <i>wal-zyr d oral tablet extended release 12 hr 5-120 mg</i>           | (cetirizine-pseudoephedrine)   | 1         |                     |
| ZYRTEC ORAL CAPSULE 10 MG                                              |                                | 1         |                     |
| ZYRTEC-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG                   | (cetirizine-pseudoephedrine)   | 1         |                     |
| <b>Anti-Infectives (Skin And Mucous Membrane)</b>                      |                                |           |                     |
| <b>Anti-Infectives (Skin And Mucous Membrane)</b>                      |                                |           |                     |
| <i>clindamycin phosphate vaginal cream 2 %</i>                         | (Cleocin)                      | 1         |                     |
| GYNAZOLE-1 VAGINAL CREAM 2 %                                           |                                | 2         |                     |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>                | (Vandazole)                    | 1         |                     |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                          |                                | 1         |                     |
| <i>terconazole vaginal suppository 80 mg</i>                           |                                | 1         |                     |

| Drug Name                                                                                   | Drug Tier | Requirements/Limits      |
|---------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>Antimigraine Agents</b>                                                                  |           |                          |
| <b>Antimigraine Agents</b>                                                                  |           |                          |
| AIMOVIG AUTOINJECTOR<br>SUBCUTANEOUS AUTO-<br>INJECTOR 140 MG/ML, 70<br>MG/ML               | 2         | PA; QL (1 per 30 days)   |
| AJOVY AUTOINJECTOR<br>SUBCUTANEOUS AUTO-<br>INJECTOR 225 MG/1.5 ML                          | 2         | PA; QL (1.5 per 30 days) |
| AJOVY SYRINGE<br>SUBCUTANEOUS SYRINGE 225<br>MG/1.5 ML                                      | 2         | PA; QL (1.5 per 30 days) |
| <i>almotriptan malate oral tablet 12.5<br/>mg, 6.25 mg</i>                                  | 2         | ST; QL (12 per 30 days)  |
| <i>dihydroergotamine injection solution<br/>1 mg/ml</i>                                     | 2         | ST; QL (15 per 14 days)  |
| <i>dihydroergotamine nasal spray,non-<br/>aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | 2         | ST; QL (8 per 28 days)   |
| <i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)                                         | 2         | ST; QL (12 per 30 days)  |
| EMGALITY PEN<br>SUBCUTANEOUS PEN INJECTOR<br>120 MG/ML                                      | 2         | PA; QL (1 per 30 days)   |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 120<br>MG/ML                                       | 2         | PA; QL (1 per 30 days)   |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 300<br>MG/3 ML (100 MG/ML X 3)                     | 2         | PA; QL (3 per 30 days)   |
| <i>ergotamine-caffeine oral tablet 1-100<br/>mg</i> (Cafergot)                              | 1         | QL (40 per 30 days)      |
| <i>frovatriptan oral tablet 2.5 mg</i>                                                      | 2         | ST; QL (18 per 30 days)  |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>                                                 | 2         | QL (18 per 30 days)      |
| NURTEC ODT ORAL<br>TABLET,DISINTEGRATING 75<br>MG                                           | 2         | PA; QL (18 per 30 days)  |
| QULIPTA ORAL TABLET 10 MG,<br>30 MG, 60 MG                                                  | 2         | PA; QL (1 per 1 day)     |
| REYVOW ORAL TABLET 100<br>MG, 50 MG                                                         | 2         | PA; QL (8 per 30 days)   |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt)                                               | 1         | QL (18 per 30 days)      |
| <i>rizatriptan oral tablet 5 mg</i>                                                         | 1         | QL (18 per 30 days)      |

| Drug Name                                                                                              | Drug Tier | Requirements/Limits                                      |
|--------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <i>rizatriptan oral tablet, disintegrating</i> (Maxalt-MLT)<br>10 mg                                   | 1         | QL (18 per 30 days)                                      |
| <i>rizatriptan oral tablet, disintegrating</i><br>5 mg                                                 | 1         | QL (18 per 30 days)                                      |
| <i>sumatriptan nasal spray, non-aerosol</i><br>20 mg/actuation, 5 mg/actuation                         | 1         | QL (18 per 30 days)                                      |
| <i>sumatriptan succinate oral tablet</i> 100 mg, 25 mg, 50 mg (Imitrex)                                | 1         | QL (18 per 30 days)                                      |
| <i>sumatriptan succinate subcutaneous pen injector</i> 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen) | 2         | QL (4 per 28 days)                                       |
| <i>sumatriptan succinate subcutaneous solution</i> 6 mg/0.5 ml                                         | 2         | QL (5 per 28 days)                                       |
| UBRELVY ORAL TABLET 100 MG, 50 MG                                                                      | 2         | PA; QL (16 per 30 days)                                  |
| <i>zolmitriptan nasal spray, non-aerosol</i> (Zomig)<br>2.5 mg, 5 mg                                   | 2         | ST; QL (12 per 30 days)                                  |
| <i>zolmitriptan oral tablet</i> 2.5 mg, 5 mg (Zomig)                                                   | 2         | QL (12 per 30 days)                                      |
| <i>zolmitriptan oral tablet, disintegrating</i> 2.5 mg, 5 mg                                           | 2         | QL (12 per 30 days)                                      |
| <b>Antimycobacterials</b>                                                                              |           |                                                          |
| <b>Antimycobacterials</b>                                                                              |           |                                                          |
| <i>cycloserine oral capsule</i> 250 mg                                                                 | 2         |                                                          |
| <i>dapsone oral tablet</i> 100 mg, 25 mg                                                               | 1         |                                                          |
| <i>ethambutol oral tablet</i> 100 mg, 400 mg                                                           | 1         |                                                          |
| <i>isoniazid oral solution</i> 50 mg/5 ml                                                              | 1         |                                                          |
| <i>isoniazid oral tablet</i> 100 mg, 300 mg                                                            | 1         |                                                          |
| <i>pyrazinamide oral tablet</i> 500 mg                                                                 | 1         |                                                          |
| <i>rifabutin oral capsule</i> 150 mg                                                                   | 2         |                                                          |
| <i>rifampin oral capsule</i> 150 mg, 300 mg                                                            | 1         |                                                          |
| SIRTURO ORAL TABLET 100 MG                                                                             | 3         | PA; *May have Specialty Costshare; QL (188 per 168 days) |
| SIRTURO ORAL TABLET 20 MG                                                                              | 3         | PA; *May have Specialty Costshare; QL (940 per 168 days) |

| Drug Name                                                                                      | Drug Tier | Requirements/Limits    |
|------------------------------------------------------------------------------------------------|-----------|------------------------|
| <b>Antinausea Agents</b>                                                                       |           |                        |
| <b>Antinausea Agents</b>                                                                       |           |                        |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG                                                   | 3         | PA; QL (1 per 21 days) |
| <i>aprepitant oral capsule 125 mg</i>                                                          | 2         | PA; QL (1 per 1 day)   |
| <i>aprepitant oral capsule 40 mg</i>                                                           | 2         | PA; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> (Emend)                                                   | 2         | PA; QL (2 per 1 day)   |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)                        | 2         | PA; QL (3 per 1 day)   |
| <i>compro rectal suppository 25 mg</i> (prochlorperazine)                                      | 1         |                        |
| <i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis) | 2         | QL (120 per 30 days)   |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)                                   | 2         | QL (60 per 30 days)    |
| <i>granisetron hcl oral tablet 1 mg</i>                                                        | 2         | QL (8 per 30 days)     |
| <i>meclizine oral tablet 12.5 mg</i>                                                           | 1         |                        |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))                                     | 1         |                        |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>                                                 | 1         | QL (50 per 15 days)    |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                                                  | 1         |                        |
| <i>ondansetron oral tablet, disintegrating 16 mg, 4 mg, 8 mg</i>                               | 1         |                        |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)                            | 1         |                        |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro)                                      | 1         |                        |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                                          | 1         |                        |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Promethegan)                            | 1         |                        |
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine)                     | 1         |                        |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)              | 2         |                        |
| <i>trimethobenzamide oral capsule 300 mg</i>                                                   | 2         |                        |

| Drug Name                                                               | Drug Tier | Requirements/Limits                                    |
|-------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| <b>Antiparasite Agents</b>                                              |           |                                                        |
| <b>Antiparasite Agents</b>                                              |           |                                                        |
| <i>albendazole oral tablet 200 mg</i>                                   | 2         |                                                        |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)                  | 2         |                                                        |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)           | 2         |                                                        |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) | 2         |                                                        |
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i>                         | 1         |                                                        |
| <i>chloroquine phosphate oral tablet 250 mg</i>                         | 1         | QL (36 per 16 days)                                    |
| EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)                        | 3         | PA                                                     |
| <i>hydroxychloroquine oral tablet 100 mg</i>                            | 1         | QL (90 per 30 days)                                    |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)                | 1         | QL (90 per 30 days)                                    |
| <i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)                   | 1         | QL (60 per 30 days)                                    |
| <i>hydroxychloroquine oral tablet 400 mg</i>                            | 1         | QL (60 per 30 days)                                    |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol)                         | 2         |                                                        |
| KRINTAFEL ORAL TABLET 150 MG                                            | 3         | QL (4 per 30 days)                                     |
| <i>mefloquine oral tablet 250 mg</i>                                    | 2         |                                                        |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia)                         | 2         | QL (60 per 30 days)                                    |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)              | 1         | QL (1 per 28 days)                                     |
| <i>praziquantel oral tablet 600 mg</i>                                  | 2         |                                                        |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)                             | 3         |                                                        |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim)                       | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days) |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)                  | 2         |                                                        |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                            | 2         |                                                        |

| Drug Name                                                                                                                                         | Drug Tier | Requirements/Limits                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| <b>Antiparkinsonian Agents</b>                                                                                                                    |           |                                                        |
| <b>Antiparkinsonian Agents</b>                                                                                                                    |           |                                                        |
| <i>amantadine hcl oral capsule 100 mg</i>                                                                                                         | 1         |                                                        |
| <i>amantadine hcl oral tablet 100 mg</i>                                                                                                          | 1         |                                                        |
| <i>apomorphine subcutaneous cartridge</i> (APOKYN)<br><i>10 mg/ml</i>                                                                             | 3         | PA; *May have Specialty Costshare; QL (60 per 30 days) |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                                 | 1         |                                                        |
| <i>bromocriptine oral capsule 5 mg</i>                                                                                                            | 2         |                                                        |
| <i>bromocriptine oral tablet 2.5 mg</i>                                                                                                           | 2         |                                                        |
| <i>cabergoline oral tablet 0.5 mg</i>                                                                                                             | 1         |                                                        |
| <i>carbidopa oral tablet 25 mg</i> (Lodosyn)                                                                                                      | 2         |                                                        |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)                                                                                         | 1         |                                                        |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)                                                                                           | 1         |                                                        |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i>                                                                                                   | 1         |                                                        |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>                                                                       | 1         |                                                        |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>                                                             | 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> | 1         |                                                        |
| <i>entacapone oral tablet 200 mg</i>                                                                                                              | 1         |                                                        |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR                               | 3         | ST; QL (30 per 30 days)                                |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                                                   | 1         |                                                        |
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>                                                                   | 2         | QL (30 per 30 days)                                    |

| Drug Name                                                                                         | Drug Tier | Requirements/Limits                                |
|---------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|
| <i>pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i> (Mirapex ER) | 2         | QL (30 per 30 days)                                |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)                                              | 1         | QL (30 per 30 days)                                |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                       | 1         |                                                    |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                | 2         | QL (30 per 30 days)                                |
| <i>selegiline hcl oral capsule 5 mg</i>                                                           | 1         |                                                    |
| <i>selegiline hcl oral tablet 5 mg</i>                                                            | 1         |                                                    |
| <i>tolcapone oral tablet 100 mg</i> (Tasmar)                                                      | 2         | QL (90 per 30 days)                                |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>                                                      | 1         |                                                    |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>                                                     | 1         |                                                    |
| <b>Antipsychotic Agents</b>                                                                       |           |                                                    |
| <b>Antipsychotic Agents</b>                                                                       |           |                                                    |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)                  | 2         | QL (30 per 30 days)                                |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i>                                             | 2         | QL (90 per 30 days)                                |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i>                                             | 2         | QL (60 per 30 days)                                |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)                          | 2         | QL (60 per 30 days)                                |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG                                                        | 3         | *May have Specialty Costshare; QL (30 per 30 days) |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                             | 1         |                                                    |
| <i>clozapine oral tablet 100 mg</i> (Clozaril)                                                    | 1         | QL (270 per 30 days)                               |
| <i>clozapine oral tablet 200 mg</i> (Clozaril)                                                    | 1         | QL (135 per 30 days)                               |
| <i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)                                              | 1         | QL (90 per 30 days)                                |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>               | 2         | QL (90 per 30 days)                                |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                                  | 1         |                                                    |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>                                                   | 1         |                                                    |

| Drug Name                                                                                                | Drug Tier | Requirements/Limits                                    |
|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                            | 2         |                                                        |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                                                      | 1         |                                                        |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                                    | 1         |                                                        |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                                         | 1         |                                                        |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)                                       | 2         | PA NSO; QL (30 per 30 days)                            |
| <i>lurasidone oral tablet 80 mg</i> (Latuda)                                                             | 2         | PA NSO; QL (60 per 30 days)                            |
| <i>molindone oral tablet 10 mg</i>                                                                       | 2         | QL (240 per 30 days)                                   |
| <i>molindone oral tablet 25 mg</i>                                                                       | 2         | QL (270 per 30 days)                                   |
| <i>molindone oral tablet 5 mg</i>                                                                        | 2         | QL (120 per 30 days)                                   |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)                        | 1         | QL (30 per 30 days)                                    |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)                  | 2         | QL (30 per 30 days)                                    |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i>                                             | 2         | QL (30 per 30 days)                                    |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)                                | 2         | QL (30 per 30 days)                                    |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)                                      | 2         | QL (60 per 30 days)                                    |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                                  | 1         |                                                        |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                                                   | 1         |                                                        |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)                    | 1         | QL (90 per 30 days)                                    |
| <i>quetiapine oral tablet 150 mg</i>                                                                     | 2         | QL (90 per 30 days)                                    |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR) | 2         | QL (30 per 30 days)                                    |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                                              | 3         | ST; *May have Specialty Costshare; QL (30 per 30 days) |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal)                                                     | 1         | QL (480 per 30 days)                                   |
| <i>risperidone oral tablet 0.25 mg</i>                                                                   | 1         | QL (60 per 30 days)                                    |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)                                | 1         | QL (60 per 30 days)                                    |

| Drug Name                                                                                 | Drug Tier | Requirements/Limits                                 |
|-------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <i>risperidone oral tablet, disintegrating</i><br>0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg | 2         | QL (60 per 30 days)                                 |
| <i>thioridazine oral tablet</i> 10 mg, 100 mg, 25 mg, 50 mg                               | 1         |                                                     |
| <i>thiothixene oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg                                   | 1         |                                                     |
| <i>trifluoperazine oral tablet</i> 1 mg, 10 mg, 2 mg, 5 mg                                | 1         |                                                     |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG                          | 3         | *May have Specialty Costshare; QL (30 per 30 days)  |
| VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)                                      | 3         | *May have Specialty Costshare; QL (7 per 28 days)   |
| <i>ziprasidone hcl oral capsule</i> 20 mg, 40 mg, 60 mg, 80 mg (Geodon)                   | 1         | QL (60 per 30 days)                                 |
| <b>Antivirals (Systemic)</b>                                                              |           |                                                     |
| <b>Antiretrovirals</b>                                                                    |           |                                                     |
| <i>abacavir oral solution</i> 20 mg/ml (Ziagen)                                           | 2         | *May have Specialty Costshare; QL (960 per 30 days) |
| <i>abacavir oral tablet</i> 300 mg                                                        | 2         | *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>abacavir-lamivudine oral tablet</i> 600-300 mg                                         | 3         | *May have Specialty Costshare; QL (30 per 30 days)  |
| APTIVUS ORAL CAPSULE 250 MG                                                               | 2         | *May have Specialty Costshare; QL (120 per 30 days) |
| <i>atazanavir oral capsule</i> 150 mg                                                     | 2         | *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>atazanavir oral capsule</i> 200 mg (Reyataz)                                           | 2         | *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>atazanavir oral capsule</i> 300 mg (Reyataz)                                           | 2         | *May have Specialty Costshare; QL (30 per 30 days)  |

| <b>Drug Name</b>                                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|-----------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------|
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                                                           | 2                | *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)                                                    | 2                | *May have Specialty Costshare; QL (60 per 30 days)  |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG                                                                  | 2                | *May have Specialty Costshare; QL (30 per 30 days)  |
| DOVATO ORAL TABLET 50-300 MG                                                                              | 2                | *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>efavirenz oral capsule 200 mg, 50 mg</i>                                                               | 2                | *May have Specialty Costshare                       |
| <i>efavirenz oral tablet 600 mg</i>                                                                       | 2                | *May have Specialty Costshare                       |
| <i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>                                        | 2                | *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>                      | 2                | *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)              | 2                | *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva)                                                        | 2                | QL (30 per 30 days)                                 |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada) | 2                | *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>etravirine oral tablet 100 mg</i> (Intelence)                                                          | 2                | *May have Specialty Costshare; QL (120 per 30 days) |
| <i>etravirine oral tablet 200 mg</i> (Intelence)                                                          | 2                | *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>fosamprenavir oral tablet 700 mg</i>                                                                   | 2                | *May have Specialty Costshare; QL (120 per 30 days) |
| GENVOYA ORAL TABLET 150-150-200-10 MG                                                                     | 3                | *May have Specialty Costshare; QL (30 per 30 days)  |

| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                           |
|--------------------------------------------------------------------|------------------|------------------------------------------------------|
| IDVYNZO ORAL TABLET 100-0.25 MG                                    | 3                | *May have Specialty Costshare; QL (30 per 30 days)   |
| INTELENCE ORAL TABLET 25 MG                                        | 2                | *May have Specialty Costshare; QL (120 per 30 days)  |
| ISENTRESS HD ORAL TABLET 600 MG                                    | 2                | *May have Specialty Costshare; QL (60 per 30 days)   |
| ISENTRESS ORAL POWDER IN PACKET 100 MG                             | 2                | *May have Specialty Costshare; QL (60 per 30 days)   |
| ISENTRESS ORAL TABLET 400 MG                                       | 2                | *May have Specialty Costshare; QL (60 per 30 days)   |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG                       | 2                | *May have Specialty Costshare; QL (180 per 30 days)  |
| JULUCA ORAL TABLET 50-25 MG                                        | 2                | *May have Specialty Costshare; QL (30 per 30 days)   |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir)                  | 2                | QL (960 per 30 days)                                 |
| <i>lamivudine oral tablet 100 mg</i>                               | 2                | QL (30 per 30 days)                                  |
| <i>lamivudine oral tablet 150 mg</i> (Epivir)                      | 2                | QL (60 per 30 days)                                  |
| <i>lamivudine oral tablet 300 mg</i> (Epivir)                      | 2                | QL (30 per 30 days)                                  |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                | 2                | *May have Specialty Costshare; QL (60 per 30 days)   |
| LEXIVA ORAL SUSPENSION 50 MG/ML                                    | 2                | *May have Specialty Costshare; QL (1800 per 30 days) |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra) | 2                | *May have Specialty Costshare; QL (480 per 30 days)  |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)         | 2                | *May have Specialty Costshare; QL (240 per 30 days)  |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)         | 2                | *May have Specialty Costshare; QL (120 per 30 days)  |

| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|-------------------------------------------------------------|------------------|-----------------------------------------------------|
| <i>maraviroc oral tablet 150 mg</i> (Selzentry)             | 3                | *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>maraviroc oral tablet 300 mg</i> (Selzentry)             | 3                | *May have Specialty Costshare; QL (120 per 30 days) |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                | 2                | QL (1200 per 30 days)                               |
| <i>nevirapine oral tablet 200 mg</i>                        | 2                | QL (60 per 30 days)                                 |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i> | 2                | QL (90 per 30 days)                                 |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | 2                | QL (30 per 30 days)                                 |
| ODEFSEY ORAL TABLET 200-25-25 MG                            | 3                | *May have Specialty Costshare; QL (30 per 30 days)  |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG             | 3                | *May have Specialty Costshare; QL (30 per 30 days)  |
| PREZISTA ORAL SUSPENSION 100 MG/ML                          | 2                | *May have Specialty Costshare; QL (400 per 30 days) |
| PREZISTA ORAL TABLET 150 MG                                 | 2                | *May have Specialty Costshare; QL (240 per 30 days) |
| PREZISTA ORAL TABLET 75 MG                                  | 2                | *May have Specialty Costshare; QL (480 per 30 days) |
| <i>ritonavir oral tablet 100 mg</i> (Norvir)                | 3                | *May have Specialty Costshare; QL (360 per 30 days) |
| SELZENTRY ORAL SOLUTION 20 MG/ML                            | 3                | *May have Specialty Costshare; QL (930 per 30 days) |
| SELZENTRY ORAL TABLET 25 MG                                 | 3                | *May have Specialty Costshare; QL (120 per 30 days) |
| SELZENTRY ORAL TABLET 75 MG                                 | 3                | *May have Specialty Costshare; QL (60 per 30 days)  |
| SUNLENCA ORAL TABLET 300 MG                                 | 3                | PA; *May have Specialty Costshare                   |

| Drug Name                                                               | Drug Tier | Requirements/Limits                                 |
|-------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)        | 2         | *May have Specialty Costshare; QL (30 per 30 days)  |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG                                 | 3         | *May have Specialty Costshare; QL (60 per 30 days)  |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG                              | 3         | *May have Specialty Costshare; QL (180 per 30 days) |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                       | 3         | *May have Specialty Costshare; QL (30 per 30 days)  |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG                        | 3         | *May have Specialty Costshare; QL (30 per 30 days)  |
| TRUVADA ORAL TABLET 167-250 MG (emtricitabine-tenofovir (tdf))          | 3         | *May have Specialty Costshare; QL (30 per 30 days)  |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                                     | 2         | *May have Specialty Costshare                       |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                             | 2         | *May have Specialty Costshare; QL (240 per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                               | 2         | *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir)                        | 2         | QL (180 per 30 days)                                |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)                        | 2         | QL (1920 per 30 days)                               |
| <i>zidovudine oral tablet 300 mg</i>                                    | 2         | QL (60 per 30 days)                                 |
| <b>Antivirals, Miscellaneous</b>                                        |           |                                                     |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML                 | 0         |                                                     |
| LIVTENCITY ORAL TABLET 200 MG                                           | 3         | PA; *May have Specialty Costshare                   |
| <i>oseltamivir oral capsule 30 mg</i>                                   | 2         | QL (20 per 5 days)                                  |
| <i>oseltamivir oral capsule 45 mg</i>                                   | 2         | QL (10 per 5 days)                                  |
| <i>oseltamivir oral capsule 75 mg</i> (Tamiflu)                         | 2         | QL (10 per 5 days)                                  |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | 2         | QL (180 per 180 days)                               |

| Drug Name                                                        | Drug Tier | Requirements/Limits                                          |
|------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| PAXLOVID ORAL<br>TABLETS,DOSE PACK 150 MG<br>(10)- 100 MG (10)   | 2         | QL (20 per 5 days); AGE<br>(Min 12 Years)                    |
| PAXLOVID ORAL<br>TABLETS,DOSE PACK 150 MG<br>(6)- 100 MG (5)     | 2         | QL (20 per 28 days);<br>AGE (Min 12 Years)                   |
| PAXLOVID ORAL<br>TABLETS,DOSE PACK 300 MG<br>(150 MG X 2)-100 MG | 2         | QL (30 per 5 days); AGE<br>(Min 12 Years)                    |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine)                | 1         |                                                              |
| XOFLUZA ORAL TABLET 20 MG,<br>40 MG, 80 MG                       | 3         | QL (2 per 180 days)                                          |
| <b>Hcv Antivirals</b>                                            |           |                                                              |
| EPCLUSA ORAL PELLETS IN<br>PACKET 150-37.5 MG                    | 2         | PA; *May have Specialty<br>Costshare; QL (30 per 29<br>days) |
| EPCLUSA ORAL PELLETS IN<br>PACKET 200-50 MG                      | 2         | PA; *May have Specialty<br>Costshare; QL (30 per 30<br>days) |
| EPCLUSA ORAL TABLET 200-50<br>MG                                 | 2         | PA; *May have Specialty<br>Costshare; QL (30 per 30<br>days) |
| EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir)<br>MG       | 2         | PA; *May have Specialty<br>Costshare; QL (30 per 30<br>days) |
| HARVONI ORAL PELLETS IN<br>PACKET 33.75-150 MG, 45-200<br>MG     | 2         | PA; *May have Specialty<br>Costshare; QL (30 per 30<br>days) |
| HARVONI ORAL TABLET 45-200<br>MG                                 | 2         | PA; *May have Specialty<br>Costshare; QL (30 per 30<br>days) |
| HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir)<br>MG         | 2         | PA; *May have Specialty<br>Costshare; QL (30 per 30<br>days) |
| VOSEVI ORAL TABLET 400-100-<br>100 MG                            | 2         | PA; *May have Specialty<br>Costshare; QL (30 per 30<br>days) |
| <b>Interferons</b>                                               |           |                                                              |
| PEGASYS SUBCUTANEOUS<br>SOLUTION 180 MCG/ML                      | 2         | PA; *May have Specialty<br>Costshare; QL (4 per 28<br>days)  |

| Drug Name                                                                               | Drug Tier | Requirements/Limits                                         |
|-----------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------|
| PEGASYS SUBCUTANEOUS<br>SYRINGE 180 MCG/0.5 ML                                          | 2         | PA; *May have Specialty<br>Costshare; QL (2 per 28<br>days) |
| <b>Nucleosides And Nucleotides</b>                                                      |           |                                                             |
| <i>acyclovir oral capsule 200 mg</i>                                                    | 1         |                                                             |
| <i>acyclovir oral suspension 200 mg/5<br/>ml</i>                                        | 1         |                                                             |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                             | 1         |                                                             |
| <i>adefovir oral tablet 10 mg</i>                                                       | 2         | *May have Specialty<br>Costshare; QL (30 per 30<br>days)    |
| BARACLUDE ORAL SOLUTION<br>0.05 MG/ML                                                   | 3         | *May have Specialty<br>Costshare; QL (630 per<br>30 days)   |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)                                   | 3         | *May have Specialty<br>Costshare; QL (30 per 30<br>days)    |
| <i>famciclovir oral tablet 125 mg, 250<br/>mg, 500 mg</i>                               | 2         |                                                             |
| <i>lagevrio (eua) oral capsule 200 mg</i>                                               | 2         | QL (40 per 5 days); AGE<br>(Min 18 Years)                   |
| <i>ribavirin oral capsule 200 mg</i>                                                    | 1         |                                                             |
| <i>ribavirin oral tablet 200 mg</i>                                                     | 2         |                                                             |
| <i>valacyclovir oral tablet 1 gram, 500</i> (Valtrex)<br><i>mg</i>                      | 1         |                                                             |
| <i>valganciclovir oral recon soln 50</i> (Valcyte)<br><i>mg/ml</i>                      | 1         |                                                             |
| <i>valganciclovir oral tablet 450 mg</i>                                                | 1         |                                                             |
| <b>Blood<br/>Products/Modifiers/Volume<br/>Expanders</b>                                |           |                                                             |
| <b>Anticoagulants</b>                                                                   |           |                                                             |
| ELIQUIS DVT-PE TREAT 30D<br>START ORAL TABLETS,DOSE<br>PACK 5 MG (74 TABS)              | 2         | QL (74 per 30 days)                                         |
| ELIQUIS ORAL TABLET 2.5 MG                                                              | 2         | QL (60 per 30 days)                                         |
| ELIQUIS ORAL TABLET 5 MG                                                                | 2         | QL (74 per 30 days)                                         |
| ELIQUIS ORAL TABLET FOR<br>SUSPENSION 0.5 MG, 1.5 MG (0.5<br>MG X 3), 2 MG (0.5 MG X 4) | 2         | PA; QL (960 per 30<br>days)                                 |

| Drug Name                                                                                                                                       | Drug Tier | Requirements/Limits                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG                                                                                                 | 2         | PA; QL (120 per 30 days)                           |
| <i>enoxaparin subcutaneous solution</i> (Lovenox)<br>300 mg/3 ml                                                                                | 2         | *May have Specialty Costshare; QL (30 per 30 days) |
| <i>enoxaparin subcutaneous syringe</i> (Lovenox)<br>100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml | 2         | *May have Specialty Costshare                      |
| <i>fondaparinux subcutaneous syringe</i> (Arixtra)<br>10 mg/0.8 ml                                                                              | 2         | *May have Specialty Costshare; QL (24 per 30 days) |
| <i>fondaparinux subcutaneous syringe</i> (Arixtra)<br>2.5 mg/0.5 ml                                                                             | 2         | *May have Specialty Costshare; QL (15 per 30 days) |
| <i>fondaparinux subcutaneous syringe</i> 5 (Arixtra)<br>mg/0.4 ml                                                                               | 2         | *May have Specialty Costshare; QL (12 per 30 days) |
| <i>fondaparinux subcutaneous syringe</i> (Arixtra)<br>7.5 mg/0.6 ml                                                                             | 2         | *May have Specialty Costshare; QL (18 per 30 days) |
| <i>heparin (porcine) injection cartridge</i><br>5,000 unit/ml (1 ml)                                                                            | 1         |                                                    |
| <i>heparin (porcine) injection solution</i><br>5,000 unit/ml                                                                                    | 1         |                                                    |
| <i>heparin, porcine (pf) injection syringe</i> 5,000 unit/0.5 ml, 5,000 unit/ml                                                                 | 1         |                                                    |
| <i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)                                                | 1         |                                                    |
| <i>rivaroxaban oral suspension for reconstitution</i> 1 mg/ml (Xarelto)                                                                         | 2         |                                                    |
| <i>rivaroxaban oral tablet</i> 10 mg, 20 mg (Xarelto)                                                                                           | 2         | PA; QL (30 per 30 days)                            |
| <i>rivaroxaban oral tablet</i> 15 mg (Xarelto)                                                                                                  | 2         | PA; QL (60 per 30 days)                            |
| <i>rivaroxaban oral tablet</i> 2.5 mg (Xarelto)                                                                                                 | 2         | QL (60 per 30 days)                                |
| <i>warfarin oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg                                                           | 1         |                                                    |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)                                                                     | 2         | QL (51 per 30 days)                                |

| Drug Name                                                                                                                                             | Drug Tier | Requirements/Limits                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| XARELTO ORAL SUSPENSION (rivaroxaban)<br>FOR RECONSTITUTION 1<br>MG/ML                                                                                | 2         | QL (600 per 30 days)                 |
| XARELTO ORAL TABLET 10 MG, (rivaroxaban)<br>20 MG                                                                                                     | 2         | PA; QL (30 per 30 days)              |
| XARELTO ORAL TABLET 15 MG (rivaroxaban)                                                                                                               | 2         | PA; QL (60 per 30 days)              |
| XARELTO ORAL TABLET 2.5 MG (rivaroxaban)                                                                                                              | 2         | QL (60 per 30 days)                  |
| <b>Blood Formation Modifiers</b>                                                                                                                      |           |                                      |
| NIVESTYM INJECTION<br>SOLUTION 300 MCG/ML, 480<br>MCG/1.6 ML                                                                                          | 2         | PA; *May have Specialty<br>Costshare |
| NIVESTYM SUBCUTANEOUS<br>SYRINGE 300 MCG/0.5 ML, 480<br>MCG/0.8 ML                                                                                    | 2         | PA; *May have Specialty<br>Costshare |
| RETACRIT INJECTION<br>SOLUTION 10,000 UNIT/ML, 2,000<br>UNIT/ML, 20,000 UNIT/2 ML,<br>20,000 UNIT/ML, 3,000 UNIT/ML,<br>4,000 UNIT/ML, 40,000 UNIT/ML | 2         | PA; *May have Specialty<br>Costshare |
| ZIEXTENZO SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                                                                                                         | 2         | PA; *May have Specialty<br>Costshare |
| <b>Hematologic Agents, Miscellaneous</b>                                                                                                              |           |                                      |
| <i>aminocaproic acid oral solution 250 (Amicar)<br/>mg/ml (25 %)</i>                                                                                  | 2         |                                      |
| <i>aminocaproic acid oral tablet 1,000 (Amicar)<br/>mg, 500 mg</i>                                                                                    | 1         |                                      |
| <i>anagrelide oral capsule 0.5 mg (Agrylin)</i>                                                                                                       | 2         |                                      |
| <i>anagrelide oral capsule 1 mg</i>                                                                                                                   | 2         |                                      |
| <i>tranexamic acid oral tablet 650 mg</i>                                                                                                             | 2         |                                      |
| <b>Platelet-Aggregation Inhibitors</b>                                                                                                                |           |                                      |
| <i>aspirin-dipyridamole oral capsule, er<br/>multiphase 12 hr 25-200 mg</i>                                                                           | 2         |                                      |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                                                                                           | 1         |                                      |
| <i>clopidogrel oral tablet 300 mg</i>                                                                                                                 | 1         | QL (4 per 30 days)                   |
| <i>clopidogrel oral tablet 75 mg (Plavix)</i>                                                                                                         | 1         |                                      |
| <i>dipyridamole oral tablet 25 mg, 50<br/>mg, 75 mg</i>                                                                                               | 1         |                                      |
| <i>pentoxifylline oral tablet extended<br/>release 400 mg</i>                                                                                         | 1         |                                      |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg (Effient)</i>                                                                                                | 2         | QL (30 per 30 days)                  |
| <i>ticagrelor oral tablet 60 mg, 90 mg (Brilinta)</i>                                                                                                 | 2         | QL (60 per 30 days)                  |

| Drug Name                                                                                        | Drug Tier | Requirements/Limits               |
|--------------------------------------------------------------------------------------------------|-----------|-----------------------------------|
| <b>Cardiovascular Agents</b>                                                                     |           |                                   |
| <b>Alpha-Adrenergic Agents</b>                                                                   |           |                                   |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                                          | 1         |                                   |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)                          | 1         |                                   |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)                          | 1         |                                   |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)                          | 1         |                                   |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)                                    | 1         |                                   |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                                         | 1         |                                   |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                                                     | 1         |                                   |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                 | 1         |                                   |
| <i>phenoxybenzamine oral capsule 10 mg</i>                                                       | 2         | PA; *May have Specialty Costshare |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                                    | 1         |                                   |
| <b>Angiotensin II Receptor Antagonists</b>                                                       |           |                                   |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)                                | 2         | ST                                |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT) | 2         | ST                                |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG                                                   | 2         | PA; QL (60 per 30 days)           |
| <i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)                                            | 1         |                                   |
| <i>irbesartan oral tablet 75 mg</i>                                                              | 1         |                                   |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)             | 1         |                                   |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)                                        | 1         |                                   |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)      | 1         |                                   |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)                                       | 2         |                                   |

| Drug Name                                                                                                                         | Drug Tier | Requirements/Limits     |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>olmesartan-amlodipin-hcthiiazid 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> (Tribenzor) | 2         |                         |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)                                  | 2         |                         |
| <i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i> (Entresto)                                                  | 2         | PA; QL (60 per 30 days) |
| <i>telmisartan oral tablet 20 mg</i>                                                                                              | 2         | ST                      |
| <i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)                                                                            | 2         | ST                      |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                                                    | 2         | ST                      |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)                                 | 2         | ST                      |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)                                                                | 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> (Diovan HCT)          | 1         |                         |
| <b>Angiotensin-Converting Enzyme Inhibitors</b>                                                                                   |           |                         |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)                                                                      | 1         |                         |
| <i>benazepril oral tablet 5 mg</i>                                                                                                | 1         |                         |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)                                 | 1         |                         |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>                                                                       | 1         |                         |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                                                                        | 1         |                         |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>                                           | 1         |                         |
| <i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)                                                                           | 2         | QL (1200 per 30 days)   |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)                                                         | 1         |                         |

| <b>Drug Name</b>                                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)                                    | 1                |                            |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>                                               | 1                |                            |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>                                                        | 1                |                            |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                                 | 1                |                            |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)                         | 1                |                            |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)          | 1                |                            |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>                                                               | 1                |                            |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                                                 | 1                |                            |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                                   | 1                |                            |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                        | 1                |                            |
| <i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i> (Altace)                                              | 1                |                            |
| <i>ramipril oral capsule 10 mg</i>                                                                       | 1                |                            |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                                         | 1                |                            |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 2                |                            |
| <b>Antiarrhythmic Agents</b>                                                                             |                  |                            |
| <i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)                                                  | 1                |                            |
| <i>amiodarone oral tablet 400 mg</i>                                                                     | 1                |                            |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)                                      | 1                |                            |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)                                       | 2                |                            |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                                                      | 1                |                            |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                                                    | 1                |                            |

| <b>Drug Name</b>                                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)                                         | 1                |                            |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>                          | 1                |                            |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>                                                   | 1                |                            |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                                                     | 1                |                            |
| <b>Beta-Adrenergic Blocking Agents</b>                                                                  |                  |                            |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>                                                           | 1                |                            |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)                                             | 1                |                            |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                                          | 1                |                            |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>                                                               | 1                |                            |
| <i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                              | 1                |                            |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                    | 1                |                            |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)                                 | 1                |                            |
| <i>carvedilol phosphate oral capsule, extended release 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)  | 1                | QL (30 per 30 days)        |
| <i>clonidine hcl oral tablet 0.05 mg</i>                                                                | 1                |                            |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>                                             | 1                |                            |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | 1                |                            |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                        | 1                |                            |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)                                        | 1                |                            |
| <i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>                                            | 1                |                            |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                          | 1                |                            |

| <b>Drug Name</b>                                                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)                                         | 1                |                            |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                                    | 1                |                            |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)           | 1                |                            |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                                | 1                |                            |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                           | 1                |                            |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)                                          | 1                |                            |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)                                              | 1                |                            |
| <i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)                                              | 1                |                            |
| <i>sotalol oral tablet 240 mg</i>                                                                          | 1                |                            |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                                      | 1                |                            |
| <b>Calcium-Channel Blocking Agents</b>                                                                     |                  |                            |
| <i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)         | 1                |                            |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>                              | 1                |                            |
| <i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)                       | 1                |                            |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)         | 1                |                            |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)                                           | 1                |                            |
| <i>diltiazem hcl oral tablet 90 mg</i>                                                                     | 1                |                            |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)                               | 1                |                            |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA) | 1                |                            |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)                  | 1                |                            |

| Drug Name                                                                                                             | Drug Tier | Requirements/Limits               |
|-----------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)            | 1         |                                   |
| <i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)          | 1         |                                   |
| <i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl) | 1         |                                   |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>                                              | 1         |                                   |
| <i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>                                  | 1         |                                   |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>                                                                     | 1         |                                   |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                                  | 1         |                                   |
| <b>Cardiovascular Agents, Miscellaneous</b>                                                                           |           |                                   |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Lanoxin)                                            | 1         |                                   |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)                                                             | 1         | PA                                |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)                                    | 1         | QL (4 per 1 day)                  |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)                                                 | 1         | QL (4 per 1 day)                  |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                                            | 1         |                                   |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)                                                            | 3         | PA; *May have Specialty Costshare |
| <i>metyrosine oral capsule 250 mg</i>                                                                                 | 2         |                                   |
| <i>nitroglycerin transdermal ointment 2 %</i> (Nitro-Bid)                                                             | 1         |                                   |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>                                                         | 2         | ST; QL (60 per 30 days)           |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i>                                                           | 2         | ST; QL (120 per 30 days)          |
| <b>Dihydropyridines</b>                                                                                               |           |                                   |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)                                                           | 1         |                                   |

| <b>Drug Name</b>                                                                                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>amlodipine-benazepril oral capsule</i> (Lotrel)<br>10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg                                            | 1                |                            |
| <i>amlodipine-benazepril oral capsule</i><br>2.5-10 mg, 5-40 mg                                                                       | 1                |                            |
| <i>amlodipine-olmesartan oral tablet</i> (Azor)<br>10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg                                               | 2                |                            |
| <i>amlodipine-valsartan oral tablet</i> 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)                                            | 2                |                            |
| <i>amlodipine-valsartan-hctiazid oral tablet</i> 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg (Exforge HCT) | 2                |                            |
| <i>felodipine oral tablet extended release</i> 24 hr 10 mg, 2.5 mg, 5 mg                                                              | 1                |                            |
| <i>isradipine oral capsule</i> 2.5 mg, 5 mg                                                                                           | 1                |                            |
| <i>nicardipine oral capsule</i> 20 mg, 30 mg                                                                                          | 1                |                            |
| <i>nifedipine oral capsule</i> 10 mg, 20 mg                                                                                           | 1                |                            |
| <i>nifedipine oral tablet extended release</i> 24hr 30 mg, 60 mg (Procardia XL)                                                       | 1                |                            |
| <i>nifedipine oral tablet extended release</i> 24hr 90 mg                                                                             | 1                |                            |
| <i>nifedipine oral tablet extended release</i> 30 mg, 60 mg, 90 mg                                                                    | 1                |                            |
| <i>nimodipine oral capsule</i> 30 mg                                                                                                  | 1                |                            |
| <i>nisoldipine oral tablet extended release</i> 24 hr 17 mg, 34 mg, 8.5 mg (Sular)                                                    | 1                |                            |
| <i>nisoldipine oral tablet extended release</i> 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg                                                    | 1                |                            |
| <b>Diuretics</b>                                                                                                                      |                  |                            |
| <i>amiloride oral tablet</i> 5 mg                                                                                                     | 1                |                            |
| <i>amiloride-hydrochlorothiazide oral tablet</i> 5-50 mg                                                                              | 1                |                            |
| <i>bumetanide oral tablet</i> 0.5 mg, 1 mg, 2 mg                                                                                      | 1                |                            |
| <i>chlorthalidone oral tablet</i> 25 mg, 50 mg                                                                                        | 1                |                            |

| Drug Name                                                                                                                      | Drug Tier | Requirements/Limits                                     |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| <i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)                                                                             | 2         | PA                                                      |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>                                                                 | 1         |                                                         |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)                                                                      | 1         |                                                         |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                                                                                | 1         |                                                         |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                                                                   | 1         |                                                         |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                                                                  | 1         |                                                         |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                              | 1         |                                                         |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)                                                             | 1         |                                                         |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>                                                                     | 1         |                                                         |
| <i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i> (Jynarque)                                                             | 2         | PA; *May have Specialty Costshare; QL (30 per 365 days) |
| <i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i> (Jynarque)                                                             | 2         | PA; *May have Specialty Costshare; QL (60 per 365 days) |
| <i>tolvaptan oral tablet 15 mg</i> (Samsca)                                                                                    | 2         | PA; *May have Specialty Costshare; QL (30 per 365 days) |
| <i>tolvaptan oral tablet 30 mg</i> (Samsca)                                                                                    | 2         | PA; *May have Specialty Costshare; QL (60 per 365 days) |
| <i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                                                                        | 1         |                                                         |
| <i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)                                                                       | 2         |                                                         |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>                                                                  | 1         |                                                         |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>                                                         | 1         |                                                         |
| <b>Dyslipidemics</b>                                                                                                           |           |                                                         |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet) | 2         | QL (30 per 30 days)                                     |

| Drug Name                                                                           | Drug Tier | Requirements/Limits         |
|-------------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>          | 2         | QL (30 per 30 days)         |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)                | 0         | QL (30 per 30 days)         |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)          | 1         |                             |
| <i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine)           | 1         |                             |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)                        | 2         |                             |
| <i>colesevelam oral tablet 625 mg</i> (WelChol)                                     | 2         |                             |
| <i>colestipol oral packet 5 gram</i>                                                | 1         |                             |
| <i>colestipol oral tablet 1 gram</i> (Colestid)                                     | 1         |                             |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia)                                          | 1         | QL (30 per 30 days)         |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)                   | 2         | QL (30 per 30 days)         |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)                   | 2         | QL (30 per 30 days)         |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)                   | 2         | QL (30 per 30 days)         |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)                   | 2         | PA NSO; QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>                           | 2         |                             |
| <i>fenofibrate micronized oral capsule 67 mg</i>                                    | 1         |                             |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>                       | 1         |                             |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)                             | 2         |                             |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                                        | 2         |                             |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                                        | 1         |                             |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> | 2         |                             |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)                         | 1         |                             |
| <i>fluvastatin oral capsule 20 mg</i>                                               | 2         | QL (30 per 30 days)         |
| <i>fluvastatin oral capsule 40 mg</i>                                               | 2         | QL (60 per 30 days)         |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)             | 2         | QL (30 per 30 days)         |

| Drug Name                                                                 | Drug Tier | Requirements/Limits         |
|---------------------------------------------------------------------------|-----------|-----------------------------|
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid)                             | 1         |                             |
| <i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i> (Vascepa)            | 2         | QL (120 per 30 days)        |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                         | 0         | QL (60 per 30 days)         |
| NEXLETOL ORAL TABLET 180 MG                                               | 2         | PA                          |
| NEXLIZET ORAL TABLET 180-10 MG                                            | 2         | PA                          |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | 2         |                             |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)             | 2         | QL (120 per 30 days)        |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                 | 0         | QL (30 per 30 days)         |
| <i>prevalite oral powder in packet 4 gram</i> (cholestyramine)            | 1         |                             |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML           | 2         | PA; QL (3.5 per 28 days)    |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML                     | 2         | PA; QL (2 per 28 days)      |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML                            | 2         | PA; QL (2 per 28 days)      |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)       | 1         | QL (30 per 30 days)         |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)                | 0         | QL (30 per 30 days)         |
| <i>simvastatin oral tablet 5 mg</i>                                       | 0         | QL (30 per 30 days)         |
| <i>simvastatin oral tablet 80 mg</i>                                      | 0         | PA NSO; QL (30 per 30 days) |
| <b>Renin-Angiotensin-Aldosterone System Inhibitors</b>                    |           |                             |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)                    | 2         | PA NSO; QL (30 per 30 days) |
| <i>eplerenone oral tablet 25 mg</i> (Inspra)                              | 1         | ST                          |
| <i>eplerenone oral tablet 50 mg</i>                                       | 1         | ST                          |

| Drug Name                                                                                             | Drug Tier | Requirements/Limits                                     |
|-------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| <b>Vasodilators</b>                                                                                   |           |                                                         |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>                                           | 2         |                                                         |
| <i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)                                               | 2         |                                                         |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)                                       | 2         |                                                         |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                                | 1         |                                                         |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>                 | 1         |                                                         |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)                                          | 2         |                                                         |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                                            | 1         |                                                         |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)                             | 1         |                                                         |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | 1         |                                                         |
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)                     | 2         |                                                         |
| <i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i> (nitroglycerin)                 | 1         |                                                         |
| <b>Central Nervous System Agents</b>                                                                  |           |                                                         |
| <b>Central Nervous System Agents</b>                                                                  |           |                                                         |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)                                           | 2         | PA; QL (120 per 30 days)                                |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>                                            | 2         | QL (60 per 30 days)                                     |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>                                                  | 2         | QL (30 per 30 days)                                     |
| AUSTEDO ORAL TABLET 12 MG, 9 MG                                                                       | 3         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG                                                                              | 3         | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML                                                   | 2         | PA; *May have Specialty Costshare; QL (1 per 30 days)   |

| Drug Name                                                                                                      |                              | Drug Tier | Requirements/Limits                                     |
|----------------------------------------------------------------------------------------------------------------|------------------------------|-----------|---------------------------------------------------------|
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML                                                                 |                              | 2         | PA; *May have Specialty Costshare; QL (1 per 30 days)   |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                                                              |                              | 2         | PA; *May have Specialty Costshare; QL (14 per 28 days)  |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>                                                    |                              | 1         |                                                         |
| <i>cladribine(multiple sclerosis) oral tablet 10 mg</i>                                                        | (Mavenclad (10 tablet pack)) | 2         | PA; *May have Specialty Costshare; QL (20 per 336 days) |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>                                                 |                              | 2         | QL (120 per 30 days)                                    |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML                                                                         | (glatiramer)                 | 2         | PA; *May have Specialty Costshare; QL (12 per 28 days)  |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i>                                                  | (Ampyra)                     | 3         | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | (Focalin XR)                 | 2         | QL (30 per 30 days)                                     |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                      | (Focalin)                    | 1         | QL (60 per 30 days)                                     |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>                                          | (Dexedrine Spansule)         | 2         | QL (60 per 30 days)                                     |
| <i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>                                          | (Dexedrine Spansule)         | 2         | QL (120 per 30 days)                                    |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>                                           |                              | 2         | QL (60 per 30 days)                                     |
| <i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>                                                       | (ProCentra)                  | 2         | QL (1800 per 30 days)                                   |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i>                                                             | (Zenzedi)                    | 1         | QL (180 per 30 days)                                    |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>                                               | (Zenzedi)                    | 2         | QL (60 per 30 days)                                     |
| <i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>                                                    | (Zenzedi)                    | 2         | QL (90 per 30 days)                                     |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i>                                                              | (Zenzedi)                    | 1         | QL (90 per 30 days)                                     |

| Drug Name                                                                                             |               | Drug Tier | Requirements/Limits                                    |
|-------------------------------------------------------------------------------------------------------|---------------|-----------|--------------------------------------------------------|
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>  | (Mydayis)     | 2         | PA NSO; QL (30 per 30 days)                            |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>            | (Adderall XR) | 2         | PA NSO; QL (30 per 30 days)                            |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>           | (Adderall XR) | 2         | PA NSO; QL (60 per 30 days)                            |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>    | (Adderall)    | 1         | QL (60 per 30 days)                                    |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> | (Tecfidera)   | 2         | PA; *May have Specialty Costshare; QL (60 per 30 days) |
| <i>ingolimod oral capsule 0.5 mg</i>                                                                  | (Gilenya)     | 2         | PA; *May have Specialty Costshare; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i>                                                       | (Glatopa)     | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i>                                                       | (Copaxone)    | 3         | PA; *May have Specialty Costshare; QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i>                                                          | (glatiramer)  | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days) |
| <i>glatopa subcutaneous syringe 40 mg/ml</i>                                                          | (glatiramer)  | 3         | PA; *May have Specialty Costshare; QL (12 per 28 days) |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>                           | (Intuniv ER)  | 2         | QL (30 per 30 days)                                    |
| KESIMPTA PEN<br>SUBCUTANEOUS PEN INJECTOR<br>20 MG/0.4 ML                                             |               | 2         | PA; *May have Specialty Costshare                      |
| <i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>                  | (Vyvanse)     | 1         | PA NSO; QL (30 per 30 days)                            |
| <i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>                 | (Vyvanse)     | 2         | PA NSO; QL (30 per 30 days)                            |

| <b>Drug Name</b>                                                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                                               | 1                |                                                         |
| <i>lithium carbonate oral tablet 300 mg</i>                                                                | 1                |                                                         |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)                                    | 1                |                                                         |
| <i>lithium carbonate oral tablet extended release 450 mg</i>                                               | 1                |                                                         |
| <i>lithium citrate oral solution 8 meq/5 ml</i>                                                            | 2                |                                                         |
| MAYZENT ORAL TABLET 0.25 MG                                                                                | 2                | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG                                                                             | 2                | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)                                     | 2                | PA; *May have Specialty Costshare; QL (7 per 1 day)     |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)                                    | 2                | PA; *May have Specialty Costshare; QL (12 per 1 day)    |
| <i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)                                | 2                | PA; QL (90 per 30 days)                                 |
| <i>methamphetamine oral tablet 5 mg</i> (Desoxyn)                                                          | 2                | PA; QL (150 per 30 days)                                |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD) | 2                | QL (30 per 30 days)                                     |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)                             | 2                | QL (60 per 30 days)                                     |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 40 mg, 60 mg</i>                              | 2                | QL (30 per 30 days)                                     |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg</i> (Ritalin LA)                               | 2                | QL (30 per 30 days)                                     |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>                                            | 2                | QL (60 per 30 days)                                     |
| <i>methylphenidate hcl oral solution 10 mg/5 ml</i> (Methylin)                                             | 2                |                                                         |
| <i>methylphenidate hcl oral solution 5 mg/5 ml</i> (Methylin)                                              | 1                |                                                         |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)                                        | 1                | QL (90 per 30 days)                                     |

| <b>Drug Name</b>                                                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                    |
|--------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------|
| <i>methylphenidate hcl oral tablet<br/>extended release 10 mg, 20 mg</i>                                                 | 2                | QL (90 per 30 days)                                           |
| <i>methylphenidate hcl oral tablet</i> (Concerta)<br><i>extended release 24hr 18 mg, 27 mg,<br/>54 mg</i>                | 2                | PA NSO; QL (30 per 30 days)                                   |
| <i>methylphenidate hcl oral tablet</i> (Concerta)<br><i>extended release 24hr 36 mg</i>                                  | 2                | PA NSO; QL (60 per 30 days)                                   |
| <i>methylphenidate hcl oral<br/>tablet, chewable 10 mg, 2.5 mg, 5 mg</i>                                                 | 2                | QL (90 per 30 days)                                           |
| <i>methylphenidate transdermal patch</i> (Daytrana)<br><i>24 hour 10 mg/9 hr, 15 mg/9 hr, 20<br/>mg/9 hr, 30 mg/9 hr</i> | 2                | PA NSO; QL (30 per 30 days)                                   |
| PLEGRIDY SUBCUTANEOUS<br>PEN INJECTOR 125 MCG/0.5 ML,<br>63 MCG/0.5 ML- 94 MCG/0.5 ML                                    | 2                | PA; *May have Specialty<br>Costshare; QL (1 per 28<br>days)   |
| PLEGRIDY SUBCUTANEOUS<br>SYRINGE 125 MCG/0.5 ML, 63<br>MCG/0.5 ML- 94 MCG/0.5 ML                                         | 2                | PA; *May have Specialty<br>Costshare; QL (1 per 28<br>days)   |
| <i>pregabalin oral tablet extended<br/>release 24 hr 165 mg, 330 mg, 82.5<br/>mg</i>                                     | 2                | QL (60 per 30 days)                                           |
| REBIF (WITH ALBUMIN)<br>SUBCUTANEOUS SYRINGE 22<br>MCG/0.5 ML                                                            | 2                | PA; *May have Specialty<br>Costshare; QL (4 per 30<br>days)   |
| REBIF (WITH ALBUMIN)<br>SUBCUTANEOUS SYRINGE 44<br>MCG/0.5 ML                                                            | 2                | PA; *May have Specialty<br>Costshare; QL (6 per 30<br>days)   |
| REBIF REBIDOSE<br>SUBCUTANEOUS PEN INJECTOR<br>22 MCG/0.5 ML                                                             | 2                | PA; *May have Specialty<br>Costshare; QL (4 per 30<br>days)   |
| REBIF REBIDOSE<br>SUBCUTANEOUS PEN INJECTOR<br>44 MCG/0.5 ML                                                             | 2                | PA; *May have Specialty<br>Costshare; QL (6 per 30<br>days)   |
| REBIF REBIDOSE<br>SUBCUTANEOUS PEN INJECTOR<br>8.8MCG/0.2ML-22 MCG/0.5ML (6)                                             | 2                | PA; *May have Specialty<br>Costshare; QL (4.2 per<br>28 days) |
| REBIF TITRATION PACK<br>SUBCUTANEOUS SYRINGE<br>8.8MCG/0.2ML-22 MCG/0.5ML (6)                                            | 2                | PA; *May have Specialty<br>Costshare; QL (4.2 per<br>28 days) |
| <i>riluzole oral tablet 50 mg</i>                                                                                        | 3                | PA; *May have Specialty<br>Costshare                          |

| Drug Name                                                                                                     | Drug Tier | Requirements/Limits                                     |
|---------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)                                                        | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)                                                           | 3         | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| <i>tetrabenazine oral tablet 25 mg</i> (Xenazine)                                                             | 3         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG                                                           | 2         | PA; *May have Specialty Costshare                       |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)                       | 3         | PA NSO; QL (30 per 30 days)                             |
| <b>Contraceptives</b>                                                                                         |           |                                                         |
| <b>Contraceptives</b>                                                                                         |           |                                                         |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)                                    | 0         |                                                         |
| <i>after pill oral tablet 1.5 mg</i> (levonorgestrel)                                                         | 0         |                                                         |
| <i>aftera oral tablet 1.5 mg</i> (levonorgestrel)                                                             | 0         |                                                         |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)                                 | 0         |                                                         |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)                              | 0         |                                                         |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                                                   | 0         |                                                         |
| <i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad) | 0         | QL (91 per 84 days)                                     |
| <i>amethyst (28) oral tablet 90-20 mcg (28)</i> (levonorgestrel-ethinyl estrad)                               | 0         |                                                         |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR                                                                   | 2         | QL (1 per 365 days)                                     |
| <i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)                                          | 0         |                                                         |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>                                                          | 0         |                                                         |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad) | 0         | QL (91 per 84 days)                                     |

| Drug Name                                                                      |                                  | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i>                                      | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                          | (norethindrone ac-eth estradiol) | 0         |                     |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>                              | (norethindrone ac-eth estradiol) | 0         |                     |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                   | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>        | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>            | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>averi oral tablet 0.15 mg-0.03 mg (21)/36.5 mg(7)</i>                       |                                  | 0         |                     |
| <i>aviane oral tablet 0.1-20 mg-mcg</i>                                        | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| <i>ayuna oral tablet 0.15-0.03 mg</i>                                          | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                  | (desog-e.estradiol/e.estradiol)  | 0         |                     |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i>                                  |                                  | 0         |                     |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                    | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>         | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>             | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                                      |                                  | 0         |                     |
| <i>camila oral tablet 0.35 mg</i>                                              | (norethindrone (contraceptive))  | 0         |                     |
| <i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | (l norgest/e.estradiol-e.estrad) | 0         | QL (91 per 84 days) |
| <i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>   | (l norgest/e.estradiol-e.estrad) | 0         | QL (91 per 84 days) |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM                                      |                                  | 2         |                     |
| <i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>                         |                                  | 0         |                     |

| Drug Name                                                                     |                                  | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>charlotte 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>       | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i>                               | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>                                | (norgestrel-ethinyl estradiol)   | 0         |                     |
| <i>cyred eq oral tablet 0.15-0.03 mg</i>                                      | (desogestrel-ethinyl estradiol)  | 0         |                     |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>                              | (norethindrone-ethin estradiol)  | 0         |                     |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                   |                                  | 0         |                     |
| <i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estrad) | 0         | QL (91 per 84 days) |
| <i>deblitane oral tablet 0.35 mg</i>                                          | (norethindrone (contraceptive))  | 0         |                     |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (Azurette (28))                  | 0         |                     |
| <i>dolishale oral tablet 90-20 mcg (28)</i>                                   | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>    | (Beyaz)                          | 0         |                     |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>    | (Tydemy)                         | 0         |                     |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>                   | (Jasmiel (28))                   | 0         |                     |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>                   | (Ocella)                         | 0         |                     |
| <i>econtra one-step oral tablet 1.5 mg</i>                                    | (levonorgestrel)                 | 0         |                     |
| <i>elinest oral tablet 0.3-30 mg-mcg</i>                                      | (norgestrel-ethinyl estradiol)   | 0         |                     |
| ELLA ORAL TABLET 30 MG                                                        |                                  | 2         |                     |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>                               | (etonogestrel-ethinyl estradiol) | 0         | QL (1 per 28 days)  |
| <i>emzahh oral tablet 0.35 mg</i>                                             | (norethindrone (contraceptive))  | 0         |                     |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>                            | (etonogestrel-ethinyl estradiol) | 0         | QL (1 per 28 days)  |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                    | (levonorg-eth estrad triphasic)  | 0         |                     |

| Drug Name                                                                          |                                  | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>enskyce oral tablet 0.15-0.03 mg</i>                                            | (desogestrel-ethinyl estradiol)  | 0         |                     |
| <i>errin oral tablet 0.35 mg</i>                                                   | (norethindrone (contraceptive))  | 0         |                     |
| <i>estarylla oral tablet 0.25-0.035 mg</i>                                         | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>                       | (Kelnor 1/35 (28))               | 0         |                     |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>                       | (Valtya)                         | 0         |                     |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>             | (EluRyng)                        | 0         | QL (1 per 28 days)  |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i>                                      | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| FC2 FEMALE CONDOM                                                                  |                                  | 2         | QL (30 per 30 days) |
| <i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 0         |                     |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM                                          |                                  | 2         |                     |
| FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG                                     |                                  | 2         |                     |
| <i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>                     | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>                | (noreth-ethinyl estradiol-iron)  | 0         |                     |
| <i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                             | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                         | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>              | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                  | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>hailey oral tablet 1.5-30 mg-mcg</i>                                            | (norethindrone ac-eth estradiol) | 0         |                     |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>                                   | (etonogestrel-ethinyl estradiol) | 0         | QL (1 per 28 days)  |
| <i>heather oral tablet 0.35 mg</i>                                                 | (norethindrone (contraceptive))  | 0         |                     |

| Drug Name                                                                     |                                  | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>her style oral tablet 1.5 mg</i>                                           | (levonorgestrel)                 | 0         |                     |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>             | (levonorgestrel-ethinyl estrad)  | 0         | QL (91 per 84 days) |
| <i>incassia oral tablet 0.35 mg</i>                                           | (norethindrone (contraceptive))  | 0         |                     |
| <i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>           | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| <i>isibloom oral tablet 0.15-0.03 mg</i>                                      | (desogestrel-ethinyl estradiol)  | 0         |                     |
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (l norgest/e.estradiol-e.estrad) | 0         | QL (91 per 84 days) |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i>                                     | (drospirenone-ethinyl estradiol) | 0         |                     |
| <i>jencycla oral tablet 0.35 mg</i>                                           | (norethindrone (contraceptive))  | 0         |                     |
| <i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>             | (levonorgestrel-ethinyl estrad)  | 0         | QL (91 per 84 days) |
| <i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>                       | (levonorgest-eth.estradiol-iron) | 0         | QL (28 per 28 days) |
| <i>juleber oral tablet 0.15-0.03 mg</i>                                       | (desogestrel-ethinyl estradiol)  | 0         |                     |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                            | (norethindrone ac-eth estradiol) | 0         |                     |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>                                | (norethindrone ac-eth estradiol) | 0         |                     |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>          | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>              | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                     | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>          | (noreth-ethinyl estradiol-iron)  | 0         |                     |
| <i>kalliga oral tablet 0.15-0.03 mg</i>                                       | (desogestrel-ethinyl estradiol)  | 0         |                     |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                   | (desog-e.estradiol/e.estradiol)  | 0         |                     |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>                               | (ethynodiol diac-eth estradiol)  | 0         |                     |

| Drug Name                                                                                           |                                  | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>                                                     | (ethynodiol diac-eth estradiol)  | 0         |                     |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i>                                                        | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG                             |                                  | 2         |                     |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>  | (Camrese Lo)                     | 0         | QL (91 per 84 days) |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | (Rivelsa)                        | 0         |                     |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (Amethia)                        | 0         | QL (91 per 84 days) |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                                                  | (norethindrone ac-eth estradiol) | 0         |                     |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>                                                      | (norethindrone ac-eth estradiol) | 0         |                     |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                                           | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                                | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                    | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>                                | (noreth-ethinyl estradiol-iron)  | 0         |                     |
| <i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>                                                     |                                  | 0         |                     |
| <i>lessina oral tablet 0.1-20 mg-mcg</i>                                                            | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                                     | (levonorg-eth estrad triphasic)  | 0         |                     |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>                      | (Joyeaux)                        | 0         | QL (28 per 28 days) |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                                            | (After Pill)                     | 0         |                     |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>                                      | (Afirmelle)                      | 0         |                     |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>                                       | (Altavera (28))                  | 0         |                     |

| Drug Name                                                                               |                                  | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>                         | (Amethyst (28))                  | 0         |                     |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (Iclevia)                        | 0         | QL (91 per 84 days) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>         | (Enpresse)                       | 0         |                     |
| <i>levora-28 oral tablet 0.15-0.03 mg</i>                                               | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG                   |                                  | 2         |                     |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)                                  |                                  | 2         |                     |
| <i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>          | (l norgest/e.estradiol-e.estrad) | 0         | QL (91 per 84 days) |
| <i>loryna (28) oral tablet 3-0.02 mg</i>                                                | (drospirenone-ethinyl estradiol) | 0         |                     |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>                                      | (norgestrel-ethinyl estradiol)   | 0         |                     |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>                                        | (drospirenone-ethinyl estradiol) | 0         |                     |
| <i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                                    | (norethindrone ac-eth estradiol) | 0         |                     |
| <i>lutra (28) oral tablet 0.1-20 mg-mcg</i>                                             | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| <i>lyleq oral tablet 0.35 mg</i>                                                        | (norethindrone (contraceptive))  | 0         |                     |
| <i>lyza oral tablet 0.35 mg</i>                                                         | (norethindrone (contraceptive))  | 0         |                     |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i>                                           | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| <i>meleya oral tablet 0.35 mg</i>                                                       | (norethindrone (contraceptive))  | 0         |                     |
| <i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                                   | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>                    | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                                | (norethindrone ac-eth estradiol) | 0         |                     |

| Drug Name                                                                               |                                  | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>                                    | (norethindrone ac-eth estradiol) | 0         |                     |
| <i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                         | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>              | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                  | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>mili oral tablet 0.25-0.035 mg</i>                                                   | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>                                 | (levonorgest-eth.estradiol-iron) | 0         | QL (28 per 28 days) |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG                 |                                  | 2         |                     |
| MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM                                 |                                  | 2         |                     |
| <i>mono-lynyah oral tablet 0.25-0.035 mg</i>                                            | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>my choice oral tablet 1.5 mg</i>                                                     | (levonorgestrel)                 | 0         |                     |
| <i>my way oral tablet 1.5 mg</i>                                                        | (levonorgestrel)                 | 0         |                     |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG                                      |                                  | 2         |                     |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                                      |                                  | 0         |                     |
| <i>new day oral tablet 1.5 mg</i>                                                       | (levonorgestrel)                 | 0         |                     |
| NEXPLANON SUBDERMAL IMPLANT 68 MG                                                       |                                  | 0         | QL (1 per 365 days) |
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)                                              |                                  | 2         | QL (30 per 30 days) |
| <i>nikki (28) oral tablet 3-0.02 mg</i>                                                 | (drospirenone-ethinyl estradiol) | 0         |                     |
| <i>nora-be oral tablet 0.35 mg</i>                                                      | (norethindrone (contraceptive))  | 0         |                     |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>         | (Xulane)                         | 0         | QL (3 per 28 days)  |
| <i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> | (Wymzya Fe)                      | 0         |                     |

| Drug Name                                                                                |                                  | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> | (Galbriela)                      | 0         |                     |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i>                                 | (Camila)                         | 0         |                     |
| <i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>                          | (Aurovela 1.5/30 (21))           | 0         |                     |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>                            | (Aurovela 1/20 (21))             | 0         |                     |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>            | (Gemmily)                        | 0         |                     |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>             | (Aurovela Fe 1-20 (28))          | 0         |                     |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>           | (Aurovela Fe 1.5/30 (28))        | 0         |                     |
| <i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>         | (Tilia Fe)                       | 0         |                     |
| <i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>   | (Charlotte 24 Fe)                | 0         |                     |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>            | (Tri-Lo-Estarylla)               | 0         |                     |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>        | (Tri-Estarylla)                  | 0         |                     |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>                          | (Estarylla)                      | 0         |                     |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                                     |                                  | 0         |                     |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>                                    |                                  | 0         |                     |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>                                         | (norethindrone-ethin estradiol)  | 0         |                     |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                              |                                  | 0         |                     |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>                                           | (norethindrone-ethin estradiol)  | 0         |                     |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                                |                                  | 0         |                     |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i>                                                  | (norgestimate-ethinyl estradiol) | 0         |                     |

| Drug Name                                                                     |                                  | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>ocella oral tablet 3-0.03 mg</i>                                           | (drospirenone-ethinyl estradiol) | 0         |                     |
| OMNIFLEX DIAPHRAGM<br>VAGINAL DIAPHRAGM 65 MM                                 |                                  | 2         |                     |
| <i>opcicon one-step oral tablet 1.5 mg</i>                                    | (levonorgestrel)                 | 0         |                     |
| <i>option-2 oral tablet 1.5 mg</i>                                            | (levonorgestrel)                 | 0         |                     |
| <i>orquidea oral tablet 0.35 mg</i>                                           | (norethindrone (contraceptive))  | 0         |                     |
| PARAGARD T 380A<br>INTRAUTERINE INTRAUTERINE<br>DEVICE 380 SQUARE MM          |                                  | 2         |                     |
| PHEXX VAGINAL GEL 1.8-1-0.4 %                                                 |                                  | 2         | PA                  |
| PHEXXI VAGINAL GEL 1.8-1-0.4 %                                                |                                  | 2         | PA                  |
| <i>philith oral tablet 0.4-35 mg-mcg</i>                                      |                                  | 0         |                     |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                  | (desog-e.estradiol/e.estradiol)  | 0         |                     |
| <i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>                              |                                  | 0         |                     |
| <i>portia 28 oral tablet 0.15-0.03 mg</i>                                     | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i>                                | (desogestrel-ethinyl estradiol)  | 0         |                     |
| <i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>  | (l norgest/e.estradiol-e.estrad) | 0         |                     |
| <i>rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>  | (l norgest/e.estradiol-e.estrad) | 0         |                     |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>            | (levonorgestrel-ethinyl estrad)  | 0         | QL (91 per 84 days) |
| <i>sharobel oral tablet 0.35 mg</i>                                           | (norethindrone (contraceptive))  | 0         |                     |
| SHEWISE ORAL TABLET 1.5 MG                                                    | (levonorgestrel)                 | 0         |                     |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                  | (desog-e.estradiol/e.estradiol)  | 0         |                     |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (l norgest/e.estradiol-e.estrad) | 0         | QL (91 per 84 days) |

| Drug Name                                                                 |                                  | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| SKYLA INTRAUTERINE<br>INTRAUTERINE DEVICE 14<br>MCG/24 HR (3 YRS) 13.5 MG |                                  | 2         |                     |
| SLYND ORAL TABLET 4 MG (28)                                               |                                  | 2         | QL (28 per 28 days) |
| <i>sprintec (28) oral tablet 0.25-0.035 mg</i>                            | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i>                                   | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| <i>syeda oral tablet 3-0.03 mg</i>                                        | (drospirenone-ethinyl estradiol) | 0         |                     |
| <i>take action oral tablet 1.5 mg</i>                                     | (levonorgestrel)                 | 0         |                     |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>      | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                    | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>                | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>          | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>           | (norethindrone-e.estradiol-iron) | 0         |                     |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>             | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>           | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>              | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>                | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>            | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>               | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>               | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>      | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>            | (levonorg-eth estrad triphasic)  | 0         |                     |

| Drug Name                                                                |                                  | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>            | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>           | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>tulana oral tablet 0.35 mg</i>                                        | (norethindrone (contraceptive))  | 0         |                     |
| <i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>                             | (norgestrel-ethinyl estradiol)   | 0         |                     |
| <i>tyblume oral tablet, chewable 0.1 mg-20 mcg</i>                       |                                  | 0         |                     |
| <i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>                       | (drospirenone-e.estradiol-lm.fa) | 0         |                     |
| VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %                             |                                  | 2         |                     |
| <i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>                       | (ethynodiol diac-eth estradiol)  | 0         |                     |
| <i>vcf contraceptive gel vaginal gel 4 %</i>                             |                                  | 2         |                     |
| <i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i> |                                  | 0         |                     |
| <i>vestura (28) oral tablet 3-0.02 mg</i>                                | (drospirenone-ethinyl estradiol) | 0         |                     |
| <i>vienva oral tablet 0.1-20 mg-mcg</i>                                  | (levonorgestrel-ethinyl estrad)  | 0         |                     |
| <i>violele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>             | (desog-e.estradiol/e.estradiol)  | 0         |                     |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>              | (desog-e.estradiol/e.estradiol)  | 0         |                     |
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>                            |                                  | 0         |                     |
| <i>vylibra oral tablet 0.25-0.035 mg</i>                                 | (norgestimate-ethinyl estradiol) | 0         |                     |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i>                               |                                  | 0         |                     |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM                           |                                  | 2         |                     |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM                           |                                  | 2         |                     |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM                           |                                  | 2         |                     |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM                           |                                  | 2         |                     |

| Drug Name                                                                           |                                  | Drug Tier | Requirements/Limits                         |
|-------------------------------------------------------------------------------------|----------------------------------|-----------|---------------------------------------------|
| WIDE-SEAL DIAPHRAGM 85<br>VAGINAL DIAPHRAGM 85 MM                                   |                                  | 2         |                                             |
| WIDE-SEAL DIAPHRAGM 90<br>VAGINAL DIAPHRAGM 90 MM                                   |                                  | 2         |                                             |
| WIDE-SEAL DIAPHRAGM 95<br>VAGINAL DIAPHRAGM 95 MM                                   |                                  | 2         |                                             |
| wymzya fe oral tablet, chewable<br>0.4mg-35mcg(21) and 75 mg (7)                    | (noreth-ethinyl estradiol-iron)  | 0         |                                             |
| xarah fe oral tablet 1-20(5)/1-30(7)<br>/1mg-35mcg (9)                              | (norethindrone-e.estradiol-iron) | 0         |                                             |
| xelria fe oral tablet, chewable 0.4mg-<br>35mcg(21) and 75 mg (7)                   | (noreth-ethinyl estradiol-iron)  | 0         |                                             |
| xulane transdermal patch weekly<br>150-35 mcg/24 hr                                 | (norelgestromin-ethin.estradiol) | 0         | QL (3 per 28 days)                          |
| zafemy transdermal patch weekly<br>150-35 mcg/24 hr                                 | (norelgestromin-ethin.estradiol) | 0         | QL (3 per 28 days)                          |
| zarah oral tablet 3-0.03 mg                                                         | (drospirenone-ethinyl estradiol) | 0         |                                             |
| zovia 1-35 (28) oral tablet 1-35 mg-<br>mcg                                         | (ethynodiol diac-eth estradiol)  | 0         |                                             |
| zumandimine (28) oral tablet 3-0.03<br>mg                                           | (drospirenone-ethinyl estradiol) | 0         |                                             |
| <b>Cough And Cold Products</b>                                                      |                                  |           |                                             |
| <b>Cough And Cold Products</b>                                                      |                                  |           |                                             |
| benzonatate oral capsule 100 mg,<br>200 mg                                          |                                  | 1         |                                             |
| bromfed dm oral syrup 2-30-10 mg/5<br>ml                                            | (brompheniramine-pseudoeph-dm)   | 2         |                                             |
| brompheniramine-pseudoeph-dm<br>oral syrup 2-30-10 mg/5 ml                          | (Bromfed DM)                     | 2         |                                             |
| hydrocodone-chlorpheniramine oral<br>suspension, extended rel 12 hr 10-8<br>mg/5 ml |                                  | 2         | QL (300 per 30 days);<br>AGE (Min 18 Years) |
| hydrocodone-homatropine oral<br>solution 5-1.5 mg/5 ml                              | (Hycodan (with homatropine))     | 1         | QL (900 per 30 days);<br>AGE (Min 18 Years) |
| hydrocodone-homatropine oral tablet<br>5-1.5 mg                                     | (Hycodan (with homatropine))     | 1         | QL (180 per 30 days);<br>AGE (Min 18 Years) |
| hydromet oral solution 5-1.5 mg/5 ml                                                | (hydrocodone-homatropine)        | 1         | QL (900 per 30 days);<br>AGE (Min 18 Years) |
| promethazine vc-codeine oral syrup<br>6.25-5-10 mg/5 ml                             |                                  | 1         | QL (900 per 30 days);<br>AGE (Min 18 Years) |

| Drug Name                                                                           | Drug Tier | Requirements/Limits                         |
|-------------------------------------------------------------------------------------|-----------|---------------------------------------------|
| <i>promethazine-codeine oral syrup</i><br>6.25-10 mg/5 ml                           | 1         | QL (900 per 30 days);<br>AGE (Min 18 Years) |
| <i>promethazine-dm oral solution</i> 6.25-<br>15 mg/5 ml                            | 1         |                                             |
| <b>Dental And Oral Agents</b>                                                       |           |                                             |
| <b>Dental And Oral Agents</b>                                                       |           |                                             |
| <i>cevimeline oral capsule</i> 30 mg (Evoxac)                                       | 2         |                                             |
| <i>chlorhexidine gluconate mucous membrane mouthwash</i> 0.12 % (Paroex Oral Rinse) | 1         |                                             |
| KOURZEQ DENTAL PASTE 0.1 % (triamcinolone acetonide)                                | 1         |                                             |
| <i>oralone dental paste</i> 0.1 % (triamcinolone acetonide)                         | 1         |                                             |
| <i>paroex oral rinse mucous membrane mouthwash</i> 0.12 % (chlorhexidine gluconate) | 1         |                                             |
| <i>periogard mucous membrane mouthwash</i> 0.12 % (chlorhexidine gluconate)         | 1         |                                             |
| <i>pilocarpine hcl oral tablet</i> 5 mg, 7.5 mg (Salagen (pilocarpine))             | 1         |                                             |
| <i>triamcinolone acetonide dental paste</i> 0.1 % (Kourzeq)                         | 1         |                                             |
| <b>Dermatological Agents</b>                                                        |           |                                             |
| <b>Dermatological Agents, Other</b>                                                 |           |                                             |
| <i>acitretin oral capsule</i> 10 mg, 17.5 mg, 22.5 mg, 25 mg                        | 2         |                                             |
| <i>acyclovir topical ointment</i> 5 % (Zovirax)                                     | 2         | QL (30 per 7 days)                          |
| <i>ammonium lactate topical cream</i> 12 %                                          | 2         |                                             |
| <i>ammonium lactate topical lotion</i> 12 % (AmLactin)                              | 2         |                                             |
| <i>amnesteem oral capsule</i> 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)             | 2         | PA                                          |
| <i>azelaic acid topical gel</i> 15 %                                                | 2         |                                             |
| <i>benzoyl peroxide topical foam</i> 9.8 % (BenzePrO)                               | 1         |                                             |
| <i>bp 10-1 topical cleanser</i> 10-1 % (sulfacetamide sodium-sulfur)                | 2         |                                             |
| <i>bpo topical gel</i> 8 % (benzoyl peroxide)                                       | 2         |                                             |
| <i>brimonidine topical gel with pump</i> 0.33 % (Mirvaso)                           | 2         | QL (30 per 30 days)                         |
| <i>calcipotriene scalp solution</i> 0.005 % (Pellix)                                | 1         |                                             |

| <b>Drug Name</b>                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                            |
|----------------------------------------------------------------------------------|------------------|-------------------------------------------------------|
| <i>calcipotriene topical cream 0.005 %</i>                                       | 1                |                                                       |
| <i>calcipotriene topical foam 0.005 %</i> (Sorilux)                              | 2                |                                                       |
| <i>calcipotriene topical ointment 0.005 %</i>                                    | 1                |                                                       |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>                | 2                |                                                       |
| <i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Attero)     | 2                |                                                       |
| <i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)                         | 2                |                                                       |
| <i>cem-urea topical gel 45 %</i> (urea)                                          | 1                |                                                       |
| <i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)           | 2                | PA                                                    |
| <i>cleansing wash topical cleanser 10-4-10 %</i> (sulfacetamide sod-sulfur-urea) | 2                |                                                       |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)                     | 3                |                                                       |
| EBGLYSS SYRINGE<br>SUBCUTANEOUS SYRINGE 250 MG/2 ML                              | 2                | PA; *May have Specialty Costshare; QL (4 per 28 days) |
| <i>exoderm topical lotion 25-1 %</i>                                             | 1                |                                                       |
| <i>fluorouracil topical cream 0.5 %</i> (Carac)                                  | 1                | PA                                                    |
| <i>fluorouracil topical cream 5 %</i> (Efudex)                                   | 1                | PA                                                    |
| <i>fluorouracil topical solution 2 %</i>                                         | 1                |                                                       |
| <i>fluorouracil topical solution 5 %</i>                                         | 1                | PA                                                    |
| <i>imiquimod topical cream in packet 5 %</i>                                     | 1                | QL (24 per 30 days)                                   |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Amnesteem)          | 2                | PA                                                    |
| <i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)                         | 2                | PA                                                    |
| <i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>                       | 1                |                                                       |
| <i>mafenide acetate topical packet 50 gram</i>                                   | 2                |                                                       |
| <i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>                      | 2                |                                                       |
| OPZELURA TOPICAL CREAM 1.5 %                                                     | 3                | PA; *May have Specialty Costshare                     |
| <i>podocon topical liquid 25 %</i>                                               | 1                |                                                       |
| <i>podofilox topical solution 0.5 %</i>                                          | 1                | QL (15 per 30 days)                                   |

| <b>Drug Name</b>                                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>                            |
|-------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------|
| <i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)                       | 2                |                                                       |
| <i>salicylic acid topical foam 6 %</i>                                                          | 2                |                                                       |
| <i>salicylic acid topical liquid 26 %</i>                                                       | 1                |                                                       |
| <i>salicylic acid topical lotion 6 %</i>                                                        | 1                |                                                       |
| <i>salicylic acid topical shampoo 6 %</i> (Keralyt)                                             | 1                |                                                       |
| <i>selenium sulfide topical shampoo 2.25 %</i>                                                  | 2                |                                                       |
| SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML                                                      | 2                | PA; *May have Specialty Costshare; QL (2 per 28 days) |
| <i>sss 10-5 topical foam 10-5 %</i> (sulfacetamide sodium-sulfur)                               | 1                |                                                       |
| <i>sulfacetamide sodium topical cleanser 10 %</i>                                               | 1                |                                                       |
| <i>sulfacetamide sodium topical shampoo 10 %</i>                                                | 2                |                                                       |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-1 %</i> (BP 10-1)                            | 2                |                                                       |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)                            | 2                |                                                       |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)                         | 1                | QL (2838 per 30 days)                                 |
| <i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)                         | 2                |                                                       |
| <i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)                             | 2                |                                                       |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>                                         | 2                |                                                       |
| <i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (Avar-E)                          | 1                |                                                       |
| <i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)                            | 2                |                                                       |
| <i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)</i>                                  | 2                |                                                       |
| <i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)                           | 2                |                                                       |
| <i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)                     | 2                |                                                       |
| <i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> (Plexion Cleansing Cloths) | 2                |                                                       |

| Drug Name                                                                    | Drug Tier | Requirements/Limits                                    |
|------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| TOLAK TOPICAL CREAM 4 %                                                      | 2         |                                                        |
| <i>urea nail stick topical solution 50 %</i> (urea)                          | 1         |                                                        |
| <i>urea topical cream 40 %, 47 %</i>                                         | 1         |                                                        |
| <i>urea topical cream 45 %</i> (Uramaxin)                                    | 1         |                                                        |
| <i>urea topical foam 35 %</i>                                                | 1         |                                                        |
| <i>urea topical gel 45 %</i> (CEM-Urea)                                      | 1         |                                                        |
| VTAMA TOPICAL CREAM 1 %                                                      | 3         | PA; *May have Specialty Costshare; QL (60 per 30 days) |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)       | 2         | PA                                                     |
| ZORYVE TOPICAL CREAM 0.15 %, 0.3 %                                           | 3         | PA; *May have Specialty Costshare; QL (60 per 30 days) |
| <b>Dermatological Antibacterials</b>                                         |           |                                                        |
| <i>clindamycin phosphate topical foam 1 %</i> (Clindacin)                    | 2         |                                                        |
| <i>clindamycin phosphate topical gel 1 %</i>                                 | 1         |                                                        |
| <i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)         | 1         |                                                        |
| <i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)                  | 1         |                                                        |
| <i>clindamycin phosphate topical solution 1 %</i>                            | 1         | QL (120 per 30 days)                                   |
| <i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)                | 1         |                                                        |
| <i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac) | 2         |                                                        |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>                        | 2         |                                                        |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya) | 2         |                                                        |
| <i>ery pads topical swab 2 %</i> (erythromycin with ethanol)                 | 1         |                                                        |
| <i>erythromycin with ethanol topical gel 2 %</i>                             | 2         |                                                        |
| <i>erythromycin with ethanol topical solution 2 %</i>                        | 1         | QL (120 per 30 days)                                   |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)          | 2         |                                                        |

| Drug Name                                                           | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------|-----------|---------------------|
| <i>gentamicin topical cream 0.1 %</i>                               | 1         | QL (90 per 30 days) |
| <i>gentamicin topical ointment 0.1 %</i>                            | 1         | QL (90 per 30 days) |
| <i>metronidazole topical cream 0.75 %</i> (MetroCream)              | 1         |                     |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan)                   | 1         |                     |
| <i>metronidazole topical gel 1 %</i> (Metrogel)                     | 2         |                     |
| <i>metronidazole topical lotion 0.75 %</i> (MetroLotion)            | 1         |                     |
| <i>mupirocin calcium topical cream 2 %</i>                          | 2         | QL (90 per 30 days) |
| <i>mupirocin topical ointment 2 %</i> (Centany)                     | 1         | QL (90 per 30 days) |
| <i>selenium sulfide topical lotion 2.5 %</i>                        | 1         |                     |
| <i>silver sulfadiazine topical cream 1 %</i> (SSD)                  | 1         |                     |
| <i>ssd topical cream 1 %</i> (silver sulfadiazine)                  | 1         |                     |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron) | 2         |                     |
| <b>Dermatological Anti-Inflammatory Agents</b>                      |           |                     |
| <i>ala-cort topical cream 1 %</i> (hydrocortisone)                  | 1         |                     |
| <i>alclometasone topical cream 0.05 %</i>                           | 2         |                     |
| <i>alclometasone topical ointment 0.05 %</i>                        | 2         |                     |
| <i>amcinonide topical cream 0.1 %</i>                               | 2         |                     |
| <i>amcinonide topical ointment 0.1 %</i>                            | 2         |                     |
| <i>anucort-hc rectal suppository 25 mg</i> (hydrocortisone acetate) | 1         |                     |
| <i>betamethasone dipropionate topical cream 0.05 %</i>              | 2         |                     |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>             | 2         |                     |
| <i>betamethasone dipropionate topical ointment 0.05 %</i>           | 2         |                     |
| <i>betamethasone valerate topical cream 0.1 %</i>                   | 1         |                     |
| <i>betamethasone valerate topical foam 0.12 %</i>                   | 2         |                     |
| <i>betamethasone valerate topical lotion 0.1 %</i>                  | 1         |                     |
| <i>betamethasone valerate topical ointment 0.1 %</i>                | 2         |                     |
| <i>betamethasone, augmented topical cream 0.05 %</i>                | 2         |                     |
| <i>betamethasone, augmented topical gel 0.05 %</i>                  | 1         |                     |

| <b>Drug Name</b>                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|---------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| <i>betamethasone, augmented topical lotion 0.05 %</i>                           | 2                |                                                         |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | 2                |                                                         |
| <i>clobetasol scalp solution 0.05 %</i>                                         | 2                |                                                         |
| <i>clobetasol topical cream 0.05 %</i>                                          | 2                |                                                         |
| <i>clobetasol topical foam 0.05 %</i>                                           | 2                |                                                         |
| <i>clobetasol topical gel 0.05 %</i>                                            | 2                |                                                         |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex)                                | 2                |                                                         |
| <i>clobetasol topical ointment 0.05 %</i>                                       | 1                |                                                         |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex)                               | 2                |                                                         |
| <i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)                     | 2                |                                                         |
| <i>clobetasol-emollient topical cream 0.05 %</i>                                | 2                |                                                         |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Tovet Emollient)               | 2                |                                                         |
| <i>clocortolone pivalate topical cream 0.1 %</i>                                | 2                |                                                         |
| <i>desonide topical cream 0.05 %</i>                                            | 2                |                                                         |
| <i>desonide topical gel 0.05 %</i>                                              | 2                |                                                         |
| <i>desonide topical lotion 0.05 %</i>                                           | 2                |                                                         |
| <i>desonide topical ointment 0.05 %</i>                                         | 2                |                                                         |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)                   | 2                |                                                         |
| <i>desoximetasone topical gel 0.05 %</i> (Topicort)                             | 2                |                                                         |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)                | 2                |                                                         |
| <i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort)               | 2                |                                                         |
| EUCRISA TOPICAL OINTMENT 2 %                                                    | 3                | PA; *May have Specialty Costshare; QL (100 per 30 days) |
| <i>fluocinolone topical cream 0.01 %</i>                                        | 1                |                                                         |
| <i>fluocinolone topical cream 0.025 %</i> (Synalar)                             | 2                |                                                         |
| <i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)              | 2                |                                                         |
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar)                          | 1                |                                                         |
| <i>fluocinolone topical solution 0.01 %</i> (Synalar)                           | 2                |                                                         |

| <b>Drug Name</b>                                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------|------------------|----------------------------|
| <i>fluocinonide topical cream 0.05 %</i>                             | 2                |                            |
| <i>fluocinonide topical gel 0.05 %</i>                               | 2                |                            |
| <i>fluocinonide topical ointment 0.05 %</i>                          | 2                |                            |
| <i>fluocinonide topical solution 0.05 %</i>                          | 2                |                            |
| <i>fluocinonide-e topical cream 0.05 %</i> (fluocinonide-emollient)  | 2                |                            |
| <i>flurandrenolide topical cream 0.05 %</i>                          | 2                |                            |
| <i>flurandrenolide topical lotion 0.05 %</i>                         | 2                |                            |
| <i>flurandrenolide topical ointment 0.05 %</i>                       | 2                | QL (120 per 30 days)       |
| <i>fluticasone propionate topical cream 0.05 %</i>                   | 1                |                            |
| <i>fluticasone propionate topical lotion 0.05 %</i> (Beser)          | 2                |                            |
| <i>fluticasone propionate topical ointment 0.005 %</i>               | 1                |                            |
| <i>halcinonide topical cream 0.1 %</i> (Halog)                       | 2                |                            |
| <i>halobetasol propionate topical cream 0.05 %</i>                   | 2                |                            |
| <i>halobetasol propionate topical ointment 0.05 %</i>                | 2                |                            |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)  | 1                |                            |
| <i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC) | 1                |                            |
| <i>hydrocortisone butyrate topical cream 0.1 %</i>                   | 2                |                            |
| <i>hydrocortisone butyrate topical lotion 0.1 %</i> (Evesse)         | 2                | QL (236 per 30 days)       |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>                | 2                |                            |
| <i>hydrocortisone butyrate topical solution 0.1 %</i>                | 2                |                            |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort)                   | 1                |                            |
| <i>hydrocortisone topical cream 2.5 %</i>                            | 1                |                            |
| <i>hydrocortisone topical lotion 2.5 %</i>                           | 1                |                            |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))          | 1                |                            |
| <i>hydrocortisone topical ointment 2.5 %</i>                         | 1                |                            |
| <i>hydrocortisone valerate topical cream 0.2 %</i>                   | 2                |                            |

| Drug Name                                                                          | Drug Tier | Requirements/Limits  |
|------------------------------------------------------------------------------------|-----------|----------------------|
| <i>hydrocortisone valerate topical ointment 0.2 %</i>                              | 2         |                      |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)          | 1         |                      |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>                              | 1         |                      |
| <i>mometasone topical cream 0.1 %</i>                                              | 1         |                      |
| <i>mometasone topical ointment 0.1 %</i>                                           | 1         |                      |
| <i>mometasone topical solution 0.1 %</i>                                           | 1         |                      |
| <i>pimecrolimus topical cream 1 %</i>                                              | 2         | ST                   |
| <i>prednicarbate topical cream 0.1 %</i>                                           | 2         |                      |
| <i>prednicarbate topical ointment 0.1 %</i>                                        | 2         |                      |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 1         |                      |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)  | 1         |                      |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 1         |                      |
| SCALACORT DK TOPICAL COMBO PACK 2-2-2 %                                            | 3         |                      |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>                                   | 2         |                      |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)             | 2         |                      |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>                        | 1         |                      |
| <i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)                       | 1         | QL (454 per 30 days) |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>                       | 1         |                      |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>              | 1         |                      |
| <i>triderm topical cream 0.1 %</i> (triamcinolone acetonide)                       | 1         |                      |
| <i>triderm topical cream 0.5 %</i> (triamcinolone acetonide)                       | 1         | QL (454 per 30 days) |
| <b>Dermatological Retinoids</b>                                                    |           |                      |
| <i>adapalene topical cream 0.1 %</i> (Differin)                                    | 1         | AGE (Max 25 Years)   |
| <i>adapalene topical gel 0.3 %</i>                                                 | 1         | AGE (Max 25 Years)   |
| <i>adapalene topical lotion 0.1 %</i> (Differin)                                   | 1         | AGE (Max 25 Years)   |

| Drug Name                                                                        | Drug Tier | Requirements/Limits                     |
|----------------------------------------------------------------------------------|-----------|-----------------------------------------|
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)       | 2         | QL (45 per 30 days); AGE (Max 25 Years) |
| <i>avita topical cream 0.025 %</i> (tretinoin)                                   | 1         | AGE (Max 25 Years)                      |
| <i>tazarotene topical cream 0.05 %, 0.1 %</i> (Tazorac)                          | 2         |                                         |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)                            | 2         |                                         |
| <i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>                          | 2         | AGE (Max 25 Years)                      |
| <i>tretinoin microspheres topical gel with pump 0.08 %</i> (Retin-A Micro Pump)  | 2         | AGE (Max 25 Years)                      |
| <i>tretinoin topical cream 0.025 %</i> (Retin-A)                                 | 1         | AGE (Max 25 Years)                      |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)                           | 2         | AGE (Max 25 Years)                      |
| <i>tretinoin topical gel 0.01 %, 0.025 %</i> (Retin-A)                           | 2         | AGE (Max 25 Years)                      |
| <i>tretinoin topical gel 0.05 %</i> (Atralin)                                    | 2         | AGE (Max 25 Years)                      |
| <b>Scabicides And Pediculicides</b>                                              |           |                                         |
| <i>ivermectin topical cream 1 %</i> (Soolantra)                                  | 2         |                                         |
| <i>lindane topical shampoo 1 %</i>                                               | 1         |                                         |
| <i>malathion topical lotion 0.5 %</i> (Ovide)                                    | 2         |                                         |
| <i>permethrin topical cream 5 %</i>                                              | 1         |                                         |
| <i>spinosad topical suspension 0.9 %</i> (Natroba)                               | 2         |                                         |
| <b>Devices</b>                                                                   |           |                                         |
| <b>Devices</b>                                                                   |           |                                         |
| AUTOJECT 2 INJECTION DEVICE<br>SUBCUTANEOUS INSULIN PEN                          | 2         |                                         |
| AUTOPEN 2 TO 42 UNITS<br>SUBCUTANEOUS INSULIN PEN                                | 2         |                                         |
| BD LUER-LOK SYRINGE<br>SYRINGE 1 ML 20 GAUGE X 1"                                | 2         |                                         |
| BD SAFETYGLIDE NEEDLE<br>NEEDLE 27 GAUGE X 5/8"                                  | 2         |                                         |
| INJECT-EASE DEVICE                                                               | 2         |                                         |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 31 GAUGE X 5/16" (Advocate Syringes) | 2         |                                         |
| INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"                    | 2         |                                         |
| MONOJECT INSULIN SAFETY SYRING SYRINGE 1 ML 29 GAUGE X 1/2"                      | 2         |                                         |

| Drug Name                                                                    | Drug Tier                              | Requirements/Limits |
|------------------------------------------------------------------------------|----------------------------------------|---------------------|
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE                        | 2                                      | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE                          | 2                                      |                     |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE                          | 2                                      |                     |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE                        | 2                                      | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4)                                                 | 2                                      | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE                             | 2                                      |                     |
| OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE                          | 2                                      | QL (15 per 30 days) |
| OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE                          | 2                                      | QL (15 per 30 days) |
| OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE                          | 2                                      | QL (15 per 30 days) |
| OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE                          | 2                                      | QL (15 per 30 days) |
| OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE                          | 2                                      | QL (15 per 30 days) |
| OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE                          | 2                                      | QL (15 per 30 days) |
| OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE                                       | 2                                      | QL (15 per 30 days) |
| SURE COMFORT PEN NEEDLE<br>NEEDLE 32 GAUGE X 5/32"                           | (pen needle, diabetic)<br>2            |                     |
| TRUEPLUS INSULIN SYRINGE<br>0.5 ML 31 GAUGE X 5/16", 1 ML<br>31 GAUGE X 5/16 | (insulin syringe-needle<br>u-100)<br>2 |                     |
| V-GO 20 DEVICE                                                               | 2                                      |                     |
| V-GO 30 DEVICE                                                               | 2                                      |                     |
| V-GO 40 DEVICE                                                               | 2                                      |                     |

| Drug Name                                                                                                                                                                                                                                                                     | Drug Tier | Requirements/Limits                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| <b>Enzyme Cofactors/Chaperones</b>                                                                                                                                                                                                                                            |           |                                                        |
| <b>Enzyme Cofactors/Chaperones</b>                                                                                                                                                                                                                                            |           |                                                        |
| <i>zelvysia oral powder in packet 100 mg, 500 mg</i> (sapropterin)                                                                                                                                                                                                            | 3         | PA; *May have Specialty Costshare                      |
| <b>Enzyme Replacement/Modifiers</b>                                                                                                                                                                                                                                           |           |                                                        |
| <b>Enzyme Replacement/Modifiers</b>                                                                                                                                                                                                                                           |           |                                                        |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT                                                                                        | 2         |                                                        |
| <i>miglustat oral capsule 100 mg</i> (Yargesa)                                                                                                                                                                                                                                | 3         | PA; *May have Specialty Costshare; QL (90 per 30 days) |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)                                                                                                                                                                                                             | 3         | PA; *May have Specialty Costshare                      |
| PULMOZYME INHALATION SOLUTION 1 MG/ML                                                                                                                                                                                                                                         | 3         | PA; *May have Specialty Costshare                      |
| <i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Zelvysia)                                                                                                                                                                                                            | 3         | PA; *May have Specialty Costshare                      |
| <i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)                                                                                                                                                                                                                      | 3         | PA; *May have Specialty Costshare                      |
| <i>yargesa oral capsule 100 mg</i> (miglustat)                                                                                                                                                                                                                                | 3         | PA; *May have Specialty Costshare; QL (90 per 30 days) |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 2         |                                                        |

| Drug Name                                                                            | Drug Tier | Requirements/Limits                                    |
|--------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| <b>Eye, Ear, Nose, Throat Agents</b>                                                 |           |                                                        |
| <b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>                                  |           |                                                        |
| ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %                                                 | 3         | QL (40 per 30 days)                                    |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                                    | 1         |                                                        |
| <i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %, 1 %</i>                  | 1         |                                                        |
| <i>atropine ophthalmic (eye) ointment 1 %</i>                                        | 1         |                                                        |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>                            | 2         | QL (60 per 30 days)                                    |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)       | 2         | QL (60 per 30 days)                                    |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>                                      | 1         | QL (12 per 30 days)                                    |
| <i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i> (Dymista)     | 2         | ST; QL (23 per 30 days)                                |
| <i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel) | 2         |                                                        |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                                           | 1         | QL (50 per 30 days)                                    |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %                                               | 3         | PA; *May have Specialty Costshare; QL (60 per 28 days) |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                                      | 2         | QL (10 per 30 days)                                    |
| <i>homatropaire ophthalmic (eye) drops 5 %</i> (homatropine hbr)                     | 1         |                                                        |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>  | 1         |                                                        |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i>                                     | 1         |                                                        |
| <i>levofloxacin ophthalmic (eye) drops 1.5 %</i>                                     | 2         |                                                        |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %                                              | 2         | PA                                                     |
| <i>olopatadine nasal spray,non-aerosol 0.6 %</i>                                     | 2         | QL (30.5 per 30 days)                                  |

| Drug Name                                                                    |                                  | Drug Tier | Requirements/Limits  |
|------------------------------------------------------------------------------|----------------------------------|-----------|----------------------|
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i>                              | (Eye Allergy Itch-Redness Rlf)   | 2         |                      |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i>                              | (Advanced Eye Relief (olopatad)) | 2         | QL (2.5 per 25 days) |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>                  |                                  | 1         |                      |
| <i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>         |                                  | 2         |                      |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i>                             | (Alcaine)                        | 1         |                      |
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY                      |                                  | 2         | PA                   |
| <b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>                         |                                  |           |                      |
| <i>acetic acid otic (ear) solution 2 %</i>                                   |                                  | 1         |                      |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>                    |                                  | 1         |                      |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> | (Polycin)                        | 1         |                      |
| <i>besifloxacin ophthalmic (eye) drops,suspension 0.6 %</i>                  | (Besivance)                      | 2         |                      |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %                            | (besifloxacin)                   | 2         |                      |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %                         |                                  | 2         |                      |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>                        |                                  | 1         |                      |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>                        | (Cetraxal)                       | 2         |                      |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>     |                                  | 1         |                      |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>              |                                  | 1         |                      |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>                             |                                  | 2         |                      |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>                               |                                  | 1         |                      |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>                     |                                  | 2         |                      |

| <b>Drug Name</b>                                                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)                                                      | 1                |                            |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)       | 1                |                            |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)      | 1                |                            |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | 1                |                            |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>                     | 1                |                            |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>                      | 1                |                            |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>                      | 1                |                            |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>                           | 1                |                            |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>                                   | 1                |                            |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)       | 1                |                            |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin)      | 2                |                            |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)                                                         | 1                |                            |
| <i>ofloxacin otic (ear) drops 0.3 %</i>                                                                         | 1                |                            |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)                          | 1                |                            |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>                                | 1                |                            |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                                                         | 1                |                            |

| Drug Name                                                                                      | Drug Tier | Requirements/Limits       |
|------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                                     | 1         |                           |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>                  | 1         |                           |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %                                                   | 3         |                           |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>                    | 1         |                           |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %                                                         | 3         |                           |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                                 | 1         |                           |
| <b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>                                         |           |                           |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>                                                 | 2         | QL (3.4 per 16 days)      |
| <i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>                                     | 2         | ST; QL (17.2 per 30 days) |
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)                             | 2         | PA; QL (60 per 30 days)   |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>                             | 1         | QL (30 per 28 days)       |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>                                          | 1         | QL (10 per 14 days)       |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)                                   | 2         | QL (20 per 28 days)       |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>                                    | 1         | QL (25 per 30 days)       |
| <i>fluocinolone acetone oil otic (ear) drops 0.01 %</i> (DermOtic Oil)                         | 1         |                           |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)                 | 1         | QL (20 per 28 days)       |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>                                       | 1         |                           |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | 1         | QL (16 per 30 days)       |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %                                                 | 3         | QL (6.8 per 30 days)      |
| <i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)                                      | 1         |                           |

| Drug Name                                                                               | Drug Tier | Requirements/Limits       |
|-----------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)                                  | 1         | QL (20 per 30 days)       |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %                                                 | 2         | QL (7 per 14 days)        |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %                                            | 2         | QL (10 per 14 days)       |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)                 | 2         | QL (10 per 14 days)       |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>                    | 1         | QL (20 per 14 days)       |
| <i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone)) | 2         | QL (17 per 30 days)       |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)          | 1         | QL (40 per 28 days)       |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>                         | 1         | QL (40 per 28 days)       |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION                                        | 3         | ST; QL (6.8 per 30 days)  |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION                                        | 3         | ST; QL (10.6 per 30 days) |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %                                        | 2         | PA; QL (5.5 per 30 days)  |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)                             | 2         | PA; QL (60 per 30 days)   |
| <i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i> (24 Hour Nasal Allergy)       | 1         | QL (16.9 per 30 days)     |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %                                                 | 2         | PA                        |
| <b>Gastrointestinal Agents</b>                                                          |           |                           |
| <b>Antiulcer Agents And Acid Suppressants</b>                                           |           |                           |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>                     | 2         | QL (112 per 10 days)      |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>                                         | 1         |                           |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))                        | 1         |                           |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>                                    | 1         |                           |

| Drug Name                                                                                                    | Drug Tier | Requirements/Limits     |
|--------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>dexlansoprazole oral capsule, biphase delayed release 30 mg, 60 mg</i> (Dexilant)                         | 2         | ST; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)                            | 2         | ST; QL (60 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Nexium Packet) | 2         | ST; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)                      | 2         | ST; QL (60 per 30 days) |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>                                    | 2         |                         |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller)                                                        | 1         |                         |
| <i>famotidine oral tablet 40 mg</i> (Pepcid)                                                                 | 1         |                         |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))                 | 1         | QL (30 per 30 days)     |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)                                    | 1         | QL (30 per 30 days)     |
| <i>lansoprazole oral tablet, disintegrates, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)                    | 1         | ST; QL (30 per 30 days) |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)                                                    | 1         |                         |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                                                | 2         |                         |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>                                   | 1         | QL (30 per 30 days)     |
| <i>omeprazole oral tablet, delayed release (dr/ec) 20 mg</i>                                                 | 1         |                         |
| <i>omeprazole oral tablet, disintegrates, delay rel 20 mg</i>                                                | 1         |                         |
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>                                                 | 2         | ST; QL (30 per 30 days) |
| <i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)                                     | 2         | ST; QL (30 per 30 days) |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)                             | 1         | QL (30 per 30 days)     |
| PRILOSEC OTC ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG (omeprazole magnesium)                               | 1         |                         |
| <i>rabeprazole oral capsule, delayed release sprinkle 10 mg</i> (AcipHex Sprinkle)                           | 2         | ST; QL (30 per 30 days) |

| Drug Name                                                                       | Drug Tier | Requirements/Limits               |
|---------------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)         | 2         | ST; QL (30 per 30 days)           |
| <i>sucralfate oral suspension 100 mg/ml</i>                                     | 1         |                                   |
| <i>sucralfate oral tablet 1 gram</i> (Carafate)                                 | 1         |                                   |
| ZEGERID OTC ORAL CAPSULE 20-1.1 MG-GRAM (omeprazole-sodium bicarbonate)         | 1         | QL (30 per 30 days)               |
| <b>Gastrointestinal Agents, Other</b>                                           |           |                                   |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)                | 3         | PA; *May have Specialty Costshare |
| <i>constulose oral solution 10 gram/15 ml</i> (lactulose)                       | 1         |                                   |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)                       | 1         |                                   |
| <i>dicyclomine oral capsule 10 mg</i>                                           | 1         |                                   |
| <i>dicyclomine oral tablet 20 mg, 40 mg</i>                                     | 1         |                                   |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>                     | 1         |                                   |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)                | 1         |                                   |
| <i>ed-spaz oral tablet, disintegrating 0.125 mg</i> (hyoscyamine sulfate)       | 1         |                                   |
| <i>enulose oral solution 10 gram/15 ml</i> (lactulose)                          | 1         |                                   |
| <i>generlac oral solution 10 gram/15 ml</i> (lactulose)                         | 1         |                                   |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul)                                | 1         |                                   |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)                          | 1         |                                   |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)                       | 1         |                                   |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid) | 1         |                                   |
| <i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)       | 1         |                                   |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)              | 1         |                                   |
| <i>hyosyne oral drops 0.125 mg/ml</i> (hyoscyamine sulfate)                     | 1         |                                   |
| <i>hyosyne oral elixir 0.125 mg/5 ml</i> (hyoscyamine sulfate)                  | 1         |                                   |
| <i>kionex oral suspension 15 gram/60 ml</i> (sodium polystyrene sulfonate)      | 1         |                                   |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose)                       | 1         |                                   |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                                   | 2         | PA; QL (30 per 30 days)           |

| Drug Name                                                                            | Drug Tier | Requirements/Limits               |
|--------------------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))                    | 1         |                                   |
| <i>lubiprostone oral capsule 24 mcg</i>                                              | 2         | QL (60 per 30 days)               |
| <i>lubiprostone oral capsule 8 mcg</i> (Amitiza)                                     | 2         | QL (60 per 30 days)               |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                                      | 1         |                                   |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                                    | 1         |                                   |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)                           | 1         |                                   |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                                                  | 2         | PA; QL (30 per 30 days)           |
| <i>opium tincture oral tincture 10 mg/ml (morphine)</i>                              | 2         |                                   |
| <i>oscimin oral tablet 0.125 mg</i> (hyoscyamine sulfate)                            | 1         |                                   |
| <i>oscimin sl sublingual tablet 0.125 mg</i> (hyoscyamine sulfate)                   | 1         |                                   |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)                   | 3         | PA; *May have Specialty Costshare |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)                           | 2         | PA; *May have Specialty Costshare |
| <i>sodium polystyrene sulfonate oral powder 15 gram</i>                              | 1         |                                   |
| <i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i> (Kionex)           | 1         |                                   |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>                          | 1         |                                   |
| SYMPROIC ORAL TABLET 0.2 MG                                                          | 2         | PA; QL (30 per 30 days)           |
| TRULANCE ORAL TABLET 3 MG                                                            | 2         | QL (30 per 30 days)               |
| <i>ursodiol oral capsule 300 mg</i>                                                  | 2         |                                   |
| <i>ursodiol oral tablet 250 mg</i>                                                   | 2         |                                   |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte)                                      | 2         |                                   |
| <b>Laxatives</b>                                                                     |           |                                   |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML | 2         |                                   |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)  | 1         |                                   |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)  | 1         |                                   |

| Drug Name                                                                                       | Drug Tier | Requirements/Limits      |
|-------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)                               | 1         |                          |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)             | 1         |                          |
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)       | 2         |                          |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)                               | 1         |                          |
| POLYETHYLENE GLYCOL 3350(BULK) POWDER                                                           | 1         |                          |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | 1         |                          |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM                                                       | 2         |                          |
| <b>Phosphate Binders</b>                                                                        |           |                          |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>                                       | 1         |                          |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>                                        | 1         |                          |
| <i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)                       | 2         |                          |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)                   | 2         |                          |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)                                         | 2         |                          |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                                                 | 2         |                          |
| <b>Genitourinary Agents</b>                                                                     |           |                          |
| <b>Antispasmodics, Urinary</b>                                                                  |           |                          |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                               | 1         |                          |
| <i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>                             | 2         | ST; QL (30 per 30 days)  |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)                      | 2         | ST; QL (30 per 30 days)  |
| <i>flavoxate oral tablet 100 mg</i>                                                             | 1         |                          |
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (mirabegron)                               | 2         | PA; QL (300 per 30 days) |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)                          | 2         | PA; QL (30 per 30 days)  |

| Drug Name                                                                          | Drug Tier | Requirements/Limits               |
|------------------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                    | 1         |                                   |
| <i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>                                | 1         |                                   |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>    | 2         |                                   |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)                              | 1         |                                   |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>                  | 2         | ST; QL (30 per 30 days)           |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>                                          | 2         | QL (60 per 30 days)               |
| <i>tropium oral capsule, extended release 24hr 60 mg</i>                           | 2         |                                   |
| <i>tropium oral tablet 20 mg</i>                                                   | 1         |                                   |
| <b>Genitourinary Agents, Miscellaneous</b>                                         |           |                                   |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)              | 1         |                                   |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart)                                   | 2         |                                   |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn) | 2         |                                   |
| <i>finasteride oral tablet 5 mg</i> (Proscar)                                      | 1         |                                   |
| <i>hyophen oral tablet 81.6-0.12-10.8 mg</i>                                       | 2         |                                   |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)                       | 1         |                                   |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                                           | 2         | QL (30 per 30 days)               |
| <i>tamsulosin oral capsule 0.4 mg</i>                                              | 1         |                                   |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                              | 1         |                                   |
| <i>uro-mp oral capsule 118-10-40.8-36 mg</i>                                       | 2         |                                   |
| <i>ustell oral capsule 120-0.12 mg</i>                                             | 2         |                                   |
| <b>Heavy Metal Antagonists</b>                                                     |           |                                   |
| <b>Heavy Metal Antagonists</b>                                                     |           |                                   |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle) | 3         | PA; *May have Specialty Costshare |
| <i>deferasirox oral tablet 180 mg</i> (Jadenu)                                     | 3         | PA; *May have Specialty Costshare |

| Drug Name                                                                            |                                | Drug Tier | Requirements/Limits                                     |
|--------------------------------------------------------------------------------------|--------------------------------|-----------|---------------------------------------------------------|
| <i>deferasirox oral tablet 360 mg, 90 mg</i>                                         | (Jadenu)                       | 2         | PA; *May have Specialty Costshare                       |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>                   | (Exjade)                       | 2         | PA; *May have Specialty Costshare                       |
| <i>penicillamine oral capsule 250 mg</i>                                             | (Cuprimine)                    | 3         | PA; *May have Specialty Costshare; QL (240 per 30 days) |
| <i>penicillamine oral tablet 250 mg</i>                                              | (Depen Titratabs)              | 3         | PA; *May have Specialty Costshare; QL (240 per 30 days) |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying</b>                              |                                |           |                                                         |
| <b>Androgens</b>                                                                     |                                |           |                                                         |
| <i>covaryx h.s. oral tablet 0.625-1.25 mg</i>                                        | (estrogens-methyltestosterone) | 1         |                                                         |
| <i>covaryx oral tablet 1.25-2.5 mg</i>                                               | (estrogens-methyltestosterone) | 1         |                                                         |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                                    |                                | 1         |                                                         |
| <i>estratest f.s. oral tablet 1.25-2.5 mg</i>                                        | (estrogens-methyltestosterone) | 1         |                                                         |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i>                        | (Covaryx H.S.)                 | 1         |                                                         |
| <i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>                          | (Covaryx)                      | 1         |                                                         |
| <i>methyltestosterone oral capsule 10 mg</i>                                         |                                | 2         | PA NSO; QL (150 per 30 days)                            |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>                 | (Depo-Testosterone)            | 1         | PA NSO; QL (10 per 30 days)                             |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>                            |                                | 1         | PA NSO; QL (10 per 30 days)                             |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>   |                                | 2         | PA NSO; QL (120 per 30 days)                            |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>    | (Vogelxo)                      | 2         | PA NSO; QL (300 per 30 days)                            |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> | (AndroGel)                     | 2         | PA NSO; QL (150 per 30 days)                            |

| Drug Name                                                                                                                                                                       | Drug Tier | Requirements/Limits           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i>                                                                                    | 2         | PA NSO; QL (150 per 30 days)  |
| <i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)                                                                                                      | 2         | PA NSO; QL (300 per 30 days)  |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>                                                                                                       | 2         | PA NSO; QL (37.5 per 30 days) |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>                                                                                         | 2         | PA NSO; QL (180 per 30 days)  |
| <b>Estrogens And Antiestrogens</b>                                                                                                                                              |           |                               |
| <i>abigale lo oral tablet 0.5-0.1 mg</i> (estradiol-norethindrone acet)                                                                                                         | 0         |                               |
| <i>abigale oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)                                                                                                              | 0         |                               |
| BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG                                                                                                                                        | 2         |                               |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR                                                                                                  | 2         | QL (8 per 28 days)            |
| <i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i> (Premarin)                                                                                   | 1         |                               |
| <i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)                                              | 2         | QL (8 per 28 days)            |
| DUAVEE ORAL TABLET 0.45-20 MG                                                                                                                                                   | 2         |                               |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                                                                 | 1         |                               |
| <i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i> (Divigel) | 2         | QL (30 per 30 days)           |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)                                              | 2         | QL (8 per 28 days)            |

| Drug Name                                                                                                                                                          | Drug Tier | Requirements/Limits     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>estradiol transdermal patch weekly</i> (Climara)<br>0.025 mg/24 hr, 0.0375 mg/24 hr,<br>0.05 mg/24 hr, 0.06 mg/24 hr, 0.075<br>mg/24 hr, 0.1 mg/24 hr           | 1         | QL (4 per 28 days)      |
| <i>estradiol vaginal cream 0.01 %</i> (0.1<br>mg/gram) (Estrace)                                                                                                   | 1         |                         |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)                                                                                                                  | 1         |                         |
| <i>estradiol-norethindrone acet oral</i><br><i>tablet 0.5-0.1 mg</i> (Abigale Lo)                                                                                  | 1         |                         |
| <i>estradiol-norethindrone acet oral</i><br><i>tablet 1-0.5 mg</i> (Mimvey)                                                                                        | 1         |                         |
| ESTRING VAGINAL RING 2 MG<br>(7.5 MCG /24 HOUR)                                                                                                                    | 3         | QL (1 per 90 days)      |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg,</i><br><i>1-5 mg-mcg</i> (norethindrone ac-eth<br>estradiol)                                                                | 1         |                         |
| INTRAROSA VAGINAL INSERT<br>6.5 MG                                                                                                                                 | 2         | QL (30 per 30 days)     |
| <i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth<br>estradiol)                                                                                          | 1         |                         |
| <i>lyllana transdermal patch</i><br><i>semiweekly 0.025 mg/24 hr, 0.0375</i><br><i>mg/24 hr, 0.05 mg/24 hr, 0.075</i><br><i>mg/24 hr, 0.1 mg/24 hr</i> (estradiol) | 2         | QL (8 per 28 days)      |
| <i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone<br>acet)                                                                                               | 1         |                         |
| <i>norethindrone ac-eth estradiol oral</i><br><i>tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)                                                                   | 1         |                         |
| OSPHENA ORAL TABLET 60 MG                                                                                                                                          | 3         | PA; QL (30 per 30 days) |
| PREMARIN VAGINAL CREAM<br>0.625 MG/GRAM                                                                                                                            | 2         |                         |
| PREMPHASE ORAL TABLET<br>0.625 MG (14)/ 0.625MG-5MG(14)                                                                                                            | 2         |                         |
| PREMPRO ORAL TABLET 0.3-1.5<br>MG, 0.45-1.5 MG, 0.625-2.5 MG,<br>0.625-5 MG                                                                                        | 2         |                         |
| <i>raloxifene oral tablet 60 mg</i> (Evista)                                                                                                                       | 2         | PA; QL (30 per 30 days) |
| <i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)                                                                                                                  | 1         |                         |
| <b>Glucocorticoids/Mineralocorticoids</b>                                                                                                                          |           |                         |
| <i>cortisone oral tablet 25 mg</i>                                                                                                                                 | 1         |                         |
| <i>dexamethasone oral solution 0.5</i><br><i>mg/5 ml</i>                                                                                                           | 1         |                         |

| Drug Name                                                                                                                               | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>                                                        | 1         |                     |
| <i>fludrocortisone oral tablet 0.1 mg</i>                                                                                               | 1         |                     |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)                                                                           | 1         |                     |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)                                                                        | 1         |                     |
| <i>methylprednisolone oral tablet 32 mg</i>                                                                                             | 1         |                     |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))                                                                    | 1         |                     |
| <i>prednisolone oral tablet 5 mg</i> (Millipred)                                                                                        | 2         |                     |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 1         |                     |
| <i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)                                                   | 1         |                     |
| <i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)                                       | 2         |                     |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML                                                                                            | 2         |                     |
| <i>prednisone oral solution 5 mg/5 ml</i>                                                                                               | 1         |                     |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                                                   | 1         |                     |
| <i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>                                                                                    | 1         |                     |
| <b>Pituitary</b>                                                                                                                        |           |                     |
| <i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)                                                                                 | 2         |                     |
| <i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>                                                                         | 1         |                     |
| <i>desmopressin nasal spray,non-aerosol 150 mcg/spray (0.1 ml)</i>                                                                      | 2         |                     |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)                                                                                  | 1         |                     |

| Drug Name                                                                                                                                                                                                               | Drug Tier | Requirements/Limits                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| GENOTROPIN MINISQUICK<br>SUBCUTANEOUS SYRINGE 0.2<br>MG/0.25 ML, 0.4 MG/0.25 ML, 0.6<br>MG/0.25 ML, 0.8 MG/0.25 ML, 1<br>MG/0.25 ML, 1.2 MG/0.25 ML, 1.4<br>MG/0.25 ML, 1.6 MG/0.25 ML, 1.8<br>MG/0.25 ML, 2 MG/0.25 ML | 2         | PA; *May have Specialty<br>Costshare                         |
| GENOTROPIN SUBCUTANEOUS<br>CARTRIDGE 12 MG/ML (36<br>UNIT/ML), 5 MG/ML (15<br>UNIT/ML)                                                                                                                                  | 2         | PA; *May have Specialty<br>Costshare                         |
| MYFEMBREE ORAL TABLET 40-<br>1-0.5 MG                                                                                                                                                                                   | 2         | PA; QL (1 per 1 day)                                         |
| NORDITROPIN FLEXPOR<br>SUBCUTANEOUS PEN INJECTOR<br>10 MG/1.5 ML (6.7 MG/ML), 15<br>MG/1.5 ML (10 MG/ML), 30 MG/3<br>ML (10 MG/ML), 5 MG/1.5 ML (3.3<br>MG/ML)                                                          | 2         | PA; *May have Specialty<br>Costshare                         |
| <i>octreotide acetate injection solution</i><br><i>1,000 mcg/ml, 200 mcg/ml</i>                                                                                                                                         | 2         | PA; *May have Specialty<br>Costshare                         |
| <i>octreotide acetate injection solution</i> (Sandostatin)<br><i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>                                                                                                                  | 2         | PA; *May have Specialty<br>Costshare                         |
| <i>octreotide acetate injection syringe</i><br><i>100 mcg/ml (1 ml), 50 mcg/ml (1 ml),</i><br><i>500 mcg/ml (1 ml)</i>                                                                                                  | 2         | PA; *May have Specialty<br>Costshare                         |
| ORGOVYX ORAL TABLET 120<br>MG                                                                                                                                                                                           | 2         | PA; *May have Specialty<br>Costshare                         |
| ORIAHNN ORAL CAPSULE,<br>SEQUENTIAL 300-1-0.5MG(AM)<br>/300 MG(PM)                                                                                                                                                      | 2         | PA                                                           |
| ORILISSA ORAL TABLET 150 MG                                                                                                                                                                                             | 3         | PA; *May have Specialty<br>Costshare; QL (30 per 30<br>days) |
| ORILISSA ORAL TABLET 200 MG                                                                                                                                                                                             | 3         | PA; *May have Specialty<br>Costshare; QL (60 per 30<br>days) |
| SKYTROFA SUBCUTANEOUS<br>CARTRIDGE 0.7 MG, 1.4 MG, 1.8<br>MG, 11 MG, 13.3 MG, 2.1 MG, 2.5<br>MG, 3 MG, 3.6 MG, 4.3 MG, 5.2<br>MG, 6.3 MG, 7.6 MG, 9.1 MG                                                                | 2         | PA; *May have Specialty<br>Costshare                         |

| Drug Name                                                                                                                                             | Drug Tier | Requirements/Limits                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| SOGROYA SUBCUTANEOUS<br>PEN INJECTOR 10 MG/1.5 ML (6.7<br>MG/ML), 15 MG/1.5 ML (10<br>MG/ML), 5 MG/1.5 ML (3.3<br>MG/ML)                              | 2         | PA; *May have Specialty<br>Costshare |
| SOMAVERT SUBCUTANEOUS<br>RECON SOLN 10 MG, 15 MG, 20<br>MG, 25 MG, 30 MG                                                                              | 3         | PA; *May have Specialty<br>Costshare |
| <b>Progestins</b>                                                                                                                                     |           |                                      |
| DEPO-SUBQ PROVERA 104<br>SUBCUTANEOUS SYRINGE 104<br>MG/0.65 ML                                                                                       | 3         | QL (0.65 per 84 days)                |
| <i>medroxyprogesterone intramuscular<br/>suspension 150 mg/ml</i> (Depo-Provera)                                                                      | 0         | QL (1 per 84 days)                   |
| <i>medroxyprogesterone intramuscular<br/>syringe 150 mg/ml</i> (Depo-Provera)                                                                         | 0         | QL (1 per 84 days)                   |
| <i>medroxyprogesterone oral tablet 10<br/>mg, 2.5 mg, 5 mg</i> (Provera)                                                                              | 1         |                                      |
| <i>megestrol oral suspension 400 mg/10<br/>ml (40 mg/ml), 625 mg/5 ml (125<br/>mg/ml)</i>                                                             | 1         |                                      |
| <i>norethindrone acetate oral tablet 5<br/>mg</i> (Gallifrey)                                                                                         | 1         |                                      |
| <i>progesterone micronized oral<br/>capsule 100 mg, 200 mg</i> (Prometrium)                                                                           | 1         |                                      |
| <b>Thyroid And Antithyroid Agents</b>                                                                                                                 |           |                                      |
| ARMOUR THYROID ORAL (thyroid (pork))<br>TABLET 120 MG, 15 MG, 30 MG,<br>60 MG, 90 MG                                                                  | 3         |                                      |
| ARMOUR THYROID ORAL<br>TABLET 180 MG, 240 MG, 300 MG                                                                                                  | 3         |                                      |
| <i>euthyrox oral tablet 100 mcg, 112<br/>mcg, 125 mcg, 137 mcg, 150 mcg,<br/>175 mcg, 200 mcg, 25 mcg, 50 mcg,<br/>75 mcg, 88 mcg</i> (levothyroxine) | 1         |                                      |
| <i>levothyroxine oral tablet 100 mcg,<br/>112 mcg, 125 mcg, 137 mcg, 150<br/>mcg, 175 mcg, 200 mcg, 25 mcg, 50<br/>mcg, 75 mcg, 88 mcg</i> (Levoxyl)  | 1         |                                      |
| <i>levothyroxine oral tablet 300 mcg</i> (Synthroid)                                                                                                  | 1         |                                      |

| Drug Name                                                                                                                                    | Drug Tier | Requirements/Limits                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|
| 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 (levothyroxine)            | 3         |                                                       |
| liomny oral tablet 25 mcg, 5 mcg, 50 mcg (liothyronine)                                                                                      | 1         |                                                       |
| liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg (Liomny)                                                                                      | 1         |                                                       |
| methimazole oral tablet 10 mg, 5 mg                                                                                                          | 1         |                                                       |
| np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg (thyroid (pork))                                                                   | 2         |                                                       |
| propylthiouracil oral tablet 50 mg                                                                                                           | 1         |                                                       |
| sski oral solution 1 gram/ml (potassium iodide)                                                                                              | 2         |                                                       |
| SYNTHROID 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 (levothyroxine) | 3         |                                                       |
| thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg (NP Thyroid)                                                                   | 2         |                                                       |
| <b>Immunological Agents</b>                                                                                                                  |           |                                                       |
| <b>Immunological Agents</b>                                                                                                                  |           |                                                       |
| adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml (Yuflyma(CF) Autoinjector)                                                      | 2         | PA; *May have Specialty Costshare; QL (2 per 28 days) |
| adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml (adalimumab-aaty(CF) AI Crohns)                                                 | 2         | PA; *May have Specialty Costshare; QL (2 per 28 days) |
| adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml (Yuflyma(CF))                                                            | 2         | PA; *May have Specialty Costshare; QL (2 per 28 days) |
| adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml (adalimumab-aaty)                                                 | 2         | PA; *May have Specialty Costshare; QL (2 per 28 days) |
| adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml (Simlandi(CF) Autoinjector)                                       | 2         | PA; *May have Specialty Costshare; QL (2 per 28 days) |
| adalimumab-ryvk subcutaneous syringe kit 40 mg/0.4 ml (Simlandi(CF))                                                                         | 2         | PA; *May have Specialty Costshare; QL (2 per 28 days) |

| <b>Drug Name</b>                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                     |
|----------------------------------------------------------------------------------|------------------|----------------------------------------------------------------|
| ADBRY SUBCUTANEOUS<br>SYRINGE 150 MG/ML                                          | 3                | PA; *May have Specialty<br>Costshare                           |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)                           | 1                |                                                                |
| <i>azathioprine oral tablet 50 mg</i> (Imuran)                                   | 1                |                                                                |
| BENLYSTA SUBCUTANEOUS<br>AUTO-INJECTOR 200 MG/ML                                 | 3                | PA; *May have Specialty<br>Costshare; QL (4 per 28<br>days)    |
| BENLYSTA SUBCUTANEOUS<br>SYRINGE 200 MG/ML                                       | 3                | PA; *May have Specialty<br>Costshare; QL (4 per 28<br>days)    |
| BIMZELX AUTOINJECTOR<br>SUBCUTANEOUS AUTO-<br>INJECTOR 160 MG/ML, 320 MG/2<br>ML | 2                | PA; *May have Specialty<br>Costshare; QL (1 per 28<br>days)    |
| BIMZELX SUBCUTANEOUS<br>SYRINGE 160 MG/ML, 320 MG/2<br>ML                        | 2                | PA; *May have Specialty<br>Costshare; QL (1 per 28<br>days)    |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)                | 2                |                                                                |
| <i>cyclosporine modified oral capsule 50 mg</i>                                  | 2                |                                                                |
| <i>cyclosporine modified oral solution 100 mg/ml</i> (Neoral)                    | 2                |                                                                |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)                      | 2                | *May have Specialty<br>Costshare                               |
| DUPIXENT PEN<br>SUBCUTANEOUS PEN INJECTOR<br>200 MG/1.14 ML                      | 3                | PA; *May have Specialty<br>Costshare; QL (2.28 per<br>28 days) |
| DUPIXENT PEN<br>SUBCUTANEOUS PEN INJECTOR<br>300 MG/2 ML                         | 3                | PA; *May have Specialty<br>Costshare; QL (4 per 28<br>days)    |
| DUPIXENT SYRINGE<br>SUBCUTANEOUS SYRINGE 100<br>MG/0.67 ML                       | 3                | PA; *May have Specialty<br>Costshare; QL (1.34 per<br>28 days) |
| DUPIXENT SYRINGE<br>SUBCUTANEOUS SYRINGE 200<br>MG/1.14 ML                       | 3                | PA; *May have Specialty<br>Costshare; QL (2.28 per<br>28 days) |
| DUPIXENT SYRINGE<br>SUBCUTANEOUS SYRINGE 300<br>MG/2 ML                          | 3                | PA; *May have Specialty<br>Costshare; QL (4 per 28<br>days)    |

| Drug Name                                                                                                                     | Drug Tier | Requirements/Limits                                         |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------|
| EBGLYSS PEN SUBCUTANEOUS<br>PEN INJECTOR 250 MG/2 ML                                                                          | 2         | PA; *May have Specialty<br>Costshare; QL (4 per 28<br>days) |
| ENBREL MINI SUBCUTANEOUS<br>CARTRIDGE 50 MG/ML (1 ML)                                                                         | 2         | PA; *May have Specialty<br>Costshare                        |
| ENBREL SUBCUTANEOUS<br>SOLUTION 25 MG/0.5 ML                                                                                  | 2         | PA; *May have Specialty<br>Costshare                        |
| ENBREL SUBCUTANEOUS<br>SYRINGE 25 MG/0.5 ML (0.5), 50<br>MG/ML (1 ML)                                                         | 2         | PA; *May have Specialty<br>Costshare                        |
| ENBREL SURECLICK<br>SUBCUTANEOUS PEN INJECTOR<br>50 MG/ML (1 ML)                                                              | 2         | PA; *May have Specialty<br>Costshare                        |
| ENTYVIO PEN SUBCUTANEOUS<br>PEN INJECTOR 108 MG/0.68 ML                                                                       | 3         | PA; *May have Specialty<br>Costshare                        |
| ENVARUS XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 0.75<br>MG, 1 MG, 4 MG                                                       | 3         | *May have Specialty<br>Costshare                            |
| <i>everolimus (immunosuppressive) oral (Zortress)</i><br><i>tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>                         | 3         | *May have Specialty<br>Costshare                            |
| <i>engraf oral capsule 100 mg, 25 mg (cyclosporine modified)</i>                                                              | 2         |                                                             |
| <i>engraf oral solution 100 mg/ml (cyclosporine modified)</i>                                                                 | 2         |                                                             |
| HIZENTRA SUBCUTANEOUS<br>SOLUTION 1 GRAM/5 ML (20 %),<br>10 GRAM/50 ML (20 %), 2<br>GRAM/10 ML (20 %), 4 GRAM/20<br>ML (20 %) | 3         | PA; *May have Specialty<br>Costshare                        |
| HIZENTRA SUBCUTANEOUS<br>SYRINGE 1 GRAM/5 ML (20 %),<br>10 GRAM/50 ML (20 %), 2<br>GRAM/10 ML (20 %), 4 GRAM/20<br>ML (20 %)  | 3         | PA; *May have Specialty<br>Costshare                        |
| <i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>                                                                           | 1         | ST                                                          |
| <i>mycophenolate mofetil oral capsule (CellCept)</i><br><i>250 mg</i>                                                         | 2         |                                                             |
| <i>mycophenolate mofetil oral (CellCept)</i><br><i>suspension for reconstitution 200</i><br><i>mg/ml</i>                      | 2         |                                                             |
| <i>mycophenolate mofetil oral tablet (CellCept)</i><br><i>500 mg</i>                                                          | 2         |                                                             |

| <b>Drug Name</b>                                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                  |
|--------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------|
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic) | 2                |                                                             |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML                                              | 2                | PA; *May have Specialty Costshare; QL (2 per 28 days)       |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)           | 2                | PA; *May have Specialty Costshare; QL (1 per 28 days)       |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML                                                       | 2                | PA; *May have Specialty Costshare; QL (2 per 28 days)       |
| OMVOH SUBCUTANEOUS SYRINGE 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)                    | 2                | PA; *May have Specialty Costshare; QL (1 per 28 days)       |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML                                     | 3                | PA NSO; *May have Specialty Costshare; QL (4 per 28 days)   |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML                                                     | 3                | PA NSO; *May have Specialty Costshare; QL (4 per 28 days)   |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML                                                  | 3                | PA NSO; *May have Specialty Costshare; QL (1.6 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML                                                | 3                | PA NSO; *May have Specialty Costshare; QL (2.8 per 28 days) |
| OTEZLA ORAL TABLET 20 MG, 30 MG                                                            | 2                | PA; *May have Specialty Costshare; QL (60 per 30 days)      |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 2                | PA; *May have Specialty Costshare; QL (55 per 28 days)      |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)                        | 2                | PA; *May have Specialty Costshare; QL (27 per 14 days)      |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG                    | 2                | PA; *May have Specialty Costshare; QL (55 per 28 days)      |

| Drug Name                                                                                            | Drug Tier | Requirements/Limits                                           |
|------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------|
| OTEZLA XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 75<br>MG                                             | 2         | PA; *May have Specialty<br>Costshare; QL (41 per 28<br>days)  |
| PROGRAF ORAL GRANULES IN<br>PACKET 0.2 MG, 1 MG                                                      | 3         | *May have Specialty<br>Costshare                              |
| RINVOQ LQ ORAL SOLUTION 1<br>MG/ML                                                                   | 2         | PA; *May have Specialty<br>Costshare; QL (360 per<br>30 days) |
| RINVOQ ORAL TABLET<br>EXTENDED RELEASE 24 HR 15<br>MG, 30 MG, 45 MG                                  | 2         | PA; *May have Specialty<br>Costshare; QL (30 per 30<br>days)  |
| SANDIMMUNE ORAL SOLUTION<br>100 MG/ML                                                                | 3         |                                                               |
| <i>sirolimus oral solution 1 mg/ml</i>                                                               | 3         | *May have Specialty<br>Costshare                              |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2<br/>mg</i>                                                  | 3         | *May have Specialty<br>Costshare                              |
| SKYRIZI SUBCUTANEOUS PEN<br>INJECTOR 150 MG/ML                                                       | 2         | PA; *May have Specialty<br>Costshare                          |
| SKYRIZI SUBCUTANEOUS<br>SYRINGE 150 MG/ML                                                            | 2         | PA; *May have Specialty<br>Costshare                          |
| SKYRIZI SUBCUTANEOUS<br>WEARABLE INJECTOR 180<br>MG/1.2 ML (150 MG/ML), 360<br>MG/2.4 ML (150 MG/ML) | 2         | PA; *May have Specialty<br>Costshare                          |
| SOTYKTU ORAL TABLET 6 MG                                                                             | 2         | PA; *May have Specialty<br>Costshare                          |
| STEQEYMA SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML                                                       | 2         | PA; *May have Specialty<br>Costshare; QL (1 per 28<br>days)   |
| STEQEYMA SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML                                                        | 2         | PA; *May have Specialty<br>Costshare; QL (1 per 28<br>days)   |
| STEQEYMA SUBCUTANEOUS<br>SYRINGE 90 MG/ML                                                            | 2         | PA; *May have Specialty<br>Costshare; QL (1 per 84<br>days)   |
| <i>tacrolimus oral capsule 0.5 mg, 1<br/>mg, 5 mg</i> (Prograf)                                      | 2         | *May have Specialty<br>Costshare                              |
| TALTZ AUTOINJECTOR<br>SUBCUTANEOUS AUTO-<br>INJECTOR 80 MG/ML                                        | 2         | PA; *May have Specialty<br>Costshare; QL (1 per 28<br>days)   |

| <b>Drug Name</b>                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                    |
|-------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------|
| TALTZ SYRINGE<br>SUBCUTANEOUS SYRINGE 20<br>MG/0.25 ML, 40 MG/0.5 ML, 80<br>MG/ML   | 2                | PA; *May have Specialty<br>Costshare; QL (1 per 28<br>days)   |
| <i>tofacitinib oral solution 1 mg/ml</i> (Xeljanz)                                  | 2                | PA; *May have Specialty<br>Costshare; QL (300 per<br>30 days) |
| <i>tofacitinib oral tablet 10 mg, 5 mg</i> (Xeljanz)                                | 2                | PA; *May have Specialty<br>Costshare; QL (60 per 30<br>days)  |
| <i>tofacitinib oral tablet extended<br/>release 24 hr 11 mg, 22 mg</i> (Xeljanz XR) | 2                | PA; *May have Specialty<br>Costshare; QL (30 per 30<br>days)  |
| TREMFYA ONE-PRESS<br>SUBCUTANEOUS AUTO-<br>INJECTOR 100 MG/ML                       | 2                | PA; *May have Specialty<br>Costshare; QL (1 per 56<br>days)   |
| TREMFYA PEN INDUCTION<br>PK(2PEN) SUBCUTANEOUS PEN<br>INJECTOR 200 MG/2 ML          | 2                | PA; *May have Specialty<br>Costshare; QL (1 per 56<br>days)   |
| TREMFYA PEN<br>SUBCUTANEOUS PEN INJECTOR<br>200 MG/2 ML                             | 2                | PA; *May have Specialty<br>Costshare; QL (1 per 56<br>days)   |
| TREMFYA SUBCUTANEOUS<br>SYRINGE 100 MG/ML, 200 MG/2<br>ML                           | 2                | PA; *May have Specialty<br>Costshare; QL (1 per 56<br>days)   |
| TYENNE AUTOINJECTOR<br>SUBCUTANEOUS PEN INJECTOR<br>162 MG/0.9 ML                   | 2                | PA; *May have Specialty<br>Costshare                          |
| TYENNE SUBCUTANEOUS<br>SYRINGE 162 MG/0.9 ML                                        | 2                | PA; *May have Specialty<br>Costshare; QL (4 per 28<br>days)   |
| USTEKINUMAB-AEKN (Selarsdi)<br>SUBCUTANEOUS SYRINGE 45<br>MG/0.5 ML                 | 2                | PA; *May have Specialty<br>Costshare; QL (1 per 28<br>days)   |
| USTEKINUMAB-AEKN (Selarsdi)<br>SUBCUTANEOUS SYRINGE 90<br>MG/ML                     | 2                | PA; *May have Specialty<br>Costshare; QL (1 per 84<br>days)   |
| XELJANZ ORAL SOLUTION 1 (tofacitinib)<br>MG/ML                                      | 2                | PA; *May have Specialty<br>Costshare; QL (300 per<br>30 days) |
| XELJANZ ORAL TABLET 10 MG, (tofacitinib)<br>5 MG                                    | 2                | PA; *May have Specialty<br>Costshare; QL (60 per 30<br>days)  |

| Drug Name                                                                                        | Drug Tier | Requirements/Limits                                            |
|--------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------|
| XELJANZ XR ORAL TABLET (tofacitinib)<br>EXTENDED RELEASE 24 HR 11<br>MG, 22 MG                   | 2         | PA; *May have Specialty<br>Costshare; QL (30 per 30<br>days)   |
| YESINTEK SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML                                                   | 2         | PA; *May have Specialty<br>Costshare; QL (1 per 28<br>days)    |
| YESINTEK SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML                                                    | 2         | PA; *May have Specialty<br>Costshare; QL (1 per 28<br>days)    |
| YESINTEK SUBCUTANEOUS<br>SYRINGE 90 MG/ML                                                        | 2         | PA; *May have Specialty<br>Costshare; QL (1 per 84<br>days)    |
| <b>Vaccines</b>                                                                                  |           |                                                                |
| ABRYSVO (PF)<br>INTRAMUSCULAR RECON SOLN<br>120 MCG/0.5 ML                                       | 0         | QL (1 per 365 days)                                            |
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SUSPENSION<br>2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 0         | QL (0.5 per 365 days);<br>AGE (Min 7 Years)                    |
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2<br>LF-(2.5-5-3-5 MCG)-5LF/0.5 ML    | 0         | QL (0.5 per 365 days);<br>AGE (Min 7 Years)                    |
| AREXVY ANTIGEN<br>COMPONENT INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 120 MCG            | 0         | AGE (Min 50 Years)                                             |
| BEXSERO INTRAMUSCULAR<br>SYRINGE 50-50-50-25 MCG/0.5<br>ML                                       | 0         | QL (1 per 365 days);<br>AGE (Min 10 Years and<br>Max 25 Years) |
| BOOSTRIX TDAP<br>INTRAMUSCULAR SUSPENSION<br>2.5-8-5 LF-MCG-LF/0.5ML                             | 0         | QL (0.5 per 365 days);<br>AGE (Min 7 Years)                    |
| BOOSTRIX TDAP<br>INTRAMUSCULAR SYRINGE 2.5-<br>8-5 LF-MCG-LF/0.5ML                               | 0         | QL (0.5 per 365 days);<br>AGE (Min 7 Years)                    |
| CAPVAXIVE INTRAMUSCULAR<br>SYRINGE 0.5 ML                                                        | 0         |                                                                |
| ENGRIX-B (PF)<br>INTRAMUSCULAR SUSPENSION<br>20 MCG/ML                                           | 0         | QL (3 per 365 days)                                            |

| <b>Drug Name</b>                                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                       |
|-----------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------|
| ENGERIX-B (PF)<br>INTRAMUSCULAR SYRINGE 20<br>MCG/ML                                                | 0                | QL (3 per 365 days)                                              |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SUSPENSION<br>0.5 ML                                               | 0                | QL (1.5 per 365 days);<br>AGE (Min 9 Years and<br>Max 45 Years)  |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SYRINGE 0.5<br>ML                                                  | 0                | QL (1.5 per 365 days);<br>AGE (Min 9 Years and<br>Max 45 Years)  |
| HAVRIX (PF) INTRAMUSCULAR<br>SYRINGE 1,440 ELISA UNIT/ML,<br>720 ELISA UNIT/0.5 ML                  | 0                | QL (2 per 365 days)                                              |
| HEPLISAV-B (PF)<br>INTRAMUSCULAR SYRINGE 20<br>MCG/0.5 ML                                           | 0                | QL (1 per 365 days)                                              |
| IMOVAX RABIES VACCINE (PF)<br>INTRAMUSCULAR RECON SOLN<br>2.5 UNIT                                  | 0                | PA                                                               |
| IPOL INJECTION SUSPENSION<br>40-8-32 UNIT/0.5 ML                                                    | 0                |                                                                  |
| MENACTRA (PF)<br>INTRAMUSCULAR SOLUTION 4<br>MCG/0.5 ML                                             | 0                | QL (0.5 per 365 days);<br>AGE (Min 11 Years and<br>Max 23 Years) |
| MENQUADFI (PF)<br>INTRAMUSCULAR SOLUTION 10<br>MCG/0.5 ML                                           | 0                | QL (0.5 per 365 days);<br>AGE (Min 2 Years)                      |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR KIT 10-5<br>MCG/0.5 ML                                 | 0                | QL (1 per 365 days);<br>AGE (Min 11 Years and<br>Max 23 Years)   |
| M-M-R II (PF) SUBCUTANEOUS<br>RECON SOLN 1,000-12,500<br>TCID50/0.5 ML                              | 0                | QL (2 per 365 days)                                              |
| MRESVIA (PF)<br>INTRAMUSCULAR SYRINGE 50<br>MCG/0.5 ML                                              | 0                | AGE (Min 60 Years)                                               |
| PENBRAYA (PF)<br>INTRAMUSCULAR KIT 5-120<br>MCG/0.5 ML                                              | 0                | QL (0.5 per 365 days)                                            |
| PENBRAYA MENACWY<br>COMPONENT(PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 5<br>MCG/0.5 ML | 0                | QL (0.5 per 365 days)                                            |

| <b>Drug Name</b>                                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------------|------------------|----------------------------|
| PENBRAYA MENB COMPONENT<br>(PF) INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML                         | 0                | QL (0.5 per 365 days)      |
| PENMENVY MEN A-B-C-W-Y<br>(PF) INTRAMUSCULAR KIT 0.5<br>ML                                      | 0                |                            |
| PENMENVY MENACWY<br>COMPONENT(PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 10-5<br>MCG | 0                |                            |
| PENMENVY MENB COMPONENT<br>(PF) INTRAMUSCULAR<br>SYRINGE 50-50-50-25 MCG/0.5<br>ML              | 0                |                            |
| PNEUMOVAX-23 INJECTION<br>SOLUTION 25 MCG/0.5 ML                                                | 0                | QL (0.5 per 365 days)      |
| PNEUMOVAX-23 INJECTION<br>SYRINGE 25 MCG/0.5 ML                                                 | 0                | QL (0.5 per 365 days)      |
| PREHEVBRIO (PF)<br>INTRAMUSCULAR SUSPENSION<br>10 MCG/ML                                        | 0                | QL (3 per 365 days)        |
| PREVNAR 13 (PF)<br>INTRAMUSCULAR SYRINGE 0.5<br>ML                                              | 0                | QL (0.5 per 365 days)      |
| PREVNAR 20 (PF)<br>INTRAMUSCULAR SYRINGE 0.5<br>ML                                              | 0                | QL (0.5 per 365 days)      |
| PRIORIX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP3.4-4.2-<br>3.3CCID50/0.5ML  | 0                | QL (2 per 365 days)        |
| PROQUAD (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP3-4.3-3-<br>3.99 TCID50/0.5  | 0                | QL (2 per 365 days)        |
| RABAVERT (PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 2.5 UNIT                        | 0                | PA                         |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SUSPENSION<br>10 MCG/ML, 40 MCG/ML, 5<br>MCG/0.5 ML         | 0                | QL (3 per 365 days)        |

| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                       |
|------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------|
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/ML, 5 MCG/0.5 ML             | 0                | QL (3 per 365 days)                                              |
| SHINGRIX (PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 50<br>MCG/0.5 ML   | 0                | QL (2 per 365 days);<br>AGE (Min 50 Years)                       |
| SHINGRIX (PF)<br>INTRAMUSCULAR SYRINGE 50<br>MCG/0.5 ML                            | 0                | QL (2 per 365 days);<br>AGE (Min 50 Years)                       |
| TDVAX INTRAMUSCULAR<br>SUSPENSION 2-2 LF UNIT/0.5 ML                               | 0                | QL (0.5 per 365 days);<br>AGE (Min 7 Years)                      |
| TENIVAC (PF)<br>INTRAMUSCULAR SUSPENSION<br>5 LF UNIT- 2 LF UNIT/0.5ML             | 0                | QL (0.5 per 365 days);<br>AGE (Min 7 Years)                      |
| TENIVAC (PF)<br>INTRAMUSCULAR SYRINGE 5-2<br>LF UNIT/0.5 ML                        | 0                | QL (0.5 per 365 days);<br>AGE (Min 7 Years)                      |
| TICOVAC INTRAMUSCULAR<br>SYRINGE 1.2 MCG/0.25 ML, 2.4<br>MCG/0.5 ML                | 0                | PA                                                               |
| TRUMENBA INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML                                   | 0                | QL (1.5 per 365 days);<br>AGE (Min 10 Years and<br>Max 25 Years) |
| TWINRIX (PF)<br>INTRAMUSCULAR SYRINGE 720<br>ELISA UNIT- 20 MCG/ML                 | 0                | QL (4 per 365 days)                                              |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 25 UNIT/0.5 ML, 50<br>UNIT/ML               | 0                | QL (2 per 365 days)                                              |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 25 UNIT/0.5 ML, 50<br>UNIT/ML                  | 0                | QL (2 per 365 days)                                              |
| VARIVAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 1,350<br>UNIT/0.5 ML | 0                | QL (2 per 365 days)                                              |
| VAXNEUVANCE (PF)<br>INTRAMUSCULAR SYRINGE 0.5<br>ML                                | 0                | QL (0.5 per 365 days)                                            |

| Drug Name                                                                             | Drug Tier | Requirements/Limits                                     |
|---------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| <b>Inflammatory Bowel Disease Agents</b>                                              |           |                                                         |
| <b>Inflammatory Bowel Disease Agents</b>                                              |           |                                                         |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)                                  | 2         |                                                         |
| <i>balsalazide oral capsule 750 mg</i> (Colazal)                                      | 1         |                                                         |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i>                         | 2         | QL (90 per 30 days)                                     |
| <i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)                 | 2         | QL (30 per 30 days)                                     |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)                           | 1         |                                                         |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i>                          | 2         | ST                                                      |
| <i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)                     | 2         |                                                         |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)             | 1         |                                                         |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)              | 2         |                                                         |
| <i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>                         | 2         | ST                                                      |
| <i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)                                  | 1         |                                                         |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa)                                | 2         |                                                         |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG (mesalamine)                            | 2         |                                                         |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)                                  | 1         |                                                         |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs) | 1         |                                                         |
| <b>Metabolic Bone Disease Agents</b>                                                  |           |                                                         |
| <b>Metabolic Bone Disease Agents</b>                                                  |           |                                                         |
| <i>alendronate oral solution 70 mg/75 ml</i>                                          | 1         | QL (300 per 30 days)                                    |
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>                                     | 1         |                                                         |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)                                        | 1         |                                                         |
| BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (teriparatide)          | 2         | PA; *May have Specialty Costshare; QL (2.4 per 28 days) |

| Drug Name                                                                           | Drug Tier | Requirements/Limits                                      |
|-------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>               | 1         |                                                          |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                    | 1         |                                                          |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)                                | 1         |                                                          |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)                               | 3         | *May have Specialty Costshare; QL (60 per 30 days)       |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar)                                      | 3         | *May have Specialty Costshare; QL (120 per 30 days)      |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>                         | 2         |                                                          |
| FOSAMAX PLUS D ORAL<br>TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT                  | 3         |                                                          |
| <i>ibandronate oral tablet 150 mg</i>                                               | 1         |                                                          |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)                             | 2         |                                                          |
| <i>paricalcitol oral capsule 4 mcg</i>                                              | 2         |                                                          |
| <i>risedronate oral tablet 150 mg</i> (Actonel)                                     | 2         | QL (1 per 30 days)                                       |
| <i>risedronate oral tablet 30 mg, 5 mg</i>                                          | 2         | QL (30 per 30 days)                                      |
| <i>risedronate oral tablet 35 mg</i> (Actonel)                                      | 2         | QL (4 per 28 days)                                       |
| <i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i> (Atelvia)              | 2         | QL (4 per 28 days)                                       |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity) | 2         | PA; *May have Specialty Costshare; QL (2.4 per 28 days)  |
| TYMLOS SUBCUTANEOUS PEN<br>INJECTOR 80 MCG (3,120 MCG/1.56 ML)                      | 2         | PA; *May have Specialty Costshare; QL (1.56 per 28 days) |
| <b>Miscellaneous Therapeutic Agents</b>                                             |           |                                                          |
| <b>Miscellaneous Therapeutic Agents</b>                                             |           |                                                          |
| ACTIMMUNE SUBCUTANEOUS<br>SOLUTION 100 MCG/0.5 ML                                   | 3         | PA; *May have Specialty Costshare; QL (12 per 30 days)   |
| <i>betaine oral powder 1 gram/scoop</i> (Cystadane)                                 | 3         | PA; *May have Specialty Costshare                        |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                      | 1         |                                                          |

| Drug Name                                                                             | Drug Tier | Requirements/Limits                                    |
|---------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)                                 | 2         |                                                        |
| ELMIRON ORAL CAPSULE 100 MG                                                           | 3         | PA                                                     |
| <i>glucagon emergency kit (human) injection recon soln 1 mg</i>                       | 2         | QL (2 per 28 days)                                     |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML                         | 2         | QL (0.4 per 30 days)                                   |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML                           | 2         | QL (0.8 per 30 days)                                   |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                             | 2         | QL (0.8 per 30 days)                                   |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML                           | 2         | QL (0.4 per 30 days)                                   |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML                                               | 2         |                                                        |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>                          | 1         |                                                        |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                       | 1         | PA                                                     |
| <i>methylergonovine oral tablet 0.2 mg</i>                                            | 1         | QL (28 per 30 days)                                    |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)                                 | 3         | PA; *May have Specialty Costshare; QL (1 per 1 day)    |
| <i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv)<br>(w/w)                          | 2         |                                                        |
| <i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>                             | 2         | QL (30 per 30 days)                                    |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)                        | 2         |                                                        |
| <i>pyridostigmine bromide oral tablet 30 mg</i>                                       | 1         |                                                        |
| <i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)                            | 1         |                                                        |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan) | 1         |                                                        |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG                                   | 3         | PA; *May have Specialty Costshare; QL (60 per 30 days) |

| Drug Name                                                                   | Drug Tier | Requirements/Limits                                      |
|-----------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| TYBOST ORAL TABLET 150 MG                                                   | 3         | QL (30 per 30 days)                                      |
| VISTOGARD ORAL GRANULES<br>IN PACKET 10 GRAM                                | 3         | *May have Specialty<br>Costshare; QL (24 per 14<br>days) |
| VOWST ORAL CAPSULE 1 X<br>10EXP6 TO 3 X 10EXP7 CELL                         | 3         | PA; *May have Specialty<br>Costshare                     |
| <b>Ophthalmic Agents</b>                                                    |           |                                                          |
| <b>Antiglaucoma Agents</b>                                                  |           |                                                          |
| acetazolamide oral capsule, extended<br>release 500 mg                      | 2         |                                                          |
| acetazolamide oral tablet 125 mg,<br>250 mg                                 | 1         |                                                          |
| betaxolol ophthalmic (eye) drops 0.5<br>%                                   | 1         |                                                          |
| bimatoprost (pf) ophthalmic (eye)<br>drops 0.01 %                           | 2         | QL (2.5 per 25 days)                                     |
| bimatoprost ophthalmic (eye) drops (Lumigan)<br>0.01 %                      | 2         | QL (2.5 per 25 days)                                     |
| bimatoprost ophthalmic (eye) drops<br>0.03 %                                | 2         | QL (2.5 per 25 days)                                     |
| brimonidine ophthalmic (eye) drops (Alphagan P)<br>0.1 %, 0.15 %            | 1         |                                                          |
| brimonidine ophthalmic (eye) drops<br>0.2 %                                 | 1         |                                                          |
| brimonidine-timolol ophthalmic (eye) (Combigan)<br>drops 0.2-0.5 %          | 2         |                                                          |
| brinzolamide ophthalmic (eye) (Azopt)<br>drops,suspension 1 %               | 2         |                                                          |
| carteolol ophthalmic (eye) drops 1 %                                        | 1         |                                                          |
| dorzolamide (pf) ophthalmic (eye)<br>drops 2 %                              | 1         |                                                          |
| dorzolamide ophthalmic (eye) drops<br>2 %                                   | 1         |                                                          |
| dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF)) | 2         | QL (60 per 30 days)                                      |
| dorzolamide-timolol (pf) ophthalmic<br>(eye) drops 2-0.5 %                  | 1         |                                                          |
| dorzolamide-timolol ophthalmic (eye) (Cosopt)<br>drops 22.3-6.8 mg/ml       | 1         |                                                          |
| latanoprost ophthalmic (eye) drops (Xalatan)<br>0.005 %                     | 1         |                                                          |

| Drug Name                                                                                      | Drug Tier | Requirements/Limits  |
|------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                                                | 1         |                      |
| LUMIGAN OPTHALMIC (EYE) (bimatoprost)<br>DROPS 0.01 %                                          | 2         | QL (2.5 per 25 days) |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                                                  | 2         |                      |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>                                    | 1         |                      |
| <i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i> (Vuity)                                   | 1         |                      |
| SIMBRINZA OPTHALMIC (EYE)<br>DROPS,SUSPENSION 1-0.2 %                                          | 2         |                      |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))                    | 2         | QL (30 per 30 days)  |
| <i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>          | 2         |                      |
| <i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF)) | 2         | QL (60 per 30 days)  |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                                    | 1         |                      |
| <i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)                      | 1         |                      |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>                     | 2         |                      |
| <i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)                                          | 1         |                      |
| <i>timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %</i>                              | 2         |                      |
| <i>timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %</i>                                   | 2         |                      |
| <i>timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %</i>                   | 2         |                      |
| <i>timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %</i>                       | 2         |                      |
| <i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>                      | 2         |                      |
| <i>timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %</i>                      | 2         |                      |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)                                  | 2         | QL (2.5 per 30 days) |

| Drug Name                                                        |                                | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------|--------------------------------|-----------|---------------------|
| Replacement Preparations                                         |                                |           |                     |
| Replacement Preparations                                         |                                |           |                     |
| effer-k oral tablet, effervescent 25 meq                         | (potassium bicarb-citric acid) | 1         |                     |
| klor-con m10 oral tablet,er particles/crystals 10 meq            | (potassium chloride)           | 1         |                     |
| klor-con m15 oral tablet,er particles/crystals 15 meq            | (potassium chloride)           | 1         |                     |
| klor-con m20 oral tablet,er particles/crystals 20 meq            | (potassium chloride)           | 1         |                     |
| potassium chloride oral capsule, extended release 10 meq, 8 meq  |                                | 1         |                     |
| potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml        |                                | 1         |                     |
| potassium chloride oral packet 20 meq                            | (Klor-Con)                     | 2         |                     |
| potassium chloride oral tablet extended release 10 meq           | (Klor-Con 10)                  | 1         |                     |
| potassium chloride oral tablet extended release 15 meq, 20 meq   |                                | 1         |                     |
| potassium chloride oral tablet extended release 8 meq            | (Klor-Con 8)                   | 1         |                     |
| potassium chloride oral tablet,er particles/crystals 10 meq      | (Klor-Con M10)                 | 1         |                     |
| potassium chloride oral tablet,er particles/crystals 15 meq      | (Klor-Con M15)                 | 1         |                     |
| potassium chloride oral tablet,er particles/crystals 20 meq      | (Klor-Con M20)                 | 1         |                     |
| potassium citrate oral tablet extended release 10 meq (1,080 mg) | (Urocit-K 10)                  | 1         |                     |
| potassium citrate oral tablet extended release 15 meq            | (Urocit-K 15)                  | 2         |                     |
| potassium citrate oral tablet extended release 5 meq (540 mg)    |                                | 1         |                     |

| Drug Name                                                                                                                                  | Drug Tier | Requirements/Limits   |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <b>Respiratory Tract Agents</b>                                                                                                            |           |                       |
| <b>Anti-Inflammatories, Inhaled Corticosteroids</b>                                                                                        |           |                       |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol) | 2         | QL (12 per 28 days)   |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)                | 2         | QL (30 per 30 days)   |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)                              | 2         | QL (60 per 30 days)   |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE                                                                                 | 2         | QL (60 per 30 days)   |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)                                             | 2         | QL (120 per 30 days)  |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)                                                             | 2         | QL (60 per 30 days)   |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)                           | 2         | QL (30.9 per 30 days) |
| <i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>                                           | 1         | QL (60 per 30 days)   |
| <i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>                                                             | 1         | QL (120 per 30 days)  |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>                                                             | 2         | QL (12 per 30 days)   |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>                                                             | 2         | QL (24 per 30 days)   |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>                                                              | 2         | QL (21.2 per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)      | 2         | QL (60 per 30 days)   |

| Drug Name                                                                                                                      | Drug Tier | Requirements/Limits   |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (fluticasone propion-salmeterol) | 2         | QL (60 per 30 days)   |
| <b>Antileukotrienes</b>                                                                                                        |           |                       |
| montelukast oral granules in packet 4 mg (Singulair)                                                                           | 1         |                       |
| montelukast oral tablet 10 mg (Singulair)                                                                                      | 1         |                       |
| montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)                                                                       | 1         |                       |
| zafirlukast oral tablet 10 mg, 20 mg                                                                                           | 2         |                       |
| <b>Bronchodilators</b>                                                                                                         |           |                       |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION                                                                    | 2         | QL (32.1 per 30 days) |
| albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (Ventolin HFA)                                               | 1         | QL (17 per 25 days)   |
| albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml       | 1         |                       |
| albuterol sulfate oral syrup 2 mg/5 ml                                                                                         | 1         |                       |
| albuterol sulfate oral tablet 2 mg, 4 mg                                                                                       | 1         |                       |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)                                   | 2         | QL (60 per 30 days)   |
| arformoterol inhalation solution for nebulization 15 mcg/2 ml (Brovana)                                                        | 2         | QL (120 per 30 days)  |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (ipratropium bromide)                                             | 3         | QL (25.8 per 30 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION                            | 2         | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION                                                                        | 2         | QL (8 per 30 days)    |
| formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml (Perforomist)                                             | 1         | QL (120 per 30 days)  |

| Drug Name                                                                                                             | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                                                 | 1         |                     |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>                       | 1         |                     |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i> | 2         |                     |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)                            | 2         | QL (30 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION                                                | 2         | QL (4 per 30 days)  |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)                           | 2         | QL (30 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION                                                                | 2         | QL (4 per 30 days)  |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION                                                                  | 2         | QL (4 per 30 days)  |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>                                                                           | 1         |                     |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG                                             | 2         |                     |
| <i>theophylline oral solution 80 mg/15 ml</i>                                                                         | 1         |                     |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>                                 | 1         |                     |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>                                                 | 1         |                     |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG                                       | 2         | QL (60 per 30 days) |
| <b>Respiratory Tract Agents, Other</b>                                                                                |           |                     |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>                                                       | 1         |                     |

| <b>Drug Name</b>                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                    |
|---------------------------------------------------------------------------------|------------------|---------------------------------------------------------------|
| FASENRA PEN SUBCUTANEOUS<br>AUTO-INJECTOR 30 MG/ML                              | 3                | *May have Specialty<br>Costshare; QL (1 per 28<br>days)       |
| KALYDECO ORAL GRANULES<br>IN PACKET 13.4 MG, 25 MG, 5.8<br>MG, 50 MG, 75 MG     | 3                | PA; *May have Specialty<br>Costshare; QL (60 per 30<br>days)  |
| KALYDECO ORAL TABLET 150<br>MG                                                  | 3                | PA; *May have Specialty<br>Costshare; QL (60 per 30<br>days)  |
| <i>nebusal inhalation solution for<br/>nebulization 3 %</i> (sodium chloride)   | 1                |                                                               |
| NUCALA SUBCUTANEOUS<br>AUTO-INJECTOR 100 MG/ML                                  | 3                | PA; *May have Specialty<br>Costshare; QL (3 per 28<br>days)   |
| NUCALA SUBCUTANEOUS<br>SYRINGE 100 MG/ML                                        | 3                | PA; *May have Specialty<br>Costshare; QL (3 per 28<br>days)   |
| NUCALA SUBCUTANEOUS<br>SYRINGE 40 MG/0.4 ML                                     | 3                | PA; *May have Specialty<br>Costshare; QL (1 per 28<br>days)   |
| ORKAMBI ORAL GRANULES IN<br>PACKET 100-125 MG, 150-188<br>MG, 75-94 MG          | 3                | PA; *May have Specialty<br>Costshare; QL (56 per 28<br>days)  |
| ORKAMBI ORAL TABLET 100-<br>125 MG, 200-125 MG                                  | 3                | PA; *May have Specialty<br>Costshare; QL (120 per<br>30 days) |
| <i>pirfenidone oral tablet 267 mg</i> (Esbriet)                                 | 3                | PA; *May have Specialty<br>Costshare; QL (270 per<br>30 days) |
| <i>pirfenidone oral tablet 534 mg</i>                                           | 3                | PA; *May have Specialty<br>Costshare; QL (21 per 30<br>days)  |
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet)                                 | 3                | PA; *May have Specialty<br>Costshare; QL (90 per 30<br>days)  |
| <i>roflumilast oral tablet 250 mcg, 500<br/>mcg</i> (Daliresp)                  | 2                | QL (30 per 30 days)                                           |
| <i>sodium chloride inhalation solution<br/>for nebulization 0.9 %</i>           | 2                |                                                               |
| <i>sodium chloride inhalation solution<br/>for nebulization 3 %</i> (NebuSal)   | 1                |                                                               |
| <i>sodium chloride inhalation solution<br/>for nebulization 7 %</i> (Hyper-Sal) | 1                |                                                               |

| Drug Name                                                                                  | Drug Tier | Requirements/Limits                                    |
|--------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)       | 2         | PA; *May have Specialty Costshare; QL (56 per 28 days) |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)                              | 3         | PA; *May have Specialty Costshare                      |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | 3         | PA; *May have Specialty Costshare                      |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)             | 3         | PA; *May have Specialty Costshare; QL (1 per 21 days)  |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML                     | 3         | PA; *May have Specialty Costshare; QL (5 per 28 days)  |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML                           | 3         | PA; *May have Specialty Costshare; QL (5 per 28 days)  |
| ZORYVE TOPICAL FOAM 0.3 %                                                                  | 3         | PA; *May have Specialty Costshare; QL (60 per 30 days) |

## Skeletal Muscle Relaxants

### Skeletal Muscle Relaxants

|                                                               |   |                      |
|---------------------------------------------------------------|---|----------------------|
| <i>baclofen oral tablet 10 mg</i>                             | 1 | QL (240 per 30 days) |
| <i>baclofen oral tablet 15 mg</i>                             | 1 | QL (160 per 30 days) |
| <i>baclofen oral tablet 20 mg</i>                             | 1 | QL (120 per 30 days) |
| <i>baclofen oral tablet 5 mg</i>                              | 1 | QL (480 per 30 days) |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)         | 2 | QL (120 per 30 days) |
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i>            | 2 |                      |
| <i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i> | 2 | QL (240 per 30 days) |
| <i>chlorzoxazone oral tablet 500 mg</i>                       | 1 | QL (120 per 30 days) |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                | 1 | QL (90 per 30 days)  |
| <i>dantrolene oral capsule 100 mg</i>                         | 1 | QL (120 per 30 days) |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium)               | 1 | QL (90 per 30 days)  |
| <i>dantrolene oral capsule 50 mg</i>                          | 1 | QL (90 per 30 days)  |

| Drug Name                                                                     | Drug Tier | Requirements/Limits                                     |
|-------------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| <i>metaxalone oral tablet 400 mg, 800 mg</i>                                  | 2         | QL (120 per 30 days)                                    |
| <i>methocarbamol oral tablet 500 mg</i>                                       | 1         | QL (240 per 30 days)                                    |
| <i>methocarbamol oral tablet 750 mg</i>                                       | 1         | QL (180 per 30 days)                                    |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i>               | 1         | QL (60 per 30 days)                                     |
| <i>orphenadrine-asa-caffeine oral tablet</i> (Norgesic)<br>25-385-30 mg       | 2         | QL (120 per 30 days)                                    |
| <i>orphenadrine-asa-caffeine oral tablet</i> (Norgesic Forte)<br>50-770-60 mg | 2         | QL (120 per 30 days)                                    |
| <i>tizanidine oral capsule 2 mg</i> (Zanaflex)                                | 2         | QL (540 per 30 days)                                    |
| <i>tizanidine oral capsule 4 mg</i> (Zanaflex)                                | 2         | QL (270 per 30 days)                                    |
| <i>tizanidine oral capsule 6 mg</i> (Zanaflex)                                | 2         | QL (180 per 30 days)                                    |
| <i>tizanidine oral tablet 2 mg</i>                                            | 1         | QL (540 per 30 days)                                    |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex)                                 | 1         | QL (270 per 30 days)                                    |
| <b>Sleep Disorder Agents</b>                                                  |           |                                                         |
| <b>Sleep Disorder Agents</b>                                                  |           |                                                         |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)               | 2         | PA; QL (30 per 30 days)                                 |
| <i>armodafinil oral tablet 50 mg</i> (Nuvigil)                                | 2         | PA; QL (90 per 30 days)                                 |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                                | 2         | ST; QL (30 per 30 days)                                 |
| DAYVIGO ORAL TABLET 10 MG, 5 MG                                               | 2         | ST; QL (30 per 30 days)                                 |
| <i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)                               | 2         | ST; QL (30 per 30 days)                                 |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)                     | 2         | ST; QL (30 per 30 days)                                 |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML                                            | 3         | PA; *May have Specialty Costshare; QL (150 per 30 days) |
| HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)                                      | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)                        | 2         | PA; QL (60 per 30 days)                                 |
| <i>ramelteon oral tablet 8 mg</i> (Rozerem)                                   | 2         | QL (30 per 30 days)                                     |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)                         | 3         | PA; *May have Specialty Costshare; QL (540 per 30 days) |

| Drug Name                                                                                         | Drug Tier | Requirements/Limits                                     |
|---------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| <i>tasimelteon oral capsule 20 mg</i> (Hetlioz)                                                   | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML                                                                   | 2         | PA; *May have Specialty Costshare                       |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                                                          | 1         | QL (30 per 30 days)                                     |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)                                                  | 1         | QL (30 per 30 days)                                     |
| <i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)                   | 2         | ST; QL (30 per 30 days)                                 |
| <b>Vasodilating Agents</b>                                                                        |           |                                                         |
| <b>Vasodilating Agents</b>                                                                        |           |                                                         |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                                            | 3         | PA; *May have Specialty Costshare; QL (90 per 30 days)  |
| <i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))                                    | 2         | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)                                             | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)                                            | 3         | PA; *May have Specialty Costshare; QL (60 per 30 days)  |
| <i>bosentan oral tablet for suspension 32 mg</i> (Tracleer)                                       | 3         | PA; *May have Specialty Costshare; QL (120 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG (macitentan)                                                            | 3         | PA; *May have Specialty Costshare; QL (30 per 30 days)  |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)    | 3         | PA; *May have Specialty Costshare                       |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)   | 3         | PA; *May have Specialty Costshare                       |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG | 3         | PA; *May have Specialty Costshare                       |

| Drug Name                                                                                                  | Drug Tier | Requirements/Limits                                            |
|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------|
| ORENITRAM ORAL TABLET<br>EXTENDED RELEASE 0.125 MG,<br>0.25 MG, 1 MG, 2.5 MG, 5 MG                         | 3         | PA; *May have Specialty<br>Costshare                           |
| <i>sildenafil (pulm.hypertension) oral<br/>suspension for reconstitution 10<br/>mg/ml</i>                  | 3         | PA; *May have Specialty<br>Costshare; QL (224 per<br>30 days)  |
| <i>sildenafil (pulm.hypertension) oral</i> (Revatio)<br><i>tablet 20 mg</i>                                | 2         | PA; QL (90 per 30 days)                                        |
| <i>tadalafil (pulm. hypertension) oral</i> (Alyq)<br><i>tablet 20 mg</i>                                   | 2         | PA; *May have Specialty<br>Costshare; QL (60 per 30<br>days)   |
| <i>tadalafil oral tablet 2.5 mg</i>                                                                        | 2         | PA                                                             |
| <i>tadalafil oral tablet 5 mg</i> (Cialis)                                                                 | 2         | PA                                                             |
| UPTRAVI ORAL TABLET 1,000<br>MCG, 1,200 MCG, 1,400 MCG,<br>1,600 MCG, 400 MCG, 600 MCG,<br>800 MCG         | 3         | PA; *May have Specialty<br>Costshare; QL (60 per 30<br>days)   |
| UPTRAVI ORAL TABLET 200<br>MCG                                                                             | 3         | PA; *May have Specialty<br>Costshare; QL (240 per<br>30 days)  |
| UPTRAVI ORAL TABLETS,DOSE<br>PACK 200 MCG (140)- 800 MCG<br>(60)                                           | 3         | PA; *May have Specialty<br>Costshare; QL (200 per<br>365 days) |
| <b>Vitamins And Minerals</b>                                                                               |           |                                                                |
| <b>Vitamins And Minerals</b>                                                                               |           |                                                                |
| <i>folic acid oral tablet 1 mg</i>                                                                         | 1         |                                                                |
| <i>liquid multivitamin oral liquid 9 mg</i> (multivit-min-ferrous<br><i>iron/ 15 ml (15 ml)</i> gluconate) | 1         |                                                                |

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