



**PHP (HMO SNP)  
2026 Formulary  
(List of Covered Drugs or “Drug List”)**

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

This formulary was updated on October 8, 2025. For more recent information or other questions, please contact PHP Pharmacy Customer Service at 1-888-436-5018 (TTY users should call 711), 24 hours a day, seven days a week, or visit [www.php-ca.org/for-members/drug-benefit/formulary](http://www.php-ca.org/for-members/drug-benefit/formulary).

## **Notice of Availability of Language Assistance Services and Auxiliary Aids and Services**

**English** – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-263-0067 (TTY: 711) or speak to your provider.

**Spanish/Español** – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-263-0067 (TTY: 711) o hable con su proveedor.

**Simplified Chinese/中文** – 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-263-0067（文本电话：711）或咨询您的服务提供商。

**Traditional Chinese/台語** – 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-263-0067（TTY：711）或與您的提供者討論。

**Vietnamese/Việt** – LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-263-0067 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

**Tagalog** – PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-263-0067 (TTY: 711) o makipag-usap sa iyong provider.

**Korean/한국어** – 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-263-0067 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Armenian/ՀԱՅԵՐԵՆ – ՈՒՇԱԴՐՈՒԹՅՈՒՆ.** Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Չանգահարեք 1-800-263-0067 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ:

**Farsi/فارسی –**

توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-800-263-0067 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

**Russian/РУССКИЙ – ВНИМАНИЕ:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-263-0067 (TTY: 711) или обратитесь к своему поставщику услуг.

**Japanese/日本語 – 注:** 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-263-0067（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

**Arabic/العربية –**

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-263-0067 (711) أو تحدث إلى مقدم الخدمة.

**Punjabi/ਪੰਜਾਬੀ – ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-263-0067 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

**Khmer/ភាសាខ្មែរ** – សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃក៏មានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-263-0067 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

**Hmong/Lus Hmoob** – LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-800-263-0067 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

**Hindi/हिंदी** – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-263-0067 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

**Thai/ไทย** – หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-263-0067 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

## **Discrimination Is Against the Law**

PHP (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at 1-800-263-0067.

If you believe that PHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services, P.O. Box 46160, Los Angeles, CA 90046, 1-800-263-0067, TTY 711, Fax 1-888-235-8552, email [php@positivehealthcare.org](mailto:php@positivehealthcare.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to "we," "us," or "our," it means AIDS Healthcare Foundation. When it refers to "plan" or "our plan," it means PHP.

This document includes a Drug List (formulary) for our plan which is current as of October 8, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

This information is available for free in other languages. Please call our Member Services number at 1-800-263-0067, 8:00 a.m. to 8:00 p.m., seven days a week.

Esta información está disponible de forma gratuita en otros idiomas. Por favor, llame a nuestro número del Departamento de servicios para miembros a 1-800-263-0067, 8:00 a.m. hasta 8:00 p.m., siete días a la semana.

## What is the PHP formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by PHP in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. PHP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a PHP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

For a complete listing of all prescription drugs covered by PHP, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

## Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [www.php-ca.org/for-members/drug-benefit/formulary](http://www.php-ca.org/for-members/drug-benefit/formulary).

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the PHP formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the PHP formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage

year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 8, 2025. To get updated information about the drugs covered by PHP, please contact us. Our contact information appears on the front and back cover pages.

Should we make changes to the formulary during the year, we will notify you by sending a "Notice of Changes to Your Formulary (List of Covered Drugs)" in your Part D Explanation of Benefits (also called a "Part D EOB"). We mail you a Part D Explanation of Benefits when you have had one or more prescriptions filled through the plan during the previous month every month so you can track your Part D out-of-pocket costs and total drug costs for the year. For more information about the Part D Explanation of Benefits, please see your *Evidence of Coverage*, Chapter 6, Section 3.1.

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

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

### ***Medical Condition***

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### ***Alphabetical Listing***

If you are not sure what category to look under, you should look for your drug in the index that begins on page I-1. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

## What are generic drugs?

PHP covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the *Evidence of Coverage*, Chapter 5, Section 3.1, "The Drug List tells which Part D drugs are covered."

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** PHP requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from PHP before you fill your prescriptions. If you don't get approval, PHP may not cover the drug.
- **Quantity Limits:** For certain drugs, PHP limits the amount of the drug that PHP will cover. For example, PHP provides 12 tablets per prescription for MAXALT (10 mg). This may be in addition to a standard one month or three-month supply.
- **Step Therapy:** In some cases, PHP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For

example, if Drug A and Drug B both treat your medical condition, PHP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, PHP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask PHP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to PHP formulary?” on page v for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Pharmacy Customer Service and ask if your drug is covered.

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

- You can ask Pharmacy Customer Service for a list of similar drugs that are covered by PHP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by PHP.
- You can ask PHP to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the PHP formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, PHP

limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, PHP will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## **What can I do if my drug is not on the formulary or has a restriction?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days

of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current member of our plan, an unexpected transition could occur if you experience a level-of-care change. For example, if you are hospitalized and given a drug that is not on our formulary, once you are discharged from the hospital to your home, you will need to talk to your doctor about continuing the drug. If you and your doctor decide you should continue taking the drug, you will need to request a formulary exception for us to cover it. Our plan may provide you a temporary 30-day transition supply of the drug while you decide what action to take. Please contact us about the availability of a transition supply of medication when you experience a level-of-care change.

### **For more information**

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

If you have questions about PHP, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## PHP's formulary

The formulary below provides coverage information about the drugs covered by PHP. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the "Requirements/Limits" columns tells you if PHP has any special requirements for coverage of your drug.

The following abbreviations may be found within the body of this document.

### Coverage Notes Abbreviations

| Abbreviation                               | Description                                                        | Explanation                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Utilization Management Restrictions</b> |                                                                    |                                                                                                                                                                                                                                                                                                                    |
| AGE                                        | Age Restriction                                                    | Some drugs on our formulary are not appropriate for and may pose a risk to people of certain ages. If a drug has an age restriction, the maximum age of appropriateness is noted. Drugs that have an age restriction require prior authorization.                                                                  |
| PA                                         | Prior Authorization Restriction                                    | You (or your physician) are required to get prior authorization from PHP before you fill your prescription for this drug. Without prior approval, PHP may not cover this drug.                                                                                                                                     |
| PA BvD                                     | Prior Authorization Restriction for Part B vs Part D Determination | This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from PHP to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, PHP may not cover this drug. |

| Abbreviation                                   | Description                                              | Explanation                                                                                                                                                                                                                            |
|------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PA-HRM                                         | Prior Authorization Restriction for High-Risk Medication | This drug is considered a high-risk medication for seniors. If you are age 65 or older, you (or your physician) are required to get prior authorization from PHP before you fill your prescription for this drug.                      |
| PA NSO                                         | Prior Authorization Restriction for New Starts Only      | If you are a new member, you (or your physician) are required to get prior authorization from PHP before you fill your prescription for this drug. Without prior approval, PHP may not cover this drug.                                |
| QL                                             | Quantity Limit Restriction                               | PHP limits the amount of this drug that is covered per prescription, or within a specific time frame.                                                                                                                                  |
| ST                                             | Step Therapy Restriction                                 | Before PHP will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.                                          |
| <b>Other Special Requirements for Coverage</b> |                                                          |                                                                                                                                                                                                                                        |
| LA                                             | Limited Access Drug                                      | This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Pharmacy Customer Service at 1-888-436-5018, 24 hours a day, seven days a week. TTY users should call 711. |

## Standard Retail Cost Sharing by Tier

| Tier                               | One-Month Supply<br>(30 Days) | Three-Month Supply<br>(100 Days) |
|------------------------------------|-------------------------------|----------------------------------|
| Tier 1 (Generic Drugs)             | 15% coinsurance               | 15% coinsurance                  |
| Tier 2 (Preferred Brand Drugs)     | 22% coinsurance               | 22% coinsurance                  |
| Tier 3 (Non-Preferred Brand Drugs) | 25% coinsurance               | 25% coinsurance                  |
| Tier 4 (Speciality Drugs)          | 25% coinsurance               | 25% coinsurance                  |
| Tier 5 (Select Care Drugs)         | You pay nothing               | You pay nothing                  |

You won't pay more than \$35 for a one-month supply, \$70 for up to a two-month supply, or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Pharmacy Customer Service for more information.

## Strength and Dosage Form Abbreviations

| Abbreviation | Description    |
|--------------|----------------|
| 8 hr         | 8 hour         |
| 12 hr        | 12 hour        |
| 24 hr        | 24 hour        |
| 72 hr        | 72 hour        |
| act          | activated      |
| aero         | aerosol        |
| admin        | administration |
| ampul        | ampule         |
| app          | applicator     |
| appl         | applicator     |
| auto         | automatic      |
| cap          | capsule        |
| chew         | chewable       |
| CT           | count          |
| comb         | combo          |
| del          | delayed        |
| delayed      | delayed        |
| disinteg     | disintegrating |

| Abbreviation | Description                       |
|--------------|-----------------------------------|
| disintegrat  | disintegrating                    |
| dose         | dosage                            |
| DR           | delayed release                   |
| EC           | Enteric-Coated                    |
| emolnt       | emollient                         |
| ENFit        | enteral feeding connector         |
| er           | extended release                  |
| ER           | extended release                  |
| ext          | extended                          |
| extnd        | extended                          |
| extend       | extended                          |
| gast         | gastric                           |
| HFA          | hydrofluoroalkane                 |
| hi           | high                              |
| IR           | immediate release                 |
| liqd         | liquid                            |
| loz          | lozenge                           |
| lo           | low                               |
| lozeng       | lozenge                           |
| mini lozenge | miniature lozenge                 |
| misc         | miscellaneous                     |
| MP           | Metered Pump                      |
| muco         | mucous                            |
| pak          | packet                            |
| pack         | packet                            |
| PCA          | Patient Controlled Administration |
| pell         | pellet                            |
| pk           | package                           |
| Powdr        | powder                            |
| pt           | patient                           |
| recon        | reconstituted                     |
| rel          | release                           |
| releas       | release                           |
| soln         | solution                          |
| sprinkl      | sprinkle                          |
| susp         | suspension                        |
| suspen       | suspension                        |
| syring       | syringe                           |

| Abbreviation | Description |
|--------------|-------------|
| tab          | tablet      |
| TD           | transdermal |
| var          | variable    |
| w/           | with        |

## Blood Glucose Meters and Test Strip

PHP wants to provide you with the best products for your diabetes care. PHP has selected Abbott Diabetes Care, the maker of FreeStyle- and Precision-branded products as the supplier for your diabetic testing supplies. We cover the following diabetic testing supplies:

- FreeStyle Lite® meters
- FreeStyle Freedom Lite® meters
- Precision Xtra® meters
- FreeStyle Lite® test strips
- Precision Xtra® test strips
- Precision Xtra® Beta Ketone test strips

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| Drug Name                                                                                                               | Drug Tier | Requirements/Limits                          |
|-------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------|
| <b>Analgesics</b>                                                                                                       |           |                                              |
| <b>Analgesics, Miscellaneous</b>                                                                                        |           |                                              |
| <i>acetaminophen-codeine 120-12 mg/5 ml cup inner 120 mg-12 mg /5 ml (5 ml)</i>                                         | 1         | QL (4500 per 30 days)                        |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>                                                               | 1         | QL (4500 per 30 days)                        |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                                                           | 1         | QL (360 per 30 days)                         |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                                                                      | 1         | QL (180 per 30 days)                         |
| <i>ascomp with codeine oral capsule 30-50-325-40 mg</i> (codeine-bitalbutal-asa-caff)                                   | 1         | PA; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans) | 1         | QL (4 per 28 days)                           |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)                               | 1         | PA; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>                                                       | 1         | PA; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)                                               | 1         | PA; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>                                                          | 1         | PA; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>                                                           | 1         | PA; QL (180 per 30 days); AGE (Max 64 Years) |

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document

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| <b>Drug Name</b>                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                   |
|----------------------------------------------------------------------------------------------------|------------------|----------------------------------------------|
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>                                       | 1                | PA; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>                                               | 1                | QL (5 per 28 days)                           |
| <i>codeine sulfate oral tablet 15 mg, 60 mg</i>                                                    | 3                | QL (180 per 30 days)                         |
| <i>codeine sulfate oral tablet 30 mg</i>                                                           | 1                | QL (180 per 30 days)                         |
| <i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)              | 1                | PA; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)                                     | 1                | QL (180 per 30 days)                         |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)                          | 1                | QL (360 per 30 days)                         |
| <i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)                                    | 1                | QL (240 per 30 days)                         |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 4                | PA; QL (120 per 30 days)                     |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>                                         | 1                | PA; QL (120 per 30 days)                     |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>   | 1                | QL (10 per 30 days)                          |
| <i>fioricet oral capsule 50-300-40 mg</i> (butalbital-acetaminophen-caff)                          | 1                | PA; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>  | 1                | QL (2700 per 30 days)                        |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>          | 1                | QL (180 per 30 days)                         |

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| <b>Drug Name</b>                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------|------------------|----------------------------|
| <i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>          | 1                | QL (240 per 30 days)       |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> | 1                | QL (150 per 30 days)       |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i> | 1                |                            |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)                      | 1                | QL (1200 per 30 days)      |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)             | 1                | QL (180 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 (180 per 30 days)       |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>         | 1                | PA; QL (180 per 30 days)   |
| <i>morphine oral solution 10 mg/5 ml</i>                                 | 1                | QL (700 per 30 days)       |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>                       | 1                | QL (300 per 30 days)       |
| MORPHINE ORAL TABLET 15 MG                                               | 3                | QL (180 per 30 days)       |
| MORPHINE ORAL TABLET 30 MG                                               | 3                | QL (120 per 30 days)       |
| <i>morphine oral tablet extended release 100 mg, 200 mg</i>              | 1                | QL (60 per 30 days)        |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)    | 1                | QL (90 per 30 days)        |
| <i>morphine oral tablet extended release 60 mg</i> (MS Contin)           | 1                | QL (60 per 30 days)        |
| <i>oxycodone oral capsule 5 mg</i>                                       | 1                | QL (180 per 30 days)       |

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| <b>Drug Name</b>                                                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>                   |
|-------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------|
| <i>oxycodone oral concentrate 20 mg/ml</i>                                                            | 1                | PA; QL (120 per 30 days)                     |
| <i>oxycodone oral solution 5 mg/5 ml</i>                                                              | 1                | QL (1300 per 30 days)                        |
| <i>oxycodone oral tablet 10 mg, 5 mg</i>                                                              | 1                | QL (180 per 30 days)                         |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)                                                | 1                | QL (120 per 30 days)                         |
| <i>oxycodone oral tablet 20 mg</i>                                                                    | 1                | QL (120 per 30 days)                         |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)                                        | 1                | QL (180 per 30 days)                         |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)                             | 1                | QL (360 per 30 days)                         |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)                                       | 1                | QL (240 per 30 days)                         |
| <i>oxymorphone oral tablet 10 mg</i>                                                                  | 1                | QL (120 per 30 days)                         |
| <i>oxymorphone oral tablet 5 mg</i>                                                                   | 1                | QL (180 per 30 days)                         |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i> | 1                | QL (60 per 30 days)                          |
| <i>tencon oral tablet 50-325 mg</i> (butalbital-acetaminophen)                                        | 1                | PA; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>tramadol oral tablet 50 mg</i>                                                                     | 1                | QL (240 per 30 days)                         |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                                                 | 1                | QL (300 per 30 days)                         |
| <i>zebutal oral capsule 50-325-40 mg</i> (butalbital-acetaminophen-caff)                              | 1                | PA; QL (180 per 30 days); AGE (Max 64 Years) |
| <b>Nonsteroidal Anti-Inflammatory Agents</b>                                                          |                  |                                              |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)                                | 1                | QL (60 per 30 days)                          |
| <i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)                                 | 3                | PA; QL (60 per 30 days)                      |

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| <b>Drug Name</b>                                                                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>diclofenac potassium oral tablet 50 mg</i>                                                        | 1                | QL (120 per 30 days)       |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                                   | 1                |                            |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>                                  | 1                |                            |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>                                  | 1                | QL (120 per 30 days)       |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>                                  | 1                | QL (60 per 30 days)        |
| <i>diclofenac sodium topical drops 1.5 %</i>                                                         | 1                | QL (300 per 30 days)       |
| <i>diclofenac sodium topical gel 3 %</i>                                                             | 1                | PA; QL (100 per 28 days)   |
| <i>diclofenac sodium topical solution (Pennsaid) in metered-dose pump 20 mg/gram /actuation(2 %)</i> | 4                | PA; QL (224 per 28 days)   |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)    | 1                |                            |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)    | 1                |                            |
| <i>diflunisal oral tablet 500 mg</i>                                                                 | 1                |                            |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                                          | 1                |                            |
| <i>etodolac oral tablet 400 mg</i> (Lodine)                                                          | 1                |                            |
| <i>etodolac oral tablet 500 mg</i>                                                                   | 1                |                            |
| <i>fenoprofen oral tablet 600 mg</i> (Nalfon)                                                        | 1                |                            |
| <i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)                                                     | 1                |                            |

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| <b>Drug Name</b>                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|----------------------------------------------------------------------------------|------------------|---------------------------------------------|
| <i>ibu oral tablet 400 mg</i> (ibuprofen)                                        | 1                | QL (240 per 30 days)                        |
| <i>ibu oral tablet 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</i> (IBU)                                        | 1                | QL (240 per 30 days)                        |
| <i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)                                | 1                |                                             |
| <i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>                              | 1                | PA; QL (90 per 30 days)                     |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                    | 1                | PA; AGE (Max 64 Years)                      |
| <i>indomethacin oral capsule, extended release 75 mg</i>                         | 1                |                                             |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>                     | 1                |                                             |
| <i>ketorolac oral tablet 10 mg</i>                                               | 1                | PA; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>mefenamic acid oral capsule 250 mg</i>                                        | 1                |                                             |
| <i>meloxicam oral tablet 15 mg, 7.5 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) | 1                |                                             |
| <i>piroxicam oral capsule 10 mg</i>                                              | 1                |                                             |
| <i>piroxicam oral capsule 20 mg</i> (Feldene)                                    | 1                |                                             |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                       | 1                |                                             |

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| Drug Name                                                                                  | Drug Tier | Requirements/Limits      |
|--------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>Anesthetics</b>                                                                         |           |                          |
| <b>Local Anesthetics</b>                                                                   |           |                          |
| <i>dermacinrx lidocan 5% patch outer</i> (lidocaine)                                       | 1         | PA; QL (90 per 30 days)  |
| <i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)                       | 1         | QL (30 per 30 days)      |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)                       | 1         | QL (30 per 30 days)      |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>                               | 1         | PA                       |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)                 | 1         | PA; QL (90 per 30 days)  |
| <i>lidocaine topical ointment 5 %</i>                                                      | 1         | PA; QL (240 per 30 days) |
| <i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)                      | 1         |                          |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>                                        | 1         | PA; QL (30 per 30 days)  |
| <i>lidocan iii topical adhesive patch,medicated 5 %</i> (lidocaine)                        | 1         | PA; QL (90 per 30 days)  |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %                                              | 2         | PA; QL (90 per 30 days)  |
| <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>                              | 1         |                          |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>                                      | 1         |                          |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone) | 1         |                          |

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| Drug Name                                                                                                                   | Drug Tier | Requirements/Limits   |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>buprenorphine-naloxone</i><br><i>sublingual tablet 2-0.5 mg, 8-2 mg</i>                                                  | 1         |                       |
| <i>bupropion hcl (smoking deter) oral</i><br><i>tablet extended release 12 hr 150</i><br><i>mg</i>                          | 1         |                       |
| <i>disulfiram oral tablet 250 mg, 500</i><br><i>mg</i>                                                                      | 1         |                       |
| KLOXXADO NASAL SPRAY, NON-<br>AEROSOL 8 MG/ACTUATION                                                                        | 2         | QL (4 per 30 days)    |
| <i>naloxone injection solution 0.4</i><br><i>mg/ml</i>                                                                      | 1         |                       |
| <i>naloxone injection syringe 0.4</i><br><i>mg/ml, 0.4 mg/ml (prefilled</i><br><i>syringe), 1 mg/ml</i>                     | 1         |                       |
| <i>naloxone nasal spray, non-aerosol</i> (Narcan)<br><i>4 mg/actuation</i>                                                  | 1         | QL (4 per 30 days)    |
| <i>naltrexone oral tablet 50 mg</i>                                                                                         | 1         |                       |
| NICOTROL INHALATION<br>CARTRIDGE 10 MG                                                                                      | 3         |                       |
| NICOTROL NS NASAL<br>SPRAY, NON-AEROSOL 10 MG/ML                                                                            | 3         | QL (240 per 180 days) |
| <i>varenicline tartrate oral tablet 0.5</i> (Chantix)<br><i>mg, 1 mg</i>                                                    | 1         | QL (336 per 365 days) |
| <i>varenicline tartrate oral tablet 1</i><br><i>mg (56 pack)</i>                                                            | 1         | QL (336 per 365 days) |
| <i>varenicline tartrate oral</i> (Chantix Starting<br><i>tablets, dose pack 0.5 mg (11)- 1</i> Month Box)<br><i>mg (42)</i> | 1         |                       |
| <b>Antianxiety Agents</b>                                                                                                   |           |                       |
| <b>Benzodiazepines</b>                                                                                                      |           |                       |
| <i>alprazolam oral tablet 0.25 mg,</i> (Xanax)<br><i>0.5 mg, 1 mg</i>                                                       | 1         | QL (120 per 30 days)  |
| <i>alprazolam oral tablet 2 mg</i> (Xanax)                                                                                  | 1         | QL (150 per 30 days)  |

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| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR) | 1                | QL (120 per 30 days)       |
| <i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)               | 1                | QL (90 per 30 days)        |
| <i>clordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                         | 1                | QL (120 per 30 days)       |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)                              | 1                | QL (90 per 30 days)        |
| <i>clonazepam oral tablet 2 mg</i> (Klonopin)                                      | 1                | QL (300 per 30 days)       |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>      | 1                | QL (90 per 30 days)        |
| <i>clonazepam oral tablet, disintegrating 2 mg</i>                                 | 1                | QL (300 per 30 days)       |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                  | 1                | QL (180 per 30 days)       |
| <i>diazepam injection solution 5 mg/ml</i>                                         | 1                | QL (10 per 28 days)        |
| <i>diazepam injection syringe 5 mg/ml</i>                                          | 1                |                            |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)                       | 1                | QL (1200 per 30 days)      |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                                  | 1                | QL (1200 per 30 days)      |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)                             | 1                | QL (120 per 30 days)       |
| <i>estazolam oral tablet 1 mg</i>                                                  | 1                | QL (60 per 30 days)        |
| <i>estazolam oral tablet 2 mg</i>                                                  | 1                | QL (30 per 30 days)        |
| <i>flurazepam oral capsule 15 mg</i>                                               | 1                | QL (60 per 30 days)        |
| <i>flurazepam oral capsule 30 mg</i>                                               | 1                | QL (30 per 30 days)        |
| <i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)                         | 1                | QL (150 per 30 days)       |
| <i>lorazepam 4 mg/ml vial inner</i> (Ativan)                                       | 1                |                            |

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| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------|------------------|----------------------------|
| <i>lorazepam injection solution 2 mg/ml</i> (Ativan)           | 1                | QL (2 per 30 days)         |
| <i>lorazepam injection solution 4 mg/ml</i> (Ativan)           | 3                | QL (2 per 30 days)         |
| <i>lorazepam injection syringe 2 mg/ml</i>                     | 1                | QL (2 per 30 days)         |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam) | 1                | QL (150 per 30 days)       |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)             | 1                | QL (90 per 30 days)        |
| <i>lorazepam oral tablet 2 mg</i> (Ativan)                     | 1                | QL (150 per 30 days)       |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>               | 1                | QL (120 per 30 days)       |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i> (Restoril) | 1                | QL (30 per 30 days)        |
| <i>temazepam oral capsule 7.5 mg</i> (Restoril)                | 1                | QL (120 per 30 days)       |
| <i>triazolam oral tablet 0.125 mg</i>                          | 1                | QL (120 per 30 days)       |
| <i>triazolam oral tablet 0.25 mg</i> (Halcion)                 | 1                | QL (60 per 30 days)        |

## **Antibacterials**

### **Aminoglycosides**

|                                                                              |   |                            |
|------------------------------------------------------------------------------|---|----------------------------|
| <i>amikacin injection solution 500 mg/2 ml</i>                               | 1 |                            |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML                | 4 | PA; QL (235.2 per 28 days) |
| <i>gentamicin injection solution 40 mg/ml</i>                                | 1 |                            |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>           | 1 |                            |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i> | 1 |                            |
| <i>neomycin oral tablet 500 mg</i>                                           | 1 |                            |

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|-------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>streptomycin intramuscular recon soln 1 gram</i>                                       | 4                |                            |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                               | 4                | QL (224 per 28 days)       |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi) | 4                | PA BvD                     |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)              | 4                | PA BvD                     |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>                           | 1                |                            |
| <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>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)</i>    | 1                |                            |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)                       | 1                |                            |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral) | 4                |                            |
| <i>daptomycin intravenous recon soln 350 mg, 500 mg</i>                                   | 4                |                            |
| <i>fosfomycin tromethamine oral packet 3 gram</i>                                         | 1                |                            |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)               | 1                |                            |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)                   | 4                |                            |
| <i>linezolid oral tablet 600 mg</i> (Zyvox)                                               | 1                |                            |

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| <b>Drug Name</b>                                                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>methenamine hippurate oral tablet<br/>1 gram</i>                                                   | 1                |                            |
| <i>metronidazole in nacl (iso-os) (Metro I.V.)<br/>intravenous piggyback 500<br/>mg/100 ml</i>        | 1                |                            |
| <i>metronidazole oral tablet 250 mg,<br/>500 mg</i>                                                   | 1                |                            |
| <i>nitrofurantoin macrocrystal oral<br/>capsule 100 mg, 50 mg</i>                                     | 1                | QL (120 per 30 days)       |
| <i>nitrofurantoin monohyd/m-cryst (Macrobid)<br/>oral capsule 100 mg</i>                              | 1                | QL (60 per 30 days)        |
| <i>polymyxin b sulfate injection recon<br/>soln 500,000 unit</i>                                      | 1                |                            |
| <i>trimethoprim oral tablet 100 mg</i>                                                                | 1                |                            |
| <i>vancomycin intravenous recon soln<br/>1,000 mg, 1.25 gram, 10 gram, 5<br/>gram, 500 mg, 750 mg</i> | 1                |                            |
| <i>vancomycin oral capsule 125 mg (Vancocin)</i>                                                      | 1                | QL (56 per 14 days)        |
| <i>vancomycin oral capsule 250 mg (Vancocin)</i>                                                      | 1                | QL (112 per 14 days)       |
| <i>vancomycin oral recon soln 25 (Firvanq)<br/>mg/ml</i>                                              | 1                |                            |
| XIFAXAN ORAL TABLET 200 MG                                                                            | 2                | PA; QL (9 per 30 days)     |
| XIFAXAN ORAL TABLET 550 MG                                                                            | 4                | PA; QL (90 per 30 days)    |
| <b>Cephalosporins</b>                                                                                 |                  |                            |
| <i>cefaclor oral capsule 250 mg, 500<br/>mg</i>                                                       | 1                |                            |
| <i>cefaclor oral tablet extended<br/>release 12 hr 500 mg</i>                                         | 1                |                            |
| <i>cefadroxil oral capsule 500 mg</i>                                                                 | 1                |                            |
| <i>cefadroxil oral suspension for<br/>reconstitution 250 mg/5 ml, 500<br/>mg/5 ml</i>                 | 1                |                            |
| <i>cefadroxil oral tablet 1 gram</i>                                                                  | 1                |                            |

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| <b>Drug Name</b>                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------|------------------|----------------------------|
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>                   | 1                |                            |
| <i>cefdinir oral capsule 300 mg</i>                                             | 1                |                            |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>     | 1                |                            |
| <i>cefepime injection recon soln 1 gram, 2 gram</i>                             | 1                |                            |
| <i>cefixime oral capsule 400 mg</i>                                             | 1                |                            |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>     | 1                |                            |
| <i>cefloxitin intravenous recon soln 1 gram, 10 gram, 2 gram</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>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)        | 1                |                            |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | 1                |                            |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                             | 1                |                            |
| <i>cefuroxime sodium injection recon soln 750 mg</i>                            | 1                |                            |

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| <b>Drug Name</b>                                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>                          | 1                |                            |
| <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                |                            |
| <i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)                    | 1                |                            |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG                                               | 4                |                            |
| <b>Macrolides</b>                                                                           |                  |                            |
| <i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)                               | 1                |                            |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax) | 1                |                            |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>                    | 1                |                            |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)                                  | 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>                             | 1                |                            |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML                                         | 4                | QL (136 per 10 days)       |
| DIFICID ORAL TABLET 200 MG (fidaxomicin)                                                    | 4                | QL (20 per 10 days)        |

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| <b>Drug Name</b>                                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <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 oral tablet 250 mg, 500 mg</i>                                                           | 1                |                            |
| <i>fidaxomicin oral tablet 200 mg</i> (Difacid)                                                          | 4                | QL (20 per 10 days)        |
| <b>Miscellaneous B-Lactam Antibiotics</b>                                                                |                  |                            |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)                                           | 1                |                            |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                                                    | 4                | PA; LA                     |
| <i>ertapenem injection recon soln 1 gram</i>                                                             | 1                |                            |
| <i>imipenem-cilastatin intravenous recon soln 250 mg</i>                                                 | 1                |                            |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)                                   | 1                |                            |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i>                                                   | 1                |                            |
| <i>meropenem intravenous recon soln 2 gram</i>                                                           | 3                |                            |
| <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                |                            |

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| <b>Drug Name</b>                                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <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> (Augmentin XR)        | 1                |                            |
| <i>amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg</i>                            | 1                |                            |
| <i>ampicillin oral capsule 500 mg</i>                                                                     | 1                |                            |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>                                     | 1                |                            |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)                       | 1                |                            |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML              | 3                |                            |

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|--------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>                                                 | 1                |                            |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT      | 3                |                            |
| LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT                        | 3                |                            |
| <i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>                                    | 1                |                            |
| <i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)                 | 1                |                            |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</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                |                            |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> | 1                |                            |
| <b>Quinolones</b>                                                                                |                  |                            |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)                                      | 1                |                            |
| <i>ciprofloxacin hcl oral tablet 750 mg</i>                                                      | 1                |                            |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>          | 1                |                            |

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|----------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>              | 1                |                            |
| <i>levofloxacin oral solution 250 mg/10 ml</i>                                                           | 1                |                            |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                                                   | 1                |                            |
| <i>moxifloxacin 400 mg/250 ml bag suv, p/f, inner</i>                                                    | 1                |                            |
| <i>moxifloxacin oral tablet 400 mg</i>                                                                   | 1                |                            |
| <i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic)) | 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                |                            |
| <b>Tetracyclines</b>                                                                                     |                  |                            |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                                                         | 1                |                            |
| <i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)                                      | 1                |                            |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)                                      | 1                |                            |
| <i>doxycycline hyclate oral capsule 100 mg</i>                                                           | 1                |                            |
| <i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)                                                 | 1                |                            |

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|----------------------------------------------------------------------------------------------|------------------|------------------------------|
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                                         | 1                |                              |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg</i> | 1                |                              |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx)               | 1                |                              |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxylene NL)                          | 1                |                              |
| <i>doxycycline monohydrate oral capsule 50 mg</i>                                            | 1                |                              |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>                 | 1                |                              |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)                                  | 1                |                              |
| <i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>                              | 1                |                              |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                                         | 1                |                              |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>                                          | 1                |                              |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                                              | 1                |                              |
| <i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)                                    | 1                |                              |
| <b>Anticancer Agents</b>                                                                     |                  |                              |
| <b>Anticancer Agents</b>                                                                     |                  |                              |
| <i>abiraterone oral tablet 250 mg</i> (Abitrega)                                             | 4                | PA NSO; QL (120 per 30 days) |
| <i>abiraterone oral tablet 500 mg</i> (Zytiga)                                               | 4                | PA NSO; QL (120 per 30 days) |

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| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|-------------------------------------------------------------------|------------------|------------------------------|
| <i>abirtega oral tablet 250 mg</i> (abiraterone)                  | 1                | PA NSO; QL (120 per 30 days) |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil) | 1                | PA BvD                       |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                          | 4                | PA NSO; QL (60 per 30 days)  |
| ALECENSA ORAL CAPSULE 150 MG                                      | 4                | PA NSO; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG                                | 4                | PA NSO; QL (30 per 30 days)  |
| ALUNBRIG ORAL TABLET 30 MG                                        | 4                | PA NSO; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)            | 4                | PA NSO                       |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex)                    | 1                |                              |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML                      | 4                | PA NSO; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 160 MG                                       | 4                | PA NSO; QL (60 per 30 days)  |
| AUGTYRO ORAL CAPSULE 40 MG                                        | 4                | PA NSO; QL (240 per 30 days) |
| AVMAPKI ORAL CAPSULE 0.8 MG                                       | 4                | PA NSO; QL (24 per 28 days)  |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG                       | 4                | PA NSO; QL (66 per 28 days)  |
| AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG                       | 4                |                              |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG          | 4                | PA NSO; QL (30 per 30 days)  |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza)           | 4                |                              |
| BALVERSA ORAL TABLET 3 MG                                         | 4                | PA NSO; QL (84 per 28 days)  |

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| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--------------------------------------------------------------------|------------------|------------------------------|
| BALVERSA ORAL TABLET 4 MG                                          | 4                | PA NSO; QL (56 per 28 days)  |
| BALVERSA ORAL TABLET 5 MG                                          | 4                | PA NSO; QL (28 per 28 days)  |
| <i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda) | 4                | PA NSO                       |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)               | 4                | PA NSO                       |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)               | 4                | PA NSO                       |
| <i>bexarotene oral capsule 75 mg</i> (Targretin)                   | 4                | PA NSO                       |
| <i>bexarotene topical gel 1 %</i> (Targretin)                      | 4                | PA NSO                       |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex)                    | 1                |                              |
| BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)           | 4                | PA NSO; QL (75 per 28 days)  |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i>             | 1                |                              |
| <i>bortezomib injection recon soln 1 mg, 2.5 mg</i>                | 3                | PA NSO                       |
| <i>bortezomib injection recon soln 3.5 mg</i> (Velcade)            | 4                | PA NSO                       |
| BORUZU INJECTION SOLUTION 2.5 MG/ML                                | 3                | PA NSO                       |
| BOSULIF ORAL CAPSULE 100 MG                                        | 4                | PA NSO; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG                                         | 4                | PA NSO; QL (30 per 30 days)  |
| BOSULIF ORAL TABLET 100 MG                                         | 4                | PA NSO; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG                                 | 4                | PA NSO; QL (30 per 30 days)  |

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| <b>Drug Name</b>                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--------------------------------------------------------------------------------|------------------|---------------------------------|
| BRAFTOVI ORAL CAPSULE 75 MG                                                    | 4                | PA NSO; QL (180 per 30 days)    |
| BRUKINSA ORAL CAPSULE 80 MG                                                    | 4                | PA NSO; QL (120 per 30 days)    |
| BRUKINSA ORAL TABLET 160 MG                                                    | 4                | PA NSO; QL (60 per 30 days)     |
| CABOMETYX ORAL TABLET 20 MG, 60 MG                                             | 4                | PA NSO; QL (30 per 30 days)     |
| CABOMETYX ORAL TABLET 40 MG                                                    | 4                | PA NSO; QL (60 per 30 days)     |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG                               | 4                | PA NSO; QL (60 per 30 days)     |
| CALQUENCE ORAL CAPSULE 100 MG                                                  | 4                | PA NSO; QL (60 per 30 days)     |
| CAPRELSA ORAL TABLET 100 MG (vandetanib)                                       | 4                | PA NSO; QL (60 per 30 days)     |
| CAPRELSA ORAL TABLET 300 MG (vandetanib)                                       | 4                | PA NSO; QL (30 per 30 days)     |
| <i>carboplatin intravenous solution 10 mg/ml</i> (Kyxata)                      | 1                |                                 |
| <i>cladribine intravenous solution 10 mg/10 ml</i>                             | 1                | PA BvD                          |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY) | 4                | PA NSO                          |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)                            | 4                | PA NSO; QL (112 per 28 days)    |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG                                             | 4                | PA NSO; QL (56 per 28 days)     |
| COTELLIC ORAL TABLET 20 MG                                                     | 4                | PA NSO; LA; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>          | 4                | PA BvD                          |

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| <b>Drug Name</b>                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|----------------------------------------------------------------------------|------------------|------------------------------|
| <i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>          | 4                | PA BvD                       |
| <i>cyclophosphamide intravenous solution 500 mg/ml</i> (Frindovyx)         | 4                | PA BvD                       |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                          | 1                | PA BvD; ST                   |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                           | 2                | PA BvD; ST                   |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML                                      | 4                | PA NSO; QL (120 per 28 days) |
| DANZITEN ORAL TABLET 71 MG, 95 MG                                          | 4                | PA NSO; QL (112 per 28 days) |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML           | 4                | PA NSO                       |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML                                     | 4                | PA NSO; LA                   |
| <i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Phyrago) | 4                | PA NSO; QL (30 per 30 days)  |
| <i>dasatinib oral tablet 20 mg</i> (Phyrago)                               | 4                | PA NSO; QL (90 per 30 days)  |
| DATROWAY INTRAVENOUS RECON SOLN 100 MG                                     | 4                | PA NSO                       |
| DAURISMO ORAL TABLET 100 MG                                                | 4                | PA NSO; QL (30 per 30 days)  |
| DAURISMO ORAL TABLET 25 MG                                                 | 4                | PA NSO; QL (60 per 30 days)  |
| <i>decitabine intravenous recon soln 50 mg</i>                             | 4                |                              |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)  | 4                | PA BvD                       |
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML                                       | 4                | PA NSO                       |

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| <b>Drug Name</b>                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|----------------------------------------------------------------|------------------|---------------------------------|
| ELIGARD (3 MONTH)<br>SUBCUTANEOUS SYRINGE 22.5<br>MG           | 3                | PA NSO                          |
| ELIGARD (4 MONTH)<br>SUBCUTANEOUS SYRINGE 30 MG                | 3                | PA NSO                          |
| ELIGARD (6 MONTH)<br>SUBCUTANEOUS SYRINGE 45 MG                | 3                | PA NSO                          |
| ELIGARD SUBCUTANEOUS<br>SYRINGE 7.5 MG (1 MONTH)               | 3                | PA NSO                          |
| ELREXFIO 44 MG/1.1 ML VIAL<br>INNER, SUV, P/F 40 MG/ML         | 4                | PA NSO                          |
| ELREXFIO SUBCUTANEOUS<br>SOLUTION 40 MG/ML                     | 4                | PA NSO; QL (9.5 per 28<br>days) |
| EMCYT ORAL CAPSULE 140 MG                                      | 4                |                                 |
| EMRELIS INTRAVENOUS RECON<br>SOLN 100 MG, 20 MG                | 4                | PA NSO                          |
| EPKINLY SUBCUTANEOUS<br>SOLUTION 4 MG/0.8 ML, 48<br>MG/0.8 ML  | 4                | PA NSO                          |
| ERBITUX INTRAVENOUS<br>SOLUTION 100 MG/50 ML, 200<br>MG/100 ML | 4                | PA NSO                          |
| ERIVEDGE ORAL CAPSULE 150<br>MG                                | 4                | PA NSO; QL (28 per 28<br>days)  |
| ERLEADA ORAL TABLET 240 MG                                     | 4                | PA NSO; QL (30 per 30<br>days)  |
| ERLEADA ORAL TABLET 60 MG                                      | 4                | PA NSO; QL (90 per 30<br>days)  |
| <i>erlotinib oral tablet 100 mg, 25 mg</i>                     | 4                | PA NSO; QL (60 per 30<br>days)  |
| <i>erlotinib oral tablet 150 mg</i>                            | 4                | PA NSO; QL (90 per 30<br>days)  |
| ETOPOPHOS INTRAVENOUS<br>RECON SOLN 100 MG                     | 3                |                                 |

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| <b>Drug Name</b>                                                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---------------------------------------------------------------------------------------------------|------------------|------------------------------|
| <i>etoposide intravenous solution 20 mg/ml</i>                                                    | 1                |                              |
| EULEXIN ORAL CAPSULE 125 MG (flutamide)                                                           | 4                |                              |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)                                    | 4                | PA NSO; QL (56 per 28 days)  |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg</i> (Torpenz)                                   | 4                | PA NSO; QL (28 per 28 days)  |
| <i>everolimus (antineoplastic) oral tablet 5 mg, 7.5 mg</i> (Torpenz)                             | 4                | PA NSO; QL (30 per 30 days)  |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | 4                | PA NSO; QL (112 per 28 days) |
| <i>exemestane oral tablet 25 mg</i> (Aromasin)                                                    | 1                |                              |
| FAKZYNJA ORAL TABLET 200 MG                                                                       | 4                | PA NSO; QL (42 per 28 days)  |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG                                     | 4                | PA BvD                       |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG                                      | 2                | PA BvD                       |
| <i>floxuridine injection recon soln 0.5 gram</i>                                                  | 1                | PA BvD                       |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>                | 1                | PA BvD                       |
| <i>flutamide oral capsule 125 mg</i> (Eulexin)                                                    | 1                |                              |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG                                                             | 4                | PA NSO; QL (21 per 28 days)  |
| FRUZAQLA ORAL CAPSULE 1 MG                                                                        | 4                | PA NSO; QL (84 per 28 days)  |
| FRUZAQLA ORAL CAPSULE 5 MG                                                                        | 4                | PA NSO; QL (21 per 28 days)  |

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| <b>Drug Name</b>                                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--------------------------------------------------------------------------------------------------------|------------------|------------------------------|
| <i>fulvestrant intramuscular syringe</i> (Faslodex)<br><i>250 mg/5 ml</i>                              | 4                |                              |
| FYARRO INTRAVENOUS<br>SUSPENSION FOR<br>RECONSTITUTION 100 MG                                          | 4                | PA NSO                       |
| GAVRETO ORAL CAPSULE 100 MG                                                                            | 4                | PA NSO; QL (120 per 30 days) |
| <i>gefitinib oral tablet 250 mg</i> (Iressa)                                                           | 4                | PA NSO; QL (60 per 30 days)  |
| <i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>                                       | 1                | PA BvD                       |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml)</i> (Avgemsi) | 1                | PA BvD                       |
| <i>gemcitabine intravenous solution 200 mg/5.26 ml (38 mg/ml)</i>                                      | 1                | PA BvD                       |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                                                               | 4                | PA NSO; QL (30 per 30 days)  |
| GLEOSTINE ORAL CAPSULE 10 MG (lomustine)                                                               | 3                |                              |
| GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)                                                       | 4                |                              |
| GOMEKLI ORAL CAPSULE 1 MG                                                                              | 4                | PA NSO; QL (224 per 28 days) |
| GOMEKLI ORAL CAPSULE 2 MG                                                                              | 4                | PA NSO; QL (112 per 28 days) |
| GOMEKLI ORAL TABLET FOR<br>SUSPENSION 1 MG                                                             | 4                | PA NSO; QL (224 per 28 days) |
| HERCEPTIN HYLECTA<br>SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML                                     | 4                | PA NSO; QL (5 per 21 days)   |
| HERNEXEOS ORAL TABLET 60 MG                                                                            | 4                | PA NSO; QL (90 per 30 days)  |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea)                                                        | 1                |                              |

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| <b>Drug Name</b>                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|-------------------------------------------------------------------|------------------|------------------------------|
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                        | 4                | PA NSO; QL (21 per 28 days)  |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                         | 4                | PA NSO; QL (21 per 28 days)  |
| IBTROZI ORAL CAPSULE 200 MG                                       | 4                | PA NSO; QL (90 per 30 days)  |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG                    | 4                | PA NSO; QL (30 per 30 days)  |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                  | 4                | PA NSO; QL (30 per 30 days)  |
| <i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)            | 1                |                              |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | 1                |                              |
| <i>imatinib oral tablet 100 mg</i> (Gleevec)                      | 1                | PA NSO; QL (180 per 30 days) |
| <i>imatinib oral tablet 400 mg</i> (Gleevec)                      | 1                | PA NSO; QL (60 per 30 days)  |
| IMBRUVICA ORAL CAPSULE 140 MG                                     | 4                | PA NSO; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG                                      | 4                | PA NSO; QL (28 per 28 days)  |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                                | 4                | PA NSO; QL (216 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG              | 4                | PA NSO; QL (28 per 28 days)  |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG                      | 4                | PA NSO                       |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML                              | 4                | PA NSO                       |
| IMKELDI ORAL SOLUTION 80 MG/ML                                    | 4                | PA NSO; QL (280 per 28 days) |

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| <b>Drug Name</b>                                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---------------------------------------------------------------------------------------------|------------------|------------------------------|
| INLYTA ORAL TABLET 1 MG                                                                     | 4                | PA NSO; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG                                                                     | 4                | PA NSO; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG                                                                | 4                | PA NSO; QL (5 per 28 days)   |
| INREBIC ORAL CAPSULE 100 MG                                                                 | 4                | PA NSO; QL (120 per 30 days) |
| <i>irinotecan intravenous solution</i> (Camptosar)<br>100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml | 1                |                              |
| <i>irinotecan intravenous solution</i><br>500 mg/25 ml                                      | 1                |                              |
| ITOVEBI ORAL TABLET 3 MG                                                                    | 4                | PA NSO; QL (60 per 30 days)  |
| ITOVEBI ORAL TABLET 9 MG                                                                    | 4                | PA NSO; QL (30 per 30 days)  |
| IWILFIN ORAL TABLET 192 MG                                                                  | 4                | PA NSO; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                                         | 4                | PA NSO; QL (60 per 30 days)  |
| JAYPIRCA ORAL TABLET 100 MG                                                                 | 4                | PA NSO; QL (60 per 30 days)  |
| JAYPIRCA ORAL TABLET 50 MG                                                                  | 4                | PA NSO; QL (90 per 30 days)  |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML                                                      | 4                | PA NSO                       |
| JYLAMVO ORAL SOLUTION 2 MG/ML                                                               | 3                | PA BvD; ST                   |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML                                                      | 4                | PA NSO                       |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML                                                | 4                | PA NSO; QL (2 per 28 days)   |

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| <b>Drug Name</b>                                                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--------------------------------------------------------------------------------------|------------------|---------------------------------|
| KISQALI FEMARA CO-PACK ORAL<br>TABLET 200 MG/DAY(200 MG X<br>1)-2.5 MG               | 4                | PA NSO; QL (49 per 28<br>days)  |
| KISQALI FEMARA CO-PACK ORAL<br>TABLET 400 MG/DAY(200 MG X<br>2)-2.5 MG               | 4                | PA NSO; QL (70 per 28<br>days)  |
| KISQALI FEMARA CO-PACK ORAL<br>TABLET 600 MG/DAY(200 MG X<br>3)-2.5 MG               | 4                | PA NSO; QL (91 per 28<br>days)  |
| KISQALI ORAL TABLET 200<br>MG/DAY (200 MG X 1)                                       | 4                | PA NSO; QL (21 per 28<br>days)  |
| KISQALI ORAL TABLET 400<br>MG/DAY (200 MG X 2)                                       | 4                | PA NSO; QL (42 per 28<br>days)  |
| KISQALI ORAL TABLET 600<br>MG/DAY (200 MG X 3)                                       | 4                | PA NSO; QL (63 per 28<br>days)  |
| KOSELUGO ORAL CAPSULE 10<br>MG                                                       | 4                | PA NSO; QL (300 per<br>30 days) |
| KOSELUGO ORAL CAPSULE 25<br>MG                                                       | 4                | PA NSO; QL (120 per<br>30 days) |
| KRAZATI ORAL TABLET 200 MG                                                           | 4                | PA NSO; QL (180 per<br>30 days) |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb)                                         | 4                | PA NSO                          |
| LAZCLUZE ORAL TABLET 240 MG                                                          | 4                | PA NSO; QL (30 per 30<br>days)  |
| LAZCLUZE ORAL TABLET 80 MG                                                           | 4                | PA NSO; QL (60 per 30<br>days)  |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid) | 4                | PA NSO; QL (28 per 28<br>days)  |

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| <b>Drug Name</b>                                                                                                                                                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 4                | PA NSO                       |
| <i>letrozole oral tablet 2.5 mg</i> (Femara)                                                                                                                                                                    | 1                |                              |
| LEUKERAN ORAL TABLET 2 MG                                                                                                                                                                                       | 4                |                              |
| <i>leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Lutrate Depot (3 month))                                                                                               | 3                | PA NSO                       |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>                                                                                                                                                                  | 1                | PA NSO                       |
| LONSURF ORAL TABLET 15-6.14 MG                                                                                                                                                                                  | 4                | PA NSO; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG                                                                                                                                                                                  | 4                | PA NSO; QL (80 per 28 days)  |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)                                                                                                                                                            | 4                | PA NSO                       |
| LORBRENA ORAL TABLET 100 MG                                                                                                                                                                                     | 4                | PA NSO; QL (30 per 30 days)  |
| LORBRENA ORAL TABLET 25 MG                                                                                                                                                                                      | 4                | PA NSO; QL (90 per 30 days)  |
| LUMAKRAS ORAL TABLET 120 MG                                                                                                                                                                                     | 4                | PA NSO; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG                                                                                                                                                                                     | 4                | PA NSO; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG                                                                                                                                                                                     | 4                | PA NSO; QL (90 per 30 days)  |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML                                                                                                                                                                           | 4                | PA NSO                       |

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| <b>Drug Name</b>                                                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------|
| LUPRON DEPOT (3 MONTH)<br>INTRAMUSCULAR SYRINGE KIT<br>22.5 MG                                                   | 4                | PA NSO                           |
| LUPRON DEPOT (4 MONTH)<br>INTRAMUSCULAR SYRINGE KIT 30<br>MG                                                     | 4                | PA NSO                           |
| LUPRON DEPOT (6 MONTH)<br>INTRAMUSCULAR SYRINGE KIT 45<br>MG                                                     | 4                | PA NSO                           |
| LUPRON DEPOT<br>INTRAMUSCULAR SYRINGE KIT<br>7.5 MG                                                              | 4                | PA NSO                           |
| LUTRATE DEPOT (3 MONTH) (leuprolide acetate (3<br>INTRAMUSCULAR SUSPENSION month))<br>FOR RECONSTITUTION 22.5 MG | 3                | PA NSO                           |
| LYNOZYFIC INTRAVENOUS<br>SOLUTION 2 MG/ML                                                                        | 4                | PA NSO; QL (15 per 8<br>days)    |
| LYNOZYFIC INTRAVENOUS<br>SOLUTION 20 MG/ML                                                                       | 4                | PA NSO; QL (40 per 28<br>days)   |
| LYNPARZA ORAL TABLET 100 MG,<br>150 MG                                                                           | 4                | PA NSO; QL (120 per<br>30 days)  |
| LYSODREN ORAL TABLET 500 MG                                                                                      | 4                |                                  |
| LYTGOBI ORAL TABLET 12<br>MG/DAY (4 MG X 3), 16 MG/DAY<br>(4 MG X 4), 20 MG/DAY (4 MG X<br>5)                    | 4                | PA NSO; QL (140 per<br>28 days)  |
| MARGENZA INTRAVENOUS<br>SOLUTION 25 MG/ML                                                                        | 4                | PA NSO                           |
| MATULANE ORAL CAPSULE 50<br>MG                                                                                   | 4                |                                  |
| <i>megestrol oral tablet 20 mg, 40<br/>mg</i>                                                                    | 1                | PA NSO; AGE (Max 64<br>Years)    |
| MEKINIST ORAL RECON SOLN<br>0.05 MG/ML                                                                           | 4                | PA NSO; QL (1260 per<br>30 days) |

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| <b>Drug Name</b>                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|-------------------------------------------------------------|------------------|------------------------------|
| MEKINIST ORAL TABLET 0.5 MG                                 | 4                | PA NSO; QL (90 per 30 days)  |
| MEKINIST ORAL TABLET 2 MG                                   | 4                | PA NSO; QL (30 per 30 days)  |
| MEKTOVI ORAL TABLET 15 MG                                   | 4                | PA NSO; QL (180 per 30 days) |
| <i>mercaptopurine oral suspension 20 (Purixan) mg/ml</i>    | 4                |                              |
| <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                | PA BvD; ST                   |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i>         | 1                |                              |
| MODEYSO ORAL CAPSULE 125 MG                                 | 4                | PA NSO; QL (20 per 28 days)  |
| NERLYNX ORAL TABLET 40 MG                                   | 4                | PA NSO; QL (180 per 30 days) |
| <i>nilutamide oral tablet 150 mg (Nilandron)</i>            | 4                |                              |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                     | 4                | PA NSO; QL (3 per 28 days)   |
| NUBEQA ORAL TABLET 300 MG                                   | 4                | PA NSO; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG                                  | 4                | PA NSO; LA                   |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG                | 4                | PA NSO                       |

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| <b>Drug Name</b>                                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|-------------------------------------------------------------------------------------------------|------------------|------------------------------|
| OGSIVEO ORAL TABLET 100 MG, 150 MG                                                              | 4                | PA NSO; QL (60 per 30 days)  |
| OGSIVEO ORAL TABLET 50 MG                                                                       | 4                | PA NSO; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML                                              | 4                | PA NSO; QL (96 per 28 days)  |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) | 4                | PA NSO; QL (24 per 28 days)  |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                                                      | 4                | PA NSO; QL (30 per 30 days)  |
| ONUREG ORAL TABLET 200 MG, 300 MG                                                               | 4                | PA NSO; QL (14 per 28 days)  |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML                | 4                | PA NSO                       |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML                                    | 4                | PA NSO                       |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML                                                   | 4                | PA NSO                       |
| ORSERDU ORAL TABLET 345 MG                                                                      | 4                | PA NSO; QL (30 per 30 days)  |
| ORSERDU ORAL TABLET 86 MG                                                                       | 4                | PA NSO; QL (90 per 30 days)  |
| <i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>                                         | 1                |                              |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>       | 1                |                              |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i>                                               | 1                | PA BvD                       |

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| <b>Drug Name</b>                                                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|-----------------------------------------------------------------------------------------------------------------|------------------|------------------------------|
| <i>paclitaxel protein-bound</i> (Abraxane)<br><i>intravenous suspension for</i><br><i>reconstitution 100 mg</i> | 4                | PA BvD                       |
| <i>pazopanib oral tablet 200 mg</i> (Votrient)                                                                  | 4                | PA NSO; QL (120 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG                                                                      | 4                | PA NSO; QL (30 per 30 days)  |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>                                              | 4                |                              |
| <i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i> (Alimta)                                       | 4                |                              |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i>                                                        | 4                |                              |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML                                                                       | 4                |                              |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)                                                                      | 4                | PA NSO; QL (28 per 28 days)  |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)                                     | 4                | PA NSO; QL (56 per 28 days)  |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG                                                                    | 4                | PA NSO; QL (21 per 28 days)  |
| QINLOCK ORAL TABLET 50 MG                                                                                       | 4                | PA NSO; QL (90 per 30 days)  |
| RETEVMO ORAL CAPSULE 40 MG                                                                                      | 4                | PA NSO; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG                                                                                      | 4                | PA NSO; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG                                                                       | 4                | PA NSO; QL (60 per 30 days)  |
| RETEVMO ORAL TABLET 40 MG                                                                                       | 4                | PA NSO; QL (90 per 30 days)  |
| REVUFORJ ORAL TABLET 110 MG                                                                                     | 4                | PA NSO; QL (120 per 30 days) |

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| <b>Drug Name</b>                                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--------------------------------------------------------------------------------------------------|------------------|------------------------------|
| REVUFORJ ORAL TABLET 160 MG                                                                      | 4                | PA NSO; QL (60 per 30 days)  |
| REVUFORJ ORAL TABLET 25 MG                                                                       | 4                | PA NSO; QL (240 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG                                                                    | 4                | PA NSO; QL (60 per 30 days)  |
| RITUXAN HYCELA<br>SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 4                | PA NSO                       |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG                                                        | 4                | PA NSO; QL (8 per 28 days)   |
| ROZLYTREK ORAL CAPSULE 100 MG                                                                    | 4                | PA NSO; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG                                                                    | 4                | PA NSO; QL (90 per 30 days)  |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG                                                           | 4                | PA NSO; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG                                                       | 4                | PA NSO; QL (120 per 30 days) |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML                                                          | 4                | PA NSO                       |
| RYDAPT ORAL CAPSULE 25 MG                                                                        | 4                | PA NSO; QL (224 per 28 days) |
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG                                                      | 4                | PA NSO                       |
| SCSEMBLIX ORAL TABLET 100 MG                                                                     | 4                | PA NSO; QL (120 per 30 days) |
| SCSEMBLIX ORAL TABLET 20 MG                                                                      | 4                | PA NSO; QL (60 per 30 days)  |
| SCSEMBLIX ORAL TABLET 40 MG                                                                      | 4                | PA NSO; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML                                                               | 4                |                              |

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| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|------------------------------------------------------------------------------|------------------|---------------------------------|
| <i>sorafenib oral tablet 200 mg</i> (Nexavar)                                | 4                | PA NSO; QL (120 per 30 days)    |
| STIVARGA ORAL TABLET 40 MG                                                   | 4                | PA NSO; QL (84 per 28 days)     |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | 4                | PA NSO; QL (28 per 28 days)     |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG                                       | 4                | PA NSO                          |
| TABLOID ORAL TABLET 40 MG (thioguanine)                                      | 4                |                                 |
| TABRECTA ORAL TABLET 150 MG, 200 MG                                          | 4                | PA NSO; QL (112 per 28 days)    |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                           | 4                | PA NSO; QL (120 per 30 days)    |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                                    | 4                | PA NSO; QL (900 per 30 days)    |
| TAGRISSO ORAL TABLET 40 MG, 80 MG                                            | 4                | PA NSO; LA; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML                               | 4                | PA NSO                          |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG        | 4                | PA NSO; QL (30 per 30 days)     |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                                    | 1                |                                 |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)                          | 4                | PA NSO; QL (112 per 28 days)    |
| TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)                                   | 4                | PA NSO; QL (120 per 30 days)    |
| TAZVERIK ORAL TABLET 200 MG                                                  | 4                | PA NSO; QL (240 per 30 days)    |
| TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML           | 4                | PA NSO                          |

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| <b>Drug Name</b>                                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|-----------------------------------------------------------------------------------|------------------|-----------------------------|
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) | 4                | PA NSO                      |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML                                 | 4                | PA NSO                      |
| TEPMETKO ORAL TABLET 225 MG                                                       | 4                | PA NSO; QL (60 per 30 days) |
| TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML                                            | 4                | PA NSO                      |
| TIBSOVO ORAL TABLET 250 MG                                                        | 4                | PA NSO; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG                         | 3                |                             |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG                                               | 4                | PA NSO; QL (5 per 21 days)  |
| <i>toposar intravenous solution 20 mg/ml</i> (etoposide)                          | 1                |                             |
| <i>toremifene oral tablet 60 mg</i> (Fareston)                                    | 4                |                             |
| <i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))                    | 4                | PA NSO; QL (60 per 30 days) |
| <i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))     | 4                | PA NSO; QL (30 per 30 days) |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG   | 3                | PA NSO                      |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                              | 4                |                             |
| TRUQAP ORAL TABLET 160 MG, 200 MG                                                 | 4                | PA NSO; QL (64 per 28 days) |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML                                             | 4                | PA NSO                      |

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| <b>Drug Name</b>                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---------------------------------------------------------------------------|------------------|----------------------------------|
| TUKYSA ORAL TABLET 150 MG                                                 | 4                | PA NSO; QL (120 per 30 days)     |
| TUKYSA ORAL TABLET 50 MG                                                  | 4                | PA NSO; QL (300 per 30 days)     |
| TURALIO ORAL CAPSULE 125 MG, 200 MG                                       | 4                | PA NSO; QL (120 per 30 days)     |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                                     | 4                | PA NSO                           |
| VENCLEXTA ORAL TABLET 10 MG                                               | 2                | PA NSO; LA; QL (60 per 30 days)  |
| VENCLEXTA ORAL TABLET 100 MG                                              | 4                | PA NSO; LA; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG                                               | 4                | PA NSO; LA; QL (30 per 30 days)  |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG        | 4                | PA NSO; LA                       |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                        | 4                | PA NSO; QL (56 per 28 days)      |
| <i>vinblastine intravenous solution 1 mg/ml</i>                           | 1                | PA BvD                           |
| <i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> (vincristine) | 1                | PA BvD                           |
| <i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS) | 1                | PA BvD                           |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>              | 1                |                                  |
| VITRAKVI ORAL CAPSULE 100 MG                                              | 4                | PA NSO; QL (60 per 30 days)      |
| VITRAKVI ORAL CAPSULE 25 MG                                               | 4                | PA NSO; QL (180 per 30 days)     |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                           | 4                | PA NSO; QL (300 per 30 days)     |

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| <b>Drug Name</b>                                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|----------------------------------------------------------------------------------------------------------|------------------|---------------------------------|
| VIVIMUSTA INTRAVENOUS (bendamustine)<br>SOLUTION 25 MG/ML                                                | 4                | PA NSO                          |
| VIZIMPRO ORAL TABLET 15 MG,<br>30 MG, 45 MG                                                              | 4                | PA NSO; QL (30 per 30<br>days)  |
| VONJO ORAL CAPSULE 100 MG                                                                                | 4                | PA NSO; QL (120 per<br>30 days) |
| VORANIGO ORAL TABLET 10 MG,<br>40 MG                                                                     | 4                | PA NSO                          |
| VYLOY INTRAVENOUS RECON<br>SOLN 100 MG, 300 MG                                                           | 4                | PA NSO                          |
| WELIREG ORAL TABLET 40 MG                                                                                | 4                | PA NSO; QL (90 per 30<br>days)  |
| XALKORI ORAL CAPSULE 200 MG,<br>250 MG                                                                   | 4                | PA NSO; QL (120 per<br>30 days) |
| XALKORI ORAL PELLETT 150 MG                                                                              | 4                | PA NSO; QL (180 per<br>30 days) |
| XALKORI ORAL PELLETT 20 MG                                                                               | 4                | PA NSO; QL (240 per<br>30 days) |
| XALKORI ORAL PELLETT 50 MG                                                                               | 4                | PA NSO; QL (120 per<br>30 days) |
| XATMEP ORAL SOLUTION 2.5<br>MG/ML                                                                        | 3                | PA BvD; ST                      |
| XOSPATA ORAL TABLET 40 MG                                                                                | 4                | PA NSO; QL (90 per 30<br>days)  |
| XPOVIO ORAL TABLET 100<br>MG/WEEK (50 MG X 2), 40MG<br>TWICE WEEK (40 MG X 2), 80<br>MG/WEEK (40 MG X 2) | 4                | PA NSO; QL (8 per 28<br>days)   |
| XPOVIO ORAL TABLET 40<br>MG/WEEK (10 MG X 4)                                                             | 4                | PA NSO; QL (16 per 28<br>days)  |
| XPOVIO ORAL TABLET 40<br>MG/WEEK (40 MG X 1), 60<br>MG/WEEK (60 MG X 1)                                  | 4                | PA NSO; QL (4 per 28<br>days)   |

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| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|------------------------------------------------------------------------------------|------------------|------------------------------|
| XPOVIO ORAL TABLET 60MG<br>TWICE WEEK (120 MG/WEEK)                                | 4                | PA NSO; QL (24 per 28 days)  |
| XPOVIO ORAL TABLET 80MG<br>TWICE WEEK (160 MG/WEEK)                                | 4                | PA NSO; QL (32 per 28 days)  |
| XTANDI ORAL CAPSULE 40 MG                                                          | 4                | PA NSO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG                                                           | 4                | PA NSO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG                                                           | 4                | PA NSO; QL (60 per 30 days)  |
| YERVOY INTRAVENOUS<br>SOLUTION 200 MG/40 ML (5<br>MG/ML), 50 MG/10 ML (5<br>MG/ML) | 4                | PA NSO                       |
| YONSA ORAL TABLET 125 MG                                                           | 4                | PA NSO; QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG                                                         | 4                | PA NSO; QL (90 per 30 days)  |
| ZEJULA ORAL TABLET 100 MG,<br>200 MG, 300 MG                                       | 4                | PA NSO; QL (30 per 30 days)  |
| ZELBORAF ORAL TABLET 240 MG                                                        | 4                | PA NSO; QL (240 per 30 days) |
| ZIIHERA INTRAVENOUS RECON<br>SOLN 300 MG                                           | 4                | PA NSO                       |
| ZIRABEV INTRAVENOUS<br>SOLUTION 25 MG/ML                                           | 4                | PA NSO                       |
| ZOLADEx SUBCUTANEOUS<br>IMPLANT 10.8 MG, 3.6 MG                                    | 3                | PA NSO                       |
| ZOLINZA ORAL CAPSULE 100 MG                                                        | 4                |                              |
| ZYDELIG ORAL TABLET 100 MG,<br>150 MG                                              | 4                | PA NSO; QL (60 per 30 days)  |
| ZYKADIA ORAL TABLET 150 MG                                                         | 4                | PA NSO; QL (84 per 28 days)  |

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| Drug Name                                                                                    | Drug Tier | Requirements/Limits          |
|----------------------------------------------------------------------------------------------|-----------|------------------------------|
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG                                                        | 4         | PA NSO                       |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML                                                      | 4         | PA NSO; QL (20 per 28 days)  |
| <b>Anticonvulsants</b>                                                                       |           |                              |
| <b>Anticonvulsants</b>                                                                       |           |                              |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML                                                     | 4         | QL (80 per 30 days)          |
| BRIVIACT ORAL SOLUTION 10 MG/ML                                                              | 4         | QL (600 per 30 days)         |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                                      | 4         | QL (60 per 30 days)          |
| <i>carbamazepine 100 mg/5 ml cup outer 100 mg/5 ml (5 ml)</i>                                | 1         |                              |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)    | 1         |                              |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)                                  | 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 suspension 2.5 mg/ml</i> (Onfi)                                             | 1         | QL (480 per 30 days)         |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)                                              | 1         | QL (60 per 30 days)          |
| DIACOMIT ORAL CAPSULE 250 MG                                                                 | 4         | PA NSO; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG                                                                 | 4         | PA NSO; QL (180 per 30 days) |

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| <b>Drug Name</b>                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|------------------------------------------------------------------------------------------|------------------|------------------------------|
| DIACOMIT ORAL POWDER IN PACKET 250 MG                                                    | 4                | PA NSO; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG                                                    | 4                | PA NSO; QL (180 per 30 days) |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>                               | 1                |                              |
| <i>diazepam rectal kit 2.5 mg</i>                                                        | 3                |                              |
| DILANTIN ORAL CAPSULE 30 MG                                                              | 3                |                              |
| <i>divalproex oral capsule, delayed rel (Depakote Sprinkles) sprinkle 125 mg</i>         | 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                |                              |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG                                   | 4                | ST; QL (90 per 30 days)      |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG                                   | 4                | ST; QL (60 per 30 days)      |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML                                                        | 4                | PA NSO                       |
| <i>epitol oral tablet 200 mg</i> (carbamazepine)                                         | 1                |                              |
| <i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)                               | 4                | ST; QL (30 per 30 days)      |
| <i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)                               | 4                | ST; QL (60 per 30 days)      |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin)                                       | 1                |                              |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)                                 | 1                |                              |
| <i>felbamate oral suspension 600 mg/5 ml</i>                                             | 1                |                              |

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| <b>Drug Name</b>                                                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)                                                                 | 1                |                            |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML                                                                                       | 4                | PA NSO                     |
| <i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)                                       | 1                |                            |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                                                                      | 4                | ST; QL (720 per 30 days)   |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)                                                              | 1                | QL (360 per 30 days)       |
| <i>gabapentin oral capsule 400 mg</i> (Neurontin)                                                                      | 1                | QL (270 per 30 days)       |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)                                                                | 1                | QL (2160 per 30 days)      |
| <i>gabapentin oral tablet 600 mg</i> (Neurontin)                                                                       | 1                | QL (180 per 30 days)       |
| <i>gabapentin oral tablet 800 mg</i> (Neurontin)                                                                       | 1                | QL (120 per 30 days)       |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)                                                           | 1                | QL (200 per 5 days)        |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat)                                                                      | 1                | QL (1200 per 30 days)      |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)                                                   | 1                | QL (60 per 30 days)        |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)                                               | 1                |                            |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))             | 1                |                            |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange)) | 1                |                            |
| <i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))          | 1                |                            |

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| <b>Drug Name</b>                                                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR) | 1                |                            |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)                                     | 1                |                            |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)                      | 1                |                            |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)                                                  | 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)                              | 1                |                            |
| <i>levetiracetam oral tablet for suspension 250 mg</i> (Spritam)                                                | 1                | ST                         |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG                                                       | 3                | QL (10 per 30 days)        |
| <i>methsuximide oral capsule 300 mg</i> (Celontin)                                                              | 1                |                            |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)                                                           | 3                | QL (10 per 30 days)        |
| <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 tablet 10 mg, 12 mg, 8 mg</i> (Fycompa)                                                      | 4                | ST; QL (30 per 30 days)    |
| <i>perampanel oral tablet 2 mg</i> (Fycompa)                                                                    | 1                | ST; QL (30 per 30 days)    |
| <i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)                                                              | 4                | ST; QL (60 per 30 days)    |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>                                                           | 1                | PA NSO; AGE (Max 64 Years) |

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| Drug Name                                                                                        | Drug Tier | Requirements/Limits        |
|--------------------------------------------------------------------------------------------------|-----------|----------------------------|
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 1         | PA NSO; AGE (Max 64 Years) |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)                                 | 1         |                            |
| <i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)                                      | 1         |                            |
| <i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)                                 | 1         |                            |
| <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>phenytoin sodium intravenous solution 50 mg/ml</i>                                            | 1         |                            |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i>                                             | 1         |                            |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)              | 1         | QL (90 per 30 days)        |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)                                           | 1         | QL (60 per 30 days)        |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica)                                                | 1         | QL (900 per 30 days)       |
| <i>primidone oral tablet 125 mg</i>                                                              | 1         |                            |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)                                            | 1         |                            |
| <i>rufinamide oral suspension 40 mg/ml</i> (Banzel)                                              | 4         | ST                         |
| <i>rufinamide oral tablet 200 mg</i> (Banzel)                                                    | 1         | ST                         |
| <i>rufinamide oral tablet 400 mg</i> (Banzel)                                                    | 4         | ST                         |
| SEZABY INTRAVENOUS RECON SOLN 100 MG                                                             | 4         | PA BvD                     |

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| Drug Name                                                                                                                                             | Drug Tier | Requirements/Limits             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|
| SPRITAM ORAL TABLET FOR<br>SUSPENSION 1,000 MG, 500 MG,<br>750 MG                                                                                     | 3         | ST                              |
| SPRITAM ORAL TABLET FOR (levetiracetam)<br>SUSPENSION 250 MG                                                                                          | 3         | ST                              |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)                                                                              | 1         |                                 |
| SYMPAZAN ORAL FILM 10 MG, 20<br>MG, 5 MG                                                                                                              | 4         | PA NSO; QL (60 per 30<br>days)  |
| <i>tiagabine oral tablet 12 mg, 16<br/>mg, 2 mg, 4 mg</i>                                                                                             | 1         |                                 |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)                                                                                       | 1         |                                 |
| <i>topiramate oral capsule, sprinkle<br/>50 mg</i>                                                                                                    | 1         |                                 |
| <i>topiramate oral solution 25 mg/ml</i> (Eprontia)                                                                                                   | 1         | ST                              |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)                                                                                  | 1         |                                 |
| <i>valproate sodium intravenous<br/>solution 500 mg/5 ml (100 mg/ml)</i>                                                                              | 1         |                                 |
| <i>valproic acid (as sodium salt) oral<br/>solution 250 mg/5 ml</i>                                                                                   | 1         |                                 |
| <i>valproic acid oral capsule 250 mg</i>                                                                                                              | 1         |                                 |
| VALTOCO NASAL SPRAY, NON-<br>AEROSOL 10 MG/SPRAY (0.1 ML),<br>15 MG/2 SPRAY (7.5/0.1ML X 2),<br>20 MG/2 SPRAY (10MG/0.1ML<br>X2), 5 MG/SPRAY (0.1 ML) | 4         | QL (10 per 30 days)             |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)                                                                                            | 4         | PA NSO; QL (180 per<br>30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Vigadrone)                                                                                                      | 4         | PA NSO; QL (180 per<br>30 days) |
| <i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)                                                                                            | 4         | PA NSO; QL (180 per<br>30 days) |

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| Drug Name                                                                                             | Drug Tier | Requirements/Limits           |
|-------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>vigadrone oral tablet 500 mg</i> (vigabatrin)                                                      | 4         | PA NSO; QL (180 per 30 days)  |
| <i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)                                             | 4         | PA NSO; 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) | 4         | QL (56 per 28 days)           |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG                                                               | 4         | QL (30 per 30 days)           |
| XCOPRI ORAL TABLET 150 MG, 200 MG                                                                     | 4         | QL (60 per 30 days)           |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)                                 | 3         |                               |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)        | 4         |                               |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML                                                                  | 3         |                               |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)                                               | 1         |                               |
| <i>zonisamide oral capsule 50 mg</i>                                                                  | 1         |                               |
| ZTALMY ORAL SUSPENSION 50 MG/ML                                                                       | 4         | PA NSO; QL (1080 per 30 days) |
| <b>Antidementia Agents</b>                                                                            |           |                               |
| <b>Antidementia Agents</b>                                                                            |           |                               |
| <i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)                                             | 1         | QL (30 per 30 days)           |
| <i>donepezil oral tablet,disintegrating 10 mg</i>                                                     | 1         |                               |

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| <b>Drug Name</b>                                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>donepezil oral tablet,disintegrating 5 mg</i>                                                             | 1                | QL (30 per 30 days)        |
| <i>ergoloid oral tablet 1 mg</i>                                                                             | 1                |                            |
| <i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>                                    | 1                | QL (30 per 30 days)        |
| <i>galantamine oral solution 4 mg/ml</i>                                                                     | 1                | QL (200 per 30 days)       |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>                                                             | 1                | QL (60 per 30 days)        |
| <i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg</i>                                           | 1                | ST; QL (30 per 30 days)    |
| <i>memantine oral capsule,sprinkle,er (Namenda XR) 24hr 7 mg</i>                                             | 1                | ST; QL (30 per 30 days)    |
| <i>memantine oral solution 2 mg/ml</i>                                                                       | 1                | QL (300 per 30 days)       |
| <i>memantine oral tablet 10 mg, 5 mg</i>                                                                     | 1                | QL (60 per 30 days)        |
| <i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i> (Namzaric)             | 1                | ST; QL (30 per 30 days)    |
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG                                             | 3                | ST                         |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG                                                               | 3                | ST; QL (30 per 30 days)    |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                                         | 1                |                            |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch) | 1                | QL (30 per 30 days)        |
| <b>Antidepressants</b>                                                                                       |                  |                            |
| <b>Antidepressants</b>                                                                                       |                  |                            |

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| <b>Drug Name</b>                                                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                       | 1                |                            |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>                             | 1                |                            |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                         | 1                |                            |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG                                               | 4                | ST                         |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                                    | 1                |                            |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)            | 1                |                            |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)   | 1                |                            |
| <i>citalopram oral solution 10 mg/5 ml</i>                                                        | 1                |                            |
| <i>citalopram oral tablet 10 mg</i> (Celexa)                                                      | 1                | QL (120 per 30 days)       |
| <i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)                                               | 1                | QL (30 per 30 days)        |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)                                  | 1                |                            |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)                                           | 1                |                            |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                                       | 1                |                            |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | 1                | 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                |                            |

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| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------|------------------|----------------------------|
| DRIZALMA SPRINKLE ORAL<br>CAPSULE, DELAYED REL SPRINKLE<br>20 MG, 30 MG, 60 MG     | 3                | ST; QL (60 per 30 days)    |
| DRIZALMA SPRINKLE ORAL<br>CAPSULE, DELAYED REL SPRINKLE<br>40 MG                   | 3                | ST; QL (30 per 30 days)    |
| <i>duloxetine oral capsule, delayed<br/>release(dr/ec) 20 mg, 30 mg, 60<br/>mg</i> | 1                | QL (60 per 30 days)        |
| <i>duloxetine oral capsule, delayed<br/>release(dr/ec) 40 mg</i>                   | 1                | QL (30 per 30 days)        |
| EMSAM TRANSDERMAL PATCH<br>24 HOUR 12 MG/24 HR, 6 MG/24<br>HR, 9 MG/24 HR          | 4                | ST; QL (30 per 30 days)    |
| <i>escitalopram oxalate oral solution<br/>5 mg/5 ml</i>                            | 1                |                            |
| <i>escitalopram oxalate oral tablet 10 (Lexapro)<br/>mg, 20 mg, 5 mg</i>           | 1                |                            |
| FETZIMA ORAL CAPSULE, EXT REL<br>24HR DOSE PACK 20 MG (2)- 40<br>MG (26)           | 3                | ST                         |
| FETZIMA ORAL<br>CAPSULE, EXTENDED RELEASE 24<br>HR 120 MG, 20 MG, 40 MG, 80<br>MG  | 3                | ST; QL (30 per 30 days)    |
| <i>fluoxetine oral capsule 10 mg, 20 (Prozac)<br/>mg</i>                           | 1                |                            |
| <i>fluoxetine oral capsule 40 mg</i>                                               | 1                |                            |
| <i>fluoxetine oral solution 20 mg/5<br/>ml (4 mg/ml)</i>                           | 1                |                            |
| <i>fluvoxamine oral tablet 100 mg, 25<br/>mg, 50 mg</i>                            | 1                |                            |
| <i>imipramine hcl oral tablet 10 mg,<br/>25 mg, 50 mg</i>                          | 1                |                            |

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| <b>Drug Name</b>                                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---------------------------------------------------------------------------------------------|------------------|-------------------------------|
| <i>imipramine pamoate oral capsule</i><br>100 mg, 125 mg, 150 mg, 75 mg                     | 1                |                               |
| MARPLAN ORAL TABLET 10 MG                                                                   | 3                |                               |
| <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 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)         | 1                |                               |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                         | 1                |                               |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)                      | 1                |                               |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                                               | 1                |                               |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)                                    | 1                | PA NSO; AGE (Max 64 Years)    |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)                        | 1                | PA NSO; AGE (Max 64 Years)    |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR) | 1                | PA NSO; AGE (Max 64 Years)    |
| <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>                                                | 1                |                               |
| RALDESY ORAL SOLUTION 10 MG/ML                                                              | 4                | PA NSO; QL (1200 per 30 days) |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)                                        | 1                |                               |

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| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|------------------------------------------------------------------------------------|------------------|-----------------------------|
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)                        | 1                |                             |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)      | 4                | PA NSO                      |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate)                                 | 1                |                             |
| <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                                          | 2                | QL (30 per 30 days)         |
| <i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>             | 3                | QL (60 per 30 days)         |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)         | 1                | QL (30 per 30 days)         |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR) | 1                | QL (90 per 30 days)         |
| <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</i>       | 1                | QL (30 per 30 days)         |
| <i>venlafaxine oral tablet extended release 24hr 75 mg</i>                         | 1                | QL (90 per 30 days)         |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)                        | 1                | QL (30 per 30 days)         |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG                                                 | 4                | PA NSO; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG                                                        | 4                | PA NSO; QL (14 per 14 days) |

## Antidiabetic Agents

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| Drug Name                                                          | Drug Tier | Requirements/Limits  |
|--------------------------------------------------------------------|-----------|----------------------|
| <b>Antidiabetic Agents,<br/>Miscellaneous</b>                      |           |                      |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)         | 1         |                      |
| <i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga) | 2         | QL (30 per 30 days)  |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)        | 2         | QL (30 per 30 days)  |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG                              | 2         | QL (30 per 30 days)  |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG                         | 2         | QL (60 per 30 days)  |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG           | 2         | QL (30 per 30 days)  |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 2         | QL (60 per 30 days)  |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG                           | 2         | QL (30 per 30 days)  |
| JARDIANCE ORAL TABLET 10 MG, 25 MG                                 | 2         | QL (30 per 30 days)  |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG        | 2         | QL (60 per 30 days)  |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG     | 2         | QL (60 per 30 days)  |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG       | 2         | QL (30 per 30 days)  |
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet)                | 1         | QL (765 per 30 days) |
| <i>metformin oral tablet 1,000 mg</i>                              | 5         | QL (75 per 30 days)  |
| <i>metformin oral tablet 500 mg</i>                                | 5         | QL (150 per 30 days) |

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| <b>Drug Name</b>                                                                                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>metformin oral tablet 750 mg, 850 mg</i>                                                                                                   | 5                | QL (90 per 30 days)        |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>                                                                                    | 5                | QL (120 per 30 days)       |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>                                                                                    | 5                | QL (60 per 30 days)        |
| <i>mifepristone oral tablet 300 mg</i> (Korlym)                                                                                               | 4                | PA; QL (112 per 28 days)   |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                                              | 1                | QL (90 per 30 days)        |
| 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>                                                                                                  | 5                | QL (90 per 30 days)        |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 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)                                                                                   | 5                | QL (30 per 30 days)        |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i>                                                                                           | 5                | QL (90 per 30 days)        |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)                                                                            | 5                | QL (90 per 30 days)        |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i>                                                                                                   | 5                | QL (120 per 30 days)       |
| <i>repaglinide oral tablet 2 mg</i>                                                                                                           | 5                | QL (240 per 30 days)       |
| RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG                                                                                    | 2                | PA; QL (30 per 30 days)    |

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| <b>Drug Name</b>                                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>                           |
|-----------------------------------------------------------------------------------------------|------------------|------------------------------------------------------|
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                         | 2                | QL (60 per 30 days)                                  |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                      | 2                | QL (30 per 30 days)                                  |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                     | 2                | QL (60 per 30 days)                                  |
| TRADJENTA ORAL TABLET 5 MG                                                                    | 2                | QL (30 per 30 days)                                  |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG                  | 2                | QL (30 per 30 days)                                  |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG             | 2                | QL (60 per 30 days)                                  |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 2                | PA; QL (2 per 28 days)                               |
| XIGDUO XR ORAL TABLET, IR - ER, (dapaglifloz<br>BIPHASIC 24HR 10-1,000 MG propaned-metformin) | 2                | QL (30 per 30 days)                                  |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG                                       | 2                | QL (30 per 30 days)                                  |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG                          | 2                | QL (60 per 30 days)                                  |
| XIGDUO XR ORAL TABLET, IR - ER, (dapaglifloz<br>BIPHASIC 24HR 5-1,000 MG propaned-metformin)  | 2                | QL (60 per 30 days)                                  |
| <b>Insulins</b>                                                                               |                  |                                                      |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                     | 2                | max \$35 copay per month supply; QL (30 per 28 days) |

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| Drug Name                                                                                                                       | Drug Tier | Requirements/Limits                                        |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------|
| FIASP PENFILL U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML (3 ML)                                                     | 2         | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| FIASP PUMPCART<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML (1.6 ML)                                                                | 2         | max \$35 copay per<br>month supply                         |
| FIASP U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                                                     | 2         | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |
| HUMULIN R U-500 (CONC)<br>INSULIN SUBCUTANEOUS<br>SOLUTION 500 UNIT/ML                                                          | 2         | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |
| HUMULIN R U-500 (CONC)<br>KWIKPEN SUBCUTANEOUS<br>INSULIN PEN 500 UNIT/ML (3 ML)                                                | 2         | max \$35 copay per<br>month supply; QL (24<br>per 28 days) |
| <i>insulin asp prt-insulin aspart<br/>subcutaneous insulin pen 100<br/>unit/ml (70-30)</i> (Novolog Mix 70-<br>30FlexPen U-100) | 2         | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| <i>insulin asp prt-insulin aspart<br/>subcutaneous solution 100 unit/ml<br/>(70-30)</i> (Novolog Mix 70-30<br>U-100 Insuln)     | 2         | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |
| <i>insulin aspart u-100 subcutaneous<br/>cartridge 100 unit/ml</i> (Novolog PenFill U-<br>100 Insulin)                          | 2         | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| <i>insulin aspart u-100 subcutaneous<br/>insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U-<br>100 Insulin)                 | 2         | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |
| <i>insulin aspart u-100 subcutaneous<br/>solution 100 unit/ml</i> (Novolog U-100<br>Insulin aspart)                             | 2         | max \$35 copay per<br>month supply; QL (40<br>per 28 days) |
| <i>insulin glargine-yfgn subcutaneous<br/>insulin pen 100 unit/ml (3 ml)</i> (Semglee(insulin<br>glarg-yfgn)Pen)                | 2         | max \$35 copay per<br>month supply; QL (30<br>per 28 days) |

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| <b>Drug Name</b>                                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>                           |
|--------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------|
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> (Semglee(insulin glargine-yfgn))  | 2                | max \$35 copay per month supply; QL (40 per 28 days) |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i> (Admelog U-100 Insulin lispro)           | 2                | max \$35 copay per month supply; QL (40 per 28 days) |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)     | 2                | max \$35 copay per month supply; QL (30 per 28 days) |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)                        | 2                | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)                          | 2                | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)                         | 2                | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                                    | 2                | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                  | 2                | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                                    | 2                | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML                                    | 2                | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart u-100) | 2                | max \$35 copay per month supply; QL (30 per 28 days) |

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| Drug Name                                                                            |                                     | Drug Tier | Requirements/Limits                                          |
|--------------------------------------------------------------------------------------|-------------------------------------|-----------|--------------------------------------------------------------|
| NOVOLOG MIX 70-30 U-100<br>INSULIN SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML (70-30)      | (insulin asp prt-insulin<br>aspart) | 2         | max \$35 copay per<br>month supply; QL (40<br>per 28 days)   |
| NOVOLOG MIX 70-30FLEXPEN U-<br>100 SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML (70-30)   | (insulin asp prt-insulin<br>aspart) | 2         | max \$35 copay per<br>month supply; QL (30<br>per 28 days)   |
| NOVOLOG PENFILL U-100<br>INSULIN SUBCUTANEOUS<br>CARTRIDGE 100 UNIT/ML               | (insulin aspart u-100)              | 2         | max \$35 copay per<br>month supply; QL (30<br>per 28 days)   |
| NOVOLOG U-100 INSULIN<br>ASPART SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML                 | (insulin aspart u-100)              | 2         | max \$35 copay per<br>month supply; QL (40<br>per 28 days)   |
| SOLIQUA 100/33<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT-33 MCG/ML                     |                                     | 2         | max \$35 copay per<br>month supply; QL (30<br>per 30 days)   |
| TOUJEO MAX U-300 SOLOSTAR<br>SUBCUTANEOUS INSULIN PEN<br>300 UNIT/ML (3 ML)          | (insulin glargine u-300<br>conc)    | 2         | max \$35 copay per<br>month supply; QL (18<br>per 28 days)   |
| TOUJEO SOLOSTAR U-300<br>INSULIN SUBCUTANEOUS<br>INSULIN PEN 300 UNIT/ML (1.5<br>ML) | (insulin glargine u-300<br>conc)    | 2         | max \$35 copay per<br>month supply; QL (13.5<br>per 28 days) |
| XULTOPHY 100/3.6<br>SUBCUTANEOUS INSULIN PEN<br>100 UNIT-3.6 MG /ML (3 ML)           |                                     | 2         | max \$35 copay per<br>month supply; QL (15<br>per 28 days)   |
| <b>Sulfonylureas</b>                                                                 |                                     |           |                                                              |
| <i>glimepiride oral tablet 1 mg, 2 mg</i>                                            |                                     | 5         | QL (30 per 30 days)                                          |
| <i>glimepiride oral tablet 4 mg</i>                                                  |                                     | 5         | QL (60 per 30 days)                                          |
| <i>glipizide oral tablet 10 mg</i>                                                   |                                     | 5         | QL (120 per 30 days)                                         |
| <i>glipizide oral tablet 2.5 mg</i>                                                  |                                     | 5         | QL (90 per 30 days)                                          |
| <i>glipizide oral tablet 5 mg</i>                                                    |                                     | 5         | QL (240 per 30 days)                                         |
| <i>glipizide oral tablet extended<br/>release 24hr 10 mg</i>                         |                                     | 5         | QL (60 per 30 days)                                          |

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| <b>Drug Name</b>                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>                           | 5                | QL (30 per 30 days)        |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i>                                         | 5                | QL (240 per 30 days)       |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>                               | 5                | QL (120 per 30 days)       |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                                | 5                | PA; AGE (Max 64 Years)     |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                                        | 5                | PA; AGE (Max 64 Years)     |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                  | 5                | PA; AGE (Max 64 Years)     |
| <b>Antifungals</b>                                                                        |                  |                            |
| <b>Antifungals</b>                                                                        |                  |                            |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML                                                    | 3                | PA BvD                     |
| <i>amphotericin b injection recon soln 50 mg</i>                                          | 1                | PA BvD                     |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome) | 4                | PA BvD                     |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan)                                         | 1                | QL (180 per 30 days)       |
| <i>ciclopirox topical gel 0.77 %</i>                                                      | 1                |                            |
| <i>ciclopirox topical shampoo 1 %</i>                                                     | 1                |                            |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan)                                         | 1                | QL (19.8 per 30 days)      |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))                         | 1                | QL (180 per 30 days)       |
| <i>clotrimazole mucous membrane troche 10 mg</i>                                          | 1                |                            |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))                         | 1                |                            |

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| <b>Drug Name</b>                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))                | 1                |                            |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>                                | 1                | QL (90 per 30 days)        |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>                               | 1                |                            |
| CRESEMBA INTRAVENOUS RECON SOLN 372 MG                                                  | 4                |                            |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG                                                   | 4                | PA                         |
| <i>econazole nitrate topical cream 1 %</i>                                              | 1                | QL (170 per 30 days)       |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | 1                |                            |
| <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)                                | 4                |                            |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                               | 1                |                            |
| <i>griseofulvin microsize oral tablet 500 mg</i>                                        | 1                |                            |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>                   | 1                |                            |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox)                                      | 1                |                            |
| <i>itraconazole oral solution 10 mg/ml</i>                                              | 4                | PA                         |
| <i>ketoconazole oral tablet 200 mg</i>                                                  | 1                |                            |

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| <b>Drug Name</b>                                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>ketoconazole topical cream 2 %</i>                                                       | 1                | QL (180 per 30 days)       |
| <i>ketoconazole topical foam 2 %</i> (Extina)                                               | 1                | ST; QL (100 per 30 days)   |
| <i>ketoconazole topical shampoo 2 %</i>                                                     | 1                | QL (360 per 30 days)       |
| <i>miconazole intravenous recon soln</i> (Mycamine)<br>100 mg, 50 mg                        | 1                |                            |
| <i>miconazole-3 vaginal suppository</i><br>200 mg                                           | 1                |                            |
| NOXAFIL ORAL SUSP, DELAYED<br>RELEASE FOR RECON 300 MG                                      | 4                | PA                         |
| <i>nyamyc topical powder 100,000</i> (nystatin)<br>unit/gram                                | 1                | QL (60 per 30 days)        |
| <i>nystatin oral suspension 100,000</i><br>unit/ml                                          | 1                |                            |
| <i>nystatin oral tablet 500,000 unit</i>                                                    | 1                |                            |
| <i>nystatin topical cream 100,000</i><br>unit/gram                                          | 1                | QL (60 per 30 days)        |
| <i>nystatin topical ointment 100,000</i><br>unit/gram                                       | 1                | QL (60 per 30 days)        |
| <i>nystatin topical powder 100,000</i> (Nyamyc)<br>unit/gram                                | 1                | QL (60 per 30 days)        |
| <i>nystatin-triamcinolone topical</i><br><i>cream 100,000-0.1 unit/g-%</i>                  | 1                |                            |
| <i>nystatin-triamcinolone topical</i><br><i>ointment 100,000-0.1 unit/gram-</i><br><i>%</i> | 1                |                            |
| <i>nystop topical powder 100,000</i> (nystatin)<br>unit/gram                                | 1                | QL (60 per 30 days)        |
| <i>posaconazole oral suspension 200</i> (Noxafil)<br><i>mg/5 ml (40 mg/ml)</i>              | 4                | PA                         |
| <i>posaconazole oral tablet, delayed</i><br><i>release (dr/ec) 100 mg</i>                   | 4                | PA                         |
| <i>terbinafine hcl oral tablet 250 mg</i>                                                   | 1                |                            |

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| Drug Name                                                                     |              | Drug Tier | Requirements/Limits     |
|-------------------------------------------------------------------------------|--------------|-----------|-------------------------|
| <i>voriconazole intravenous recon soln 200 mg</i>                             | (Vfend IV)   | 4         | PA BvD                  |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | (Vfend)      | 4         | PA                      |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                 |              | 1         |                         |
| <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 capsule 0.6 mg</i>                                         | (Mitigare)   | 1         | QL (60 per 30 days)     |
| <i>colchicine oral tablet 0.6 mg</i>                                          | (Colcrys)    | 1         | QL (120 per 30 days)    |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                                    | (Uloric)     | 1         | ST; QL (30 per 30 days) |
| <i>probenecid oral tablet 500 mg</i>                                          |              | 1         |                         |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>                           |              | 1         |                         |
| <b>Antihistamines</b>                                                         |              |           |                         |
| <b>Antihistamines</b>                                                         |              |           |                         |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                            | (Carbzah)    | 1         | PA; AGE (Max 64 Years)  |
| <i>clemastine oral tablet 2.68 mg</i>                                         | (Clemsza)    | 1         | PA; AGE (Max 64 Years)  |
| <i>clemasz oral tablet 2.68 mg</i>                                            | (clemastine) | 1         | PA; AGE (Max 64 Years)  |
| <i>clemsza oral tablet 2.68 mg</i>                                            | (clemastine) | 1         | PA; AGE (Max 64 Years)  |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>                                    |              | 1         | PA; AGE (Max 64 Years)  |
| <i>cyproheptadine oral tablet 4 mg</i>                                        |              | 1         | PA; AGE (Max 64 Years)  |

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|-----------------------------------------------------------------------------------------|-----------|------------------------|
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                                         | 1         |                        |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                  | 1         |                        |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)                                 | 1         |                        |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)                            | 1         |                        |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                                             | 1         | PA; AGE (Max 64 Years) |
| <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         |                        |
| <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         |                        |
| <b>Antimigraine Agents</b>                                                              |           |                        |
| <b>Antimigraine Agents</b>                                                              |           |                        |
| AIMOVIG AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>140 MG/ML, 70 MG/ML               | 2         | PA; QL (1 per 30 days) |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | 4         | ST; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS<br>PEN INJECTOR 120 MG/ML                                     | 2         | PA; QL (2 per 30 days) |

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|---------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 120<br>MG/ML                                                         | 2                | PA; QL (2 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>naratriptan oral tablet 1 mg, 2.5<br/>mg</i>                                                               | 1                | QL (9 per 30 days)         |
| NURTEC ODT ORAL<br>TABLET,DISINTEGRATING 75 MG                                                                | 2                | PA; QL (18 per 30 days)    |
| QULIPTA ORAL TABLET 10 MG, 30<br>MG, 60 MG                                                                    | 2                | PA; QL (30 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)        |
| <i>rizatriptan oral</i> (Maxalt-MLT)<br><i>tablet,disintegrating 10 mg</i>                                    | 1                | QL (18 per 30 days)        |
| <i>rizatriptan oral</i><br><i>tablet,disintegrating 5 mg</i>                                                  | 1                | QL (18 per 30 days)        |
| <i>sumatriptan 4 mg/0.5 ml inject</i> (Imitrex STATdose<br><i>outer, suv</i> Pen)                             | 1                | QL (4 per 28 days)         |
| <i>sumatriptan nasal spray,non-<br/>aerosol 20 mg/actuation, 5<br/>mg/actuation</i>                           | 1                | QL (12 per 30 days)        |
| <i>sumatriptan succinate oral tablet</i> (Imitrex)<br><i>100 mg</i>                                           | 1                | QL (9 per 30 days)         |
| <i>sumatriptan succinate oral tablet</i> (Imitrex)<br><i>25 mg, 50 mg</i>                                     | 1                | QL (18 per 30 days)        |
| <i>sumatriptan succinate</i> (Imitrex STATdose<br><i>subcutaneous cartridge 6 mg/0.5</i> Refill)<br><i>ml</i> | 3                | QL (4 per 28 days)         |
| <i>sumatriptan succinate</i> (Imitrex STATdose<br><i>subcutaneous pen injector 4</i> Pen)<br><i>mg/0.5 ml</i> | 3                | QL (4 per 28 days)         |

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| Drug Name                                                                                                     | Drug Tier | Requirements/Limits     |
|---------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>sumatriptan succinate</i> (Imitrex STATdose<br><i>subcutaneous pen injector 6</i> Pen)<br><i>mg/0.5 ml</i> | 1         | QL (4 per 28 days)      |
| <i>sumatriptan succinate</i><br><i>subcutaneous solution 6 mg/0.5 ml</i>                                      | 1         | QL (5 per 28 days)      |
| <i>sumatriptan-naproxen oral tablet</i> (Treximet)<br><i>85-500 mg</i>                                        | 1         | QL (9 per 27 days)      |
| UBRELVY ORAL TABLET 100 MG,<br>50 MG                                                                          | 2         | PA; QL (16 per 30 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5</i> (Zomig)<br><i>mg</i>                                                | 1         | QL (12 per 30 days)     |
| <i>zolmitriptan oral</i><br><i>tablet, disintegrating 2.5 mg, 5 mg</i>                                        | 1         | QL (12 per 30 days)     |
| <b>Antimycobacterials</b>                                                                                     |           |                         |
| <b>Antimycobacterials</b>                                                                                     |           |                         |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                                                      | 1         |                         |
| <i>ethambutol oral tablet 100 mg,</i><br><i>400 mg</i>                                                        | 1         |                         |
| <i>isoniazid oral solution 50 mg/5 ml</i>                                                                     | 1         |                         |
| <i>isoniazid oral tablet 100 mg, 300</i><br><i>mg</i>                                                         | 1         |                         |
| PRIFTIN ORAL TABLET 150 MG                                                                                    | 3         |                         |
| <i>pyrazinamide oral tablet 500 mg</i>                                                                        | 1         |                         |
| <i>rifabutin oral capsule 150 mg</i>                                                                          | 1         |                         |
| <i>rifampin intravenous recon soln</i> (Rifadin)<br><i>600 mg</i>                                             | 1         |                         |
| <i>rifampin oral capsule 150 mg, 300</i><br><i>mg</i>                                                         | 1         |                         |
| SIRTURO ORAL TABLET 100 MG,<br>20 MG                                                                          | 4         | PA                      |
| TRECATOR ORAL TABLET 250 MG                                                                                   | 3         |                         |
| <b>Antinausea Agents</b>                                                                                      |           |                         |

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| Drug Name                                                                 | Drug Tier | Requirements/Limits        |
|---------------------------------------------------------------------------|-----------|----------------------------|
| <b>Antinausea Agents</b>                                                  |           |                            |
| <i>aprepitant oral capsule 125 mg</i>                                     | 1         | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i>                                      | 1         | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> (Emend)                              | 1         | PA BvD; QL (4 per 28 days) |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)   | 1         | PA BvD                     |
| <i>compro rectal suppository 25 mg</i> (prochlorperazine)                 | 1         |                            |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)              | 1         | PA; QL (60 per 30 days)    |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)   | 3         | PA BvD; QL (6 per 28 days) |
| <i>granisetron hcl oral tablet 1 mg</i>                                   | 1         | PA BvD                     |
| <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         | PA BvD                     |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                             | 1         | PA BvD                     |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                 | 1         | PA BvD                     |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 1         |                            |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)       | 1         |                            |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro)                 | 1         |                            |

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| <b>Drug Name</b>                                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                  |
|-----------------------------------------------------------------------------------|------------------|---------------------------------------------|
| <i>promethazine injection solution 25 mg/ml</i> (Phenergan)                       | 1                | PA; AGE (Max 64 Years)                      |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                             | 1                | PA; AGE (Max 64 Years)                      |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)        | 1                | PA; AGE (Max 64 Years)                      |
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine)        | 1                | PA; AGE (Max 64 Years)                      |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | 1                | PA; QL (10 per 30 days); AGE (Max 64 Years) |

## Antiparasite Agents

### Antiparasite Agents

|                                                                         |   |                         |
|-------------------------------------------------------------------------|---|-------------------------|
| <i>albendazole oral tablet 200 mg</i>                                   | 1 |                         |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)                  | 1 |                         |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)           | 1 |                         |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) | 1 |                         |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>                 | 1 |                         |
| COARTEM ORAL TABLET 20-120 MG                                           | 3 |                         |
| <i>hydroxychloroquine oral tablet 100 mg</i>                            | 1 | QL (180 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)     |
| IMPAVIDO ORAL CAPSULE 50 MG                                             | 4 | PA; QL (84 per 28 days) |

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| Drug Name                                                  | Drug Tier | Requirements/Limits |
|------------------------------------------------------------|-----------|---------------------|
| <i>ivermectin oral tablet 3 mg</i> (Stromectol)            | 1         |                     |
| <i>ivermectin oral tablet 6 mg</i>                         | 1         |                     |
| <i>mefloquine oral tablet 250 mg</i>                       | 1         |                     |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia)            | 4         | QL (60 per 30 days) |
| <i>paromomycin oral capsule 250 mg</i> (Humatin)           | 1         |                     |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent) | 1         | PA BvD              |
| <i>pentamidine injection recon soln 300 mg</i> (Pentam)    | 1         |                     |
| <i>praziquantel oral tablet 600 mg</i> (Biltricide)        | 1         |                     |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)                | 3         |                     |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim)          | 4         | PA                  |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)     | 1         | PA                  |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>               | 1         |                     |

## Antiparkinsonian Agents

### Antiparkinsonian Agents

|                                                             |   |                         |
|-------------------------------------------------------------|---|-------------------------|
| <i>amantadine hcl oral capsule 100 mg</i>                   | 1 |                         |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>              | 1 |                         |
| <i>amantadine hcl oral tablet 100 mg</i>                    | 1 |                         |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN) | 4 | PA; 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>                      | 1 |                         |
| <i>bromocriptine oral tablet 2.5 mg</i>                     | 1 |                         |
| <i>cabergoline oral tablet 0.5 mg</i>                       | 1 |                         |
| <i>carbidopa oral tablet 25 mg</i> (Lodosyn)                | 1 |                         |

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| <b>Drug Name</b>                                                                                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>carbidopa-levodopa oral tablet 10- (Sinemet)<br/>100 mg</i>                                                                                                     | 1                |                            |
| <i>carbidopa-levodopa oral tablet 25- (Dhivy)<br/>100 mg</i>                                                                                                       | 1                |                            |
| <i>carbidopa-levodopa oral tablet 25-<br/>250 mg</i>                                                                                                               | 1                |                            |
| <i>carbidopa-levodopa oral tablet<br/>extended release 25-100 mg, 50-<br/>200 mg</i>                                                                               | 1                |                            |
| <i>carbidopa-levodopa oral<br/>tablet, disintegrating 10-100 mg,<br/>25-100 mg, 25-250 mg</i>                                                                      | 1                |                            |
| <i>carbidopa-levodopa-entacapone<br/>oral tablet 12.5-50-200 mg, 18.75-<br/>75-200 mg, 25-100-200 mg,<br/>31.25-125-200 mg, 37.5-150-200<br/>mg, 50-200-200 mg</i> | 1                |                            |
| <i>entacapone oral tablet 200 mg</i>                                                                                                                               | 1                |                            |
| INBRIJA INHALATION CAPSULE,<br>W/INHALATION DEVICE 42 MG                                                                                                           | 4                | PA; QL (300 per 30 days)   |
| KYNMOBI SUBLINGUAL FILM 10<br>MG, 15 MG, 20 MG, 25 MG, 30<br>MG                                                                                                    | 4                | PA; QL (150 per 30 days)   |
| KYNMOBI SUBLINGUAL FILM 10-<br>15-20-25-30 MG                                                                                                                      | 4                | PA                         |
| NEUPRO TRANSDERMAL PATCH<br>24 HOUR 1 MG/24 HOUR, 2<br>MG/24 HOUR, 3 MG/24 HOUR, 4<br>MG/24 HOUR, 6 MG/24 HOUR, 8<br>MG/24 HOUR                                    | 3                | ST; QL (30 per 30 days)    |
| ONAPGO SUBCUTANEOUS<br>CARTRIDGE 4.9 MG/ ML                                                                                                                        | 4                | PA; QL (600 per 30 days)   |
| ONGENTYS ORAL CAPSULE 25<br>MG, 50 MG                                                                                                                              | 3                | PA; QL (30 per 30 days)    |

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| <b>Drug Name</b>                                                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1) | 3                | ST                         |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                       | 1                |                            |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)                                                  | 1                |                            |
| <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>                    | 1                |                            |
| <i>selegiline hcl oral capsule 5 mg</i>                                                               | 1                |                            |
| <i>selegiline hcl oral tablet 5 mg</i>                                                                | 1                |                            |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>                                                          | 1                |                            |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>                                                         | 1                |                            |
| VYALEV CONTIN.<br>SUBCUTANEOUS INFUSION<br>SOLUTION 12-240 MG/ML                                      | 4                | PA; QL (560 per 28 days)   |
| <b>Antipsychotic Agents</b>                                                                           |                  |                            |
| <b>Antipsychotic Agents</b>                                                                           |                  |                            |
| ABILIFY ASIMTUFII<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 720 MG/2.4 ML                 | 4                | QL (2.4 per 42 days)       |
| ABILIFY ASIMTUFII<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 960 MG/3.2 ML                 | 4                | QL (3.2 per 42 days)       |

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| <b>Drug Name</b>                                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------|------------------|----------------------------|
| ABILIFY MAINTENA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>RECON 300 MG, 400 MG  | 4                | QL (2 per 28 days)         |
| ABILIFY MAINTENA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 300 MG, 400 MG | 4                | QL (2 per 28 days)         |
| <i>aripiprazole oral solution 1 mg/ml</i>                                             | 1                |                            |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)      | 1                |                            |
| <i>aripiprazole oral tablet,disintegrating 10 mg</i>                                  | 1                | ST; QL (90 per 30 days)    |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i>                                  | 1                | ST; QL (60 per 30 days)    |
| ARISTADA INITIO<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 675 MG/2.4 ML   | 4                | QL (4.8 per 365 days)      |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 1,064 MG/3.9 ML           | 4                | QL (3.9 per 14 days)       |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 441 MG/1.6 ML             | 4                | QL (1.6 per 14 days)       |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 662 MG/2.4 ML             | 4                | QL (2.4 per 14 days)       |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 882 MG/3.2 ML             | 4                | QL (3.2 per 14 days)       |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)              | 1                | QL (60 per 30 days)        |

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| <b>Drug Name</b>                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------|------------------|----------------------------|
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG                               | 4                | ST; QL (30 per 30 days)    |
| <i>chlorpromazine injection solution</i><br>25 mg/ml                     | 1                |                            |
| <i>chlorpromazine oral concentrate</i><br>100 mg/ml, 30 mg/ml            | 1                |                            |
| <i>chlorpromazine oral tablet 10 mg,</i><br>100 mg, 200 mg, 25 mg, 50 mg | 1                |                            |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)     | 1                |                            |
| <i>clozapine oral tablet,disintegrating</i><br>100 mg, 12.5 mg, 25 mg    | 1                | ST; QL (90 per 30 days)    |
| <i>clozapine oral tablet,disintegrating</i><br>150 mg                    | 1                | ST; QL (180 per 30 days)   |
| <i>clozapine oral tablet,disintegrating</i><br>200 mg                    | 1                | ST; QL (120 per 30 days)   |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG                      | 4                | ST; QL (60 per 30 days)    |
| COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG    | 4                | ST                         |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML                             | 4                | QL (0.75 per 21 days)      |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML                                  | 4                | QL (1 per 21 days)         |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML                              | 4                | QL (1.5 per 21 days)       |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML                             | 4                | QL (2.25 per 21 days)      |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML                              | 4                | QL (0.25 per 21 days)      |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML                               | 4                | QL (0.5 per 21 days)       |

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| <b>Drug Name</b>                                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG                                            | 4                | ST; QL (60 per 30 days)    |
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)                              | 3                | ST                         |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)                           | 3                | ST                         |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)                                 | 3                | ST                         |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                                                | 1                |                            |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                                                     | 1                |                            |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                                         | 1                |                            |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>                                                          | 1                |                            |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                            | 1                |                            |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i> | 1                |                            |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                                                    | 1                |                            |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i>                                                 | 1                |                            |
| <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                |                            |

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| <b>Drug Name</b>                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------|------------------|----------------------------|
| INVEGA HAFYERA<br>INTRAMUSCULAR SYRINGE 1,092<br>MG/3.5 ML | 4                | QL (3.5 per 166 days)      |
| INVEGA HAFYERA<br>INTRAMUSCULAR SYRINGE 1,560<br>MG/5 ML   | 4                | QL (5 per 166 days)        |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 117<br>MG/0.75 ML | 4                | QL (0.75 per 21 days)      |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 156<br>MG/ML      | 4                | QL (1 per 21 days)         |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 234<br>MG/1.5 ML  | 4                | QL (1.5 per 21 days)       |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 39<br>MG/0.25 ML  | 2                | QL (0.25 per 21 days)      |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 78<br>MG/0.5 ML   | 4                | QL (0.5 per 21 days)       |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 273<br>MG/0.88 ML   | 4                | QL (0.88 per 70 days)      |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 410<br>MG/1.32 ML   | 4                | QL (1.32 per 70 days)      |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 546<br>MG/1.75 ML   | 4                | QL (1.75 per 70 days)      |
| INVEGA TRINZA<br>INTRAMUSCULAR SYRINGE 819<br>MG/2.63 ML   | 4                | QL (2.63 per 70 days)      |

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| <b>Drug Name</b>                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---------------------------------------------------------------------------|------------------|-----------------------------|
| <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)        | 1                | QL (30 per 30 days)         |
| <i>lurasidone oral tablet 80 mg</i> (Latuda)                              | 1                | QL (60 per 30 days)         |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG                 | 4                | QL (30 per 30 days)         |
| <i>molindone oral tablet 10 mg</i>                                        | 1                | QL (240 per 30 days)        |
| <i>molindone oral tablet 25 mg</i>                                        | 1                | QL (270 per 30 days)        |
| <i>molindone oral tablet 5 mg</i>                                         | 4                | QL (120 per 30 days)        |
| NUPLAZID ORAL CAPSULE 34 MG                                               | 4                | PA NSO; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG                                                | 4                | PA NSO; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln 10 mg</i>                          | 1                | QL (30 per 30 days)         |
| <i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>                        | 1                |                             |
| <i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)               | 1                |                             |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>   | 1                |                             |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG                                        | 4                | ST                          |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i>              | 1                | QL (30 per 30 days)         |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega) | 1                | QL (30 per 30 days)         |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)       | 1                | QL (60 per 30 days)         |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                   | 1                |                             |

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| <b>Drug Name</b>                                                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| PERSERIS SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 120 MG, 90 MG                                       | 4                | QL (1 per 30 days)         |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                                                         | 1                |                            |
| <i>prochlorperazine 10 mg/2 ml vial<br/>outer 10 mg/2 ml (5 mg/ml)</i>                                         | 1                |                            |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)                          | 1                |                            |
| <i>quetiapine oral tablet 150 mg</i>                                                                           | 1                | QL (30 per 30 days)        |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)       | 1                |                            |
| REXULTI ORAL TABLET 0.25 MG,<br>0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                                                 | 4                | QL (30 per 30 days)        |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)    | 1                | QL (2 per 28 days)         |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml</i> (Rykindo)               | 1                | QL (2 per 28 days)         |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo) | 4                | QL (2 per 28 days)         |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal)                                                           | 1                |                            |
| <i>risperidone oral tablet 0.25 mg</i>                                                                         | 1                |                            |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)                                      | 1                |                            |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                          | 1                |                            |

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| <b>Drug Name</b>                                                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| RYKINDO INTRAMUSCULAR (risperidone<br>SUSPENSION,EXTENDED REL microspheres)<br>RECON 25 MG/2 ML, 37.5 MG/2<br>ML, 50 MG/2 ML | 4                | QL (2 per 28 days)         |
| SECUADO TRANSDERMAL PATCH<br>24 HOUR 3.8 MG/24 HOUR, 5.7<br>MG/24 HOUR, 7.6 MG/24 HOUR                                       | 4                | ST; QL (30 per 30 days)    |
| <i>thioridazine oral tablet 10 mg, 100<br/>mg, 25 mg, 50 mg</i>                                                              | 1                |                            |
| <i>thiothixene oral capsule 1 mg, 10<br/>mg, 2 mg, 5 mg</i>                                                                  | 1                |                            |
| <i>trifluoperazine oral tablet 1 mg, 10<br/>mg, 2 mg, 5 mg</i>                                                               | 1                |                            |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 100 MG/0.28 ML                                                       | 4                | QL (0.28 per 28 days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 125 MG/0.35 ML                                                       | 4                | QL (0.35 per 28 days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 150 MG/0.42 ML                                                       | 4                | QL (0.42 per 56 days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 200 MG/0.56 ML                                                       | 4                | QL (0.56 per 56 days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 250 MG/0.7 ML                                                        | 4                | QL (0.7 per 56 days)       |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 50 MG/0.14 ML                                                        | 4                | QL (0.14 per 28 days)      |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 75 MG/0.21 ML                                                        | 4                | QL (0.21 per 28 days)      |

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| Drug Name                                                                                    | Drug Tier | Requirements/Limits      |
|----------------------------------------------------------------------------------------------|-----------|--------------------------|
| VERSACLOZ ORAL SUSPENSION<br>50 MG/ML                                                        | 4         | ST; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG,<br>3 MG, 4.5 MG, 6 MG                                           | 4         | ST; QL (30 per 30 days)  |
| VRAYLAR ORAL CAPSULE,DOSE<br>PACK 1.5 MG (1)- 3 MG (6)                                       | 3         | ST                       |
| <i>ziprasidone hcl oral capsule 20 mg, (Geodon)<br/>40 mg, 60 mg, 80 mg</i>                  | 1         |                          |
| <i>ziprasidone mesylate (Geodon)<br/>intramuscular recon soln 20<br/>mg/ml (final conc.)</i> | 1         | QL (6 per 28 days)       |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 210 MG                    | 3         | QL (2 per 28 days)       |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 300 MG                    | 4         | QL (2 per 28 days)       |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 405 MG                    | 4         | QL (1 per 28 days)       |
| <b>Antivirals (Systemic)</b>                                                                 |           |                          |
| <b>Antiretrovirals</b>                                                                       |           |                          |
| <i>abacavir oral solution 20 mg/ml (Ziagen)</i>                                              | 1         |                          |
| <i>abacavir oral tablet 300 mg</i>                                                           | 1         |                          |
| <i>abacavir-lamivudine oral tablet<br/>600-300 mg</i>                                        | 1         |                          |
| APTIVUS ORAL CAPSULE 250 MG                                                                  | 4         |                          |
| <i>atazanavir oral capsule 150 mg</i>                                                        | 1         |                          |
| <i>atazanavir oral capsule 200 mg, (Reyataz)<br/>300 mg</i>                                  | 1         |                          |
| BIKTARVY ORAL TABLET 30-120-<br>15 MG, 50-200-25 MG                                          | 4         | QL (30 per 30 days)      |

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| Drug Name                                                                                                      | Drug Tier | Requirements/Limits  |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| CABENUVA INTRAMUSCULAR<br>SUSPENSION,EXTENDED RELEASE<br>400 MG/2 ML- 600 MG/2 ML, 600<br>MG/3 ML- 900 MG/3 ML | 4         |                      |
| <i>cabotegravir intramuscular<br/>suspension,extended release 400<br/>mg/2 ml (200 mg/ml)</i>                  | 4         | QL (24 per 365 days) |
| <i>cabotegravir intramuscular</i> (Apretude)<br><i>suspension,extended release 600<br/>mg/3 ml (200 mg/ml)</i> | 4         | QL (24 per 365 days) |
| CIMDUO ORAL TABLET 300-300<br>MG                                                                               | 4         |                      |
| <i>darunavir oral tablet 600 mg</i> (Prezista)                                                                 | 1         |                      |
| <i>darunavir oral tablet 800 mg</i> (Prezista)                                                                 | 4         |                      |
| DELSTRIGO ORAL TABLET 100-<br>300-300 MG                                                                       | 4         |                      |
| DESCOVY ORAL TABLET 120-15<br>MG, 200-25 MG                                                                    | 4         |                      |
| <i>didanosine oral capsule,delayed<br/>release(dr/ec) 250 mg, 400 mg</i>                                       | 1         |                      |
| DOVATO ORAL TABLET 50-300<br>MG                                                                                | 4         |                      |
| EDURANT ORAL TABLET 25 MG                                                                                      | 4         |                      |
| EDURANT PED ORAL TABLET FOR<br>SUSPENSION 2.5 MG                                                               | 4         |                      |
| <i>efavirenz oral capsule 200 mg, 50<br/>mg</i>                                                                | 1         |                      |
| <i>efavirenz oral tablet 600 mg</i>                                                                            | 1         |                      |
| <i>efavirenz-emtricitabin-tenofof oral<br/>tablet 600-200-300 mg</i>                                           | 1         |                      |
| <i>efavirenz-lamivu-tenofof disop<br/>oral tablet 400-300-300 mg</i>                                           | 4         |                      |

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| <b>Drug Name</b>                                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)            | 4                |                            |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva)                                                  | 1                |                            |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i> (Truvada)       | 1                |                            |
| <i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i> (Truvada)                               | 4                |                            |
| <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i> (Complera) | 4                |                            |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                                                      | 3                |                            |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)                                                       | 3                |                            |
| <i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)                                            | 4                |                            |
| EVOTAZ ORAL TABLET 300-150 MG                                                                       | 4                |                            |
| <i>fosamprenavir oral tablet 700 mg</i>                                                             | 4                |                            |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG                                                                | 4                |                            |
| GENVOYA ORAL TABLET 150-150-200-10 MG                                                               | 4                |                            |
| INTELENCE ORAL TABLET 25 MG                                                                         | 3                |                            |
| ISENTRRESS HD ORAL TABLET 600 MG                                                                    | 4                |                            |
| ISENTRRESS ORAL POWDER IN PACKET 100 MG                                                             | 4                |                            |
| ISENTRRESS ORAL TABLET 400 MG                                                                       | 4                |                            |
| ISENTRRESS ORAL TABLET,CHEWABLE 100 MG                                                              | 4                |                            |
| ISENTRRESS ORAL TABLET,CHEWABLE 25 MG                                                               | 2                |                            |

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| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------|------------------|----------------------------|
| JULUCA ORAL TABLET 50-25 MG                                                  | 4                |                            |
| KALETRA ORAL SOLUTION 400- (lopinavir-ritonavir)<br>100 MG/5 ML              | 3                | QL (480 per 30 days)       |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir)                            | 1                |                            |
| <i>lamivudine oral tablet 100 mg</i>                                         | 1                |                            |
| <i>lamivudine oral tablet 150 mg,</i> (Epivir)<br><i>300 mg</i>              | 1                |                            |
| <i>lamivudine-zidovudine oral tablet</i><br><i>150-300 mg</i>                | 1                |                            |
| LEXIVA ORAL SUSPENSION 50<br>MG/ML                                           | 3                |                            |
| <i>lopinavir-ritonavir oral solution</i> (Kaletra)<br><i>400-100 mg/5 ml</i> | 1                | QL (480 per 30 days)       |
| <i>lopinavir-ritonavir oral tablet 100-</i> (Kaletra)<br><i>25 mg</i>        | 1                | QL (300 per 30 days)       |
| <i>lopinavir-ritonavir oral tablet 200-</i> (Kaletra)<br><i>50 mg</i>        | 1                | QL (120 per 30 days)       |
| <i>maraviroc oral tablet 150 mg, 300</i> (Selzentry)<br><i>mg</i>            | 4                |                            |
| <i>nevirapine oral suspension 50</i><br><i>mg/5 ml</i>                       | 1                | QL (1200 per 30 days)      |
| <i>nevirapine oral tablet 200 mg</i>                                         | 1                | QL (60 per 30 days)        |
| <i>nevirapine oral tablet extended</i><br><i>release 24 hr 100 mg</i>        | 1                | QL (90 per 30 days)        |
| <i>nevirapine oral tablet extended</i><br><i>release 24 hr 400 mg</i>        | 1                | QL (30 per 30 days)        |
| NORVIR ORAL POWDER IN<br>PACKET 100 MG                                       | 3                |                            |
| NORVIR ORAL SOLUTION 80<br>MG/ML                                             | 3                |                            |
| ODEFSEY ORAL TABLET 200-25-25<br>MG                                          | 4                |                            |
| PIFELTRO ORAL TABLET 100 MG                                                  | 4                |                            |

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| Drug Name                                                                                                      | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG                                                                | 4         |                     |
| PREZISTA ORAL SUSPENSION 100 MG/ML                                                                             | 4         |                     |
| PREZISTA ORAL TABLET 150 MG                                                                                    | 4         |                     |
| PREZISTA ORAL TABLET 75 MG                                                                                     | 3         |                     |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML                                                                         | 3         |                     |
| REYATAZ ORAL POWDER IN PACKET 50 MG                                                                            | 4         |                     |
| <i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i> | 4         |                     |
| <i>ritonavir oral tablet 100 mg</i> (Norvir)                                                                   | 1         |                     |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG                                                              | 4         |                     |
| SELZENTRY ORAL SOLUTION 20 MG/ML                                                                               | 4         |                     |
| SELZENTRY ORAL TABLET 25 MG                                                                                    | 2         |                     |
| SELZENTRY ORAL TABLET 75 MG                                                                                    | 4         |                     |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>                                                       | 1         |                     |
| STRIBILD ORAL TABLET 150-150-200-300 MG                                                                        | 4         |                     |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)                                    | 4         |                     |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML                                                                       | 4         | PA BvD              |
| SYMITUZA ORAL TABLET 800-150-200-10 MG                                                                         | 4         |                     |

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| Drug Name                                                        | Drug Tier | Requirements/Limits  |
|------------------------------------------------------------------|-----------|----------------------|
| TEMIXYS ORAL TABLET 300-300 MG                                   | 4         |                      |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread) | 1         |                      |
| TIVICAY ORAL TABLET 10 MG                                        | 3         |                      |
| TIVICAY ORAL TABLET 25 MG, 50 MG                                 | 4         |                      |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG                       | 4         |                      |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                | 4         | QL (30 per 30 days)  |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG                 | 3         |                      |
| TRIZIVIR ORAL TABLET 300-150-300 MG                              | 4         |                      |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)         | 4         |                      |
| VEMLIDY ORAL TABLET 25 MG                                        | 4         | QL (30 per 30 days)  |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                              | 4         |                      |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                      | 4         |                      |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                        | 4         |                      |
| VOCABRIA ORAL TABLET 30 MG                                       | 3         |                      |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir)                 | 1         |                      |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)                 | 1         |                      |
| <i>zidovudine oral tablet 300 mg</i>                             | 1         |                      |
| <b>Antivirals, Miscellaneous</b>                                 |           |                      |
| LIVTENCITY ORAL TABLET 200 MG                                    | 4         | PA                   |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu)                  | 1         | QL (84 per 180 days) |
| <i>oseltamivir oral capsule 45 mg</i> (Tamiflu)                  | 1         | QL (48 per 180 days) |

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| Drug Name                                                               | Drug Tier | Requirements/Limits      |
|-------------------------------------------------------------------------|-----------|--------------------------|
| <i>oseltamivir oral capsule 75 mg</i> (Tamiflu)                         | 1         | QL (42 per 180 days)     |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | 1         | QL (540 per 180 days)    |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)                | 1         | QL (20 per 5 days)       |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)                  | 1         | QL (11 per 28 days)      |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG              | 1         | QL (30 per 5 days)       |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG                           | 4         | PA; QL (120 per 30 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                     | 4         | PA; QL (28 per 28 days)  |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION         | 3         | QL (60 per 180 days)     |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine)                       | 1         |                          |
| <b>Hcv Antivirals</b>                                                   |           |                          |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG                              | 4         | PA; QL (28 per 28 days)  |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG                                | 4         | PA; QL (56 per 28 days)  |
| EPCLUSA ORAL TABLET 200-50 MG                                           | 4         | PA; QL (28 per 28 days)  |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)                 | 4         | PA; QL (28 per 28 days)  |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG                             | 4         | PA; QL (28 per 28 days)  |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG                                | 4         | PA; QL (56 per 28 days)  |
| HARVONI ORAL TABLET 45-200 MG                                           | 4         | PA; QL (28 per 28 days)  |

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| Drug Name                                                | Drug Tier | Requirements/Limits     |
|----------------------------------------------------------|-----------|-------------------------|
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)    | 4         | PA; QL (28 per 28 days) |
| MAVYRET ORAL TABLET 100-40 MG                            | 4         | PA; QL (84 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG                        | 4         | PA; QL (28 per 28 days) |
| <b>Interferons</b>                                       |           |                         |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                 | 4         | PA                      |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML              | 4         | PA                      |
| <b>Nucleosides And Nucleotides</b>                       |           |                         |
| <i>acyclovir oral capsule 200 mg</i>                     | 1         |                         |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)   | 1         |                         |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>              | 1         |                         |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>    | 1         | PA BvD                  |
| <i>adefovir oral tablet 10 mg</i> (Hepsera)              | 1         |                         |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)    | 1         |                         |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>    | 1         |                         |
| <i>lagevrio (eua) oral capsule 200 mg</i>                | 3         | QL (40 per 5 days)      |
| <i>ribavirin oral capsule 200 mg</i>                     | 1         |                         |
| <i>ribavirin oral tablet 200 mg</i>                      | 1         |                         |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex) | 1         |                         |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte) | 4         |                         |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte)       | 1         |                         |

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| Drug Name                                                                                                      | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <b>Blood Products/Modifiers/Volume Expanders</b>                                                               |           |                     |
| <b>Anticoagulants</b>                                                                                          |           |                     |
| <i>dabigatran etexilate oral capsule</i> (Pradaxa)<br>110 mg, 150 mg, 75 mg                                    | 2         | QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D<br>START ORAL TABLETS,DOSE PACK<br>5 MG (74 TABS)                                     | 2         |                     |
| ELIQUIS ORAL TABLET 2.5 MG                                                                                     | 2         | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG                                                                                       | 2         | QL (74 per 30 days) |
| <i>enoxaparin subcutaneous syringe</i> (Lovenox)<br>100 mg/ml, 150 mg/ml                                       | 1         | QL (60 per 30 days) |
| <i>enoxaparin subcutaneous syringe</i> (Lovenox)<br>120 mg/0.8 ml, 80 mg/0.8 ml                                | 1         | QL (48 per 30 days) |
| <i>enoxaparin subcutaneous syringe</i> (Lovenox)<br>30 mg/0.3 ml                                               | 1         | QL (18 per 30 days) |
| <i>enoxaparin subcutaneous syringe</i> (Lovenox)<br>40 mg/0.4 ml                                               | 1         | QL (24 per 30 days) |
| <i>enoxaparin subcutaneous syringe</i> (Lovenox)<br>60 mg/0.6 ml                                               | 1         | QL (36 per 30 days) |
| <i>fondaparinux subcutaneous syringe</i> 10 mg/0.8 ml (Arixtra)                                                | 4         | QL (24 per 30 days) |
| <i>fondaparinux subcutaneous syringe</i> 2.5 mg/0.5 ml (Arixtra)                                               | 1         | QL (15 per 30 days) |
| <i>fondaparinux subcutaneous syringe</i> 5 mg/0.4 ml (Arixtra)                                                 | 4         | QL (12 per 30 days) |
| <i>fondaparinux subcutaneous syringe</i> 7.5 mg/0.6 ml (Arixtra)                                               | 4         | QL (18 per 30 days) |
| <i>heparin (porcine) injection solution</i><br>1,000 unit/ml, 10,000 unit/ml,<br>20,000 unit/ml, 5,000 unit/ml | 1         |                     |

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| Drug Name                                                                                        | Drug Tier | Requirements/Limits      |
|--------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin) | 1         |                          |
| <i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i> (Xarelto)                          | 1         | QL (600 per 30 days)     |
| <i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)                                                  | 1         |                          |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | 1         |                          |
| XARELTO DVT-PE TREAT 30D<br>START ORAL TABLETS,DOSE PACK<br>15 MG (42)- 20 MG (9)                | 2         |                          |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)                                 | 2         | QL (600 per 30 days)     |
| XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)                                                   | 2         | QL (30 per 30 days)      |
| XARELTO ORAL TABLET 15 MG (rivaroxaban)                                                          | 2         | QL (60 per 30 days)      |
| XARELTO ORAL TABLET 2.5 MG (rivaroxaban)                                                         | 2         | ST; QL (60 per 30 days)  |
| <b>Blood Formation Modifiers</b>                                                                 |           |                          |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG                                                     | 4         | PA; QL (60 per 30 days)  |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)                                                   | 4         | PA                       |
| DOPTelet (10 TAB PACK) ORAL TABLET 20 MG                                                         | 4         | PA; QL (60 per 30 days)  |
| DOPTelet (15 TAB PACK) ORAL TABLET 20 MG                                                         | 4         | PA; QL (60 per 30 days)  |
| DOPTelet (30 TAB PACK) ORAL TABLET 20 MG                                                         | 4         | PA; QL (60 per 30 days)  |
| <i>eltrombopag olamine oral powder in packet 12.5 mg</i> (Promacta)                              | 4         | PA; QL (90 per 30 days)  |
| <i>eltrombopag olamine oral powder in packet 25 mg</i> (Promacta)                                | 4         | PA; QL (180 per 30 days) |

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| Drug Name                                                                                                                             | Drug Tier | Requirements/Limits     |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>eltrombopag olamine oral tablet</i> (Promacta)<br><i>12.5 mg</i>                                                                   | 4         | PA; QL (90 per 30 days) |
| <i>eltrombopag olamine oral tablet</i> (Promacta)<br><i>25 mg</i>                                                                     | 4         | PA; QL (30 per 30 days) |
| <i>eltrombopag olamine oral tablet</i> (Promacta)<br><i>50 mg, 75 mg</i>                                                              | 4         | PA; QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS<br>RECON SOLN 2,000 UNIT                                                                                        | 4         | PA; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS<br>RECON SOLN 3,000 UNIT                                                                                        | 4         | PA; QL (20 per 30 days) |
| LEUKINE INJECTION RECON SOLN<br>250 MCG                                                                                               | 4         | PA                      |
| NIVESTYM INJECTION SOLUTION<br>300 MCG/ML, 480 MCG/1.6 ML                                                                             | 4         | PA                      |
| NIVESTYM SUBCUTANEOUS<br>SYRINGE 300 MCG/0.5 ML, 480<br>MCG/0.8 ML                                                                    | 4         | PA                      |
| NYVEPRIA SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                                                                                          | 4         | PA                      |
| RETACRIT INJECTION SOLUTION<br>10,000 UNIT/ML, 2,000 UNIT/ML,<br>20,000 UNIT/2 ML, 20,000<br>UNIT/ML, 3,000 UNIT/ML, 4,000<br>UNIT/ML | 2         | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION<br>40,000 UNIT/ML                                                                                         | 2         | PA; QL (4 per 28 days)  |
| ROLVEDON SUBCUTANEOUS<br>SYRINGE 13.2 MG/0.6 ML                                                                                       | 4         | PA                      |
| UDENYCA ONBODY<br>SUBCUTANEOUS SYRINGE, W/<br>WEARABLE INJECTOR 6 MG/0.6<br>ML                                                        | 4         | PA                      |
| <b>Hematologic Agents,<br/>Miscellaneous</b>                                                                                          |           |                         |

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| Drug Name                                                                   | Drug Tier | Requirements/Limits       |
|-----------------------------------------------------------------------------|-----------|---------------------------|
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin)                             | 1         |                           |
| <i>anagrelide oral capsule 1 mg</i>                                         | 1         |                           |
| CABLIVI INJECTION KIT 11 MG                                                 | 4         | PA; QL (30 per 30 days)   |
| DROXIA ORAL CAPSULE 200 MG,<br>300 MG, 400 MG                               | 3         |                           |
| TAVALISSE ORAL TABLET 100 MG,<br>150 MG                                     | 4         | PA; QL (60 per 30 days)   |
| <i>tranexamic acid oral tablet 650 mg</i>                                   | 1         |                           |
| <b>Platelet-Aggregation Inhibitors</b>                                      |           |                           |
| <i>aspirin-dipyridamole oral capsule,<br/>er multiphase 12 hr 25-200 mg</i> | 1         |                           |
| BRILINTA ORAL TABLET 90 MG (ticagrelor)                                     | 2         |                           |
| <i>cilostazol oral tablet 100 mg, 50<br/>mg</i>                             | 1         |                           |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix)                               | 1         |                           |
| <i>dipyridamole oral tablet 25 mg, 50<br/>mg, 75 mg</i>                     | 1         | PA; AGE (Max 64<br>Years) |
| <i>pentoxifylline oral tablet extended<br/>release 400 mg</i>               | 1         |                           |
| <i>prasugrel hcl oral tablet 10 mg, 5</i> (Effient)<br><i>mg</i>            | 1         | QL (30 per 30 days)       |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)                       | 1         |                           |
| <b>Caloric Agents</b>                                                       |           |                           |
| <b>Caloric Agents</b>                                                       |           |                           |
| CLINIMIX 5%/D15W SULFITE<br>FREE INTRAVENOUS PARENTERAL<br>SOLUTION 5 %     | 3         | PA BvD                    |
| CLINIMIX 4.25%/D10W SULF FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 4.25 %  | 3         | PA BvD                    |
| CLINIMIX 4.25%/D5W SULFIT<br>FREE INTRAVENOUS PARENTERAL<br>SOLUTION 4.25 % | 3         | PA BvD                    |

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| <b>Drug Name</b>                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------|------------------|----------------------------|
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %    | 3                | PA BvD                     |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %  | 3                | PA BvD                     |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 3                | PA BvD                     |
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 3                | PA BvD                     |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | 3                | PA BvD                     |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 3                | PA BvD                     |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 3                | PA BvD                     |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %    | 3                | PA BvD                     |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %    | 3                | PA BvD                     |
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 3                | PA BvD                     |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 3                | PA BvD                     |

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| Drug Name                                                                         | Drug Tier | Requirements/Limits      |
|-----------------------------------------------------------------------------------|-----------|--------------------------|
| <i>dextrose 5 % in water (d5w)</i><br><i>intravenous parenteral solution</i>      | 1         |                          |
| PROSOL 20 % INTRAVENOUS<br>PARENTERAL SOLUTION                                    | 3         | PA BvD                   |
| TRAVASOL 10 % INTRAVENOUS<br>PARENTERAL SOLUTION 10 %                             | 3         | PA BvD                   |
| TROPHAMINE 10 %<br>INTRAVENOUS PARENTERAL<br>SOLUTION 10 %                        | 3         | PA BvD                   |
| <b>Cardiovascular Agents</b>                                                      |           |                          |
| <b>Alpha-Adrenergic Agents</b>                                                    |           |                          |
| <i>clonidine hcl oral tablet 0.1 mg,</i><br><i>0.2 mg, 0.3 mg</i>                 | 1         |                          |
| <i>clonidine transdermal patch</i> (Catapres-TTS-1)<br><i>weekly 0.1 mg/24 hr</i> | 1         |                          |
| <i>clonidine transdermal patch</i> (Catapres-TTS-2)<br><i>weekly 0.2 mg/24 hr</i> | 1         |                          |
| <i>clonidine transdermal patch</i> (Catapres-TTS-3)<br><i>weekly 0.3 mg/24 hr</i> | 1         |                          |
| <i>doxazosin oral tablet 1 mg, 2 mg,</i> (Cardura)<br><i>4 mg, 8 mg</i>           | 1         |                          |
| <i>droxidopa oral capsule 100 mg</i> (Northera)                                   | 1         | PA; QL (180 per 30 days) |
| <i>droxidopa oral capsule 200 mg,</i> (Northera)<br><i>300 mg</i>                 | 4         | PA; QL (180 per 30 days) |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                          | 1         |                          |
| <i>midodrine oral tablet 10 mg, 2.5</i><br><i>mg, 5 mg</i>                        | 1         |                          |
| <i>prazosin oral capsule 1 mg, 2 mg,</i><br><i>5 mg</i>                           | 1         |                          |
| <b>Angiotensin II Receptor Antagonists</b>                                        |           |                          |

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| <b>Drug Name</b>                                                                                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)                                                                 | 5                |                            |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)                                  | 5                |                            |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)                                                         | 2                | QL (60 per 30 days)        |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG                                                                                    | 2                | QL (240 per 30 days)       |
| <i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)                                                                             | 5                |                            |
| <i>irbesartan oral tablet 75 mg</i>                                                                                               | 5                |                            |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)                                              | 5                |                            |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)                                                                         | 5                |                            |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)                                       | 5                |                            |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)                                                                        | 5                |                            |
| <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) | 5                |                            |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)                                  | 5                |                            |
| <i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i> (Entresto)                                                  | 1                | QL (60 per 30 days)        |
| <i>telmisartan oral tablet 20 mg</i>                                                                                              | 5                |                            |
| <i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)                                                                            | 5                |                            |

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| <b>Drug Name</b>                                                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>telmisartan-amlodipine oral tablet</i><br>40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg                                        | 1                |                            |
| <i>telmisartan-hydrochlorothiazid</i> (Micardis HCT)<br>oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg                     | 5                |                            |
| <i>valsartan oral tablet</i> 160 mg, 320 mg, 40 mg, 80 mg (Diovan)                                                       | 5                |                            |
| <i>valsartan-hydrochlorothiazide oral tablet</i> 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (Diovan HCT) | 5                |                            |
| <b>Angiotensin-Converting Enzyme Inhibitors</b>                                                                          |                  |                            |
| <i>benazepril oral tablet</i> 10 mg, 20 mg, 40 mg (Lotensin)                                                             | 5                |                            |
| <i>benazepril oral tablet</i> 5 mg                                                                                       | 5                |                            |
| <i>benazepril-hydrochlorothiazide</i> (Lotensin HCT)<br>oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg                     | 5                |                            |
| <i>benazepril-hydrochlorothiazide</i><br>oral tablet 5-6.25 mg                                                           | 5                |                            |
| <i>captopril oral tablet</i> 100 mg, 12.5 mg, 25 mg, 50 mg                                                               | 5                |                            |
| <i>enalapril maleate oral solution</i> 1 mg/ml (Epaned)                                                                  | 1                | ST; QL (1200 per 30 days)  |
| <i>enalapril maleate oral tablet</i> 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)                                                | 5                |                            |
| <i>enalapril-hydrochlorothiazide oral tablet</i> 10-25 mg (Vaseretic)                                                    | 5                |                            |
| <i>enalapril-hydrochlorothiazide oral tablet</i> 5-12.5 mg                                                               | 5                |                            |
| <i>fosinopril oral tablet</i> 10 mg, 20 mg, 40 mg                                                                        | 5                |                            |

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| <b>Drug Name</b>                                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                                | 5                |                            |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, (Zestril)<br/>20 mg, 30 mg, 40 mg, 5 mg</i>                    | 5                |                            |
| <i>lisinopril-hydrochlorothiazide oral (Zestoretic)<br/>tablet 10-12.5 mg, 20-12.5 mg,<br/>20-25 mg</i> | 5                |                            |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>                                                              | 5                |                            |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                                                | 5                |                            |
| <i>quinapril oral tablet 10 mg, 20 mg, (Accupril)<br/>40 mg, 5 mg</i>                                   | 5                |                            |
| <i>quinapril-hydrochlorothiazide oral (Accuretic)<br/>tablet 10-12.5 mg, 20-12.5 mg,<br/>20-25 mg</i>   | 5                |                            |
| <i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg (Altace)</i>                                             | 5                |                            |
| <i>ramipril oral capsule 10 mg</i>                                                                      | 5                |                            |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                                        | 5                |                            |
| <b>Antiarrhythmic Agents</b>                                                                            |                  |                            |
| <i>amiodarone oral tablet 100 mg, (Pacerone)<br/>200 mg</i>                                             | 1                |                            |
| <i>amiodarone oral tablet 400 mg</i>                                                                    | 1                |                            |
| <i>disopyramide phosphate oral (Norpace)<br/>capsule 100 mg, 150 mg</i>                                 | 1                | PA; AGE (Max 64 Years)     |
| <i>dofetilide oral capsule 125 mcg, (Tikosyn)<br/>250 mcg, 500 mcg</i>                                  | 1                |                            |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                                                     | 1                |                            |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                                                   | 1                |                            |

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| <b>Drug Name</b>                                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| MULTAQ ORAL TABLET 400 MG                                                                               | 2                |                            |
| <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 gluconate oral tablet extended release 324 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</i> (Tenoretic 100)                                    | 1                |                            |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)                                      | 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>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>                                                     | 1                |                            |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | 1                |                            |

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| <b>Drug Name</b>                                                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>metoprolol ta-hydrochlorothiaz</i><br><i>oral tablet 100-25 mg, 100-50 mg,</i><br><i>50-25 mg</i>                   | 1                |                            |
| <i>metoprolol tartrate oral tablet 100</i> (Lopressor)<br><i>mg, 50 mg</i>                                             | 1                |                            |
| <i>metoprolol tartrate oral tablet 25</i><br><i>mg</i>                                                                 | 1                |                            |
| <i>nadolol oral tablet 20 mg, 40 mg,</i><br><i>80 mg</i>                                                               | 1                |                            |
| <i>nebivolol oral tablet 10 mg, 2.5</i> (Bystolic)<br><i>mg, 20 mg, 5 mg</i>                                           | 1                |                            |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                                                | 1                |                            |
| <i>propranolol oral capsule,extended</i> (Inderal LA)<br><i>release 24 hr 120 mg, 160 mg, 60</i><br><i>mg, 80 mg</i>   | 1                |                            |
| <i>propranolol oral solution 20 mg/5</i><br><i>ml (4 mg/ml), 40 mg/5 ml (8</i><br><i>mg/ml)</i>                        | 1                |                            |
| <i>propranolol oral tablet 10 mg, 20</i><br><i>mg, 40 mg, 60 mg, 80 mg</i>                                             | 1                |                            |
| <i>sorine oral tablet 120 mg, 160 mg,</i> (sotalol)<br><i>240 mg, 80 mg</i>                                            | 1                |                            |
| <i>sotalol af oral tablet 120 mg, 160</i> (sotalol)<br><i>mg, 80 mg</i>                                                | 1                |                            |
| <i>sotalol oral tablet 120 mg, 160 mg,</i> (Sotalol AF)<br><i>80 mg</i>                                                | 1                |                            |
| <i>sotalol oral tablet 240 mg</i> (Betapace)                                                                           | 1                |                            |
| <i>timolol maleate oral tablet 10 mg,</i><br><i>20 mg, 5 mg</i>                                                        | 1                |                            |
| <b>Calcium-Channel Blocking Agents</b>                                                                                 |                  |                            |
| <i>cartia xt oral capsule,extended</i> (diltiazem hcl)<br><i>release 24hr 120 mg, 180 mg, 240</i><br><i>mg, 300 mg</i> | 1                |                            |

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| <b>Drug Name</b>                                                                                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>diltiazem 24hr er 360 mg cap</i> (Tiadylt ER)<br><i>once-a-day dosage</i>                                         | 1                |                            |
| <i>diltiazem 24hr er 420 mg cap</i> (Tiadylt ER)                                                                     | 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                |                            |
| <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, 300 mg</i>                                                     | 3                |                            |

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|-----------------------------------------------------------------------------|------------------|----------------------------|
| <i>verapamil oral capsule, 24 hr er pellet ct 200 mg</i>                    | 1                |                            |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> | 1                |                            |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>                 | 3                |                            |
| <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>                                 |                  |                            |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG                             | 4                | PA; QL (30 per 30 days)    |
| CORLANOR ORAL SOLUTION 5 MG/5 ML                                            | 3                | QL (600 per 30 days)       |
| DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML                            | 4                | PA; QL (0.8 per 28 days)   |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>                    | 1                |                            |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)  | 1                |                            |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)         | 2                | QL (4 per 30 days)         |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)       | 1                | QL (4 per 30 days)         |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>                    | 2                | QL (4 per 30 days)         |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)           | 1                | QL (4 per 30 days)         |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                  | 1                |                            |

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|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)                                                                              | 4         | PA; QL (18 per 30 days) |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)                                                                                   | 2         | QL (60 per 30 days)     |
| <i>metirosine oral capsule 250 mg</i> (Demser)                                                                                          | 4         | PA                      |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>                                                                           | 1         | QL (60 per 30 days)     |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i>                                                                             | 1         | QL (120 per 30 days)    |
| <i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)                                                                              | 4         | PA; QL (18 per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                                                                 | 3         | PA; QL (30 per 30 days) |
| <b>Dihydropyridines</b>                                                                                                                 |           |                         |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)                                                                             | 1         |                         |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)                                                 | 5         |                         |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>                                                                            | 5         |                         |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)                                                    | 5         |                         |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)                                              | 5         |                         |
| <i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT) | 1         |                         |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>                                                                | 1         |                         |

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| <b>Drug Name</b>                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                            | 1                |                            |
| KATERZIA ORAL SUSPENSION 1 MG/ML                                                       | 3                | ST; QL (300 per 30 days)   |
| <i>nicardipine oral capsule 20 mg, 30 mg</i>                                           | 1                |                            |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>                                            | 1                |                            |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL) | 1                |                            |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>                     | 1                |                            |
| <b>Diuretics</b>                                                                       |                  |                            |
| <i>amiloride oral tablet 5 mg</i>                                                      | 1                |                            |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>                               | 1                |                            |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                       | 1                |                            |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                         | 1                |                            |
| <i>furosemide injection solution 10 mg/ml</i>                                          | 1                |                            |
| <i>furosemide injection syringe 10 mg/ml</i>                                           | 1                |                            |
| <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                |                            |

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| Drug Name                                                                                                                                                                                        | Drug Tier | Requirements/Limits      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                                                                                                                                    | 1         |                          |
| JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan (polycys kidney dis))                                                                                                                               | 4         | PA; QL (120 per 30 days) |
| <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 tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i> (Jynarque) | 4         | PA; QL (56 per 28 days)  |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                                                                                                                                           | 1         |                          |
| <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, 5-10 mg</i> (Caduet)                                                                                                                            | 5         |                          |
| <i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)                                                                                      | 5         | QL (30 per 30 days)      |
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>                                                                                                                       | 5         |                          |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)                                                                                                                             | 5         | QL (30 per 30 days)      |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)                                                                                                                       | 1         |                          |

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| <b>Drug Name</b>                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>cholestyramine light oral powder in packet 4 gram</i>                            | 1                |                            |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)                        | 1                |                            |
| <i>colesevelam oral tablet 625 mg</i> (WelChol)                                     | 1                |                            |
| <i>colestipol oral packet 5 gram</i>                                                | 1                |                            |
| <i>colestipol oral tablet 1 gram</i> (Colestid)                                     | 1                |                            |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG                   | 3                | ST; QL (30 per 30 days)    |
| <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)                   | 5                | QL (30 per 30 days)        |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)                   | 5                | QL (30 per 30 days)        |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)                   | 5                | QL (30 per 30 days)        |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)                   | 5                | QL (30 per 30 days)        |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>     | 1                |                            |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)              | 1                |                            |
| <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> | 1                |                            |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i>                                        | 5                | QL (60 per 30 days)        |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)             | 5                |                            |

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| Drug Name                                                                 | Drug Tier | Requirements/Limits      |
|---------------------------------------------------------------------------|-----------|--------------------------|
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid)                             | 1         |                          |
| <i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)                    | 1         | QL (240 per 30 days)     |
| <i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)                      | 1         | QL (120 per 30 days)     |
| JUXTAPID ORAL CAPSULE 10 MG, 5 MG                                         | 4         | PA; QL (28 per 28 days)  |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG                                        | 4         | PA; QL (56 per 28 days)  |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                         | 5         |                          |
| NEXLETOL ORAL TABLET 180 MG                                               | 2         | ST; QL (30 per 30 days)  |
| NEXLIZET ORAL TABLET 180-10 MG                                            | 2         | ST; QL (30 per 30 days)  |
| <i>niacin oral tablet 500 mg</i> (Niacor)                                 | 1         |                          |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | 1         |                          |
| <i>niacor oral tablet 500 mg</i> (niacin)                                 | 1         |                          |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)             | 1         | ST; QL (120 per 30 days) |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)         | 1         | QL (30 per 30 days)      |
| <i>pravastatin oral tablet 10 mg, 80 mg</i>                               | 5         |                          |
| <i>pravastatin oral tablet 20 mg, 40 mg</i>                               | 5         | QL (30 per 30 days)      |
| <i>prevalite oral powder in packet 4 gram</i>                             | 1         |                          |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML           | 2         | ST; QL (7 per 28 days)   |

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| Drug Name                                                                             | Drug Tier | Requirements/Limits      |
|---------------------------------------------------------------------------------------|-----------|--------------------------|
| REPATHA SURECLICK<br>SUBCUTANEOUS PEN INJECTOR<br>140 MG/ML                           | 2         | ST; QL (6 per 28 days)   |
| REPATHA SYRINGE<br>SUBCUTANEOUS SYRINGE 140<br>MG/ML                                  | 2         | ST; QL (6 per 28 days)   |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)                   | 5         | QL (30 per 30 days)      |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)                            | 5         | QL (30 per 30 days)      |
| <i>simvastatin oral tablet 5 mg, 80 mg</i>                                            | 5         | QL (30 per 30 days)      |
| <b>Renin-Angiotensin-Aldosterone System Inhibitors</b>                                |           |                          |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)                                | 1         |                          |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)                                   | 1         |                          |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG                                              | 2         | PA; QL (30 per 30 days)  |
| <i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)                           | 1         | ST; QL (600 per 30 days) |
| <b>Vasodilators</b>                                                                   |           |                          |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>                           | 1         |                          |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)                       | 1         |                          |
| <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)                          | 1         |                          |

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|--------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <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         |                          |
| <b>Central Nervous System Agents</b>                                                                               |           |                          |
| <b>Central Nervous System Agents</b>                                                                               |           |                          |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>                                                         | 1         | QL (60 per 30 days)      |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>                                                               | 1         | QL (30 per 30 days)      |
| AUSTEDO ORAL TABLET 12 MG, 9 MG                                                                                    | 4         | PA; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG                                                                                           | 4         | PA; QL (60 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG                                                                | 4         | PA; QL (90 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG                                                         | 4         | PA; QL (60 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG                                           | 4         | PA; QL (30 per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG                                                                 | 4         | PA; QL (210 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14) | 4         | PA                       |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML                                                                | 4         | PA; QL (1 per 28 days)   |

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| <b>Drug Name</b>                                                                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| AVONEX INTRAMUSCULAR<br>SYRINGE KIT 30 MCG/0.5 ML                                                                     | 4                | PA; QL (1 per 28 days)     |
| BETASERON SUBCUTANEOUS KIT<br>0.3 MG                                                                                  | 4                | PA; QL (15 per 30 days)    |
| <i>clonidine hcl oral tablet extended<br/>release 12 hr 0.1 mg</i>                                                    | 1                |                            |
| <i>dalfampridine oral tablet extended (Ampyra)<br/>release 12 hr 10 mg</i>                                            | 1                | PA; QL (60 per 30 days)    |
| <i>dexmethylphenidate oral tablet 10 (Focalin)<br/>mg, 2.5 mg, 5 mg</i>                                               | 1                | QL (60 per 30 days)        |
| <i>dextroamphetamine sulfate oral (Dexedrine Spansule)<br/>capsule, extended release 10 mg,<br/>15 mg</i>             | 1                | QL (120 per 30 days)       |
| <i>dextroamphetamine sulfate oral<br/>capsule, extended release 5 mg</i>                                              | 1                | QL (120 per 30 days)       |
| <i>dextroamphetamine sulfate oral (Zenzedi)<br/>tablet 10 mg</i>                                                      | 1                | QL (180 per 30 days)       |
| <i>dextroamphetamine sulfate oral (Zenzedi)<br/>tablet 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>                                | 1                | QL (120 per 30 days)       |
| <i>dextroamphetamine sulfate oral (Zenzedi)<br/>tablet 20 mg</i>                                                      | 1                | QL (90 per 30 days)        |
| <i>dextroamphetamine sulfate oral (Zenzedi)<br/>tablet 30 mg</i>                                                      | 1                | QL (60 per 30 days)        |
| <i>dextroamphetamine-amphetamine (Adderall XR)<br/>oral capsule, extended release 24hr<br/>10 mg, 15 mg, 5 mg</i>     | 1                | QL (30 per 30 days)        |
| <i>dextroamphetamine-amphetamine (Adderall XR)<br/>oral capsule, extended release 24hr<br/>20 mg, 25 mg, 30 mg</i>    | 1                | QL (60 per 30 days)        |
| <i>dextroamphetamine-amphetamine (Adderall)<br/>oral tablet 10 mg, 12.5 mg, 15 mg,<br/>20 mg, 30 mg, 5 mg, 7.5 mg</i> | 1                | QL (60 per 30 days)        |

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| <b>Drug Name</b>                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)                   | 1                | PA; QL (14 per 7 days)     |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera) | 1                | PA                         |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)                   | 4                | PA; QL (60 per 30 days)    |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML                                                            | 4                | PA                         |
| <i>fingolimod oral capsule 0.5 mg</i> (Gilenya)                                                    | 4                | PA; QL (30 per 30 days)    |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)                                          | 4                | PA; QL (30 per 30 days)    |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)                                          | 4                | PA; QL (12 per 28 days)    |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)                                          | 4                | PA; QL (30 per 30 days)    |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)                                          | 4                | PA; QL (12 per 28 days)    |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)           | 1                |                            |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)                       | 4                | PA                         |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG                                                          | 4                | PA; QL (30 per 30 days)    |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG                                       | 4                | PA; QL (30 per 30 days)    |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML                                                | 4                | PA; QL (1.2 per 28 days)   |

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|-------------------------------------------------------------------------|------------------|----------------------------|
| <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>                         | 1                |                            |
| MAVENCLAD (10 TABLET PACK)<br>ORAL TABLET 10 MG                         | 4                | PA                         |
| MAVENCLAD (4 TABLET PACK)<br>ORAL TABLET 10 MG                          | 4                | PA                         |
| MAVENCLAD (5 TABLET PACK)<br>ORAL TABLET 10 MG                          | 4                | PA                         |
| MAVENCLAD (6 TABLET PACK)<br>ORAL TABLET 10 MG                          | 4                | PA                         |
| MAVENCLAD (7 TABLET PACK)<br>ORAL TABLET 10 MG                          | 4                | PA                         |
| MAVENCLAD (8 TABLET PACK)<br>ORAL TABLET 10 MG                          | 4                | PA                         |
| MAVENCLAD (9 TABLET PACK)<br>ORAL TABLET 10 MG                          | 4                | PA                         |
| MAYZENT ORAL TABLET 0.25 MG                                             | 4                | PA; QL (112 per 28 days)   |
| MAYZENT ORAL TABLET 1 MG, 2 MG                                          | 4                | PA; QL (30 per 30 days)    |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)  | 2                | PA                         |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | 4                | PA                         |

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| Drug Name                                                                                                            |                       | Drug Tier | Requirements/Limits  |
|----------------------------------------------------------------------------------------------------------------------|-----------------------|-----------|----------------------|
| <i>metadate er oral tablet extended release 20 mg</i>                                                                | (methylphenidate hcl) | 1         | QL (90 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)         | 1         | QL (30 per 30 days)  |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>                                                     | (Metadate CD)         | 1         | QL (60 per 30 days)  |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i>                                        | (Ritalin LA)          | 1         | QL (30 per 30 days)  |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>                                                      | (Ritalin LA)          | 1         | QL (60 per 30 days)  |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>                                                      |                       | 1         | QL (30 per 30 days)  |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>                                                       | (Methylin)            | 1         | QL (900 per 30 days) |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                                                            | (Ritalin)             | 1         | QL (90 per 30 days)  |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i>                                                        |                       | 1         | QL (90 per 30 days)  |
| <i>methylphenidate hcl oral tablet extended release 20 mg</i>                                                        | (Metadate ER)         | 1         | QL (90 per 30 days)  |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i> |                       | 1         | QL (30 per 30 days)  |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>                                     | (Concerta)            | 1         | QL (30 per 30 days)  |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>                                                   | (Concerta)            | 1         | QL (60 per 30 days)  |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>                                       |                       | 1         | QL (60 per 30 days)  |

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|--------------------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>methylphenidate hcl oral tablet</i> (Relexxii)<br><i>extended release 24hr 72 mg</i>    | 1         | QL (30 per 30 days)         |
| PLEGRIDY SUBCUTANEOUS PEN<br>INJECTOR 125 MCG/0.5 ML                                       | 4         | PA; QL (1 per 28 days)      |
| PLEGRIDY SUBCUTANEOUS PEN<br>INJECTOR 63 MCG/0.5 ML- 94<br>MCG/0.5 ML                      | 4         | PA                          |
| PLEGRIDY SUBCUTANEOUS<br>SYRINGE 125 MCG/0.5 ML                                            | 4         | PA; QL (1 per 28 days)      |
| PLEGRIDY SUBCUTANEOUS<br>SYRINGE 63 MCG/0.5 ML- 94<br>MCG/0.5 ML                           | 4         | PA                          |
| <i>riluzole oral tablet 50 mg</i>                                                          | 1         |                             |
| <i>teriflunomide oral tablet 14 mg, 7</i> (Aubagio)<br><i>mg</i>                           | 4         | PA; QL (30 per 30 days)     |
| <i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)                                        | 1         | PA; QL (112 per 28<br>days) |
| <i>tetrabenazine oral tablet 25 mg</i> (Xenazine)                                          | 4         | PA; QL (112 per 28<br>days) |
| VUMERITY ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 231 MG                                  | 4         | PA; QL (120 per 30<br>days) |
| <b>Contraceptives</b>                                                                      |           |                             |
| <b>Contraceptives</b>                                                                      |           |                             |
| <i>afirmelle oral tablet 0.1-20 mg-</i> (levonorgestrel-ethinyl<br><i>mcg</i> estrad)      | 1         |                             |
| <i>altavera (28) oral tablet 0.15-0.03</i> (levonorgestrel-ethinyl<br><i>mg</i> estrad)    | 1         |                             |
| <i>alyacen 1/35 (28) oral tablet 1-35</i> (norethindrone-ethin<br><i>mg-mcg</i> estradiol) | 1         |                             |
| <i>alyacen 7/7/7 (28) oral tablet</i><br><i>0.5/0.75/1 mg- 35 mcg</i>                      | 1         |                             |

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| Drug Name                                                                    |                                  | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (l norgest/e.estradiol-e.estrad) | 1         | QL (91 per 84 days) |
| <i>amethyst (28) oral tablet 90-20 mcg (28)</i>                              | (levonorgestrel-ethinyl estrad)  | 1         |                     |
| <i>apri oral tablet 0.15-0.03 mg</i>                                         | (desogestrel-ethinyl estradiol)  | 1         |                     |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>                         |                                  | 1         |                     |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (l norgest/e.estradiol-e.estrad) | 1         | QL (91 per 84 days) |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i>                                    | (levonorgestrel-ethinyl estrad)  | 1         |                     |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                        | (norethindrone ac-eth estradiol) | 1         |                     |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>                            | (norethindrone ac-eth estradiol) | 1         |                     |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                 | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>      | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>          | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>aviane oral tablet 0.1-20 mg-mcg</i>                                      | (levonorgestrel-ethinyl estrad)  | 1         |                     |
| <i>ayuna oral tablet 0.15-0.03 mg</i>                                        | (levonorgestrel-ethinyl estrad)  | 1         |                     |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                | (desog-e.estradiol/e.estradiol)  | 1         |                     |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i>                                |                                  | 1         |                     |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                  | (norethindrone-e.estradiol-iron) | 1         |                     |

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| <b>Drug Name</b>                                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)      | 1                |                            |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)          | 1                |                            |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                                                                    | 1                |                            |
| <i>camila oral tablet 0.35 mg</i> (norethindrone (contraceptive))                                            | 1                |                            |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)                              | 1                |                            |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)                                | 1                |                            |
| <i>cyred eq oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)                                     | 1                |                            |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)                             | 1                |                            |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                                                  | 1                |                            |
| <i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad) | 1                | QL (91 per 84 days)        |
| <i>deblitane oral tablet 0.35 mg</i> (norethindrone (contraceptive))                                         | 1                |                            |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))                | 1                |                            |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri)                                         | 1                |                            |
| <i>dolishale oral tablet 90-20 mcg (28)</i> (levonorgestrel-ethinyl estrad)                                  | 1                |                            |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))                                   | 1                |                            |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Syeda)                                          | 1                |                            |

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| Drug Name                                                                          |                                  | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>elinest oral tablet 0.3-30 mg-mcg</i>                                           | (norgestrel-ethinyl estradiol)   | 1         |                     |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>                                    | (etonogestrel-ethinyl estradiol) | 1         | QL (1 per 28 days)  |
| <i>emzahh oral tablet 0.35 mg</i>                                                  | (norethindrone (contraceptive))  | 1         |                     |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>                                 | (etonogestrel-ethinyl estradiol) | 1         | QL (1 per 28 days)  |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                         | (levonorg-eth estrad triphasic)  | 1         |                     |
| <i>enskyce oral tablet 0.15-0.03 mg</i>                                            | (desogestrel-ethinyl estradiol)  | 1         |                     |
| <i>errin oral tablet 0.35 mg</i>                                                   | (norethindrone (contraceptive))  | 1         |                     |
| <i>estarylla oral tablet 0.25-0.035 mg</i>                                         | (norgestimate-ethinyl estradiol) | 1         |                     |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>                       | (Kelnor 1/35 (28))               | 1         |                     |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>                       | (Valtya)                         | 1         |                     |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>             | (EluRyng)                        | 1         | QL (1 per 28 days)  |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i>                                      | (levonorgestrel-ethinyl estrad)  | 1         |                     |
| <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) | 1         |                     |
| <i>femynor oral tablet 0.25-35 mg-mcg</i>                                          | (norgestimate-ethinyl estradiol) | 1         |                     |
| <i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                             | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                         | (norethindrone-e.estradiol-iron) | 1         |                     |

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| <b>Drug Name</b>                                                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)         | 1                |                            |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)             | 1                |                            |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)                              | 1                | QL (1 per 28 days)         |
| <i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive))                                             | 1                |                            |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)              | 1                | QL (91 per 84 days)        |
| <i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive))                                            | 1                |                            |
| <i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)            | 1                | QL (91 per 84 days)        |
| <i>isibloom oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)                                       | 1                |                            |
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad) | 1                | QL (91 per 84 days)        |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)                                     | 1                |                            |
| <i>jencycla oral tablet 0.35 mg</i> (norethindrone (contraceptive))                                            | 1                |                            |
| <i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)              | 3                | QL (91 per 84 days)        |
| <i>juleber oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)                                        | 1                |                            |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)                            | 1                |                            |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)                                | 1                |                            |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)          | 1                |                            |

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| <b>Drug Name</b>                                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)                  | 1                |                            |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)                         | 1                |                            |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)                        | 1                |                            |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> (ethynodiol diac-eth estradiol)                                    | 1                |                            |
| <i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i> (ethynodiol diac-eth estradiol)                                    | 1                |                            |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)                                       | 1                |                            |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG                                            | 3                |                            |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> (Camrese Lo) | 1                | QL (91 per 84 days)        |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Rosyrah)   | 1                | QL (91 per 84 days)        |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)   | 1                | QL (91 per 84 days)        |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)                                | 1                |                            |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)                                    | 1                |                            |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)                         | 1                |                            |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)              | 1                |                            |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)                  | 1                |                            |

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| Drug Name                                                                               |                                  | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>lessina oral tablet 0.1-20 mg-mcg</i>                                                | (levonorgestrel-ethinyl estrad)  | 1         |                     |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                         | (levonorg-eth estrad triphasic)  | 1         |                     |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>          | (Balcoltra)                      | 3         |                     |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>                          | (Afirmelle)                      | 1         |                     |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>                           | (Altavera (28))                  | 1         |                     |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>                         | (Amethyst (28))                  | 1         |                     |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (Iclevia)                        | 1         | QL (91 per 84 days) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>         | (Enpresse)                       | 1         |                     |
| <i>levora-28 oral tablet 0.15-0.03 mg</i>                                               | (levonorgestrel-ethinyl estrad)  | 1         |                     |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG                   |                                  | 2         |                     |
| <i>loryna (28) oral tablet 3-0.02 mg</i>                                                | (drospirenone-ethinyl estradiol) | 1         |                     |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>                                      | (norgestrel-ethinyl estradiol)   | 1         |                     |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>                                        | (drospirenone-ethinyl estradiol) | 1         |                     |
| <i>luteru (28) oral tablet 0.1-20 mg-mcg</i>                                            | (levonorgestrel-ethinyl estrad)  | 1         |                     |
| <i>lyleq oral tablet 0.35 mg</i>                                                        | (norethindrone (contraceptive))  | 1         |                     |

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| Drug Name                                                                       |                                  | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>lyza oral tablet 0.35 mg</i>                                                 | (norethindrone (contraceptive))  | 1         |                     |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i>                                   | (levonorgestrel-ethinyl estrad)  | 1         |                     |
| <i>meleya oral tablet 0.35 mg</i>                                               | (norethindrone (contraceptive))  | 1         |                     |
| <i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                           | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                        | (norethindrone ac-eth estradiol) | 1         |                     |
| <i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>                            | (norethindrone ac-eth estradiol) | 1         |                     |
| <i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                 | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>      | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>          | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>mili oral tablet 0.25-0.035 mg</i>                                           | (norgestimate-ethinyl estradiol) | 1         |                     |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG         |                                  | 3         |                     |
| <i>mono-lynyah oral tablet 0.25-0.035 mg</i>                                    | (norgestimate-ethinyl estradiol) | 1         |                     |
| NEXPLANON SUBDERMAL IMPLANT 68 MG                                               |                                  | 2         |                     |
| <i>nikki (28) oral tablet 3-0.02 mg</i>                                         | (drospirenone-ethinyl estradiol) | 1         |                     |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | (Xulane)                         | 1         | QL (3 per 28 days)  |

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

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| <b>Drug Name</b>                                                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                                                      | 1                |                            |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)                                       | 1                |                            |
| <i>orquidea oral tablet 0.35 mg</i> (norethindrone (contraceptive))                                            | 1                |                            |
| <i>philith oral tablet 0.4-35 mg-mcg</i>                                                                       | 1                |                            |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)                   | 1                |                            |
| <i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)                                      | 1                |                            |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)                                 | 1                |                            |
| <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)  | 1                |                            |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)             | 1                | QL (91 per 84 days)        |
| <i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))                                            | 1                |                            |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)                   | 1                |                            |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad) | 1                | QL (91 per 84 days)        |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG                                            | 3                |                            |
| <i>sprintec (28) oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)                                | 1                |                            |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)                                        | 1                |                            |
| <i>syeda oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)                                            | 1                |                            |

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|----------------------------------------------------------------------|----------------------------------|-----------|---------------------|
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>           | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>               | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>           | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>     | (norgestimate-ethinyl estradiol) | 1         |                     |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>      | (norethindrone-e.estradiol-iron) | 1         |                     |
| <i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>        | (norgestimate-ethinyl estradiol) | 1         |                     |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>      | (norgestimate-ethinyl estradiol) | 1         |                     |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>         | (norgestimate-ethinyl estradiol) | 1         |                     |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>           | (norgestimate-ethinyl estradiol) | 1         |                     |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>       | (norgestimate-ethinyl estradiol) | 1         |                     |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>          | (norgestimate-ethinyl estradiol) | 1         |                     |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>          | (norgestimate-ethinyl estradiol) | 1         |                     |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> | (norgestimate-ethinyl estradiol) | 1         |                     |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>       | (levonorg-eth estrad triphasic)  | 1         |                     |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>        | (norgestimate-ethinyl estradiol) | 1         |                     |

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|-----------------------------------------------------------------------------|---------------------------------------|-----------|---------------------|
| <i>tri-vylibra</i> oral tablet<br>0.18/0.215/0.25 mg-0.035mg (28)           | (norgestimate-ethinyl<br>estradiol)   | 1         |                     |
| <i>turqoz</i> (28) oral tablet 0.3-30 mg-<br>mcg                            | (norgestrel-ethinyl<br>estradiol)     | 1         |                     |
| <i>valtya</i> oral tablet 1-50 mg-mcg                                       | (ethynodiol diac-eth<br>estradiol)    | 1         |                     |
| <i>velivet</i> triphasic regimen (28) oral<br>tablet 0.1/.125/.15-25 mg-mcg |                                       | 1         |                     |
| <i>vestura</i> (28) oral tablet 3-0.02 mg                                   | (drospirenone-ethinyl<br>estradiol)   | 1         |                     |
| <i>vienva</i> oral tablet 0.1-20 mg-mcg                                     | (levonorgestrel-ethinyl<br>estradiol) | 1         |                     |
| <i>violele</i> (28) oral tablet 0.15-0.02<br>mgx21 /0.01 mg x 5             | (desog-<br>e.estradiol/e.estradiol)   | 1         |                     |
| <i>volnea</i> (28) oral tablet 0.15-0.02<br>mgx21 /0.01 mg x 5              | (desog-<br>e.estradiol/e.estradiol)   | 1         |                     |
| <i>vyfemla</i> (28) oral tablet 0.4-35<br>mg-mcg                            |                                       | 1         |                     |
| <i>vylibra</i> oral tablet 0.25-0.035 mg                                    | (norgestimate-ethinyl<br>estradiol)   | 1         |                     |
| <i>xarah fe</i> oral tablet 1-20(5)/1-<br>30(7) /1mg-35mcg (9)              | (norethindrone-<br>e.estradiol-iron)  | 1         |                     |
| <i>xulane</i> transdermal patch weekly<br>150-35 mcg/24 hr                  | (norelgestromin-<br>ethin.estradiol)  | 1         | QL (3 per 28 days)  |
| <i>zafemy</i> transdermal patch weekly<br>150-35 mcg/24 hr                  | (norelgestromin-<br>ethin.estradiol)  | 1         | QL (3 per 28 days)  |
| <i>zovia 1/35e</i> (28) oral tablet 1-35<br>mg-mcg                          | (ethynodiol diac-eth<br>estradiol)    | 1         |                     |
| <i>zovia 1-35</i> (28) oral tablet 1-35<br>mg-mcg                           | (ethynodiol diac-eth<br>estradiol)    | 1         |                     |
| <i>zumandimine</i> (28) oral tablet 3-<br>0.03 mg                           | (drospirenone-ethinyl<br>estradiol)   | 1         |                     |

## Dental And Oral Agents

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| Drug Name                                                       |                             | Drug Tier | Requirements/Limits  |
|-----------------------------------------------------------------|-----------------------------|-----------|----------------------|
| <b>Dental And Oral Agents</b>                                   |                             |           |                      |
| <i>cevimeline oral capsule 30 mg</i>                            | (Evoxac)                    | 1         |                      |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> | (Periogard)                 | 1         |                      |
| <i>denta 5000 plus dental cream 1.1 %</i>                       | (fluoride (sodium))         | 1         |                      |
| <i>dentagel dental gel 1.1 %</i>                                | (fluoride (sodium))         | 1         |                      |
| <i>fluoride (sodium) dental gel 1.1 %</i>                       | (DentaGel)                  | 1         |                      |
| <i>fluoride (sodium) dental solution 0.2 %</i>                  | (PreviDent)                 | 1         |                      |
| <i>periogard mucous membrane mouthwash 0.12 %</i>               | (chlorhexidine gluconate)   | 1         |                      |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                 | (Salagen (pilocarpine))     | 1         |                      |
| <i>sf 5000 plus dental cream 1.1 %</i>                          | (fluoride (sodium))         | 1         |                      |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>         | (Denta 5000 Plus Sensitive) | 1         |                      |
| <i>triamcinolone acetonide dental paste 0.1 %</i>               | (Kourzeq)                   | 1         |                      |
| <b>Dermatological Agents</b>                                    |                             |           |                      |
| <b>Dermatological Agents, Other</b>                             |                             |           |                      |
| <i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>         | (isotretinoin)              | 1         |                      |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>             |                             | 1         |                      |
| <i>acyclovir topical cream 5 %</i>                              | (Zovirax)                   | 1         | QL (5 per 4 days)    |
| <i>acyclovir topical ointment 5 %</i>                           | (Zovirax)                   | 1         | QL (30 per 30 days)  |
| <i>ammonium lactate topical cream 12 %</i>                      |                             | 1         |                      |
| <i>ammonium lactate topical lotion 12 %</i>                     | (AmLactin)                  | 1         |                      |
| <i>calcipotriene scalp solution 0.005 %</i>                     |                             | 1         | QL (120 per 30 days) |

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| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------|------------------|----------------------------|
| <i>calcipotriene topical cream 0.005 %</i>                                   | 1                | QL (120 per 30 days)       |
| <i>calcipotriene topical ointment 0.005 %</i>                                | 1                | QL (120 per 30 days)       |
| <i>fluorouracil topical cream 0.5 %</i> (Carac)                              | 4                |                            |
| <i>fluorouracil topical cream 5 %</i> (Efudex)                               | 1                |                            |
| <i>fluorouracil topical solution 2 %, 5 %</i>                                | 1                |                            |
| <i>imiquimod topical cream in packet 5 %</i>                                 | 1                | QL (24 per 30 days)        |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %                              | 4                | ST; QL (5 per 5 days)      |
| <i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>                  | 4                |                            |
| PANRETIN TOPICAL GEL 0.1 %                                                   | 4                | QL (60 per 28 days)        |
| <i>penciclovir topical cream 1 %</i> (Denavir)                               | 1                |                            |
| <i>podofilox topical solution 0.5 %</i>                                      | 1                |                            |
| REGANEX TOPICAL GEL 0.01 %                                                   | 4                | PA; QL (30 per 30 days)    |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                                        | 3                | QL (180 per 30 days)       |
| VALCHLOR TOPICAL GEL 0.016 %                                                 | 4                | PA NSO                     |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)       | 1                |                            |
| <b>Dermatological Antibacterials</b>                                         |                  |                            |
| <i>clindamycin phosphate topical foam 1 %</i> (Clindacin)                    | 1                | QL (100 per 30 days)       |
| <i>clindamycin phosphate topical solution 1 %</i>                            | 1                | QL (180 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) | 1                |                            |

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| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>               | 1                |                            |
| <i>ery pads topical swab 2 %</i> (erythromycin with ethanol)        | 1                |                            |
| <i>erythromycin with ethanol topical gel 2 %</i> (Erygel)           | 1                |                            |
| <i>erythromycin with ethanol topical solution 2 %</i>               | 1                |                            |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin) | 1                |                            |
| <i>gentamicin topical cream 0.1 %</i>                               | 1                | QL (90 per 30 days)        |
| <i>gentamicin topical ointment 0.1 %</i>                            | 1                | QL (120 per 30 days)       |
| <i>metronidazole topical cream 0.75 %</i> (Rosadan)                 | 1                |                            |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan)                   | 1                |                            |
| <i>metronidazole topical gel 1 %</i> (Metrogel)                     | 1                |                            |
| <i>metronidazole topical lotion 0.75 %</i> (MetroLotion)            | 1                |                            |
| <i>mupirocin topical ointment 2 %</i> (Centany)                     | 1                | QL (220 per 30 days)       |
| <i>rosadan topical cream 0.75 %</i> (metronidazole)                 | 1                |                            |
| <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)                  | 3                |                            |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron) | 1                |                            |
| <b>Dermatological Anti-Inflammatory Agents</b>                      |                  |                            |
| <i>ala-cort topical cream 1 %</i> (hydrocortisone)                  | 1                |                            |
| <i>ala-scalp topical lotion 2 %</i> (hydrocortisone)                | 1                |                            |
| <i>alclometasone topical cream 0.05 %</i>                           | 1                |                            |

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| <b>Drug Name</b>                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------|------------------|----------------------------|
| <i>alclometasone topical ointment 0.05 %</i>                                    | 1                |                            |
| <i>betamethasone dipropionate topical cream 0.05 %</i>                          | 1                |                            |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>                         | 1                |                            |
| <i>betamethasone dipropionate topical ointment 0.05 %</i>                       | 1                |                            |
| <i>betamethasone valerate topical cream 0.1 %</i>                               | 1                |                            |
| <i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)                       | 1                |                            |
| <i>betamethasone valerate topical lotion 0.1 %</i>                              | 1                |                            |
| <i>betamethasone valerate topical ointment 0.1 %</i>                            | 1                |                            |
| <i>betamethasone, augmented topical cream 0.05 %</i>                            | 1                |                            |
| <i>betamethasone, augmented topical gel 0.05 %</i>                              | 1                |                            |
| <i>betamethasone, augmented topical lotion 0.05 %</i>                           | 1                |                            |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | 1                |                            |
| <i>clobetasol scalp solution 0.05 %</i>                                         | 1                |                            |
| <i>clobetasol topical cream 0.05 %</i>                                          | 1                |                            |
| <i>clobetasol topical foam 0.05 %</i> (Olux)                                    | 1                |                            |
| <i>clobetasol topical gel 0.05 %</i>                                            | 1                |                            |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex)                                | 1                |                            |
| <i>clobetasol topical ointment 0.05 %</i>                                       | 1                |                            |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex)                               | 1                |                            |
| <i>clobetasol-emollient topical cream 0.05 %</i>                                | 1                |                            |

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| <b>Drug Name</b>                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>clobetasol-emollient topical foam</i> (Olux-E)<br>0.05 %         | 1                |                            |
| <i>desonide topical cream</i> 0.05 %                                | 1                |                            |
| <i>desonide topical lotion</i> 0.05 %                               | 1                |                            |
| <i>desonide topical ointment</i> 0.05 %                             | 1                |                            |
| <i>desoximetasone topical cream</i> 0.05 % (Topicort)<br>0.25 %     | 1                | QL (120 per 30 days)       |
| <i>desoximetasone topical gel</i> 0.05 % (Topicort)                 | 1                | QL (120 per 30 days)       |
| <i>desoximetasone topical ointment</i> (Topicort)<br>0.05 %, 0.25 % | 1                |                            |
| <i>diflorasone topical ointment</i> 0.05 %                          | 1                | QL (180 per 30 days)       |
| EUCRISA TOPICAL OINTMENT 2 %                                        | 2                |                            |
| <i>fluocinolone topical cream</i> 0.01 %                            | 1                |                            |
| <i>fluocinolone topical cream</i> 0.025 % (Synalar)                 | 1                |                            |
| <i>fluocinolone topical ointment</i> (Synalar)<br>0.025 %           | 1                |                            |
| <i>fluocinonide topical cream</i> 0.05 %                            | 1                |                            |
| <i>fluocinonide topical gel</i> 0.05 %                              | 1                |                            |
| <i>fluocinonide topical ointment</i> 0.05 %                         | 1                |                            |
| <i>fluocinonide topical solution</i> 0.05 %                         | 1                |                            |
| <i>fluocinonide-emollient topical cream</i> 0.05 % (Fluocinonide-E) | 1                |                            |
| <i>fluticasone propionate topical cream</i> 0.05 %                  | 1                |                            |
| <i>fluticasone propionate topical ointment</i> 0.005 %              | 1                |                            |
| <i>halobetasol propionate topical cream</i> 0.05 %                  | 1                |                            |
| <i>halobetasol propionate topical ointment</i> 0.05 %               | 1                |                            |

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|------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>hydrocortisone 2.5% cream</i>                                                   | 1                |                            |
| <i>hydrocortisone butyrate topical cream 0.1 %</i>                                 | 1                | QL (120 per 30 days)       |
| <i>hydrocortisone butyrate topical lotion 0.1 %</i>                                | 1                | QL (236 per 30 days)       |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>                              | 1                | QL (120 per 30 days)       |
| <i>hydrocortisone butyrate topical solution 0.1 %</i>                              | 1                | QL (120 per 30 days)       |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort)                                 | 1                |                            |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC) | 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>                                 | 1                |                            |
| <i>hydrocortisone valerate topical ointment 0.2 %</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> (Elidel)                                     | 1                | QL (100 per 30 days)       |
| <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                |                            |

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| <i>tacrolimus topical ointment 0.03 %</i> , 0.1 %                      | 1         | QL (100 per 30 days) |
| <i>triamcinolone acetonide topical cream 0.025 %</i> , 0.1 %           | 1         |                      |
| <i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)           | 1         |                      |
| <i>triamcinolone acetonide topical lotion 0.025 %</i> , 0.1 %          | 1         |                      |
| <i>triamcinolone acetonide topical ointment 0.025 %</i> , 0.1 %, 0.5 % | 1         |                      |
| <b>Dermatological Retinoids</b>                                        |           |                      |
| <i>adapalene topical cream 0.1 %</i> (Differin)                        | 1         |                      |
| ALTRENO TOPICAL LOTION 0.05 %                                          | 3         | PA                   |
| <i>tazarotene topical cream 0.05 %</i> , 0.1 % (Tazorac)               | 1         |                      |
| <i>tretinoin topical cream 0.025 %</i> (Avita)                         | 1         | PA                   |
| <i>tretinoin topical cream 0.05 %</i> , 0.1 % (Retin-A)                | 1         | PA                   |
| <i>tretinoin topical gel 0.01 %</i> (Retin-A)                          | 1         | PA                   |
| <i>tretinoin topical gel 0.025 %</i> (Avita)                           | 1         | PA                   |
| <i>tretinoin topical gel 0.05 %</i> (Atralin)                          | 1         | PA                   |
| <b>Scabicides And Pediculicides</b>                                    |           |                      |
| <i>malathion topical lotion 0.5 %</i> (Ovide)                          | 1         |                      |
| <i>permethrin topical cream 5 %</i> (Elimite)                          | 1         | QL (60 per 30 days)  |
| <b>Devices</b>                                                         |           |                      |
| <b>Devices</b>                                                         |           |                      |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic) | 1         | PA; ST               |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic) | 1         | PA; ST               |

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| <b>Drug Name</b>                                                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| 1ST TIER UNIFINE PNTIP 6MM (pen needle, diabetic)<br>31G 31 GAUGE X 1/4"                                                           | 1                | PA; ST                     |
| 1ST TIER UNIFINE PNTIP 8MM (pen needle, diabetic)<br>31G STRL,SINGLE-USE,SHRT 31<br>GAUGE X 5/16"                                  | 1                | PA; ST                     |
| 1ST TIER UNIFINE PNTIP 29GX1/2" (pen needle, diabetic)<br>29 GAUGE X 1/2"                                                          | 1                | PA; ST                     |
| 1ST TIER UNIFINE PNTIP 31GX3/16 (pen needle, diabetic)<br>31 GAUGE X 3/16"                                                         | 1                | PA; ST                     |
| 1ST TIER UNIFINE PNTIP 32GX5/32 (pen needle, diabetic)<br>32 GAUGE X 5/32"                                                         | 1                | PA; ST                     |
| ABOUTTIME PEN NEEDLE NEEDLE (pen needle, diabetic)<br>30 GAUGE X 5/16", 31 GAUGE X<br>3/16", 31 GAUGE X 5/16", 32<br>GAUGE X 5/32" | 1                | PA; ST                     |
| ADVOCATE INS 0.3 ML 30GX5/16" (insulin syringe-needle<br>0.3 ML 30 GAUGE X 5/16" u-100)                                            | 1                | PA; ST                     |
| ADVOCATE INS 0.3 ML 31GX5/16" (insulin syringe-needle<br>0.3 ML 31 GAUGE X 5/16" u-100)                                            | 1                | PA; ST                     |
| ADVOCATE INS 0.5 ML 30GX5/16" (insulin syringe-needle<br>0.5 ML 30 GAUGE X 5/16" u-100)                                            | 1                | PA; ST                     |
| ADVOCATE INS 0.5 ML 31GX5/16" (insulin syringe-needle<br>0.5 ML 31 GAUGE X 5/16" u-100)                                            | 1                | PA; ST                     |
| ADVOCATE INS 1 ML 31GX5/16" 1 (insulin syringe-needle<br>ML 31 GAUGE X 5/16 u-100)                                                 | 1                | PA; ST                     |
| ADVOCATE INS SYR 0.3 ML (insulin syringe-needle<br>29GX1/2 0.3 ML 29 GAUGE X 1/2" u-100)                                           | 1                | PA; ST                     |
| ADVOCATE INS SYR 0.5 ML (insulin syringe-needle<br>29GX1/2 0.5 ML 29 GAUGE X 1/2" u-100)                                           | 1                | PA; ST                     |
| ADVOCATE INS SYR 1 ML (insulin syringe-needle<br>29GX1/2" 1 ML 29 GAUGE X 1/2" u-100)                                              | 1                | PA; ST                     |
| ADVOCATE INS SYR 1 ML (insulin syringe-needle<br>30GX5/16 1 ML 30 GAUGE X 5/16 u-100)                                              | 1                | PA; ST                     |

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|----------------------------------------------------------|-----------------------------------|-----------|---------------------|
| ADVOCATE PEN NDL 12.7MM<br>29G 29 GAUGE X 1/2"           | (pen needle, diabetic)            | 1         | PA; ST              |
| ADVOCATE PEN NEEDLE 32G<br>4MM 32 GAUGE X 5/32"          | (pen needle, diabetic)            | 1         | PA; ST              |
| ADVOCATE PEN NEEDLE 4MM<br>33G 33 GAUGE X 5/32"          | (pen needle, diabetic)            | 1         | PA; ST              |
| ADVOCATE PEN NEEDLES 5MM<br>31G 31 GAUGE X 3/16"         | (pen needle, diabetic)            | 1         | PA; ST              |
| ADVOCATE PEN NEEDLES 8MM<br>31G 31 GAUGE X 5/16"         | (pen needle, diabetic)            | 1         | PA; ST              |
| ALCOHOL 70% SWABS                                        | (Alcohol Pads)                    | 1         | PA; ST              |
| ALCOHOL PADS TOPICAL PADS,<br>MEDICATED                  | (alcohol swabs)                   | 1         | PA; ST              |
| ALCOHOL WIPES TOPICAL PADS,<br>MEDICATED                 | (alcohol swabs)                   | 1         | PA; ST              |
| AQINJECT PEN NEEDLE 31G 5MM<br>31 GAUGE X 3/16"          | (pen needle, diabetic)            | 1         | PA; ST              |
| AQINJECT PEN NEEDLE 32G 4MM<br>32 GAUGE X 5/32"          | (pen needle, diabetic)            | 1         | PA; ST              |
| ASSURE ID DUO PRO NDL 31G<br>5MM 31 GAUGE X 3/16"        | (pen needle, diabetic,<br>safety) | 1         | PA; ST              |
| ASSURE ID DUO-SHIELD<br>30GX3/16" 30 GAUGE X 3/16"       |                                   | 1         | PA; ST              |
| ASSURE ID DUO-SHIELD<br>30GX5/16" 30 GAUGE X 5/16"       |                                   | 1         | PA; ST              |
| ASSURE ID INSULIN SAFETY<br>SYRINGE 1 ML 29 GAUGE X 1/2" |                                   | 1         | PA; ST              |
| ASSURE ID PEN NEEDLE<br>30GX3/16" 30 GAUGE X 3/16"       |                                   | 1         | PA; ST              |
| ASSURE ID PEN NEEDLE<br>30GX5/16" 30 GAUGE X 5/16"       |                                   | 1         | PA; ST              |
| ASSURE ID PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16"       | (pen needle, diabetic,<br>safety) | 1         | PA; ST              |

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| ASSURE ID PRO PEN NDL 30G<br>5MM 30 GAUGE X 3/16"                                                               | 1                | PA; ST                     |
| ASSURE ID SYR 0.5 ML<br>31GX15/64" 0.5 ML 31 GAUGE X<br>15/64"                                                  | 1                | PA; ST                     |
| ASSURE ID SYR 1 ML 31GX15/64"<br>1 ML 31 GAUGE X 15/64"                                                         | 1                | PA; ST                     |
| AUTOSHIELD DUO PEN NDL 30G<br>5MM 30 GAUGE X 3/16"                                                              | 1                | PA; ST                     |
| BD AUTOSHIELD DUO NDL<br>5MMX30G 30 GAUGE X 3/16"                                                               | 1                | PA; ST                     |
| BD ECLIPSE 30GX1/2" SYRINGE 1 (insulin syringe-needle<br>ML 30 GAUGE X 1/2" u-100)                              | 1                | PA; ST                     |
| BD ECLIPSE NEEDLE 30GX1/2"<br>(OTC) 30 X 1/2 "                                                                  | 1                | PA; ST                     |
| BD INS SYR 0.3 ML<br>8MMX31G(1/2) 0.3 ML 31 GAUGE<br>X 5/16"                                                    | 1                | PA; ST                     |
| BD INS SYR UF 0.3 ML (insulin syringe-needle<br>12.7MMX30G 0.3 ML 30 GAUGE X u-100)<br>1/2"                     | 1                | PA; ST                     |
| BD INS SYR UF 0.5 ML (insulin syringe-needle<br>12.7MMX30G NOT FOR RETAIL u-100)<br>SALE 0.5 ML 30 GAUGE X 1/2" | 1                | PA; ST                     |
| BD INSULIN SYR 1 ML 25GX1" 1<br>ML 25 X 1"                                                                      | 1                | PA; ST                     |
| BD INSULIN SYR 1 ML 25GX5/8" 1 (insulin syringe-needle<br>ML 25 GAUGE X 5/8" u-100)                             | 1                | PA; ST                     |
| BD INSULIN SYR 1 ML 26GX1/2" 1<br>ML 26 X 1/2"                                                                  | 1                | PA; ST                     |
| BD INSULIN SYR 1 ML (insulin syringe-needle<br>27GX12.7MM 1 ML 27 GAUGE X u-100)<br>1/2"                        | 1                | PA; ST                     |

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| BD INSULIN SYR 1 ML 27GX5/8"<br>MICRO-FINE 1 ML 27 GAUGE X<br>5/8" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| BD INSULIN SYRINGE SLIP TIP<br>SYRINGE 1 ML                        | (insulin syringe<br>needleless)   | 1         | PA; ST              |
| BD LO-DOSE ULTRA-FINE<br>SYRINGE 0.5 ML 29 GAUGE X 1/2"            | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| BD NANO 2 GEN PEN NDL 32G<br>4MM 32 GAUGE X 5/32"                  | (pen needle, diabetic)            | 1         | PA; ST              |
| BD SAFETGLD INS 0.3 ML 29G<br>13MM 0.3 ML 29 GAUGE X 1/2"          |                                   | 1         | PA; ST              |
| BD SAFETGLD INS 0.5 ML<br>13MMX29G 0.5 ML 29 GAUGE X<br>1/2"       | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| BD SAFETYGLD INS 0.3 ML 31G<br>8MM 0.3 ML 31 GAUGE X 5/16"         |                                   | 1         | PA; ST              |
| BD SAFETYGLD INS 0.5 ML 30G<br>8MM 0.5 ML 30 GAUGE X 5/16"         |                                   | 1         | PA; ST              |
| BD SAFETYGLD INS 1 ML 29G<br>13MM 1 ML 29 GAUGE X 1/2"             |                                   | 1         | PA; ST              |
| BD SAFETYGLID INS 1 ML<br>6MMX31G 1 ML 31 GAUGE X<br>15/64"        |                                   | 1         | PA; ST              |
| BD SAFETYGLIDE SYRINGE<br>27GX5/8 1 ML 27 GAUGE X 5/8"             | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| BD SAFTYGLD INS 0.3 ML<br>6MMX31G 0.3 ML 31 GAUGE X<br>15/64"      |                                   | 1         | PA; ST              |
| BD SAFTYGLD INS 0.5 ML 29G<br>13MM 0.5 ML 29 GAUGE X 1/2"          |                                   | 1         | PA; ST              |
| BD SAFTYGLD INS 0.5 ML<br>6MMX31G 0.5 ML 31 GAUGE X<br>15/64"      |                                   | 1         | PA; ST              |

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|---------------------------------------------------------------|-----------------------------------|-----------|---------------------|
| BD UF MICRO PEN NEEDLE<br>6MMX32G 32 GAUGE X 1/4"             | (pen needle, diabetic)            | 1         | PA; ST              |
| BD UF MINI PEN NEEDLE<br>5MMX31G 31 GAUGE X 3/16"             | (pen needle, diabetic)            | 1         | PA; ST              |
| BD UF NANO PEN NEEDLE<br>4MMX32G 32 GAUGE X 5/32"             | (pen needle, diabetic)            | 1         | PA; ST              |
| BD UF ORIG PEN NDL<br>12.7MMX29G 29 GAUGE X 1/2"              | (pen needle, diabetic)            | 1         | PA; ST              |
| BD UF SHORT PEN NEEDLE<br>8MMX31G 31 GAUGE X 5/16"            | (pen needle, diabetic)            | 1         | PA; ST              |
| BD VEO INS 0.3 ML 6MMX31G<br>(1/2) 0.3 ML 31 GAUGE X 15/64"   |                                   | 1         | PA; ST              |
| BD VEO INS SYRING 1 ML<br>6MMX31G 1 ML 31 GAUGE X<br>15/64"   | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| BD VEO INS SYRN 0.3 ML<br>6MMX31G 0.3 ML 31 GAUGE X<br>15/64" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| BD VEO INS SYRN 0.5 ML<br>6MMX31G 1/2 ML 31 GAUGE X<br>15/64" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| BORDERED GAUZE 2"X2" 2 X 2 "                                  | (gauze bandage)                   | 1         | PA; ST              |
| CAREFINE PEN NEEDLE 12.7MM<br>29G 29 GAUGE X 1/2"             | (pen needle, diabetic)            | 1         | PA; ST              |
| CAREFINE PEN NEEDLE 4MM 32G<br>32 GAUGE X 5/32"               | (pen needle, diabetic)            | 1         | PA; ST              |
| CAREFINE PEN NEEDLE 5MM 32G<br>32 GAUGE X 3/16"               | (pen needle, diabetic)            | 1         | PA; ST              |
| CAREFINE PEN NEEDLE 6MM 31G<br>31 GAUGE X 1/4"                | (pen needle, diabetic)            | 1         | PA; ST              |
| CAREFINE PEN NEEDLE 8MM 30G<br>30 GAUGE X 5/16"               | (pen needle, diabetic)            | 1         | PA; ST              |
| CAREFINE PEN NEEDLES 6MM<br>32G 32 GAUGE X 1/4"               | (pen needle, diabetic)            | 1         | PA; ST              |

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|---------------------------------------------------------------------------------------------|------------------|----------------------------|
| CAREFINE PEN NEEDLES 8MM (pen needle, diabetic)<br>31G 31 GAUGE X 5/16"                     | 1                | PA; ST                     |
| CARETOUCH ALCOHOL 70% PREP (alcohol swabs)<br>PAD                                           | 1                | PA; ST                     |
| CARETOUCH PEN NEEDLE 29G (pen needle, diabetic)<br>12MM 29 GAUGE X 1/2"                     | 1                | PA; ST                     |
| CARETOUCH PEN NEEDLE (pen needle, diabetic)<br>31GX1/4" 31 GAUGE X 1/4"                     | 1                | PA; ST                     |
| CARETOUCH PEN NEEDLE (pen needle, diabetic)<br>31GX3/16" 31 GAUGE X 3/16"                   | 1                | PA; ST                     |
| CARETOUCH PEN NEEDLE (pen needle, diabetic)<br>31GX5/16" 31 GAUGE X 5/16"                   | 1                | PA; ST                     |
| CARETOUCH PEN NEEDLE (pen needle, diabetic)<br>32GX3/16" 32 GAUGE X 3/16"                   | 1                | PA; ST                     |
| CARETOUCH PEN NEEDLE (pen needle, diabetic)<br>32GX5/32" 32 GAUGE X 5/32"                   | 1                | PA; ST                     |
| CARETOUCH SYR 0.3 ML (insulin syringe-needle<br>31GX5/16" 0.3 ML 31 GAUGE X u-100)<br>5/16" | 1                | PA; ST                     |
| CARETOUCH SYR 0.5 ML (insulin syringe-needle<br>30GX5/16" 0.5 ML 30 GAUGE X u-100)<br>5/16" | 1                | PA; ST                     |
| CARETOUCH SYR 0.5 ML (insulin syringe-needle<br>31GX5/16" 0.5 ML 31 GAUGE X u-100)<br>5/16" | 1                | PA; ST                     |
| CARETOUCH SYR 1 ML 28GX5/16"<br>1 ML 28 X 5/16"                                             | 1                | PA; ST                     |
| CARETOUCH SYR 1 ML 29GX5/16"<br>1 ML 29 GAUGE X 5/16                                        | 1                | PA; ST                     |
| CARETOUCH SYR 1 ML 30GX5/16" (insulin syringe-needle<br>1 ML 30 GAUGE X 5/16 u-100)         | 1                | PA; ST                     |
| CARETOUCH SYR 1 ML 31GX5/16" (insulin syringe-needle<br>1 ML 31 GAUGE X 5/16 u-100)         | 1                | PA; ST                     |

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|---------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| CLICKFINE PEN NEEDLE (pen needle, diabetic)<br>32GX5/32" 32GX4MM, STERILE 32<br>GAUGE X 5/32"                       | 1                | PA; ST                     |
| COMFORT EZ 0.3 ML 31G 15/64" (insulin syringe-needle<br>0.3 ML 31 GAUGE X 15/64" u-100)                             | 1                | PA; ST                     |
| COMFORT EZ 0.5 ML 31G 15/64" (insulin syringe-needle<br>1/2 ML 31 GAUGE X 15/64" u-100)                             | 1                | PA; ST                     |
| COMFORT EZ INS 0.3 ML (insulin syringe-needle<br>30GX1/2" 0.3 ML 30 GAUGE X u-100)<br>1/2"                          | 1                | PA; ST                     |
| COMFORT EZ INS 0.3 ML (insulin syringe-needle<br>30GX5/16" 0.3 ML 30 GAUGE X u-100)<br>5/16"                        | 1                | PA; ST                     |
| COMFORT EZ INS 1 ML 31G (insulin syringe-needle<br>15/64" 1 ML 31 GAUGE X 15/64" u-100)                             | 1                | PA; ST                     |
| COMFORT EZ INS 1 ML (insulin syringe-needle<br>31GX5/16" 1 ML 31 GAUGE X u-100)<br>5/16"                            | 1                | PA; ST                     |
| COMFORT EZ INSULIN SYR 0.3 ML (insulin syringe-needle<br>0.3 ML 31 GAUGE X 5/16" u-100)                             | 1                | PA; ST                     |
| COMFORT EZ INSULIN SYR 0.5 ML (insulin syringe-needle<br>0.5 ML 30 GAUGE X 5/16", 0.5 ML u-100)<br>31 GAUGE X 5/16" | 1                | PA; ST                     |
| COMFORT EZ PEN NEEDLE 12MM (pen needle, diabetic)<br>29G 29 GAUGE X 1/2"                                            | 1                | PA; ST                     |
| COMFORT EZ PEN NEEDLES 4MM (pen needle, diabetic)<br>32G SINGLE USE, MICRO 32<br>GAUGE X 5/32"                      | 1                | PA; ST                     |
| COMFORT EZ PEN NEEDLES 4MM (pen needle, diabetic)<br>33G 33 GAUGE X 5/32"                                           | 1                | PA; ST                     |
| COMFORT EZ PEN NEEDLES 5MM (pen needle, diabetic)<br>31G MINI 31 GAUGE X 3/16"                                      | 1                | PA; ST                     |

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|--------------------------------------------------------------------------------------------------|------------------|----------------------------|
| COMFORT EZ PEN NEEDLES 5MM (pen needle, diabetic)<br>32G SINGLE USE,MINI,HRI 32<br>GAUGE X 3/16" | 1                | PA; ST                     |
| COMFORT EZ PEN NEEDLES 5MM (pen needle, diabetic)<br>33G 33 GAUGE X 3/16"                        | 1                | PA; ST                     |
| COMFORT EZ PEN NEEDLES 6MM (pen needle, diabetic)<br>31G 31 GAUGE X 1/4"                         | 1                | PA; ST                     |
| COMFORT EZ PEN NEEDLES 6MM (pen needle, diabetic)<br>32G 32 GAUGE X 1/4"                         | 1                | PA; ST                     |
| COMFORT EZ PEN NEEDLES 6MM (pen needle, diabetic)<br>33G 33 GAUGE X 1/4"                         | 1                | PA; ST                     |
| COMFORT EZ PEN NEEDLES 8MM (pen needle, diabetic)<br>31G SHORT 31 GAUGE X 5/16"                  | 1                | PA; ST                     |
| COMFORT EZ PEN NEEDLES 8MM (pen needle, diabetic)<br>32G 32 GAUGE X 5/16"                        | 1                | PA; ST                     |
| COMFORT EZ PEN NEEDLES 8MM<br>33G 33 GAUGE X 5/16"                                               | 1                | PA; ST                     |
| COMFORT EZ PRO PEN NDL 30G<br>8MM 30 GAUGE X 5/16"                                               | 1                | PA; ST                     |
| COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic,<br>4MM 31 GAUGE X 5/32" safety)                | 1                | PA; ST                     |
| COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic,<br>5MM 31 GAUGE X 3/16" safety)                | 1                | PA; ST                     |
| COMFORT EZ SYR 0.3 ML (insulin syringe-needle<br>29GX1/2" 0.3 ML 29 GAUGE X u-100)<br>1/2"       | 1                | PA; ST                     |
| COMFORT EZ SYR 0.5 ML (insulin syringe-needle<br>28GX1/2" 1/2 ML 28 GAUGE X u-100)<br>1/2"       | 1                | PA; ST                     |
| COMFORT EZ SYR 0.5 ML (insulin syringe-needle<br>29GX1/2" 0.5 ML 29 GAUGE X u-100)<br>1/2"       | 1                | PA; ST                     |

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| COMFORT EZ SYR 0.5 ML<br>30GX1/2" 0.5 ML 30 GAUGE X<br>1/2" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| COMFORT EZ SYR 1 ML 28GX1/2"<br>1 ML 28 GAUGE X 1/2"        | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| COMFORT EZ SYR 1 ML 29GX1/2"<br>1 ML 29 GAUGE X 1/2"        | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| COMFORT EZ SYR 1 ML 30GX1/2"<br>1 ML 30 GAUGE X 1/2"        | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| COMFORT EZ SYR 1 ML<br>30GX5/16" 1 ML 30 GAUGE X<br>5/16"   | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| COMFORT POINT PEN NDL<br>31GX1/3" 31 GAUGE X 1/3"           |                                   | 1         | PA; ST              |
| COMFORT POINT PEN NDL<br>31GX1/6" 31 GAUGE X 1/6"           |                                   | 1         | PA; ST              |
| COMFORT TOUCH PEN NDL 31G<br>4MM 31 GAUGE X 5/32"           | (pen needle, diabetic)            | 1         | PA; ST              |
| COMFORT TOUCH PEN NDL 31G<br>5MM 31 GAUGE X 3/16"           | (pen needle, diabetic)            | 1         | PA; ST              |
| COMFORT TOUCH PEN NDL 31G<br>6MM 31 GAUGE X 1/4"            | (pen needle, diabetic)            | 1         | PA; ST              |
| COMFORT TOUCH PEN NDL 31G<br>8MM 31 GAUGE X 5/16"           | (pen needle, diabetic)            | 1         | PA; ST              |
| COMFORT TOUCH PEN NDL 32G<br>4MM 32 GAUGE X 5/32"           | (pen needle, diabetic)            | 1         | PA; ST              |
| COMFORT TOUCH PEN NDL 32G<br>5MM 32 GAUGE X 3/16"           | (pen needle, diabetic)            | 1         | PA; ST              |
| COMFORT TOUCH PEN NDL 32G<br>6MM 32 GAUGE X 1/4"            | (pen needle, diabetic)            | 1         | PA; ST              |
| COMFORT TOUCH PEN NDL 32G<br>8MM 32 GAUGE X 5/16"           | (pen needle, diabetic)            | 1         | PA; ST              |
| COMFORT TOUCH PEN NDL 33G<br>4MM 33 GAUGE X 5/32"           | (pen needle, diabetic)            | 1         | PA; ST              |

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|-------------------------------------------------------------------------------------------|------------------|----------------------------|
| COMFORT TOUCH PEN NDL 33G (pen needle, diabetic)<br>6MM 33 GAUGE X 1/4"                   | 1                | PA; ST                     |
| COMFORT TOUCH PEN NDL (pen needle, diabetic)<br>33GX5MM 33 GAUGE X 3/16"                  | 1                | PA; ST                     |
| CURAD GAUZE PADS 2" X 2" 2 X 2 (gauze bandage)<br>"                                       | 1                | PA; ST                     |
| CURITY GAUZE SPONGES (12<br>PLY)-200/BAG 2 X 2 "                                          | 1                | PA; ST                     |
| CURITY GUAZE PADS 1'S(12 PLY) (gauze bandage)<br>2 X 2 "                                  | 1                | PA; ST                     |
| DERMACEA 2"X2" GAUZE 12 PLY, (gauze bandage)<br>USP TYPE VII 2 X 2 "                      | 1                | PA; ST                     |
| DERMACEA GAUZE 2"X2"<br>SPONGE 8 PLY 2 X 2 "                                              | 1                | PA; ST                     |
| DERMACEA NON-WOVEN 2"X2"<br>SPNGE 2 X 2 "                                                 | 1                | PA; ST                     |
| DROPLET 0.3 ML 29G<br>12.7MM(1/2) 0.3 ML 29 GAUGE X<br>1/2"                               | 1                | PA; ST                     |
| DROPLET 0.3 ML 30G<br>12.7MM(1/2) 0.3 ML 30 GAUGE X<br>1/2"                               | 1                | PA; ST                     |
| DROPLET 0.5 ML<br>29GX12.5MM(1/2) 0.5 ML 29<br>GAUGE X 1/2"                               | 1                | PA; ST                     |
| DROPLET 0.5 ML<br>30GX12.5MM(1/2) 0.5 ML 30<br>GAUGE X 1/2"                               | 1                | PA; ST                     |
| DROPLET INS 0.3 ML (insulin syringe-needle<br>29GX12.5MM 0.3 ML 29 GAUGE X u-100)<br>1/2" | 1                | PA; ST                     |
| DROPLET INS 0.3 ML 30G<br>8MM(1/2) 0.3 ML 30 GAUGE X<br>5/16"                             | 1                | PA; ST                     |

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| DROPLET INS 0.3 ML (insulin syringe-needle<br>30GX12.5MM 0.3 ML 30 GAUGE X u-100)<br>1/2"     | 1                | PA; ST                     |
| DROPLET INS 0.3 ML 31G (insulin syr/ndl u100<br>6MM(1/2) 0.3 ML 31 GAUGE X half mark)<br>1/4" | 1                | PA; ST                     |
| DROPLET INS 0.3 ML 31G<br>8MM(1/2) 0.3 ML 31 GAUGE X<br>5/16"                                 | 1                | PA; ST                     |
| DROPLET INS 0.5 ML 29G 12.7MM (insulin syringe-needle<br>0.5 ML 29 GAUGE X 1/2" u-100)        | 1                | PA; ST                     |
| DROPLET INS 0.5 ML 30G 12.7MM (insulin syringe-needle<br>0.5 ML 30 GAUGE X 1/2" u-100)        | 1                | PA; ST                     |
| DROPLET INS 0.5 ML<br>30GX6MM(1/2) 0.5ML 30 GAUGE<br>X 15/64"                                 | 1                | PA; ST                     |
| DROPLET INS 0.5 ML<br>30GX8MM(1/2) 0.5 ML 30 GAUGE<br>X 5/16"                                 | 1                | PA; ST                     |
| DROPLET INS 0.5 ML<br>31GX6MM(1/2) 0.5 ML 31 GAUGE<br>X 15/64"                                | 1                | PA; ST                     |
| DROPLET INS 0.5 ML<br>31GX8MM(1/2) 0.5 ML 31 GAUGE<br>X 5/16"                                 | 1                | PA; ST                     |
| DROPLET INS SYR 0.3 ML<br>30GX6MM 0.3 ML 30 GAUGE X<br>15/64"                                 | 1                | PA; ST                     |
| DROPLET INS SYR 0.3 ML (insulin syringe-needle<br>30GX8MM 0.3 ML 30 GAUGE X u-100)<br>5/16"   | 1                | PA; ST                     |
| DROPLET INS SYR 0.3 ML (insulin syringe-needle<br>31GX6MM 0.3 ML 31 GAUGE X u-100)<br>15/64"  | 1                | PA; ST                     |

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| DROPLET INS SYR 0.3 ML<br>31GX8MM 0.3 ML 31 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| DROPLET INS SYR 0.5 ML 30G<br>8MM 0.5 ML 30 GAUGE X 5/16"    | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| DROPLET INS SYR 0.5 ML 31G<br>6MM 1/2 ML 31 GAUGE X 1/4"     | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| DROPLET INS SYR 0.5 ML 31G<br>8MM 0.5 ML 31 GAUGE X 5/16"    | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| DROPLET INS SYR 1 ML 29G<br>12.7MM 1 ML 29 GAUGE X 1/2"      | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| DROPLET INS SYR 1 ML 30G 8MM<br>1 ML 30 GAUGE X 5/16         | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| DROPLET INS SYR 1 ML<br>30GX12.5MM 1 ML 30 GAUGE X<br>1/2"   | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| DROPLET INS SYR 1 ML<br>30GX6MM 1 ML 30 GAUGE X<br>15/64"    |                                   | 1         | PA; ST              |
| DROPLET INS SYR 1 ML 31G 6MM<br>1 ML 31 GAUGE X 1/4"         | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| DROPLET INS SYR 1 ML<br>31GX6MM 1 ML 31 GAUGE X<br>15/64"    | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| DROPLET INS SYR 1 ML<br>31GX8MM 1 ML 31 GAUGE X 5/16         | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| DROPLET MICRON 34G X 9/64"<br>34 GAUGE X 9/64"               |                                   | 1         | PA; ST              |
| DROPLET PEN NEEDLE 29G 10MM<br>29 GAUGE X 3/8"               |                                   | 1         | PA; ST              |
| DROPLET PEN NEEDLE 29G 12MM<br>29 GAUGE X 1/2"               | (pen needle, diabetic)            | 1         | PA; ST              |
| DROPLET PEN NEEDLE 30G 8MM<br>30 GAUGE X 5/16"               | (pen needle, diabetic)            | 1         | PA; ST              |

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| <b>Drug Name</b>                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------|------------------|----------------------------|
| DROPLET PEN NEEDLE 31G 5MM (pen needle, diabetic)<br>31 GAUGE X 3/16" | 1                | PA; ST                     |
| DROPLET PEN NEEDLE 31G 6MM (pen needle, diabetic)<br>31 GAUGE X 1/4"  | 1                | PA; ST                     |
| DROPLET PEN NEEDLE 31G 8MM (pen needle, diabetic)<br>31 GAUGE X 5/16" | 1                | PA; ST                     |
| DROPLET PEN NEEDLE 32G 4MM (pen needle, diabetic)<br>32 GAUGE X 5/32" | 1                | PA; ST                     |
| DROPLET PEN NEEDLE 32G 5MM (pen needle, diabetic)<br>32 GAUGE X 3/16" | 1                | PA; ST                     |
| DROPLET PEN NEEDLE 32G 6MM (pen needle, diabetic)<br>32 GAUGE X 1/4"  | 1                | PA; ST                     |
| DROPLET PEN NEEDLE 32G 8MM (pen needle, diabetic)<br>32 GAUGE X 5/16" | 1                | PA; ST                     |
| DROPSAFE ALCOHOL 70% PREP (alcohol swabs)<br>PADS                     | 1                | PA; ST                     |
| DROPSAFE INS SYR 0.3 ML 31G<br>6MM 0.3 ML 31 GAUGE X 15/64"           | 1                | PA; ST                     |
| DROPSAFE INS SYR 0.3 ML 31G<br>8MM 0.3 ML 31 GAUGE X 5/16"            | 1                | PA; ST                     |
| DROPSAFE INS SYR 0.5 ML 31G<br>6MM 0.5 ML 31 GAUGE X 15/64"           | 1                | PA; ST                     |
| DROPSAFE INS SYR 0.5 ML 31G<br>8MM 0.5 ML 31 GAUGE X 5/16"            | 1                | PA; ST                     |
| DROPSAFE INSUL SYR 1 ML 31G<br>6MM 1 ML 31 GAUGE X 15/64"             | 1                | PA; ST                     |
| DROPSAFE INSUL SYR 1 ML 31G<br>8MM 1 ML 31 GAUGE X 5/16"              | 1                | PA; ST                     |
| DROPSAFE INSULN 1 ML 29G<br>12.5MM 1 ML 29 GAUGE X 1/2"               | 1                | PA; ST                     |
| DROPSAFE PEN NEEDLE 31GX1/4"<br>31 GAUGE X 1/4"                       | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                                                                                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| DROPSAFE PEN NEEDLE (pen needle, diabetic, safety)<br>31GX3/16" 31 GAUGE X 3/16"                                                                                                                             | 1                | PA; ST                     |
| DROPSAFE PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"                                                                                                                                                            | 1                | PA; ST                     |
| DRUG MART ULTRA COMFORT (insulin syringe-needle u-100)<br>SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | 1                | PA; ST                     |
| EASY CMFT SFTY PEN NDL 31G (pen needle, diabetic, safety)<br>5MM 31 GAUGE X 3/16"                                                                                                                            | 1                | PA; ST                     |
| EASY CMFT SFTY PEN NDL 31G<br>6MM 31 GAUGE X 1/4"                                                                                                                                                            | 1                | PA; ST                     |
| EASY CMFT SFTY PEN NDL 32G<br>4MM 32 GAUGE X 5/32"                                                                                                                                                           | 1                | PA; ST                     |
| EASY COMFORT 0.3 ML 31G 1/2"<br>0.3 ML 31 X 1/2"                                                                                                                                                             | 1                | PA; ST                     |
| EASY COMFORT 0.3 ML 31G 5/16" (insulin syringe-needle u-100)<br>0.3 ML 31 GAUGE X 5/16"                                                                                                                      | 1                | PA; ST                     |
| EASY COMFORT 0.3 ML SYRINGE (insulin syringe-needle u-100)<br>0.3 ML 30 GAUGE X 5/16"                                                                                                                        | 1                | PA; ST                     |
| EASY COMFORT 0.5 ML 30GX1/2" (insulin syringe-needle u-100)<br>0.5 ML 30 GAUGE X 1/2"                                                                                                                        | 1                | PA; ST                     |
| EASY COMFORT 0.5 ML (insulin syringe-needle u-100)<br>31GX5/16" 0.5 ML 31 GAUGE X 5/16"                                                                                                                      | 1                | PA; ST                     |
| EASY COMFORT 0.5 ML<br>32GX5/16" 1/2 ML 32 GAUGE X 5/16"                                                                                                                                                     | 1                | PA; ST                     |
| EASY COMFORT 0.5 ML SYRINGE (insulin syringe-needle u-100)<br>0.5 ML 30 GAUGE X 5/16"                                                                                                                        | 1                | PA; ST                     |
| EASY COMFORT 1 ML 31GX5/16" (insulin syringe-needle u-100)<br>1 ML 31 GAUGE X 5/16"                                                                                                                          | 1                | PA; ST                     |

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|------------------------------------------------------------------------------------------|------------------|----------------------------|
| EASY COMFORT 1 ML 32GX5/16"<br>1 ML 32 GAUGE X 5/16"                                     | 1                | PA; ST                     |
| EASY COMFORT ALCOHOL 70% (alcohol swabs)<br>PAD                                          | 1                | PA; ST                     |
| EASY COMFORT INSULIN 1 ML (insulin syringe-needle<br>SYR 1 ML 30 GAUGE X 5/16 u-100)     | 1                | PA; ST                     |
| EASY COMFORT PEN NDL 29G<br>4MM 29 GAUGE X 5/32"                                         | 1                | PA; ST                     |
| EASY COMFORT PEN NDL 29G<br>5MM 29 GAUGE X 3/16"                                         | 1                | PA; ST                     |
| EASY COMFORT PEN NDL (pen needle, diabetic)<br>31GX1/4" 31 GAUGE X 1/4"                  | 1                | PA; ST                     |
| EASY COMFORT PEN NDL (pen needle, diabetic)<br>31GX3/16" 31 GAUGE X 3/16"                | 1                | PA; ST                     |
| EASY COMFORT PEN NDL (pen needle, diabetic)<br>31GX5/16" 31 GAUGE X 5/16"                | 1                | PA; ST                     |
| EASY COMFORT PEN NDL (pen needle, diabetic)<br>32GX5/32" 32 GAUGE X 5/32"                | 1                | PA; ST                     |
| EASY COMFORT PEN NDL 33G (pen needle, diabetic)<br>4MM 33 GAUGE X 5/32"                  | 1                | PA; ST                     |
| EASY COMFORT PEN NDL 33G (pen needle, diabetic)<br>5MM 33 GAUGE X 3/16"                  | 1                | PA; ST                     |
| EASY COMFORT PEN NDL 33G (pen needle, diabetic)<br>6MM 33 GAUGE X 1/4"                   | 1                | PA; ST                     |
| EASY COMFORT SYR 0.5 ML 29G (insulin syringe-needle<br>8MM 1/2 ML 29 X5/16 " u-100)      | 1                | PA; ST                     |
| EASY COMFORT SYR 1 ML 29G<br>8MM 1 ML 29 GAUGE X 5/16                                    | 1                | PA; ST                     |
| EASY COMFORT SYR 1 ML (insulin syringe-needle<br>30GX1/2" 1 ML 30 GAUGE X 1/2" u-100)    | 1                | PA; ST                     |
| EASY GLIDE INS 0.3 ML 31GX6MM (insulin syringe-needle<br>0.3 ML 31 GAUGE X 15/64" u-100) | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------|------------------|----------------------------|
| EASY GLIDE INS 0.5 ML 31GX6MM (insulin syringe-needle<br>1/2 ML 31 GAUGE X 15/64" u-100)   | 1                | PA; ST                     |
| EASY GLIDE INS 1 ML 31GX6MM (insulin syringe-needle<br>1 ML 31 GAUGE X 15/64" u-100)       | 1                | PA; ST                     |
| EASY GLIDE PEN NEEDLE 4MM (pen needle, diabetic)<br>33G 33 GAUGE X 5/32"                   | 1                | PA; ST                     |
| EASY TOUCH 0.3 ML SYR (insulin syringe-needle<br>30GX1/2" 0.3 ML 30 GAUGE X u-100)<br>1/2" | 1                | PA; ST                     |
| EASY TOUCH 0.5 ML SYR (insulin syringe-needle<br>27GX1/2" 1/2 ML 27 GAUGE X u-100)<br>1/2" | 1                | PA; ST                     |
| EASY TOUCH 0.5 ML SYR<br>29GX1/2" 0.5 ML 29 GAUGE X<br>1/2"                                | 1                | PA; ST                     |
| EASY TOUCH 0.5 ML SYR (insulin syringe-needle<br>30GX1/2" 0.5 ML 30 GAUGE X u-100)<br>1/2" | 1                | PA; ST                     |
| EASY TOUCH 0.5 ML SYR<br>30GX5/16 0.5 ML 30 GAUGE X<br>5/16"                               | 1                | PA; ST                     |
| EASY TOUCH 1 ML SYR 27GX1/2" (insulin syringe-needle<br>1 ML 27 GAUGE X 1/2" u-100)        | 1                | PA; ST                     |
| EASY TOUCH 1 ML SYR 29GX1/2"<br>1 ML 29 GAUGE X 1/2"                                       | 1                | PA; ST                     |
| EASY TOUCH 1 ML SYR 30GX1/2"<br>1 ML 30 GAUGE X 1/2"                                       | 1                | PA; ST                     |
| EASY TOUCH FLIPLOK 1 ML<br>27GX0.5 1 ML 27 GAUGE X 1/2"                                    | 1                | PA; ST                     |
| EASY TOUCH INSULIN 1 ML<br>29GX1/2 1 ML 29 GAUGE X 1/2"                                    | 1                | PA; ST                     |
| EASY TOUCH INSULIN 1 ML<br>30GX1/2 1 ML 30 GAUGE X 1/2"                                    | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| EASY TOUCH INSULIN SYR 0.3 ML (insulin syringe-needle<br>0.3 ML 30 GAUGE X 5/16", 0.3 ML u-100)<br>31 GAUGE X 5/16" | 1                | PA; ST                     |
| EASY TOUCH INSULIN SYR 0.5 ML (insulin syringe-needle<br>0.5 ML 30 GAUGE X 5/16", 0.5 ML u-100)<br>31 GAUGE X 5/16" | 1                | PA; ST                     |
| EASY TOUCH INSULIN SYR 1 ML 1 (insulin syringe-needle<br>ML 30 GAUGE X 5/16, 1 ML 31 u-100)<br>GAUGE X 5/16         | 1                | PA; ST                     |
| EASY TOUCH INSULIN SYR 1 ML (insulin syringe-needle<br>RETRACTABLE 1 ML 30 GAUGE X u-100)<br>1/2"                   | 1                | PA; ST                     |
| EASY TOUCH INSULN 1 ML<br>29GX1/2" 1 ML 29 GAUGE X 1/2"                                                             | 1                | PA; ST                     |
| EASY TOUCH INSULN 1 ML<br>30GX1/2" 1 ML 30 GAUGE X 1/2"                                                             | 1                | PA; ST                     |
| EASY TOUCH INSULN 1 ML<br>30GX5/16 1 ML 30 GAUGE X<br>5/16"                                                         | 1                | PA; ST                     |
| EASY TOUCH INSULN 1 ML<br>30GX5/16 1 ML 30 GAUGE X<br>5/16"                                                         | 1                | PA; ST                     |
| EASY TOUCH INSULN 1 ML<br>31GX5/16 1 ML 31 GAUGE X<br>5/16"                                                         | 1                | PA; ST                     |
| EASY TOUCH INSULN 1 ML<br>31GX5/16 1 ML 31 GAUGE X<br>5/16"                                                         | 1                | PA; ST                     |
| EASY TOUCH LUER LOK INSUL 1 (insulin syringe<br>ML needleless)                                                      | 1                | PA; ST                     |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic)<br>29GX1/2" 29 GAUGE X 1/2"                                            | 1                | PA; ST                     |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic)<br>30GX5/16 30 GAUGE X 5/16"                                           | 1                | PA; ST                     |

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|------------------------------------------------------------|-----------------------------------|-----------|---------------------|
| EASY TOUCH PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4"          | (pen needle, diabetic)            | 1         | PA; ST              |
| EASY TOUCH PEN NEEDLE<br>31GX3/16 31 GAUGE X 3/16"         | (pen needle, diabetic)            | 1         | PA; ST              |
| EASY TOUCH PEN NEEDLE<br>31GX5/16 31 GAUGE X 5/16"         | (pen needle, diabetic)            | 1         | PA; ST              |
| EASY TOUCH PEN NEEDLE<br>32GX1/4" 32 GAUGE X 1/4"          | (pen needle, diabetic)            | 1         | PA; ST              |
| EASY TOUCH PEN NEEDLE<br>32GX3/16 32 GAUGE X 3/16"         | (pen needle, diabetic)            | 1         | PA; ST              |
| EASY TOUCH PEN NEEDLE<br>32GX5/32 32 GAUGE X 5/32"         | (pen needle, diabetic)            | 1         | PA; ST              |
| EASY TOUCH SAF PEN NDL 29G<br>5MM 29 GAUGE X 3/16"         |                                   | 1         | PA; ST              |
| EASY TOUCH SAF PEN NDL 29G<br>8MM 29 GAUGE X 5/16"         |                                   | 1         | PA; ST              |
| EASY TOUCH SAF PEN NDL 30G<br>5MM 30 GAUGE X 3/16"         |                                   | 1         | PA; ST              |
| EASY TOUCH SAF PEN NDL 30G<br>8MM 30 GAUGE X 5/16"         |                                   | 1         | PA; ST              |
| EASY TOUCH SYR 0.5 ML 28G<br>12.7MM 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| EASY TOUCH SYR 0.5 ML 29G<br>12.7MM 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| EASY TOUCH SYR 1 ML 27G<br>16MM 1 ML 27 GAUGE X 5/8"       | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| EASY TOUCH SYR 1 ML 28G<br>12.7MM 1 ML 28 GAUGE X 1/2"     | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| EASY TOUCH SYR 1 ML 29G<br>12.7MM 1 ML 29 GAUGE X 1/2"     | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| EASY TOUCH UNI-SLIP SYR 1 ML                               | (insulin syringe<br>needleless)   | 1         | PA; ST              |

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|--------------------------------------------------------------------------------------------|------------------|----------------------------|
| EASYTOUCH SAF PEN NDL 30G<br>6MM 30 GAUGE X 1/4"                                           | 1                | PA; ST                     |
| EMBRACE PEN NEEDLE 29G (pen needle, diabetic)<br>12MM 29 GAUGE X 1/2"                      | 1                | PA; ST                     |
| EMBRACE PEN NEEDLE 30G 5MM (pen needle, diabetic)<br>30 GAUGE X 3/16"                      | 1                | PA; ST                     |
| EMBRACE PEN NEEDLE 30G 8MM (pen needle, diabetic)<br>30 GAUGE X 5/16"                      | 1                | PA; ST                     |
| EMBRACE PEN NEEDLE 31G 5MM (pen needle, diabetic)<br>31 GAUGE X 3/16"                      | 1                | PA; ST                     |
| EMBRACE PEN NEEDLE 31G 6MM (pen needle, diabetic)<br>31 GAUGE X 1/4"                       | 1                | PA; ST                     |
| EMBRACE PEN NEEDLE 31G 8MM (pen needle, diabetic)<br>31 GAUGE X 5/16"                      | 1                | PA; ST                     |
| EMBRACE PEN NEEDLE 32G 4MM (pen needle, diabetic)<br>32 GAUGE X 5/32"                      | 1                | PA; ST                     |
| EQL INSULIN 0.5 ML SYRINGE 1/2 (Ultilet Insulin Syringe)<br>ML 29                          | 1                | PA; ST                     |
| EQL INSULIN 0.5 ML SYRINGE (Ultra Comfort Insulin<br>SHORT NEEDLE 1/2 ML 30 GAUGE Syringe) | 1                | PA; ST                     |
| FP INSULIN 1 ML SYRINGE 1 ML<br>28 GAUGE                                                   | 1                | PA; ST                     |
| FREESTYLE PREC 0.5 ML 30GX5/16 (insulin syringe-needle<br>0.5 ML 30 GAUGE X 5/16" u-100)   | 1                | PA; ST                     |
| FREESTYLE PREC 0.5 ML 31GX5/16 (insulin syringe-needle<br>0.5 ML 31 GAUGE X 5/16" u-100)   | 1                | PA; ST                     |
| FREESTYLE PREC 1 ML 30GX5/16" (insulin syringe-needle<br>1 ML 30 GAUGE X 5/16 u-100)       | 1                | PA; ST                     |
| FREESTYLE PREC 1 ML 31GX5/16" (insulin syringe-needle<br>1 ML 31 GAUGE X 5/16 u-100)       | 1                | PA; ST                     |
| GAUZE PAD TOPICAL BANDAGE 2 (gauze bandage)<br>X 2 "                                       | 1                | PA; ST                     |

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|---------------------------------------------------------------------|-----------------------------------|-----------|---------------------|
| GNP CLICKFINE 31G X 1/4" NDL<br>6MM, UNIVERSAL 31 GAUGE X<br>1/4"   | (pen needle, diabetic)            | 1         | PA; ST              |
| GNP CLICKFINE 31G X 5/16" NDL<br>8MM, UNIVERSAL 31 GAUGE X<br>5/16" | (pen needle, diabetic)            | 1         | PA; ST              |
| GNP SIMPLI PEN NEEDLE 32G<br>4MM 32 GAUGE X 5/32"                   | (pen needle, diabetic)            | 1         | PA; ST              |
| GNP ULT C 0.3 ML 29GX1/2" (1/2)<br>1/2 UNIT 0.3 ML 29 GAUGE X 1/2"  |                                   | 1         | PA; ST              |
| GNP ULT CMFRT 0.5 ML 29GX1/2"<br>1/2 ML 29                          | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| GNP ULTRA COMFORT 0.5 ML<br>SYR 1/2 ML 30 GAUGE                     | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| GNP ULTRA COMFORT 1 ML<br>SYRINGE 1 ML 29 GAUGE                     |                                   | 1         | PA; ST              |
| GNP ULTRA COMFORT 1 ML<br>SYRINGE 1 ML 30 GAUGE X 7/16"             | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| GNP ULTRA COMFORT 3/10 ML<br>SYR 0.3 ML 30                          | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| GS PEN NEEDLE 31G X 5MM 31<br>GAUGE X 3/16"                         | (1st Tier Unifine<br>Pentips)     | 1         | PA; ST              |
| GS PEN NEEDLE 31G X 8MM 31<br>GAUGE X 5/16"                         | (1st Tier Unifine<br>Pentips)     | 1         | PA; ST              |
| HEALTHWISE INS 0.3 ML<br>30GX5/16" 0.3 ML 30 GAUGE X<br>5/16"       | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| HEALTHWISE INS 0.3 ML<br>31GX5/16" 0.3 ML 31 GAUGE X<br>5/16"       | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| HEALTHWISE INS 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16"       | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |

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|---------------------------------------------------------------|-----------------------------------|-----------|---------------------|
| HEALTHWISE INS 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| HEALTHWISE INS 1 ML 30GX5/16"<br>1 ML 30 GAUGE X 5/16         | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| HEALTHWISE INS 1 ML 31GX5/16"<br>1 ML 31 GAUGE X 5/16         | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| HEALTHWISE PEN NEEDLE 31G<br>5MM 31 GAUGE X 3/16"             | (pen needle, diabetic)            | 1         | PA; ST              |
| HEALTHWISE PEN NEEDLE 31G<br>8MM 31 GAUGE X 5/16"             | (pen needle, diabetic)            | 1         | PA; ST              |
| HEALTHWISE PEN NEEDLE 32G<br>4MM 32 GAUGE X 5/32"             | (pen needle, diabetic)            | 1         | PA; ST              |
| HEALTHY ACCENTS PENTIP 4MM<br>32G 32 GAUGE X 5/32"            | (pen needle, diabetic)            | 1         | PA; ST              |
| HEALTHY ACCENTS PENTIP 5MM<br>31G 31 GAUGE X 3/16"            | (pen needle, diabetic)            | 1         | PA; ST              |
| HEALTHY ACCENTS PENTIP 6MM<br>31G 31 GAUGE X 1/4"             | (pen needle, diabetic)            | 1         | PA; ST              |
| HEALTHY ACCENTS PENTIP 8MM<br>31G 31 GAUGE X 5/16"            | (pen needle, diabetic)            | 1         | PA; ST              |
| HEALTHY ACCENTS PENTIP 12MM<br>29G 29 GAUGE X 1/2"            |                                   | 1         | PA; ST              |
| HEB INCONTROL ALCOHOL 70%<br>PADS                             | (alcohol swabs)                   | 1         | PA; ST              |
| INCONTROL PEN NEEDLE 12MM<br>29G 29 GAUGE X 1/2"              | (pen needle, diabetic)            | 1         | PA; ST              |
| INCONTROL PEN NEEDLE 4MM<br>32G 32 GAUGE X 5/32"              | (pen needle, diabetic)            | 1         | PA; ST              |
| INCONTROL PEN NEEDLE 5MM<br>31G 31 GAUGE X 3/16"              | (pen needle, diabetic)            | 1         | PA; ST              |
| INCONTROL PEN NEEDLE 6MM<br>31G 31 GAUGE X 1/4"               | (pen needle, diabetic)            | 1         | PA; ST              |

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|-------------------------------------------------------------------------------------------|------------------|----------------------------|
| INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)                      | 1                | PA; ST                     |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN                                         | 2                |                            |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN                                    | 2                |                            |
| INSULIN 1 ML SYRINGE 1 ML 30 GAUGE X 7/16" (Ultra Comfort Insulin Syringe)                | 1                | PA; ST                     |
| INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (Droplet Insulin Syr(half unit))   | 1                | PA; ST                     |
| INSULIN SYR 0.5 ML 28G 12.7MM (OTC) 1/2 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)   | 1                | PA; ST                     |
| INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)    | 1                | PA; ST                     |
| INSULIN SYRINGE 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe) | 1                | PA; ST                     |
| INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE (insulin syringe-needle u-100)                     | 1                | PA; ST                     |
| INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)      | 1                | PA; ST                     |
| INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100)                           | 1                | PA; ST                     |
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Droplet Insulin Syringe)           | 1                | PA; ST                     |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE                                                        | 1                | PA; ST                     |
| INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe)     | 1                | PA; ST                     |
| INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" (BD SafetyGlide Syringe)               | 1                | PA; ST                     |
| INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)   | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------------|------------------|----------------------------|
| INSULIN SYRINGE 1 ML 30GX1/2" (BD Eclipse Luer-Lok)<br>SHORT NEEDLE (OTC) 1 ML 30<br>GAUGE X 1/2" | 1                | PA; ST                     |
| INSULIN SYRINGE 1 ML 31GX1/4" (Droplet Insulin<br>1 ML 31 GAUGE X 1/4" Syringe)                   | 1                | PA; ST                     |
| INSULIN SYRINGE NEEDLELESS (Easy Touch Luer Lock<br>SYRINGE 1 ML Insulin)                         | 1                | PA; ST                     |
| INSULIN SYRINGE-NEEDLE U-100 (Ultilet Insulin Syringe)<br>SYRINGE 0.3 ML 29 GAUGE                 | 1                | PA; ST                     |
| INSULIN SYRINGE-NEEDLE U-100 (Comfort EZ Insulin<br>SYRINGE 1 ML 29 GAUGE X 1/2" Syringe)         | 1                | PA; ST                     |
| INSULIN SYRINGE-NEEDLE U-100 (Monoject Syringe)<br>SYRINGE 1/2 ML 28 GAUGE                        | 1                | PA; ST                     |
| INSULIN U-500 SYRINGE-NEEDLE<br>SYRINGE 1/2 ML 31 GAUGE X<br>15/64"                               | 1                | PA; ST                     |
| INSUPEN 30G ULTRAFIN NEEDLE (pen needle, diabetic)<br>30 GAUGE X 5/16"                            | 1                | PA; ST                     |
| INSUPEN 31G ULTRAFIN NEEDLE (pen needle, diabetic)<br>31 GAUGE X 1/4"                             | 1                | PA; ST                     |
| INSUPEN 32G 8MM PEN NEEDLE (pen needle, diabetic)<br>32 GAUGE X 5/16"                             | 1                | PA; ST                     |
| INSUPEN PEN NEEDLE (pen needle, diabetic)<br>29GX12MM 29 GAUGE X 1/2"                             | 1                | PA; ST                     |
| INSUPEN PEN NEEDLE 31G 8MM (pen needle, diabetic)<br>31 GAUGE X 5/16"                             | 1                | PA; ST                     |
| INSUPEN PEN NEEDLE 31GX3/16" (pen needle, diabetic)<br>31 GAUGE X 3/16"                           | 1                | PA; ST                     |
| INSUPEN PEN NEEDLE 32G 6MM (pen needle, diabetic)<br>(RX) 32 GAUGE X 1/4"                         | 1                | PA; ST                     |
| INSUPEN PEN NEEDLE 32GX4MM (pen needle, diabetic)<br>32 GAUGE X 5/32"                             | 1                | PA; ST                     |
| INSUPEN PEN NEEDLE 33GX4MM (pen needle, diabetic)<br>33 GAUGE X 5/32"                             | 1                | PA; ST                     |

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| Drug Name                                                                  |                                | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------------------|--------------------------------|-----------|---------------------|
| IV ANTISEPTIC WIPES                                                        | (alcohol swabs)                | 1         | PA; ST              |
| KENDALL ALCOHOL 70% PREP PAD                                               | (alcohol swabs)                | 1         | PA; ST              |
| LISCO SPONGES 100/BAG 2 X 2 "                                              |                                | 1         | PA; ST              |
| LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"                             | (pen needle, diabetic)         | 1         | PA; ST              |
| LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE | (insulin syringe-needle u-100) | 1         | PA; ST              |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"           | (insulin syringe-needle u-100) | 1         | PA; ST              |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE                                  |                                | 1         | PA; ST              |
| LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16                           | (insulin syringe-needle u-100) | 1         | PA; ST              |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"                                  | (pen needle, diabetic)         | 1         | PA; ST              |
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"               | (pen needle, diabetic)         | 1         | PA; ST              |
| LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"                       | (insulin syringe-needle u-100) | 1         | PA; ST              |
| LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"                     | (insulin syringe-needle u-100) | 1         | PA; ST              |
| LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"                     | (insulin syringe-needle u-100) | 1         | PA; ST              |
| LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"                     | (insulin syringe-needle u-100) | 1         | PA; ST              |
| LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"                       | (insulin syringe-needle u-100) | 1         | PA; ST              |
| LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"                       | (insulin syringe-needle u-100) | 1         | PA; ST              |

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| Drug Name                                                                       |                                   | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------------------|-----------------------------------|-----------|---------------------|
| LITETOUCH SYR 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16"                    | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| LITETOUCH SYRIN 1 ML 28GX1/2"<br>1 ML 28 GAUGE X 1/2"                           | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| LITETOUCH SYRIN 1 ML 29GX1/2"<br>1 ML 29 GAUGE X 1/2"                           | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| LITETOUCH SYRIN 1 ML<br>30GX5/16" 1 ML 30 GAUGE X<br>5/16"                      | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| MAGELLAN INSUL SYRINGE 0.3<br>ML 0.3 ML 30 X 5/16"                              |                                   | 1         | PA; ST              |
| MAGELLAN INSUL SYRINGE 0.5<br>ML 0.5 ML 30 GAUGE X 5/16"                        |                                   | 1         | PA; ST              |
| MAGELLAN INSULIN SYR 0.3 ML<br>0.3 ML 29 GAUGE X 1/2"                           |                                   | 1         | PA; ST              |
| MAGELLAN INSULIN SYR 0.5 ML<br>0.5 ML 29 GAUGE X 1/2"                           |                                   | 1         | PA; ST              |
| MAGELLAN INSULIN SYRINGE 1<br>ML 1 ML 29 GAUGE X 1/2", 1 ML<br>30 GAUGE X 5/16" |                                   | 1         | PA; ST              |
| MAXICOMFORT II PEN NDL<br>31GX6MM 31 GAUGE X 1/4"                               | (pen needle, diabetic)            | 1         | PA; ST              |
| MAXICOMFORT INS 0.5 ML<br>27GX1/2" 1/2 ML 27 GAUGE X<br>1/2"                    | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| MAXI-COMFORT INS 0.5 ML 28G<br>1/2 ML 28 GAUGE X 1/2"                           | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| MAXICOMFORT INS 1 ML<br>27GX1/2" 1 ML 27 GAUGE X 1/2"                           | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| MAXI-COMFORT INS 1 ML<br>28GX1/2" 1 ML 28 GAUGE X 1/2"                          | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| MAXICOMFORT PEN NDL 29G X<br>5MM 29 GAUGE X 3/16"                               |                                   | 1         | PA; ST              |

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| <b>Drug Name</b>                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------|------------------|----------------------------|
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"                                           | 1                | PA; ST                     |
| MICRODOT PEN NEEDLE (pen needle, diabetic)<br>31GX6MM 31 GAUGE X 1/4"                    | 1                | PA; ST                     |
| MICRODOT PEN NEEDLE (pen needle, diabetic)<br>32GX4MM 32 GAUGE X 5/32"                   | 1                | PA; ST                     |
| MICRODOT PEN NEEDLE (pen needle, diabetic)<br>33GX4MM 33 GAUGE X 5/32"                   | 1                | PA; ST                     |
| MICRODOT READYGARD NDL (pen needle, diabetic, safety)<br>31G 5MM OUTER 31 GAUGE X 3/16"  | 1                | PA; ST                     |
| MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (1st Tier Unifine Pentips)                      | 1                | PA; ST                     |
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" (CareFine Pen Needle)                           | 1                | PA; ST                     |
| MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (CareFine Pen Needle)                            | 1                | PA; ST                     |
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" (Comfort EZ Pen Needles)                        | 1                | PA; ST                     |
| MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" (Advocate Pen Needle)                           | 1                | PA; ST                     |
| MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" (Comfort EZ Pen Needles)                        | 1                | PA; ST                     |
| MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4" (Comfort EZ Pen Needles)                         | 1                | PA; ST                     |
| MINI ULTRA-THIN II PEN NDL 31G (pen needle, diabetic)<br>STERILE 31 GAUGE X 3/16"        | 1                | PA; ST                     |
| MONOJECT 0.5 ML SYRN (insulin syringe-needle u-100)<br>28GX1/2" 1/2 ML 28 GAUGE          | 1                | PA; ST                     |
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)           | 1                | PA; ST                     |
| MONOJECT 1 ML SYRN 28GX1/2" (insulin syringe-needle u-100)<br>(OTC) 1 ML 28 GAUGE X 1/2" | 1                | PA; ST                     |

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| Drug Name                                                                   |                                 | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------|---------------------------------|-----------|---------------------|
| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"                        | (insulin syringe-needle u-100)  | 1         | PA; ST              |
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"          | (insulin syringe-needle u-100)  | 1         | PA; ST              |
| MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100)  | 1         | PA; ST              |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"                           | (insulin syringe-needle u-100)  | 1         | PA; ST              |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"       | (insulin syringe-needle u-100)  | 1         | PA; ST              |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)                               | (insulin syringes (disposable)) | 1         | PA; ST              |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"                   | (insulin syringe-needle u-100)  | 1         | PA; ST              |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"                         | (insulin syringe-needle u-100)  | 1         | PA; ST              |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"                   | (insulin syringe-needle u-100)  | 1         | PA; ST              |
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"                         | (insulin syringe-needle u-100)  | 1         | PA; ST              |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16                    | (insulin syringe-needle u-100)  | 1         | PA; ST              |
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"                           | (insulin syringe-needle u-100)  | 1         | PA; ST              |
| MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2"                             |                                 | 1         | PA; ST              |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"                             | (insulin syringe-needle u-100)  | 1         | PA; ST              |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"                             | (insulin syringe-needle u-100)  | 1         | PA; ST              |

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| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------|------------------|----------------------------|
| MONOJECT SYRINGE 1 ML 1 ML (insulin syringe-needle 31 GAUGE X 5/16 u-100)    | 1                | PA; ST                     |
| MS INSULIN SYR 1 ML 31GX5/16" (Advocate Syringes) (OTC) 1 ML 31 GAUGE X 5/16 | 1                | PA; ST                     |
| MS INSULIN SYRINGE 0.3 ML 0.3 ML 30 (Ultra Comfort Insulin Syringe)          | 1                | PA; ST                     |
| NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"                               | 1                | PA; ST                     |
| NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"                                     | 1                | PA; ST                     |
| NOVOFINE 30 NEEDLE                                                           | 1                | PA; ST                     |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)                  | 1                | PA; ST                     |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"                               | 1                | PA; ST                     |
| NOVOTWIST NEEDLE 32 GAUGE X 1/5"                                             | 1                | PA; ST                     |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE                           | 2                | QL (10 per 30 days)        |
| 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                | QL (10 per 30 days)        |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE                        | 2                | QL (1 per 365 days)        |
| OMNIPOD CLASSIC PDM KIT(GEN 3)                                               | 2                | QL (1 per 365 days)        |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE                          | 2                | QL (10 per 30 days)        |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE                        | 2                | QL (1 per 365 days)        |

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| <b>Drug Name</b>                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------|------------------|----------------------------|
| OMNIPOD DASH PDM KIT (GEN 4)                                                            | 2                | QL (1 per 365 days)        |
| OMNIPOD DASH PODS (GEN 4)<br>SUBCUTANEOUS CARTRIDGE                                     | 2                | QL (10 per 30 days)        |
| PC UNIFINE PENTIPS 8MM (pen needle, diabetic)<br>NEEDLE SHORT 31 GAUGE X 5/16"          | 1                | PA; ST                     |
| PEN NEEDLE 30G 5MM OUTER 30 (Embrace Pen Needle)<br>GAUGE X 3/16"                       | 1                | PA; ST                     |
| PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle)<br>GAUGE X 5/16"                      | 1                | PA; ST                     |
| PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic)<br>GAUGE X 5/16"                       | 1                | PA; ST                     |
| PEN NEEDLE 31G X 1/4" HRI 31 (1st Tier Unifine<br>GAUGE X 1/4" Pentips)                 | 1                | PA; ST                     |
| PEN NEEDLE 6MM 31G 6MM 31 (pen needle, diabetic)<br>GAUGE X 1/4"                        | 1                | PA; ST                     |
| PEN NEEDLE, DIABETIC NEEDLE (1st Tier Unifine<br>29 GAUGE X 1/2" Pentips Plus)          | 1                | PA; ST                     |
| PEN NEEDLES 12MM 29G (pen needle, diabetic)<br>29GX12MM,STRL 29 GAUGE X 1/2"            | 1                | PA; ST                     |
| PEN NEEDLES 4MM 32G 32 (pen needle, diabetic)<br>GAUGE X 5/32"                          | 1                | PA; ST                     |
| PEN NEEDLES 5MM 31G (pen needle, diabetic)<br>31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"  | 1                | PA; ST                     |
| PEN NEEDLES 8MM 31G (pen needle, diabetic)<br>31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" | 1                | PA; ST                     |
| PENTIPS PEN NEEDLE 29G 1/2" 29 (pen needle, diabetic)<br>GAUGE X 1/2"                   | 1                | PA; ST                     |
| PENTIPS PEN NEEDLE 31G 1/4" 31 (pen needle, diabetic)<br>GAUGE X 1/4"                   | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------|------------------|----------------------------|
| PENTIPS PEN NEEDLE 31GX3/16" (pen needle, diabetic)<br>MINI, 5MM 31 GAUGE X 3/16"      | 1                | PA; ST                     |
| PENTIPS PEN NEEDLE 31GX5/16" (pen needle, diabetic)<br>SHORT, 8MM 31 GAUGE X 5/16"     | 1                | PA; ST                     |
| PENTIPS PEN NEEDLE 32G 1/4" 32 (pen needle, diabetic)<br>GAUGE X 1/4"                  | 1                | PA; ST                     |
| PENTIPS PEN NEEDLE 32GX5/32" (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"            | 1                | PA; ST                     |
| PIP PEN NEEDLE 31G X 5MM 31 (pen needle, diabetic)<br>GAUGE X 3/16"                    | 1                | PA; ST                     |
| PIP PEN NEEDLE 32G X 4MM 32 (pen needle, diabetic)<br>GAUGE X 5/32"                    | 1                | PA; ST                     |
| PREFPLS INS SYR 1 ML 30GX5/16" (Advocate Syringes)<br>(OTC) 1 ML 30 GAUGE X 5/16       | 1                | PA; ST                     |
| PREVENT PEN NEEDLE 31GX1/4"<br>31 GAUGE X 1/4"                                         | 1                | PA; ST                     |
| PREVENT PEN NEEDLE 31GX5/16"<br>31 GAUGE X 5/16"                                       | 1                | PA; ST                     |
| PRO COMFORT 0.5 ML 30GX1/2" (insulin syringe-needle<br>0.5 ML 30 GAUGE X 1/2" u-100)   | 1                | PA; ST                     |
| PRO COMFORT 0.5 ML 30GX5/16" (insulin syringe-needle<br>0.5 ML 30 GAUGE X 5/16" u-100) | 1                | PA; ST                     |
| PRO COMFORT 0.5 ML 31GX5/16" (insulin syringe-needle<br>0.5 ML 31 GAUGE X 5/16" u-100) | 1                | PA; ST                     |
| PRO COMFORT 1 ML 30GX1/2" 1 (insulin syringe-needle<br>ML 30 GAUGE X 1/2" u-100)       | 1                | PA; ST                     |
| PRO COMFORT 1 ML 30GX5/16" 1 (insulin syringe-needle<br>ML 30 GAUGE X 5/16 u-100)      | 1                | PA; ST                     |
| PRO COMFORT 1 ML 31GX5/16" 1 (insulin syringe-needle<br>ML 31 GAUGE X 5/16 u-100)      | 1                | PA; ST                     |
| PRO COMFORT ALCOHOL 70% (alcohol swabs)<br>PADS                                        | 1                | PA; ST                     |

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|---------------------------------------------------------|--------------------------------|-----------|---------------------|
| PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"          | (pen needle, diabetic)         | 1         | PA; ST              |
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"          | (pen needle, diabetic)         | 1         | PA; ST              |
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"            | (pen needle, diabetic)         | 1         | PA; ST              |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"            | (pen needle, diabetic)         | 1         | PA; ST              |
| PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"      | (insulin syringe-needle u-100) | 1         | PA; ST              |
| PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"  | (insulin syringe-needle u-100) | 1         | PA; ST              |
| PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1         | PA; ST              |
| PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"         | (pen needle, diabetic, safety) | 1         | PA; ST              |
| PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"          |                                | 1         | PA; ST              |
| PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"         |                                | 1         | PA; ST              |
| PURE COMFORT ALCOHOL 70% PADS                           | (alcohol swabs)                | 1         | PA; ST              |
| PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"           | (pen needle, diabetic)         | 1         | PA; ST              |
| PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"           | (pen needle, diabetic)         | 1         | PA; ST              |
| PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"            | (pen needle, diabetic)         | 1         | PA; ST              |
| PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"           | (pen needle, diabetic)         | 1         | PA; ST              |
| RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"         |                                | 1         | PA; ST              |

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| Drug Name                                                                 |                                 | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------------|---------------------------------|-----------|---------------------|
| RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"                             | (Comfort Touch Pen Needle)      | 1         | PA; ST              |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"                            |                                 | 1         | PA; ST              |
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"                            |                                 | 1         | PA; ST              |
| RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"                    | (Comfort EZ Insulin Syringe)    | 1         | PA; ST              |
| RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"                    | (Comfort EZ Insulin Syringe)    | 1         | PA; ST              |
| RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"                     | (Comfort EZ Insulin Syringe)    | 1         | PA; ST              |
| RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"                            |                                 | 1         | PA; ST              |
| SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16" |                                 | 1         | PA; ST              |
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"   |                                 | 1         | PA; ST              |
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16" |                                 | 1         | PA; ST              |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"       |                                 | 1         | PA; ST              |
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"       |                                 | 1         | PA; ST              |
| SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"                                | (Comfort EZ PRO Safety Pen Ndl) | 1         | PA; ST              |

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| <b>Drug Name</b>                                                                                                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| SAFETY PEN NEEDLE 5MM X 31G (pen needle, diabetic, safety)<br>31 GAUGE X 3/16"                                                                                          | 1                | PA; ST                     |
| SAFETY SYRINGE 0.5 ML 30G 1/2"<br>0.5 ML 30 GAUGE X 1/2"                                                                                                                | 1                | PA; ST                     |
| SECURESAFE PEN NDL 30GX5/16"<br>OUTER 30 GAUGE X 5/16"                                                                                                                  | 1                | PA; ST                     |
| SECURESAFE SYR 0.5 ML 29G 1/2"<br>OUTER 0.5 ML 29 GAUGE X 1/2"                                                                                                          | 1                | PA; ST                     |
| SECURESAFE SYRNG 1 ML 29G<br>1/2" OUTER 1 ML 29 GAUGE X<br>1/2"                                                                                                         | 1                | PA; ST                     |
| SKY SAFETY PEN NEEDLE 30G<br>5MM 30 GAUGE X 3/16"                                                                                                                       | 1                | PA; ST                     |
| SKY SAFETY PEN NEEDLE 30G<br>8MM 30 GAUGE X 5/16"                                                                                                                       | 1                | PA; ST                     |
| SM ULT CFT 0.3 ML<br>31GX5/16(1/2) 0.3 ML 31 GAUGE<br>X 5/16"                                                                                                           | 1                | PA; ST                     |
| STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)                                                                                                                            | 1                | PA; ST                     |
| SURE CMFT SFTY PEN NDL 31G<br>6MM 31 GAUGE X 1/4"                                                                                                                       | 1                | PA; ST                     |
| SURE CMFT SFTY PEN NDL 32G<br>4MM 32 GAUGE X 5/32"                                                                                                                      | 1                | PA; ST                     |
| NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)                                                                                                           | 1                | PA; ST                     |
| SURE COMFORT 0.5 ML SYRINGE (insulin syringe-needle u-100)<br>0.5 ML 30 GAUGE X 1/2", 0.5 ML<br>30 GAUGE X 5/16", 0.5 ML 31<br>GAUGE X 5/16", 1/2 ML 28<br>GAUGE X 1/2" | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                                                                                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| SURE COMFORT 1 ML SYRINGE 1 (insulin syringe-needle<br>ML 28 GAUGE X 1/2", 1 ML 29 u-100)<br>GAUGE X 1/2", 1 ML 30 GAUGE X<br>1/2", 1 ML 30 GAUGE X 5/16, 1<br>ML 31 GAUGE X 5/16 | 1                | PA; ST                     |
| SURE COMFORT 3/10 ML (insulin syringe-needle<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", u-100)<br>0.3 ML 30 GAUGE X 1/2", 0.3 ML<br>30 GAUGE X 5/16"                                      | 1                | PA; ST                     |
| SURE COMFORT 3/10 ML (insulin syringe-needle<br>SYRINGE INSULIN SYRINGE 0.3 u-100)<br>ML 31 GAUGE X 5/16"                                                                         | 1                | PA; ST                     |
| SURE COMFORT 30G PEN NEEDLE (pen needle, diabetic)<br>30 GAUGE X 5/16"                                                                                                            | 1                | PA; ST                     |
| SURE COMFORT INS 0.3 ML (insulin syringe-needle<br>31GX1/4 0.3 ML 31 GAUGE X 1/4" u-100)                                                                                          | 1                | PA; ST                     |
| SURE COMFORT INS 0.5 ML (insulin syringe-needle<br>31GX1/4 1/2 ML 31 GAUGE X 1/4" u-100)                                                                                          | 1                | PA; ST                     |
| SURE COMFORT INS 1 ML (insulin syringe-needle<br>31GX1/4" 1 ML 31 GAUGE X 1/4" u-100)                                                                                             | 1                | PA; ST                     |
| SURE COMFORT PEN NDL (pen needle, diabetic)<br>29GX1/2" 12.7MM 29 GAUGE X<br>1/2"                                                                                                 | 1                | PA; ST                     |
| SURE COMFORT PEN NDL 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                                                                                                           | 1                | PA; ST                     |
| SURE COMFORT PEN NDL 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                                                                                                           | 1                | PA; ST                     |
| SURE COMFORT PEN NDL 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                                                                                                           | 1                | PA; ST                     |
| SURE COMFORT PEN NDL 32G (pen needle, diabetic)<br>6MM 32 GAUGE X 1/4"                                                                                                            | 1                | PA; ST                     |
| SURE-FINE PEN NEEDLES 12.7MM (pen needle, diabetic)<br>29 GAUGE X 1/2"                                                                                                            | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| SURE-FINE PEN NEEDLES 5MM 31 (pen needle, diabetic)<br>GAUGE X 3/16"                                                                           | 1                | PA; ST                     |
| SURE-FINE PEN NEEDLES 8MM 31 (pen needle, diabetic)<br>GAUGE X 5/16"                                                                           | 1                | PA; ST                     |
| SURE-JECT INSU SYR U100 0.3 ML (insulin syringe-needle<br>0.3 ML 29 GAUGE X 1/2", 0.3 ML u-100)<br>30 GAUGE X 5/16"                            | 1                | PA; ST                     |
| SURE-JECT INSU SYR U100 0.5 ML (insulin syringe-needle<br>0.5 ML 29 GAUGE X 1/2", 0.5 ML u-100)<br>30 GAUGE X 5/16", 1/2 ML 28<br>GAUGE X 1/2" | 1                | PA; ST                     |
| SURE-JECT INSU SYR U100 1 ML 1 (insulin syringe-needle<br>ML 28 GAUGE X 1/2" u-100)                                                            | 1                | PA; ST                     |
| SURE-JECT INSUL SYR U100 1 ML (insulin syringe-needle<br>1 ML 29 GAUGE X 1/2", 1 ML 30 u-100)<br>GAUGE X 5/16                                  | 1                | PA; ST                     |
| SURE-JECT INSULIN SYRINGE 1 (insulin syringe-needle<br>ML 1 ML 31 GAUGE X 5/16 u-100)                                                          | 1                | PA; ST                     |
| SURE-PREP ALCOHOL PREP PADS (alcohol swabs)                                                                                                    | 1                | PA; ST                     |
| TECHLITE 0.3 ML 29GX12MM<br>(1/2) 0.3 ML 29 GAUGE X 1/2"                                                                                       | 1                | PA; ST                     |
| TECHLITE 0.3 ML 30GX8MM (1/2)<br>0.3 ML 30 GAUGE X 5/16"                                                                                       | 1                | PA; ST                     |
| TECHLITE 0.3 ML 31GX6MM (1/2)<br>0.3 ML 31 GAUGE X 15/64"                                                                                      | 1                | PA; ST                     |
| TECHLITE 0.3 ML 31GX8MM (1/2)<br>0.3 ML 31 GAUGE X 5/16"                                                                                       | 1                | PA; ST                     |
| TECHLITE 0.5 ML 30GX12MM<br>(1/2) 0.5 ML 30 GAUGE X 1/2"                                                                                       | 1                | PA; ST                     |
| TECHLITE 0.5 ML 30GX8MM (1/2)<br>0.5 ML 30 GAUGE X 5/16"                                                                                       | 1                | PA; ST                     |
| TECHLITE 0.5 ML 31GX6MM (1/2)<br>0.5 ML 31 GAUGE X 15/64"                                                                                      | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------|------------------|----------------------------|
| TECHLITE 0.5 ML 31GX8MM (1/2)<br>0.5 ML 31 GAUGE X 5/16"                                  | 1                | PA; ST                     |
| TECHLITE INS SYR 1 ML (insulin syringe-needle<br>29GX12MM 1 ML 29 GAUGE X u-100)<br>1/2"  | 1                | PA; ST                     |
| TECHLITE INS SYR 1 ML (insulin syringe-needle<br>30GX12MM 1 ML 30 GAUGE X u-100)<br>1/2"  | 1                | PA; ST                     |
| TECHLITE INS SYR 1 ML (insulin syringe-needle<br>31GX6MM 1 ML 31 GAUGE X u-100)<br>15/64" | 1                | PA; ST                     |
| TECHLITE INS SYR 1 ML (insulin syringe-needle<br>31GX8MM 1 ML 31 GAUGE X 5/16 u-100)      | 1                | PA; ST                     |
| TECHLITE PEN NEEDLE 29GX1/2" (pen needle, diabetic)<br>29 GAUGE X 1/2"                    | 1                | PA; ST                     |
| TECHLITE PEN NEEDLE 29GX3/8"<br>29 GAUGE X 3/8"                                           | 1                | PA; ST                     |
| TECHLITE PEN NEEDLE 31GX1/4" (pen needle, diabetic)<br>31 GAUGE X 1/4"                    | 1                | PA; ST                     |
| TECHLITE PEN NEEDLE 31GX3/16" (pen needle, diabetic)<br>31 GAUGE X 3/16"                  | 1                | PA; ST                     |
| TECHLITE PEN NEEDLE 31GX5/16" (pen needle, diabetic)<br>31 GAUGE X 5/16"                  | 1                | PA; ST                     |
| TECHLITE PEN NEEDLE 32GX1/4" (pen needle, diabetic)<br>32 GAUGE X 1/4"                    | 1                | PA; ST                     |
| TECHLITE PEN NEEDLE 32GX5/16" (pen needle, diabetic)<br>32 GAUGE X 5/16"                  | 1                | PA; ST                     |
| TECHLITE PEN NEEDLE 32GX5/32" (pen needle, diabetic)<br>32 GAUGE X 5/32"                  | 1                | PA; ST                     |
| TECHLITE PLUS PEN NDL 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                  | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| TERUMO INS SYRINGE U100-1 ML (insulin syringe-needle<br>1 ML 27 GAUGE X 1/2", 1 ML 28 u-100)<br>GAUGE X 1/2", 1 ML 29 GAUGE X<br>1/2"       | 1                | PA; ST                     |
| TERUMO INS SYRINGE U100-1 ML (Thinpro Insulin<br>1 ML 30 GAUGE X 3/8" Syringe)                                                              | 1                | PA; ST                     |
| TERUMO INS SYRINGE U100-1/2 (insulin syringe-needle<br>ML 1/2 ML 30 X 3/8" u-100)                                                           | 1                | PA; ST                     |
| TERUMO INS SYRINGE U100-1/3 (insulin syringe-needle<br>ML 0.3 ML 30 X 3/8" u-100)                                                           | 1                | PA; ST                     |
| TERUMO INS SYRNG U100-1/2 (insulin syringe-needle<br>ML 0.5 ML 29 GAUGE X 1/2", 1/2 u-100)<br>ML 27 GAUGE X 1/2", 1/2 ML 28<br>GAUGE X 1/2" | 1                | PA; ST                     |
| THINPRO INS SYRIN U100-0.3 ML (insulin syringe-needle<br>0.3 ML 29 GAUGE X 1/2", 0.3 ML u-100)<br>30 X 3/8"                                 | 1                | PA; ST                     |
| THINPRO INS SYRIN U100-0.3 ML<br>0.3 ML 31 X 3/8"                                                                                           | 1                | PA; ST                     |
| THINPRO INS SYRIN U100-0.5 ML (insulin syringe-needle<br>0.5 ML 29 GAUGE X 1/2", 1/2 ML u-100)<br>28 GAUGE X 1/2", 1/2 ML 30 X<br>3/8"      | 1                | PA; ST                     |
| THINPRO INS SYRIN U100-0.5 ML<br>0.5 ML 31 X 3/8"                                                                                           | 1                | PA; ST                     |
| THINPRO INS SYRIN U100-1 ML 1 (insulin syringe-needle<br>ML 28 GAUGE X 1/2", 1 ML 29 u-100)<br>GAUGE X 1/2", 1 ML 30 GAUGE X<br>3/8"        | 1                | PA; ST                     |
| THINPRO INS SYRIN U100-1 ML 1<br>ML 31 X 3/8"                                                                                               | 1                | PA; ST                     |
| TOPCARE CLICKFINE 31G X 1/4" (pen needle, diabetic)<br>31 GAUGE X 1/4"                                                                      | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                                                                                                                                                                                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| TOPCARE CLICKFINE 31G X 5/16" (pen needle, diabetic)<br>31 GAUGE X 5/16"                                                                                                                                                                                                                                  | 1                | PA; ST                     |
| TOPCARE ULTRA COMFORT (insulin syringe-needle<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", u-100)<br>0.3 ML 30 GAUGE X 5/16", 0.3 ML<br>31 GAUGE X 5/16", 0.5 ML 29<br>GAUGE X 1/2", 0.5 ML 30 GAUGE<br>X 5/16", 0.5 ML 31 GAUGE X<br>5/16", 1 ML 29 GAUGE X 1/2", 1<br>ML 30 GAUGE X 5/16, 1 ML 31<br>GAUGE X 5/16 | 1                | PA; ST                     |
| TRUE CMFRT PRO 0.5 ML 30G (insulin syringe-needle<br>5/16" 0.5 ML 30 GAUGE X 5/16" u-100)                                                                                                                                                                                                                 | 1                | PA; ST                     |
| TRUE CMFRT PRO 0.5 ML 31G (insulin syringe-needle<br>5/16" 0.5 ML 31 GAUGE X 5/16" u-100)                                                                                                                                                                                                                 | 1                | PA; ST                     |
| TRUE CMFRT PRO 0.5 ML 32G<br>5/16" 1/2 ML 32 GAUGE X 5/16"                                                                                                                                                                                                                                                | 1                | PA; ST                     |
| TRUE CMFT SFTY PEN NDL 31G (pen needle, diabetic,<br>5MM 31 GAUGE X 3/16" safety)                                                                                                                                                                                                                         | 1                | PA; ST                     |
| TRUE CMFT SFTY PEN NDL 31G<br>6MM 31 GAUGE X 1/4"                                                                                                                                                                                                                                                         | 1                | PA; ST                     |
| TRUE CMFT SFTY PEN NDL 32G<br>4MM 32 GAUGE X 5/32"                                                                                                                                                                                                                                                        | 1                | PA; ST                     |
| TRUE COMFORT 0.5 ML 30G 1/2"<br>0.5 ML 30 GAUGE X 1/2"                                                                                                                                                                                                                                                    | 1                | PA; ST                     |
| TRUE COMFORT 0.5 ML 30G 5/16"<br>0.5 ML 30 GAUGE X 5/16"                                                                                                                                                                                                                                                  | 1                | PA; ST                     |
| TRUE COMFORT 0.5 ML 31G 5/16"<br>0.5 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                                  | 1                | PA; ST                     |
| TRUE COMFORT 0.5 ML (insulin syringe-needle<br>31GX5/16" 0.5 ML 31 GAUGE X u-100)<br>5/16"                                                                                                                                                                                                                | 1                | PA; ST                     |
| TRUE COMFORT 1 ML 31GX5/16" (insulin syringe-needle<br>1 ML 31 GAUGE X 5/16 u-100)                                                                                                                                                                                                                        | 1                | PA; ST                     |

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| TRUE COMFORT ALCOHOL 70% PADS                         | (alcohol swabs)                | 1         | PA; ST              |
| TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"         | (pen needle, diabetic)         | 1         | PA; ST              |
| TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"         | (pen needle, diabetic)         | 1         | PA; ST              |
| TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"          | (pen needle, diabetic)         | 1         | PA; ST              |
| TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"         | (pen needle, diabetic)         | 1         | PA; ST              |
| TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"          | (pen needle, diabetic)         | 1         | PA; ST              |
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"         | (pen needle, diabetic)         | 1         | PA; ST              |
| TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"         | (pen needle, diabetic)         | 1         | PA; ST              |
| TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"         | (pen needle, diabetic)         | 1         | PA; ST              |
| TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"          | (pen needle, diabetic)         | 1         | PA; ST              |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"   | (insulin syringe-needle u-100) | 1         | PA; ST              |
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1         | PA; ST              |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1         | PA; ST              |
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" |                                | 1         | PA; ST              |
| TRUE COMFORT PRO ALCOHOL PADS                         | (alcohol swabs)                | 1         | PA; ST              |
| TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"  |                                | 1         | PA; ST              |

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| Drug Name                                                 |                                   | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------|-----------------------------------|-----------|---------------------|
| TRUE COMFRT PRO 0.5 ML 30G<br>1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| TRUE COMFRT SFTY 1 ML 30G<br>5/16" 1 ML 30 GAUGE X 5/16"  |                                   | 1         | PA; ST              |
| TRUE COMFRT SFTY 1 ML 31G<br>5/16" 1 ML 31 GAUGE X 5/16"  |                                   | 1         | PA; ST              |
| TRUE COMFRT SFTY 1 ML 32G<br>5/16" 1 ML 32 GAUGE X 5/16"  |                                   | 1         | PA; ST              |
| TRUEPLUS PEN NEEDLE 29GX1/2"<br>29 GAUGE X 1/2"           | (pen needle, diabetic)            | 1         | PA; ST              |
| TRUEPLUS PEN NEEDLE 31G X<br>1/4" 31 GAUGE X 1/4"         | (pen needle, diabetic)            | 1         | PA; ST              |
| TRUEPLUS PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16"         | (pen needle, diabetic)            | 1         | PA; ST              |
| TRUEPLUS PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"         | (pen needle, diabetic)            | 1         | PA; ST              |
| TRUEPLUS PEN NEEDLE<br>32GX5/32" 32 GAUGE X 5/32"         | (pen needle, diabetic)            | 1         | PA; ST              |
| TRUEPLUS SYR 0.3 ML 29GX1/2"<br>0.3 ML 29 GAUGE X 1/2"    | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| TRUEPLUS SYR 0.3 ML 30GX5/16"<br>0.3 ML 30 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| TRUEPLUS SYR 0.3 ML 31GX5/16"<br>0.3 ML 31 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| TRUEPLUS SYR 0.5 ML 28GX1/2"<br>1/2 ML 28 GAUGE X 1/2"    | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| TRUEPLUS SYR 0.5 ML 29GX1/2"<br>0.5 ML 29 GAUGE X 1/2"    | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| TRUEPLUS SYR 0.5 ML 30GX5/16"<br>0.5 ML 30 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| TRUEPLUS SYR 0.5 ML 31GX5/16"<br>0.5 ML 31 GAUGE X 5/16"  | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |

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| TRUEPLUS SYR 1 ML 28GX1/2" 1<br>ML 28 GAUGE X 1/2"                  | (insulin syringe-needle<br>u-100)   | 1         | PA; ST              |
| TRUEPLUS SYR 1 ML 29GX1/2" 1<br>ML 29 GAUGE X 1/2"                  | (insulin syringe-needle<br>u-100)   | 1         | PA; ST              |
| TRUEPLUS SYR 1 ML 30GX5/16" 1<br>ML 30 GAUGE X 5/16                 | (insulin syringe-needle<br>u-100)   | 1         | PA; ST              |
| TRUEPLUS SYR 1 ML 31GX5/16" 1<br>ML 31 GAUGE X 5/16                 | (insulin syringe-needle<br>u-100)   | 1         | PA; ST              |
| ULTICAR INS 0.3 ML 31GX1/4(1/2)<br>0.3 ML 31 GAUGE X 1/4"           | (insulin syr/ndl u100<br>half mark) | 1         | PA; ST              |
| ULTICARE INS 1 ML 31GX1/4" 1<br>ML 31 GAUGE X 1/4"                  | (insulin syringe-needle<br>u-100)   | 1         | PA; ST              |
| ULTICARE INS SYR 0.3 ML 30G<br>8MM 0.3 ML 30 GAUGE X 5/16"          | (Advocate Syringes)                 | 1         | PA; ST              |
| ULTICARE INS SYR 0.3 ML 31G<br>6MM 0.3 ML 31 GAUGE X 1/4"           | (insulin syringe-needle<br>u-100)   | 1         | PA; ST              |
| ULTICARE INS SYR 0.3 ML 31G<br>8MM 0.3 ML 31 GAUGE X 5/16"          | (Advocate Syringes)                 | 1         | PA; ST              |
| ULTICARE INS SYR 0.5 ML 30G<br>8MM (OTC) 0.5 ML 30 GAUGE X<br>5/16" | (Advocate Syringes)                 | 1         | PA; ST              |
| ULTICARE INS SYR 0.5 ML 31G<br>6MM 1/2 ML 31 GAUGE X 1/4"           | (insulin syringe-needle<br>u-100)   | 1         | PA; ST              |
| ULTICARE INS SYR 0.5 ML 31G<br>8MM (OTC) 0.5 ML 31 GAUGE X<br>5/16" | (Advocate Syringes)                 | 1         | PA; ST              |
| ULTICARE INS SYR 1 ML 30GX1/2" 1<br>ML 30 GAUGE X 1/2"              | (insulin syringe-needle<br>u-100)   | 1         | PA; ST              |
| ULTICARE PEN NEEDLE 31GX3/16" 31<br>GAUGE X 3/16"                   | (pen needle, diabetic)              | 1         | PA; ST              |
| ULTICARE PEN NEEDLE 6MM 31G<br>31 GAUGE X 1/4"                      | (pen needle, diabetic)              | 1         | PA; ST              |
| ULTICARE PEN NEEDLE 8MM 31G<br>31 GAUGE X 5/16"                     | (pen needle, diabetic)              | 1         | PA; ST              |

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|------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| ULTICARE PEN NEEDLES 12MM (pen needle, diabetic)<br>29G 29 GAUGE X 1/2"                              | 1                | PA; ST                     |
| ULTICARE PEN NEEDLES 4MM (pen needle, diabetic)<br>32G MICRO, 32GX4MM 32<br>GAUGE X 5/32"            | 1                | PA; ST                     |
| ULTICARE PEN NEEDLES 6MM (pen needle, diabetic)<br>32G 32 GAUGE X 1/4"                               | 1                | PA; ST                     |
| ULTICARE SAFE PEN NDL 30G<br>8MM 30 GAUGE X 5/16"                                                    | 1                | PA; ST                     |
| ULTICARE SAFE PEN NDL 5MM<br>30G 30 GAUGE X 3/16"                                                    | 1                | PA; ST                     |
| ULTICARE SAFETY 0.5 ML 29GX1/2 (Comfort EZ Insulin<br>(RX) 0.5 ML 29 GAUGE X 1/2" Syringe)           | 1                | PA; ST                     |
| ULTICARE SYR 0.3 ML 29G (Comfort EZ Insulin<br>12.7MM 0.3 ML 29 GAUGE X 1/2" Syringe)                | 1                | PA; ST                     |
| ULTICARE SYR 0.3 ML 30GX1/2" (insulin syringe-needle<br>0.3 ML 30 GAUGE X 1/2" u-100)                | 1                | PA; ST                     |
| ULTICARE SYR 0.3 ML 31GX5/16" (insulin syringe-needle<br>SHORT NDL 0.3 ML 31 GAUGE X u-100)<br>5/16" | 1                | PA; ST                     |
| ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle<br>0.5 ML 30 GAUGE X 1/2" u-100)                | 1                | PA; ST                     |
| ULTICARE SYR 0.5 ML 31GX5/16" (insulin syringe-needle<br>SHORT NDL 0.5 ML 31 GAUGE X u-100)<br>5/16" | 1                | PA; ST                     |
| ULTICARE SYR 1 ML 31GX5/16" 1 (insulin syringe-needle<br>ML 31 GAUGE X 5/16 u-100)                   | 1                | PA; ST                     |
| ULTIGUARD SAFE 1 ML 30G<br>12.7MM 1 ML 30 X 1/2"                                                     | 1                | PA; ST                     |
| ULTIGUARD SAFE0.3 ML 30G<br>12.7MM 0.3 ML 30 X 1/2"                                                  | 1                | PA; ST                     |
| ULTIGUARD SAFE0.5 ML 30G<br>12.7MM 1/2 ML 30 X 1/2"                                                  | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| ULTIGUARD SAFEPAK 1 ML 31G<br>8MM 1 ML 31 X 5/16"                                                                                               | 1                | PA; ST                     |
| ULTIGUARD SAFEPAK 29G<br>12.7MM 29 GAUGE X 1/2"                                                                                                 | 1                | PA; ST                     |
| ULTIGUARD SAFEPAK 31G 5MM<br>31 GAUGE X 3/16"                                                                                                   | 1                | PA; ST                     |
| ULTIGUARD SAFEPAK 31G 6MM<br>31 GAUGE X 1/4"                                                                                                    | 1                | PA; ST                     |
| ULTIGUARD SAFEPAK 31G 8MM<br>31 GAUGE X 5/16"                                                                                                   | 1                | PA; ST                     |
| ULTIGUARD SAFEPAK 32G 4MM<br>32 GAUGE X 5/32"                                                                                                   | 1                | PA; ST                     |
| ULTIGUARD SAFEPAK 32G 6MM<br>32 GAUGE X 1/4"                                                                                                    | 1                | PA; ST                     |
| ULTIGUARD SAFEPK 0.3 ML 31G<br>8MM 0.3 ML 31 X 5/16"                                                                                            | 1                | PA; ST                     |
| ULTIGUARD SAFEPK 0.5 ML 31G<br>8MM 1/2 ML 31 X 5/16"                                                                                            | 1                | PA; ST                     |
| ULTILET ALCOHOL STERL SWAB (alcohol swabs)                                                                                                      | 1                | PA; ST                     |
| ULTILET INSULIN SYRINGE 0.3 ML (insulin syringe-needle<br>0.3 ML 29 GAUGE X 1/2", 0.3 ML u-100)<br>30 GAUGE X 5/16", 0.3 ML 31<br>GAUGE X 5/16" | 1                | PA; ST                     |
| ULTILET INSULIN SYRINGE 0.5 ML (insulin syringe-needle<br>0.5 ML 29 GAUGE X 1/2", 0.5 ML u-100)<br>30 GAUGE X 5/16", 0.5 ML 31<br>GAUGE X 5/16" | 1                | PA; ST                     |
| ULTILET INSULIN SYRINGE 1 ML 1 (insulin syringe-needle<br>ML 29 GAUGE X 1/2", 1 ML 30 u-100)<br>GAUGE X 5/16, 1 ML 31 GAUGE X<br>5/16           | 1                | PA; ST                     |
| ULTILET PEN NEEDLE 29 GAUGE                                                                                                                     | 1                | PA; ST                     |
| ULTILET PEN NEEDLE 4MM 32G (pen needle, diabetic)<br>32 GAUGE X 5/32"                                                                           | 1                | PA; ST                     |

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| Drug Name                                                            |                                | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------------|--------------------------------|-----------|---------------------|
| ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"                 | (insulin syringe-needle u-100) | 1         | PA; ST              |
| ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1         | PA; ST              |
| ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"                 | (insulin syringe-needle u-100) | 1         | PA; ST              |
| ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE                         | (insulin syringe-needle u-100) | 1         | PA; ST              |
| ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"                   | (insulin syringe-needle u-100) | 1         | PA; ST              |
| ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"                      | (insulin syringe-needle u-100) | 1         | PA; ST              |
| ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"               |                                | 1         | PA; ST              |
| ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"              |                                | 1         | PA; ST              |
| ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"              |                                | 1         | PA; ST              |
| ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"                        | (pen needle, diabetic)         | 1         | PA; ST              |
| ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"                        | (pen needle, diabetic)         | 1         | PA; ST              |
| ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"                        | (pen needle, diabetic)         | 1         | PA; ST              |
| ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"                        | (pen needle, diabetic)         | 1         | PA; ST              |
| ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"                       | (pen needle, diabetic)         | 1         | PA; ST              |
| ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"                 | (insulin syringe-needle u-100) | 1         | PA; ST              |

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| Drug Name                                                    |                                   | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------|-----------------------------------|-----------|---------------------|
| ULTRA FLO SYR 0.3 ML 30G 5/16"<br>0.3 ML 30 GAUGE X 5/16"    | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRA FLO SYR 0.3 ML 31G 5/16"<br>0.3 ML 31 GAUGE X 5/16"    | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRA FLO SYR 0.5 ML 29G 1/2"<br>0.5 ML 29 GAUGE X 1/2"      | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRA THIN PEN NDL 32G X<br>4MM 32 GAUGE X 5/32"             | (pen needle, diabetic)            | 1         | PA; ST              |
| ULTRACARE INS 0.3 ML<br>30GX5/16" 0.3 ML 30 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRACARE INS 0.3 ML<br>31GX5/16" 0.3 ML 31 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRACARE INS 0.5 ML 30GX1/2"<br>0.5 ML 30 GAUGE X 1/2"      | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRACARE INS 0.5 ML<br>30GX5/16" 0.5 ML 30 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRACARE INS 0.5 ML<br>31GX5/16" 0.5 ML 31 GAUGE X<br>5/16" | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRACARE INS 1 ML 30G X 5/16"<br>1 ML 30 GAUGE X 5/16       | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRACARE INS 1 ML 30GX1/2" 1<br>ML 30 GAUGE X 1/2"          | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRACARE INS 1 ML 31G X 5/16"<br>1 ML 31 GAUGE X 5/16       | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRACARE PEN NEEDLE<br>31GX1/4" 31 GAUGE X 1/4"             | (pen needle, diabetic)            | 1         | PA; ST              |
| ULTRACARE PEN NEEDLE<br>31GX3/16" 31 GAUGE X 3/16"           | (pen needle, diabetic)            | 1         | PA; ST              |
| ULTRACARE PEN NEEDLE<br>31GX5/16" 31 GAUGE X 5/16"           | (pen needle, diabetic)            | 1         | PA; ST              |

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| Drug Name                                                   |                                   | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------|-----------------------------------|-----------|---------------------|
| ULTRACARE PEN NEEDLE<br>32GX1/4" 32 GAUGE X 1/4"            | (pen needle, diabetic)            | 1         | PA; ST              |
| ULTRACARE PEN NEEDLE<br>32GX3/16" 32 GAUGE X 3/16"          | (pen needle, diabetic)            | 1         | PA; ST              |
| ULTRACARE PEN NEEDLE<br>32GX5/32" 32 GAUGE X 5/32"          | (pen needle, diabetic)            | 1         | PA; ST              |
| ULTRACARE PEN NEEDLE<br>33GX5/32" 33 GAUGE X 5/32"          | (pen needle, diabetic)            | 1         | PA; ST              |
| ULTRA-FINE 0.3 ML 30G 12.7MM<br>0.3 ML 30 GAUGE X 1/2"      | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRA-FINE 0.3 ML 31G 6MM<br>(1/2) 0.3 ML 31 GAUGE X 15/64" |                                   | 1         | PA; ST              |
| ULTRA-FINE 0.3 ML 31G 8MM<br>(1/2) 0.3 ML 31 GAUGE X 5/16"  |                                   | 1         | PA; ST              |
| ULTRA-FINE 0.5 ML 30G 12.7MM<br>0.5 ML 30 GAUGE X 1/2"      | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRA-FINE INS SYR 1 ML 31G<br>6MM 1 ML 31 GAUGE X 15/64"   | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRA-FINE INS SYR 1 ML 31G<br>8MM 1 ML 31 GAUGE X 5/16     | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRA-FINE PEN NDL 29G<br>12.7MM 29 GAUGE X 1/2"            | (pen needle, diabetic)            | 1         | PA; ST              |
| ULTRA-FINE PEN NEEDLE 31G<br>5MM 31 GAUGE X 3/16"           | (pen needle, diabetic)            | 1         | PA; ST              |
| ULTRA-FINE PEN NEEDLE 31G<br>8MM 31 GAUGE X 5/16"           | (pen needle, diabetic)            | 1         | PA; ST              |
| ULTRA-FINE PEN NEEDLE 32G<br>6MM 32 GAUGE X 1/4"            | (pen needle, diabetic)            | 1         | PA; ST              |
| ULTRA-FINE SYR 0.3 ML 31G 8MM<br>0.3 ML 31 GAUGE X 5/16"    | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |
| ULTRA-FINE SYR 0.5 ML 31G 6MM<br>1/2 ML 31 GAUGE X 15/64"   | (insulin syringe-needle<br>u-100) | 1         | PA; ST              |

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| <b>Drug Name</b>                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------|------------------|----------------------------|
| ULTRA-FINE SYR 0.5 ML 31G 8MM (insulin syringe-needle<br>0.5 ML 31 GAUGE X 5/16" u-100) | 1                | PA; ST                     |
| ULTRA-FINE SYR 1 ML 30G (insulin syringe-needle<br>12.7MM 1 ML 30 GAUGE X 1/2" u-100)   | 1                | PA; ST                     |
| ULTRA-THIN II 1 ML 31GX5/16" 1 (insulin syringe-needle<br>ML 31 GAUGE X 5/16 u-100)     | 1                | PA; ST                     |
| ULTRA-THIN II INS 0.3 ML 30G 0.3 (insulin syringe-needle<br>ML 30 GAUGE X 5/16" u-100)  | 1                | PA; ST                     |
| ULTRA-THIN II INS 0.3 ML 31G 0.3 (insulin syringe-needle<br>ML 31 GAUGE X 5/16" u-100)  | 1                | PA; ST                     |
| ULTRA-THIN II INS 0.5 ML 29G 0.5 (insulin syringe-needle<br>ML 29 GAUGE X 1/2" u-100)   | 1                | PA; ST                     |
| ULTRA-THIN II INS 0.5 ML 30G 0.5 (insulin syringe-needle<br>ML 30 GAUGE X 5/16" u-100)  | 1                | PA; ST                     |
| ULTRA-THIN II INS 0.5 ML 31G 0.5 (insulin syringe-needle<br>ML 31 GAUGE X 5/16" u-100)  | 1                | PA; ST                     |
| ULTRA-THIN II INS SYR 1 ML 29G (insulin syringe-needle<br>1 ML 29 GAUGE X 1/2" u-100)   | 1                | PA; ST                     |
| ULTRA-THIN II INS SYR 1 ML 30G (insulin syringe-needle<br>1 ML 30 GAUGE X 5/16 u-100)   | 1                | PA; ST                     |
| ULTRA-THIN II PEN NDL 29GX1/2" (pen needle, diabetic)<br>29 GAUGE X 1/2"                | 1                | PA; ST                     |
| ULTRA-THIN II PEN NDL (pen needle, diabetic)<br>31GX5/16 31 GAUGE X 5/16"               | 1                | PA; ST                     |
| UNIFINE OTC PEN NEEDLE 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"               | 1                | PA; ST                     |
| UNIFINE OTC PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 3/16"                | 1                | PA; ST                     |
| UNIFINE PEN NEEDLE 32G 4MM (pen needle, diabetic)<br>32 GAUGE X 5/32"                   | 1                | PA; ST                     |
| UNIFINE PENTIPS 12MM 29G (pen needle, diabetic)<br>29GX12MM, STRL 29 GAUGE X<br>1/2"    | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------|------------------|----------------------------|
| UNIFINE PENTIPS 31GX3/16" (pen needle, diabetic)<br>31GX5MM,STRL,MINI 31 GAUGE X 3/16"   | 1                | PA; ST                     |
| UNIFINE PENTIPS 32G 4MM 32 (pen needle, diabetic)<br>GAUGE X 5/32"                       | 1                | PA; ST                     |
| UNIFINE PENTIPS 32GX1/4" 32 (pen needle, diabetic)<br>GAUGE X 1/4"                       | 1                | PA; ST                     |
| UNIFINE PENTIPS 33GX5/32" 33 (pen needle, diabetic)<br>GAUGE X 5/32"                     | 1                | PA; ST                     |
| UNIFINE PENTIPS 6MM 31G 31 (pen needle, diabetic)<br>GAUGE X 1/4"                        | 1                | PA; ST                     |
| UNIFINE PENTIPS MAX 30GX3/16" (pen needle, diabetic)<br>30 GAUGE X 3/16"                 | 1                | PA; ST                     |
| UNIFINE PENTIPS NEEDLES 29G<br>29 GAUGE                                                  | 1                | PA; ST                     |
| UNIFINE PENTIPS PLUS 29GX1/2" (pen needle, diabetic)<br>12MM 29 GAUGE X 1/2"             | 1                | PA; ST                     |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>30GX3/16" 30 GAUGE X 3/16"                | 1                | PA; ST                     |
| UNIFINE PENTIPS PLUS 31GX1/4" (pen needle, diabetic)<br>ULTRA SHORT, 6MM 31 GAUGE X 1/4" | 1                | PA; ST                     |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>31GX3/16" MINI 31 GAUGE X 3/16"           | 1                | PA; ST                     |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>31GX5/16" SHORT 31 GAUGE X 5/16"          | 1                | PA; ST                     |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>32GX5/32" 32 GAUGE X 5/32"                | 1                | PA; ST                     |
| UNIFINE PENTIPS PLUS (pen needle, diabetic)<br>33GX5/32" 33 GAUGE X 5/32"                | 1                | PA; ST                     |
| UNIFINE PROTECT 30G 5MM 30<br>GAUGE X 3/16"                                              | 1                | PA; ST                     |

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| <b>Drug Name</b>                                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------|------------------|----------------------------|
| UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"                                                   | 1                | PA; ST                     |
| UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"                                                   | 1                | PA; ST                     |
| UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"                                               | 1                | PA; ST                     |
| UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"                                               | 1                | PA; ST                     |
| UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)                | 1                | PA; ST                     |
| UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"                                                | 1                | PA; ST                     |
| UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"                                               | 1                | PA; ST                     |
| UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"                                               | 1                | PA; ST                     |
| UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)                      | 1                | PA; ST                     |
| UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)                       | 1                | PA; ST                     |
| UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)                      | 1                | PA; ST                     |
| UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)                      | 1                | PA; ST                     |
| VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1                | PA; ST                     |
| VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"                                       | 1                | PA; ST                     |
| VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)           | 1                | PA; ST                     |
| VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)         | 1                | PA; ST                     |

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|-------------------------------------------------------------------------------------------|------------------|----------------------------|
| VERIFINE PEN NEEDLE 29G 12MM (pen needle, diabetic)<br>29 GAUGE X 1/2"                    | 1                | PA; ST                     |
| VERIFINE PEN NEEDLE 31G 5MM (pen needle, diabetic)<br>31 GAUGE X 3/16"                    | 1                | PA; ST                     |
| VERIFINE PEN NEEDLE 31G X (pen needle, diabetic)<br>6MM 31 GAUGE X 1/4"                   | 1                | PA; ST                     |
| VERIFINE PEN NEEDLE 31G X (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                  | 1                | PA; ST                     |
| VERIFINE PEN NEEDLE 32G 6MM (pen needle, diabetic)<br>32 GAUGE X 1/4"                     | 1                | PA; ST                     |
| VERIFINE PEN NEEDLE 32G X (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                  | 1                | PA; ST                     |
| VERIFINE PEN NEEDLE 32G X (pen needle, diabetic)<br>5MM 32 GAUGE X 3/16"                  | 1                | PA; ST                     |
| VERIFINE PLUS PEN NDL 31G (pen needle, diabetic)<br>5MM 31 GAUGE X 3/16"                  | 1                | PA; ST                     |
| VERIFINE PLUS PEN NDL 31G (pen needle, diabetic)<br>8MM 31 GAUGE X 5/16"                  | 1                | PA; ST                     |
| VERIFINE PLUS PEN NDL 32G (pen needle, diabetic)<br>4MM 32 GAUGE X 5/32"                  | 1                | PA; ST                     |
| VERIFINE PLUS PEN NDL 32G<br>4MM-SHARPS CONTAINER 32<br>GAUGE X 5/32"                     | 1                | PA; ST                     |
| VERIFINE SYRING 0.5 ML 29G 1/2" (insulin syringe-needle<br>0.5 ML 29 GAUGE X 1/2" u-100)  | 1                | PA; ST                     |
| VERIFINE SYRING 1 ML 31G 5/16" (insulin syringe-needle<br>1 ML 31 GAUGE X 5/16 u-100)     | 1                | PA; ST                     |
| VERIFINE SYRNG 0.3 ML 31G (insulin syringe-needle<br>5/16" 0.3 ML 31 GAUGE X 5/16" u-100) | 1                | PA; ST                     |
| VERIFINE SYRNG 0.5 ML 31G (insulin syringe-needle<br>5/16" 0.5 ML 31 GAUGE X 5/16" u-100) | 1                | PA; ST                     |
| VERSALON ALL PURPOSE<br>SPONGE 25'S,N-STERILE,3PLY 2 X<br>2 "                             | 1                | PA; ST                     |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| V-GO 20 DEVICE                                                                                                                                                                                            | 2         | QL (30 per 30 days)     |
| V-GO 30 DEVICE                                                                                                                                                                                            | 2         | QL (30 per 30 days)     |
| V-GO 40 DEVICE                                                                                                                                                                                            | 2         | QL (30 per 30 days)     |
| WEBCOL ALCOHOL PREPS (alcohol swabs)<br>20'S,LARGE                                                                                                                                                        | 1         | PA; ST                  |
| <b>Enzyme Cofactors/Chaperones</b>                                                                                                                                                                        |           |                         |
| <b>Enzyme Cofactors/Chaperones</b>                                                                                                                                                                        |           |                         |
| MIPLYFFA ORAL CAPSULE 124<br>MG, 47 MG, 62 MG, 93 MG                                                                                                                                                      | 4         | PA; QL (90 per 30 days) |
| <b>Enzyme Replacement/Modifiers</b>                                                                                                                                                                       |           |                         |
| <b>Enzyme Replacement/Modifiers</b>                                                                                                                                                                       |           |                         |
| CERDELGA ORAL CAPSULE 84 MG                                                                                                                                                                               | 4         | PA                      |
| CREON ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 12,000-38,000 -<br>60,000 UNIT, 24,000-76,000 -<br>120,000 UNIT, 3,000-9,500-<br>15,000 UNIT, 36,000-114,000-<br>180,000 UNIT, 6,000-19,000 -<br>30,000 UNIT | 2         |                         |
| GALAFOLD ORAL CAPSULE 123<br>MG                                                                                                                                                                           | 4         | PA; QL (14 per 28 days) |
| <i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)                                                                                                                                                  | 4         | PA                      |
| <i>miglustat oral capsule 100 mg</i> (Yargesa)                                                                                                                                                            | 4         | PA; QL (90 per 30 days) |
| <i>nitisinone oral capsule 10 mg, 2<br/>mg, 20 mg, 5 mg</i> (Orfadin)                                                                                                                                     | 4         | PA                      |
| ORFADIN ORAL SUSPENSION 4<br>MG/ML                                                                                                                                                                        | 4         | PA                      |
| PALYNZIQ SUBCUTANEOUS<br>SYRINGE 10 MG/0.5 ML, 2.5<br>MG/0.5 ML, 20 MG/ML                                                                                                                                 | 4         | PA                      |

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| Drug Name                                                                                                                                                                                                                                                                       | Drug Tier | Requirements/Limits     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| PULMOZYME INHALATION SOLUTION 1 MG/ML                                                                                                                                                                                                                                           | 4         | PA BvD                  |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)                                                                                                                                                                                                                        | 4         | PA                      |
| <i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)                                                                                                                                                                                                                        | 4         | PA                      |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML                                                                                                                                                                                              | 4         | PA; LA                  |
| <i>yargesa oral capsule 100 mg</i> (miglustat)                                                                                                                                                                                                                                  | 4         | PA; 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         |                         |
| <b>Eye, Ear, Nose, Throat Agents</b>                                                                                                                                                                                                                                            |           |                         |
| <b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>                                                                                                                                                                                                                             |           |                         |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                                                                                                                                                                                                                               | 1         |                         |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)                                                                                                                                                                                                                    | 1         |                         |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>                                                                                                                                                                                                                       | 1         | QL (60 per 30 days)     |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)                                                                                                                                                                                                  | 1         | QL (30 per 25 days)     |

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| <b>Drug Name</b>                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>                                        | 1                |                            |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)                     | 1                | ST                         |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                                             | 1                |                            |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                                        | 1                |                            |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>                     | 1                | QL (30 per 28 days)        |
| <i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>                     | 1                | QL (15 per 10 days)        |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %                                                | 2                | QL (12 per 28 days)        |
| <i>olopatadine nasal spray,non-aerosol 0.6 %</i>                                       | 1                | QL (30.5 per 30 days)      |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)         | 1                |                            |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad))       | 1                |                            |
| <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>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>                                  | 1                |                            |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>               | 1                | QL (7.5 per 7 days)        |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>                        | 1                | QL (3.5 per 4 days)        |

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| <b>Drug Name</b>                                                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>gatifloxacin ophthalmic (eye) drops</i><br>0.5 %                                                                          | 1                |                            |
| <i>gentak ophthalmic (eye) ointment</i><br>0.3 % (3 mg/gram)                                                                 | 1                |                            |
| <i>gentamicin ophthalmic (eye) drops</i><br>0.3 %                                                                            | 1                |                            |
| <i>hydrocortisone-acetic acid otic</i><br><i>(ear) drops</i> 1-2 %                                                           | 1                |                            |
| <i>moxifloxacin ophthalmic (eye)</i> (Vigamox)<br><i>drops</i> 0.5 %                                                         | 1                |                            |
| NATACYN OPTHALMIC (EYE)<br>DROPS,SUSPENSION 5 %                                                                              | 3                |                            |
| <i>neomycin-bacitracin-poly-hc</i> (Neo-Polycin HC)<br><i>ophthalmic (eye) ointment</i> 3.5-<br>400-10,000 mg-unit/g-1%      | 1                |                            |
| <i>neomycin-bacitracin-polymyxin</i> (Neo-Polycin)<br><i>ophthalmic (eye) ointment</i> 3.5-<br>400-10,000 mg-unit-unit/g     | 1                |                            |
| <i>neomycin-polymyxin b-dexameth</i> (Maxitrol)<br><i>ophthalmic (eye) drops,suspension</i><br>3.5mg/ml-10,000 unit/ml-0.1 % | 1                |                            |
| <i>neomycin-polymyxin b-dexameth</i> (Maxitrol)<br><i>ophthalmic (eye) ointment</i> 3.5<br>mg/g- 10,000 unit/g-0.1 %         | 1                |                            |
| <i>neomycin-polymyxin-gramicidin</i><br><i>ophthalmic (eye) drops</i> 1.75 mg-<br>10,000 unit-0.025mg/ml                     | 1                |                            |
| <i>neomycin-polymyxin-hc</i><br><i>ophthalmic (eye) drops,suspension</i><br>3.5-10,000-10 mg-unit-mg/ml                      | 1                |                            |
| <i>neomycin-polymyxin-hc otic (ear)</i><br><i>drops,suspension</i> 3.5-10,000-1<br>mg/ml-unit/ml-%                           | 1                |                            |

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| <b>Drug Name</b>                                                                 | <b>Drug Tier</b>                     | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------|--------------------------------------|----------------------------|
| <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)<br>1   |                            |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>       | (neomycin-bacitracin-polymyxin)<br>1 |                            |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i>                                    | (Ocuflox)<br>1                       |                            |
| <i>ofloxacin otic (ear) drops 0.3 %</i>                                          | 1                                    |                            |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>                    | (bacitracin-polymyxin b)<br>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                                    |                            |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                       | 1                                    |                            |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>    | 1                                    |                            |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>                                   | 1                                    |                            |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>      | 1                                    |                            |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                   | 1                                    |                            |
| XDEMZY OPHTHALMIC (EYE) DROPS 0.25 %                                             | 4                                    | PA; QL (10 per 42 days)    |

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| Drug Name                                                                                                | Drug Tier | Requirements/Limits  |
|----------------------------------------------------------------------------------------------------------|-----------|----------------------|
| ZIRGAN OPHTHALMIC (EYE) GEL<br>0.15 %                                                                    | 3         |                      |
| ZYLET OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3-0.5 %                                                     | 2         |                      |
| <b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>                                                   |           |                      |
| <i>bromfenac ophthalmic (eye) drops</i> (Prolensa)<br>0.07 %                                             | 1         |                      |
| <i>bromfenac ophthalmic (eye) drops</i> (BromSite)<br>0.075 %                                            | 1         |                      |
| <i>bromfenac ophthalmic (eye) drops</i><br>0.09 %                                                        | 1         |                      |
| <i>cyclosporine ophthalmic (eye)</i> (Restasis)<br><i>dropperette</i> 0.05 %                             | 1         | QL (60 per 30 days)  |
| <i>dexamethasone sodium phosphate</i><br><i>ophthalmic (eye) drops</i> 0.1 %                             | 1         |                      |
| <i>diclofenac sodium ophthalmic</i><br><i>(eye) drops</i> 0.1 %                                          | 1         |                      |
| <i>difluprednate ophthalmic (eye)</i> (Durezol)<br><i>drops</i> 0.05 %                                   | 1         |                      |
| EYSUVIS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %                                                      | 2         | QL (8.3 per 14 days) |
| <i>flunisolide nasal spray,non-aerosol</i><br><i>25 mcg (0.025 %)</i>                                    | 1         | QL (50 per 25 days)  |
| <i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil)<br><i>drops</i> 0.01 %                       | 1         |                      |
| <i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm)<br><i>drops,suspension</i> 0.1 %                 | 1         |                      |
| <i>flurbiprofen sodium ophthalmic</i><br><i>(eye) drops</i> 0.03 %                                       | 1         |                      |
| <i>fluticasone propionate nasal</i> (24 Hour Allergy<br><i>spray,suspension</i> 50 mcg/actuation Relief) | 1         | QL (16 per 30 days)  |
| ILEVRO OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3 %                                                        | 2         |                      |

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| Drug Name                                                                                          | Drug Tier | Requirements/Limits  |
|----------------------------------------------------------------------------------------------------|-----------|----------------------|
| INVELTYS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1 %                                                  | 2         | QL (5.6 per 14 days) |
| <i>ketorolac ophthalmic (eye) drops</i> (Acular)<br>0.5 %                                          | 1         | QL (10 per 25 days)  |
| LOTEMAX OPHTHALMIC (EYE)<br>OINTMENT 0.5 %                                                         | 2         | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE)<br>DROPS,GEL 0.38 %                                                    | 2         | QL (5 per 16 days)   |
| <i>loteprednol etabonate ophthalmic</i> (Lotemax)<br><i>(eye) drops,gel 0.5 %</i>                  | 1         | QL (10 per 14 days)  |
| <i>loteprednol etabonate ophthalmic</i> (Alrex)<br><i>(eye) drops,suspension 0.2 %</i>             | 1         | ST                   |
| <i>loteprednol etabonate ophthalmic</i><br><i>(eye) drops,suspension 0.5 %</i>                     | 1         | QL (15 per 19 days)  |
| <i>mometasone nasal spray,non-</i> (Allergy Nasal<br><i>aerosol 50 mcg/actuation</i> (mometasone)) | 1         | QL (34 per 30 days)  |
| <i>prednisolone acetate ophthalmic</i> (Pred Forte)<br><i>(eye) drops,suspension 1 %</i>           | 3         |                      |
| <i>prednisolone sodium phosphate</i><br><i>ophthalmic (eye) drops 1 %</i>                          | 1         |                      |
| XIIDRA OPHTHALMIC (EYE)<br>DROPPERETTE 5 %                                                         | 2         | QL (60 per 30 days)  |
| <b>Gastrointestinal Agents</b>                                                                     |           |                      |
| <b>Antiulcer Agents And Acid Suppressants</b>                                                      |           |                      |
| <i>amoxicil-clarithromy-lansopraz</i><br><i>oral combo pack 500-500-30 mg</i>                      | 1         |                      |
| <i>cimetidine hcl oral solution 300</i><br><i>mg/5 ml</i>                                          | 1         |                      |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer<br>(cimetidine))                                | 1         |                      |
| <i>cimetidine oral tablet 300 mg, 400</i><br><i>mg, 800 mg</i>                                     | 1         |                      |

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| Drug Name                                                                      |                               | Drug Tier | Requirements/Limits     |
|--------------------------------------------------------------------------------|-------------------------------|-----------|-------------------------|
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>       | (Acid Reducer (esomeprazole)) | 1         | QL (30 per 30 days)     |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>       | (Nexium)                      | 1         | QL (60 per 30 days)     |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> | (Nexium Packet)               | 1         | ST; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>        | (Nexium Packet)               | 1         | ST; QL (60 per 30 days) |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>      |                               | 1         |                         |
| <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 (60 per 30 days)     |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                | (Cytotec)                     | 1         |                         |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                  |                               | 1         |                         |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>     |                               | 1         |                         |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>               | (Zegerid OTC)                 | 4         | ST; QL (30 per 30 days) |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>               |                               | 1         | ST; QL (30 per 30 days) |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>                 | (Protonix)                    | 1         | QL (30 per 30 days)     |

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| Drug Name                                                                 | Drug Tier | Requirements/Limits     |
|---------------------------------------------------------------------------|-----------|-------------------------|
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix) | 1         | QL (60 per 30 days)     |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)   | 1         | QL (30 per 30 days)     |
| <i>sucralfate oral tablet 1 gram</i> (Carafate)                           | 1         |                         |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG                                         | 3         | PA                      |
| <b>Gastrointestinal Agents, Other</b>                                     |           |                         |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)          | 4         | PA                      |
| <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 solution 10 mg/5 ml</i>                               | 1         |                         |
| <i>dicyclomine oral tablet 20 mg</i>                                      | 1         |                         |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>               | 1         | PA; AGE (Max 64 Years)  |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)          | 1         | PA; AGE (Max 64 Years)  |
| <i>enulose oral solution 10 gram/15 ml</i> (lactulose)                    | 1         |                         |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG                                      | 4         | PA                      |
| <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         |                         |
| IQIRVO ORAL TABLET 80 MG                                                  | 4         | PA; QL (30 per 30 days) |
| <i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>            | 1         |                         |

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|-------------------------------------------------------------------|------------------|----------------------------|
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose)         | 1                |                            |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                     | 2                | QL (30 per 30 days)        |
| LIVDELZI ORAL CAPSULE 10 MG                                       | 4                | PA; QL (30 per 30 days)    |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                     | 2                |                            |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide)) | 1                |                            |
| <i>lubiprostone oral capsule 24 mcg</i> (Amitiza)                 | 1                | QL (60 per 30 days)        |
| <i>lubiprostone oral capsule 8 mcg</i> (Amitiza)                  | 1                | QL (120 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                | QL (30 per 30 days)        |
| OCALIVA ORAL TABLET 10 MG, 5 MG                                   | 4                | PA; QL (30 per 30 days)    |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML                                   | 4                | PA                         |
| RELISTOR ORAL TABLET 150 MG                                       | 4                | PA; QL (90 per 30 days)    |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML                       | 4                | PA; QL (16.8 per 28 days)  |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML                        | 4                | PA; QL (16.8 per 28 days)  |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML                         | 4                | PA; QL (11.2 per 28 days)  |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)        | 4                | PA                         |

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|------------------------------------------------------------------------------------------|-----------|-------------------------|
| sodium polystyrene sulfonate oral powder 15 gram                                         | 1         |                         |
| sps (with sorbitol) oral suspension 15-20 gram/60 ml                                     | 1         |                         |
| ursodiol oral capsule 200 mg, 400 mg (Reltone)                                           | 4         |                         |
| ursodiol oral capsule 300 mg                                                             | 1         |                         |
| ursodiol oral tablet 250 mg                                                              | 1         |                         |
| ursodiol oral tablet 500 mg (URSO Forte)                                                 | 1         |                         |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM                    | 2         |                         |
| XERMELO ORAL TABLET 250 MG                                                               | 4         | PA; QL (84 per 28 days) |
| <b>Laxatives</b>                                                                         |           |                         |
| gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram (peg 3350-electrolytes)             | 1         |                         |
| gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram (peg 3350-electrolytes)             | 1         |                         |
| gavilyte-n oral recon soln 420 gram (peg-electrolyte soln)                               | 1         |                         |
| peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram (GaviLyte-G)             | 1         |                         |
| peg-electrolyte soln oral recon soln 420 gram (GaviLyte-N)                               | 1         |                         |
| sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram (Suprep Bowel Prep Kit) | 1         |                         |
| sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)          | 1         |                         |
| <b>Phosphate Binders</b>                                                                 |           |                         |
| calcium acetate(phosphat bind) oral capsule 667 mg                                       | 1         |                         |

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| calcium acetate(phosphat bind)<br>oral tablet 667 mg                           | 1         |                     |
| lanthanum oral tablet,chewable (Fosrenol)<br>1,000 mg, 500 mg, 750 mg          | 4         |                     |
| sevelamer carbonate oral powder (Renvela)<br>in packet 0.8 gram, 2.4 gram      | 1         |                     |
| sevelamer carbonate oral tablet (Renvela)<br>800 mg                            | 1         |                     |
| sevelamer hcl oral tablet 400 mg,<br>800 mg                                    | 1         |                     |
| <b>Genitourinary Agents</b>                                                    |           |                     |
| <b>Antispasmodics, Urinary</b>                                                 |           |                     |
| bethanechol chloride oral tablet 10<br>mg, 25 mg, 5 mg, 50 mg                  | 1         |                     |
| fesoterodine oral tablet extended (Toviaz)<br>release 24 hr 4 mg, 8 mg         | 1         |                     |
| flavoxate oral tablet 100 mg                                                   | 1         |                     |
| MYRBETRIQ ORAL TABLET (mirabegron)<br>EXTENDED RELEASE 24 HR 25<br>MG, 50 MG   | 1         |                     |
| oxybutynin chloride oral syrup 5<br>mg/5 ml                                    | 1         |                     |
| oxybutynin chloride oral tablet 2.5<br>mg, 5 mg                                | 1         |                     |
| oxybutynin chloride oral tablet<br>extended release 24hr 10 mg, 15<br>mg, 5 mg | 1         |                     |
| solifenacin oral tablet 10 mg, 5 mg (Vesicare)                                 | 1         |                     |
| tolterodine oral capsule,extended<br>release 24hr 2 mg, 4 mg                   | 1         |                     |
| tolterodine oral tablet 1 mg, 2 mg                                             | 1         |                     |
| trospium oral capsule,extended<br>release 24hr 60 mg                           | 1         |                     |

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|------------------------------------------------------------------------------------|-----------|--------------------------|
| <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         | QL (30 per 30 days)      |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart)                                   | 1         |                          |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn) | 1         |                          |
| <i>finasteride oral tablet 5 mg</i> (Proscar)                                      | 1         |                          |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax)                                     | 1         |                          |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                              | 1         |                          |
| <i>tiopronin oral tablet 100 mg</i> (Thiola)                                       | 4         |                          |
| <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) | 4         | PA                       |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)                      | 1         | PA                       |
| <i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)                        | 1         | PA                       |
| <i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)                | 4         | PA                       |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)                        | 4         | PA                       |
| FERRIPROX ORAL SOLUTION 100 MG/ML                                                  | 4         | PA                       |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)                          | 4         | PA                       |
| <i>trientine oral capsule 250 mg</i> (Syprine)                                     | 4         | PA; QL (240 per 30 days) |

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| Drug Name                                                                                                 | Drug Tier | Requirements/Limits      |
|-----------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>Hormonal Agents, Stimulant/Replacement/Mo difying</b>                                                  |           |                          |
| <b>Androgens</b>                                                                                          |           |                          |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                                                         | 1         |                          |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i>                                                              | 1         | PA                       |
| <i>testosterone cypionate</i> (Depo-Testosterone)<br><i>intramuscular oil 100 mg/ml, 200 mg/ml</i>        | 1         | PA                       |
| <i>testosterone cypionate</i><br><i>intramuscular oil 200 mg/ml (1 ml)</i>                                | 1         | PA                       |
| <i>testosterone enanthate</i><br><i>intramuscular oil 200 mg/ml</i>                                       | 1         | PA; QL (5 per 28 days)   |
| <i>testosterone transdermal gel in</i> (Vogelxo)<br><i>metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>     | 1         | PA; QL (300 per 30 days) |
| <i>testosterone transdermal gel in</i> (AndroGel)<br><i>metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> | 1         | PA; QL (150 per 30 days) |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>                                         | 1         | PA; QL (300 per 30 days) |
| <i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)                                | 1         | PA; QL (300 per 30 days) |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>                   | 1         | PA; QL (180 per 30 days) |
| <b>Estrogens And Antiestrogens</b>                                                                        |           |                          |
| <i>abigale lo oral tablet 0.5-0.1 mg</i> (estradiol-norethindrone acet)                                   | 1         |                          |

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| Drug Name                                                                                                                             |                                  | Drug Tier | Requirements/Limits    |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------|------------------------|
| <i>abigale oral tablet 1-0.5 mg</i>                                                                                                   | (estradiol-norethindrone acet)   | 1         | PA; AGE (Max 64 Years) |
| <i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>                                                                                       | (estradiol-norethindrone acet)   | 1         | PA; AGE (Max 64 Years) |
| <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)                      | 1         | QL (8 per 28 days)     |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                       |                                  | 1         |                        |
| <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)                          | 1         | QL (8 per 28 days)     |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | (Climara)                        | 1         | QL (4 per 28 days)     |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>                                                                                   | (Estrace)                        | 1         |                        |
| <i>estradiol vaginal tablet 10 mcg</i>                                                                                                | (Yuvaferm)                       | 1         | QL (18 per 28 days)    |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml</i>                                                                        | (Delestrogen)                    | 1         |                        |
| <i>estradiol valerate intramuscular oil 40 mg/ml</i>                                                                                  |                                  | 1         |                        |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>                                                                            | (Abigale Lo)                     | 1         | PA; AGE (Max 64 Years) |
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>                                                                              | (Abigale)                        | 1         | PA; AGE (Max 64 Years) |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR                                                                                      |                                  | 3         | QL (1 per 84 days)     |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                                                                 | (norethindrone ac-eth estradiol) | 1         | PA; AGE (Max 64 Years) |

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| Drug Name                                                                                                                |                                  | Drug Tier | Requirements/Limits    |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------|------------------------|
| <i>jinteli oral tablet 1-5 mg-mcg</i>                                                                                    | (norethindrone ac-eth estradiol) | 1         | PA; AGE (Max 64 Years) |
| <i>lyllana 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)                      | 1         | QL (8 per 28 days)     |
| <i>mimvey oral tablet 1-0.5 mg</i>                                                                                       | (estradiol-norethindrone acet)   | 1         | PA; AGE (Max 64 Years) |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                             | (Fyavolv)                        | 1         | PA; AGE (Max 64 Years) |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG                                                                             |                                  | 2         |                        |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG                                                                                   | (conjugated estrogens)           | 2         |                        |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM                                                                                     |                                  | 2         |                        |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)                                                                     |                                  | 2         | PA; AGE (Max 64 Years) |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG                                                    |                                  | 2         | PA; AGE (Max 64 Years) |
| <i>raloxifene oral tablet 60 mg</i>                                                                                      | (Evista)                         | 1         |                        |
| <i>yuvaferm vaginal tablet 10 mcg</i>                                                                                    | (estradiol)                      | 1         | QL (18 per 28 days)    |
| <b>Glucocorticoids/Mineralocorticoids</b>                                                                                |                                  |           |                        |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i>                                                                           |                                  | 1         |                        |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>                                         |                                  | 1         |                        |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>                                               |                                  | 1         |                        |

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| <b>Drug Name</b>                                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>fludrocortisone oral tablet 0.1 mg</i>                                                   | 1                |                            |
| HEMADY ORAL TABLET 20 MG                                                                    | 3                |                            |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)                               | 1                |                            |
| <i>methylprednisolone acetate injection suspension 40 mg/ml</i> (Depo-Medrol)               | 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 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>                                | 1                | PA BvD                     |
| <i>prednisolone oral solution 15 mg/5 ml</i>                                                | 1                | PA BvD                     |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>                     | 1                | PA BvD                     |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred) | 1                | PA BvD                     |
| <i>prednisone oral solution 5 mg/5 ml</i>                                                   | 1                | PA BvD                     |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                       | 1                | PA BvD                     |
| <i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>      | 1                |                            |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)                      | 1                |                            |
| <b>Pituitary</b>                                                                            |                  |                            |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML                                                     | 4                | PA; QL (35 per 28 days)    |

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| <b>Drug Name</b>                                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|-----------------------------------------------------------------------------------|------------------|------------------------------|
| CORTROPHIN GEL<br>SUBCUTANEOUS SYRINGE 40<br>UNIT/0.5 ML                          | 4                | PA; QL (15 per 30 days)      |
| CORTROPHIN GEL<br>SUBCUTANEOUS SYRINGE 80<br>UNIT/ML                              | 4                | PA; QL (30 per 30 days)      |
| <i>desmopressin 10 mcg/0.1 ml spr</i><br><i>10 mcg/spray (0.1 ml)</i>             | 1                |                              |
| <i>desmopressin nasal spray,non-</i><br><i>aerosol 10 mcg/spray (0.1 ml)</i>      | 1                |                              |
| <i>desmopressin oral tablet 0.1 mg,</i> (DDAVP)<br><i>0.2 mg</i>                  | 1                |                              |
| EGRIFTA SV SUBCUTANEOUS<br>RECON SOLN 2 MG                                        | 4                | PA; QL (30 per 30 days)      |
| EGRIFTA WR SUBCUTANEOUS KIT<br>11.6 MG                                            | 4                | PA; QL (4 per 28 days)       |
| INCRELEX SUBCUTANEOUS<br>SOLUTION 10 MG/ML                                        | 4                | PA                           |
| <i>lanreotide subcutaneous syringe</i> (Somatuline Depot)<br><i>120 mg/0.5 ml</i> | 4                | PA NSO; QL (0.5 per 28 days) |
| LUPRON DEPOT (3 MONTH)<br>INTRAMUSCULAR SYRINGE KIT<br>11.25 MG                   | 4                | PA NSO                       |
| LUPRON DEPOT<br>INTRAMUSCULAR SYRINGE KIT<br>3.75 MG                              | 4                | PA NSO                       |
| LUPRON DEPOT-PED (3 MONTH)<br>INTRAMUSCULAR SYRINGE KIT<br>11.25 MG, 30 MG        | 4                | PA                           |
| LUPRON DEPOT-PED<br>INTRAMUSCULAR KIT 11.25 MG,<br>15 MG, 7.5 MG (PED)            | 4                | PA                           |

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| <b>Drug Name</b>                                                                                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------|
| LUPRON DEPOT-PED<br>INTRAMUSCULAR SYRINGE KIT 45<br>MG                                                                                                       | 4                | PA                              |
| NORDITROPIN FLEXP<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) | 4                | PA                              |
| <i>octreotide acetate injection<br/>solution 1,000 mcg/ml</i>                                                                                                | 4                |                                 |
| <i>octreotide acetate injection</i> (Sandostatin)<br><i>solution 100 mcg/ml, 50 mcg/ml,<br/>500 mcg/ml</i>                                                   | 1                |                                 |
| <i>octreotide acetate injection<br/>solution 200 mcg/ml</i>                                                                                                  | 1                |                                 |
| ORGOVYX ORAL TABLET 120 MG                                                                                                                                   | 4                | PA NSO                          |
| ORILISSA ORAL TABLET 150 MG                                                                                                                                  | 4                | PA; QL (28 per 28 days)         |
| ORILISSA ORAL TABLET 200 MG                                                                                                                                  | 4                | PA; QL (56 per 28 days)         |
| SEROSTIM SUBCUTANEOUS<br>RECON SOLN 4 MG, 5 MG, 6 MG                                                                                                         | 4                | PA                              |
| SIGNIFOR SUBCUTANEOUS<br>SOLUTION 0.3 MG/ML (1 ML), 0.6<br>MG/ML (1 ML), 0.9 MG/ML (1 ML)                                                                    | 4                | PA; QL (60 per 30 days)         |
| SOMATULINE DEPOT (lanreotide)<br>SUBCUTANEOUS SYRINGE 60<br>MG/0.2 ML                                                                                        | 4                | PA NSO; QL (0.2 per 28<br>days) |
| SOMATULINE DEPOT (lanreotide)<br>SUBCUTANEOUS SYRINGE 90<br>MG/0.3 ML                                                                                        | 4                | PA NSO; QL (0.3 per 28<br>days) |
| SOMAVERT SUBCUTANEOUS<br>RECON SOLN 10 MG, 15 MG, 20<br>MG, 25 MG, 30 MG                                                                                     | 4                | PA                              |

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| Drug Name                                                                                                                                 | Drug Tier | Requirements/Limits    |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML                                                                                                  | 4         | PA                     |
| <b>Progestins</b>                                                                                                                         |           |                        |
| DEPO-SUBQ PROVERA 104<br>SUBCUTANEOUS SYRINGE 104<br>MG/0.65 ML                                                                           | 2         | QL (0.65 per 84 days)  |
| <i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)                                                                                 | 1         |                        |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)                                                              | 1         |                        |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)                                                                 | 1         |                        |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)                                                                      | 1         |                        |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>                                                         | 1         | PA; AGE (Max 64 Years) |
| <i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)                                                                                 | 1         |                        |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)                                                                   | 1         |                        |
| <b>Thyroid And Antithyroid Agents</b>                                                                                                     |           |                        |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox) | 1         |                        |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T)                                                                                         | 1         |                        |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)                                                                           | 1         |                        |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                                                                | 1         |                        |
| <i>propylthiouracil oral tablet 50 mg</i>                                                                                                 | 1         |                        |

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|--------------------------------------------------------------------------------|-----------|----------------------------|
| REZDIFFRA ORAL TABLET 100 MG,<br>60 MG, 80 MG                                  | 4         | PA                         |
| <b>Immunological Agents</b>                                                    |           |                            |
| <b>Immunological Agents</b>                                                    |           |                            |
| ARCALYST SUBCUTANEOUS<br>RECON SOLN 220 MG                                     | 4         | PA                         |
| ASTAGRAF XL ORAL (tacrolimus)<br>CAPSULE,EXTENDED RELEASE<br>24HR 0.5 MG, 1 MG | 3         | PA BvD                     |
| ASTAGRAF XL ORAL (tacrolimus)<br>CAPSULE,EXTENDED RELEASE<br>24HR 5 MG         | 4         | PA BvD                     |
| <i>auranofin oral capsule 3 mg</i> (Ridaura)                                   | 4         |                            |
| <i>azathioprine oral tablet 50 mg</i> (Imuran)                                 | 1         | PA BvD                     |
| <i>azathioprine sodium injection<br/>recon soln 100 mg</i>                     | 1         | PA BvD                     |
| BENLYSTA SUBCUTANEOUS<br>AUTO-INJECTOR 200 MG/ML                               | 4         | PA; QL (8 per 28 days)     |
| BENLYSTA SUBCUTANEOUS<br>SYRINGE 200 MG/ML                                     | 4         | PA; QL (8 per 28 days)     |
| BESREMI SUBCUTANEOUS<br>SYRINGE 500 MCG/ML                                     | 4         | PA NSO; QL (2 per 28 days) |
| CIMZIA POWDER FOR RECONST<br>SUBCUTANEOUS KIT 400 MG (200<br>MG X 2 VIALS)     | 4         | PA                         |
| CIMZIA SUBCUTANEOUS<br>SYRINGE KIT 400 MG/2 ML (200<br>MG/ML X 2)              | 4         | PA                         |
| COSENTYX (2 SYRINGES)<br>SUBCUTANEOUS SYRINGE 150<br>MG/ML                     | 4         | PA                         |

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| <b>Drug Name</b>                                                                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| COSENTYX PEN (2 PENS)<br>SUBCUTANEOUS PEN INJECTOR<br>150 MG/ML                                                        | 4                | PA                         |
| COSENTYX SUBCUTANEOUS<br>SYRINGE 75 MG/0.5 ML                                                                          | 4                | PA                         |
| COSENTYX UNOREADY PEN<br>SUBCUTANEOUS PEN INJECTOR<br>300 MG/2 ML                                                      | 4                | PA                         |
| <i>cyclosporine intravenous solution</i> (Sandimmune)<br><i>250 mg/5 ml</i>                                            | 1                | PA BvD                     |
| <i>cyclosporine modified oral capsule</i> (Gengraf)<br><i>100 mg, 25 mg</i>                                            | 1                | PA BvD                     |
| <i>cyclosporine modified oral capsule</i><br><i>50 mg</i>                                                              | 1                | PA BvD                     |
| <i>cyclosporine modified oral solution</i> (Gengraf)<br><i>100 mg/ml</i>                                               | 1                | PA BvD                     |
| <i>cyclosporine oral capsule 100 mg,</i> (Sandimmune)<br><i>25 mg</i>                                                  | 1                | PA BvD                     |
| CYLTEZO(CF) PEN CROHN'S-UC- (adalimumab-adbm)<br>HS SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.4 ML, 40<br>MG/0.8 ML     | 4                | PA                         |
| CYLTEZO(CF) PEN PSORIASIS-UV (adalimumab-adbm)<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 40 MG/0.4 ML, 40 MG/0.8 ML          | 4                | PA                         |
| CYLTEZO(CF) PEN (adalimumab-adbm)<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 40 MG/0.4 ML, 40 MG/0.8 ML                       | 4                | PA                         |
| CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm)<br>SYRINGE KIT 10 MG/0.2 ML, 20<br>MG/0.4 ML, 40 MG/0.4 ML, 40<br>MG/0.8 ML | 4                | PA                         |

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| <b>Drug Name</b>                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------|------------------|----------------------------|
| DUPIXENT PEN SUBCUTANEOUS<br>PEN INJECTOR 200 MG/1.14 ML,<br>300 MG/2 ML                     | 4                | PA                         |
| DUPIXENT SYRINGE<br>SUBCUTANEOUS SYRINGE 100<br>MG/0.67 ML, 200 MG/1.14 ML,<br>300 MG/2 ML   | 4                | PA                         |
| ENBREL MINI SUBCUTANEOUS<br>CARTRIDGE 50 MG/ML (1 ML)                                        | 4                | PA                         |
| ENBREL SUBCUTANEOUS RECON<br>SOLN 25 MG (1 ML)                                               | 4                | PA                         |
| ENBREL SUBCUTANEOUS<br>SOLUTION 25 MG/0.5 ML                                                 | 4                | PA                         |
| ENBREL SUBCUTANEOUS<br>SYRINGE 25 MG/0.5 ML (0.5), 50<br>MG/ML (1 ML)                        | 4                | PA                         |
| ENBREL SURECLICK<br>SUBCUTANEOUS PEN INJECTOR<br>50 MG/ML (1 ML)                             | 4                | PA                         |
| <i>everolimus (immunosuppressive)</i> (Zortress)<br><i>oral tablet 0.25 mg</i>               | 1                | PA BvD                     |
| <i>everolimus (immunosuppressive)</i> (Zortress)<br><i>oral tablet 0.5 mg, 0.75 mg, 1 mg</i> | 4                | PA BvD                     |
| GAMMAGARD S-D (IGA < 1<br>MCG/ML) INTRAVENOUS RECON<br>SOLN 10 GRAM, 5 GRAM                  | 4                | PA BvD                     |
| GAMMAPLEX INTRAVENOUS<br>SOLUTION 10 %, 10 % (100 ML),<br>10 % (200 ML)                      | 4                | PA BvD                     |
| GAMUNEX-C INJECTION<br>SOLUTION 1 GRAM/10 ML (10 %)                                          | 4                | PA BvD                     |
| <i>gengraf oral capsule 100 mg, 25</i> (cyclosporine<br><i>mg</i> modified)                  | 1                | PA BvD                     |

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|----------------------------------------------------------------------------------------------------------|------------------|-----------------------------------|
| <i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)                                           | 1                | PA BvD                            |
| HUMIRA PEN CROHNS-UC-HS<br>START SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML                           | 4                | PA; Only NDCs starting with 00074 |
| HUMIRA PEN PSOR-UEVITS-ADOL<br>HS SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML                          | 4                | PA; Only NDCs starting with 00074 |
| HUMIRA PEN SUBCUTANEOUS<br>PEN INJECTOR KIT 40 MG/0.8 ML                                                 | 4                | PA; Only NDCs starting with 00074 |
| HUMIRA SUBCUTANEOUS<br>SYRINGE KIT 40 MG/0.8 ML                                                          | 4                | PA; Only NDCs starting with 00074 |
| HUMIRA(CF) PEDI CROHNS<br>STARTER SUBCUTANEOUS<br>SYRINGE KIT 80 MG/0.8 ML, 80<br>MG/0.8 ML-40 MG/0.4 ML | 4                | PA; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN CROHNS-UC-<br>HS SUBCUTANEOUS PEN<br>INJECTOR KIT 80 MG/0.8 ML                            | 4                | PA; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PEDIATRIC UC<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 80 MG/0.8 ML                             | 4                | PA; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PSOR-UV-ADOL<br>HS SUBCUTANEOUS PEN<br>INJECTOR KIT 80 MG/0.8 ML-40<br>MG/0.4 ML          | 4                | PA; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN<br>SUBCUTANEOUS PEN INJECTOR<br>KIT 40 MG/0.4 ML, 80 MG/0.8 ML                            | 4                | PA; Only NDCs starting with 00074 |
| HUMIRA(CF) SUBCUTANEOUS<br>SYRINGE KIT 10 MG/0.1 ML, 20<br>MG/0.2 ML, 40 MG/0.4 ML                       | 4                | PA; Only NDCs starting with 00074 |
| <i>infliximab intravenous recon soln</i> (Remicade)<br>100 mg                                            | 4                | PA                                |

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| <b>Drug Name</b>                                                                           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------|------------------|----------------------------|
| KINERET SUBCUTANEOUS<br>SYRINGE 100 MG/0.67 ML                                             | 4                | PA                         |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)                                        | 1                |                            |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)    | 1                | PA BvD                     |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)                                | 1                | PA BvD                     |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)       | 4                | PA BvD                     |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)                                 | 1                | PA BvD                     |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic) | 1                | PA BvD                     |
| NIKTIMVO INTRAVENOUS<br>SOLUTION 50 MG/ML                                                  | 4                | PA NSO                     |
| NULOJIX INTRAVENOUS RECON<br>SOLN 250 MG                                                   | 4                | PA BvD                     |
| ORENCIA (WITH MALTOSE)<br>INTRAVENOUS RECON SOLN 250<br>MG                                 | 4                | PA                         |
| ORENCIA CLICKJECT<br>SUBCUTANEOUS AUTO-INJECTOR<br>125 MG/ML                               | 4                | PA                         |
| ORENCIA SUBCUTANEOUS<br>SYRINGE 125 MG/ML, 50 MG/0.4<br>ML, 87.5 MG/0.7 ML                 | 4                | PA                         |
| OTEZLA ORAL TABLET 20 MG, 30<br>MG                                                         | 4                | PA                         |

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| Drug Name                                                                                                                                                                      | Drug Tier | Requirements/Limits      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)                                                      | 4         | PA                       |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML                                                                                                                                           | 3         | PA BvD                   |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG                                                                                                                                   | 3         | PA BvD                   |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 3         | ST                       |
| REZUROCK ORAL TABLET 200 MG                                                                                                                                                    | 4         | PA NSO                   |
| RIDAURA ORAL CAPSULE 3 MG (auranofin)                                                                                                                                          | 4         |                          |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML                                                                                                                                                | 4         | PA; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG                                                                                                                  | 4         | PA                       |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML                                                                                                                                     | 4         | PA                       |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn)                                                                                                                  | 2         | PA                       |
| SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn)                                                                                                                      | 4         | PA                       |
| <i>sirolimus oral solution 1 mg/ml</i>                                                                                                                                         | 1         | PA BvD                   |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                                                                | 1         | PA BvD                   |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML                                                                                                                                          | 4         | PA                       |

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| <b>Drug Name</b>                                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------|------------------|----------------------------|
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML                                                 | 4                | PA                         |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML                                                      | 4                | PA                         |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 4                | PA                         |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (ustekinumab)                                     | 4                | PA                         |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)                                    | 4                | PA                         |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)                           | 4                | PA                         |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)                                 | 1                | PA BvD                     |
| TAVNEOS ORAL CAPSULE 10 MG                                                                  | 4                | PA; QL (180 per 30 days)   |
| TREMFYA 100 MG/ML ONE-PRESS                                                                 | 4                | PA                         |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)                                        | 4                | PA                         |
| TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML                        | 4                | PA                         |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML                                           | 4                | PA                         |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                                                | 4                | PA                         |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML                                         | 4                | PA                         |

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| <b>Drug Name</b>                                                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| TYENNE AUTOINJECTOR<br>SUBCUTANEOUS PEN INJECTOR<br>162 MG/0.9 ML                                               | 4                | PA                         |
| TYENNE INTRAVENOUS<br>SOLUTION 200 MG/10 ML (20<br>MG/ML), 400 MG/20 ML (20<br>MG/ML), 80 MG/4 ML (20<br>MG/ML) | 4                | PA                         |
| TYENNE SUBCUTANEOUS<br>SYRINGE 162 MG/0.9 ML                                                                    | 4                | PA                         |
| <i>ustekinumab intravenous solution</i> (Stelara)<br><i>130 mg/26 ml</i>                                        | 4                | PA                         |
| <i>ustekinumab subcutaneous</i> (Stelara)<br><i>solution 45 mg/0.5 ml</i>                                       | 4                | PA                         |
| <i>ustekinumab subcutaneous syringe</i> (Stelara)<br><i>45 mg/0.5 ml, 90 mg/ml</i>                              | 4                | PA                         |
| XELJANZ ORAL SOLUTION 1<br>MG/ML                                                                                | 4                | PA                         |
| XELJANZ ORAL TABLET 10 MG, 5<br>MG                                                                              | 4                | PA                         |
| XELJANZ XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 11<br>MG, 22 MG                                                | 4                | PA                         |
| YESINTEK INTRAVENOUS<br>SOLUTION 130 MG/26 ML                                                                   | 4                | PA                         |
| YESINTEK SUBCUTANEOUS<br>SOLUTION 45 MG/0.5 ML                                                                  | 2                | PA                         |
| YESINTEK SUBCUTANEOUS<br>SYRINGE 45 MG/0.5 ML                                                                   | 2                | PA                         |
| YESINTEK SUBCUTANEOUS<br>SYRINGE 90 MG/ML                                                                       | 4                | PA                         |
| YUFLYMA(CF) AI CROHN'S-UC-HS (adalimumab-aaty)<br>SUBCUTANEOUS AUTO-<br>INJECTOR, KIT 80 MG/0.8 ML              | 4                | PA                         |

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| Drug Name                                                                                                       | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| YUFLYMA(CF) AUTOINJECTOR (adalimumab-aaty)<br>SUBCUTANEOUS AUTO-<br>INJECTOR, KIT 40 MG/0.4 ML, 80<br>MG/0.8 ML | 4         | PA                  |
| YUFLYMA(CF) SUBCUTANEOUS (adalimumab-aaty)<br>SYRINGE KIT 20 MG/0.2 ML, 40<br>MG/0.4 ML                         | 4         | PA                  |
| <b>Vaccines</b>                                                                                                 |           |                     |
| ABRYSVO (PF) INTRAMUSCULAR<br>RECON SOLN 120 MCG/0.5 ML                                                         | 2         | \$0 copay           |
| ACTHIB (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML                                                           | 2         |                     |
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SUSPENSION 2<br>LF-(2.5-5-3-5 MCG)-5LF/0.5 ML                | 2         | \$0 copay           |
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2 LF-<br>(2.5-5-3-5 MCG)-5LF/0.5 ML                  | 2         | \$0 copay           |
| AREXVY (PF) INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 120 MCG/0.5<br>ML                                 | 2         | \$0 copay           |
| BCG VACCINE, LIVE (PF)<br>PERCUTANEOUS SUSPENSION<br>FOR RECONSTITUTION 50 MG                                   | 2         | \$0 copay           |
| BEXSERO INTRAMUSCULAR<br>SYRINGE 50-50-50-25 MCG/0.5<br>ML                                                      | 2         | \$0 copay           |
| BOOSTRIX TDAP<br>INTRAMUSCULAR SUSPENSION<br>2.5-8-5 LF-MCG-LF/0.5ML                                            | 2         | \$0 copay           |

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| <b>Drug Name</b>                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------|------------------|----------------------------|
| BOOSTRIX TDAP<br>INTRAMUSCULAR SYRINGE 2.5-8-<br>5 LF-MCG-LF/0.5ML                           | 2                | \$0 copay                  |
| DAPTACEL (DTAP PEDIATRIC) (PF)<br>INTRAMUSCULAR SUSPENSION<br>15-10-5 LF-MCG-LF/0.5ML        | 2                |                            |
| DENG VAXIA (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP4.5-6<br>CCID50/0.5 ML | 2                | QL (3 per 365 days)        |
| ENGRIX-B (PF) INTRAMUSCULAR<br>SUSPENSION 20 MCG/ML                                          | 2                | PA BvD; \$0 copay          |
| ENGRIX-B (PF) INTRAMUSCULAR<br>SYRINGE 20 MCG/ML                                             | 2                | PA BvD; \$0 copay          |
| ENGRIX-B PEDIATRIC (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/0.5 ML                            | 2                | PA BvD; \$0 copay          |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SUSPENSION<br>0.5 ML                                        | 2                | \$0 copay                  |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SYRINGE 0.5<br>ML                                           | 2                | \$0 copay                  |
| HAVRIX (PF) INTRAMUSCULAR<br>SYRINGE 1,440 ELISA UNIT/ML                                     | 2                | \$0 copay                  |
| HAVRIX (PF) INTRAMUSCULAR<br>SYRINGE 720 ELISA UNIT/0.5 ML                                   | 2                |                            |
| HEPLISAV-B (PF)<br>INTRAMUSCULAR SYRINGE 20<br>MCG/0.5 ML                                    | 2                | PA BvD; \$0 copay          |
| HIBERIX (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML                                       | 2                |                            |

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|----------------------------------------------------------------------------|------------------|----------------------------|
| IMOVAX RABIES VACCINE (PF)<br>INTRAMUSCULAR RECON SOLN<br>2.5 UNIT         | 2                | PA BvD; \$0 copay          |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SYRINGE 25-<br>58-10 LF-MCG-LF/0.5ML | 2                |                            |
| IPOL INJECTION SUSPENSION 40-<br>8-32 UNIT/0.5 ML                          | 2                | \$0 copay                  |
| IXIARO (PF) INTRAMUSCULAR<br>SYRINGE 6 MCG/0.5 ML                          | 2                | \$0 copay                  |
| JYNNEOS (PF) SUBCUTANEOUS<br>SUSPENSION 0.5X TO 3.95X<br>10EXP8 UNIT/0.5   | 2                | \$0 copay                  |
| KINRIX (PF) INTRAMUSCULAR<br>SYRINGE 25 LF-58 MCG-10 LF/0.5<br>ML          | 2                |                            |
| MENACTRA (PF)<br>INTRAMUSCULAR SOLUTION 4<br>MCG/0.5 ML                    | 2                | \$0 copay                  |
| MENQUADFI (PF)<br>INTRAMUSCULAR SOLUTION 10<br>MCG/0.5 ML                  | 2                | \$0 copay                  |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR KIT 10-5<br>MCG/0.5 ML        | 2                | \$0 copay                  |
| M-M-R II (PF) SUBCUTANEOUS<br>RECON SOLN 1,000-12,500<br>TCID50/0.5 ML     | 2                | \$0 copay                  |
| MRESVIA (PF) INTRAMUSCULAR<br>SYRINGE 50 MCG/0.5 ML                        | 2                | \$0 copay                  |
| PEDIARIX (PF) INTRAMUSCULAR<br>SYRINGE 10 MCG-25LF-25 MCG-<br>10LF/0.5 ML  | 2                |                            |

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| <b>Drug Name</b>                                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------|------------------|----------------------------|
| PEDVAX HIB (PF)<br>INTRAMUSCULAR SOLUTION 7.5<br>MCG/0.5 ML                                         | 2                |                            |
| PENBRAYA (PF) INTRAMUSCULAR<br>KIT 5-120 MCG/0.5 ML                                                 | 2                | \$0 copay                  |
| PENBRAYA MENACWY<br>COMPONENT(PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 5 MCG/0.5<br>ML | 2                | \$0 copay                  |
| PENBRAYA MENB COMPONENT<br>(PF) INTRAMUSCULAR SYRINGE<br>120 MCG/0.5 ML                             | 2                | \$0 copay                  |
| PENMENVY MEN A-B-C-W-Y (PF)<br>INTRAMUSCULAR KIT 0.5 ML                                             | 2                | \$0 copay                  |
| PENMENVY MENACWY<br>COMPONENT(PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 10-5 MCG        | 2                | \$0 copay                  |
| PENMENVY MENB COMPONENT<br>(PF) INTRAMUSCULAR SYRINGE<br>50-50-50-25 MCG/0.5 ML                     | 2                | \$0 copay                  |
| PENTACEL (PF) INTRAMUSCULAR<br>KIT 15LF-20MCG-5LF- 62 DU/0.5<br>ML                                  | 2                |                            |
| PRIORIX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP3.4-4.2-<br>3.3CCID50/0.5ML      | 2                | \$0 copay                  |
| PROQUAD (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10EXP3-4.3-3-<br>3.99 TCID50/0.5      | 2                |                            |

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|-----------------------------------------------------------------------------------------|------------------|-----------------------------------|
| QUADRACEL (PF)<br>INTRAMUSCULAR SUSPENSION<br>15 LF-48 MCG- 5 LF UNIT/0.5ML             | 2                |                                   |
| QUADRACEL (PF)<br>INTRAMUSCULAR SYRINGE 15 LF-<br>48 MCG- 5 LF UNIT/0.5ML               | 2                |                                   |
| RABAVERT (PF) INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 2.5 UNIT                | 2                | PA BvD; \$0 copay                 |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SUSPENSION<br>10 MCG/ML, 40 MCG/ML, 5<br>MCG/0.5 ML | 2                | PA BvD; \$0 copay                 |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/ML, 5 MCG/0.5 ML                  | 2                | PA BvD; \$0 copay                 |
| ROTARIX ORAL SUSPENSION<br>10EXP6 CCID50 /1.5 ML                                        | 2                |                                   |
| ROTARIX ORAL SUSPENSION FOR<br>RECONSTITUTION 10EXP6<br>CCID50/ML                       | 2                |                                   |
| ROTATEQ VACCINE ORAL<br>SOLUTION 2 ML                                                   | 2                |                                   |
| SHINGRIX (PF) INTRAMUSCULAR<br>SUSPENSION FOR<br>RECONSTITUTION 50 MCG/0.5<br>ML        | 2                | \$0 copay; QL (2 per<br>365 days) |
| TDVAX INTRAMUSCULAR<br>SUSPENSION 2-2 LF UNIT/0.5 ML                                    | 2                | \$0 copay                         |
| TENIVAC (PF) INTRAMUSCULAR<br>SUSPENSION 5 LF UNIT- 2 LF<br>UNIT/0.5ML                  | 2                | \$0 copay                         |
| TENIVAC (PF) INTRAMUSCULAR<br>SYRINGE 5-2 LF UNIT/0.5 ML                                | 2                | \$0 copay                         |

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|--------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|
| TICOVAC INTRAMUSCULAR<br>SYRINGE 1.2 MCG/0.25 ML                                           | 2                                 |                            |
| TICOVAC INTRAMUSCULAR<br>SYRINGE 2.4 MCG/0.5 ML                                            | 2                                 | \$0 copay                  |
| TRUMENBA INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML                                           | 2                                 | \$0 copay                  |
| TWINRIX (PF) INTRAMUSCULAR<br>SYRINGE 720 ELISA UNIT- 20<br>MCG/ML                         | 2                                 | \$0 copay                  |
| TYPHIM VI INTRAMUSCULAR<br>SOLUTION 25 MCG/0.5 ML                                          | 2                                 | \$0 copay                  |
| TYPHIM VI INTRAMUSCULAR<br>SYRINGE 25 MCG/0.5 ML                                           | (typhoid vi polysacch<br>vaccine) | \$0 copay                  |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 25 UNIT/0.5 ML                                      | 2                                 |                            |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 50 UNIT/ML                                          | 2                                 | \$0 copay                  |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 25 UNIT/0.5 ML                                         | 2                                 |                            |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 50 UNIT/ML                                             | 2                                 | \$0 copay                  |
| VARIVAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 1,350 UNIT/0.5<br>ML         | 2                                 | \$0 copay                  |
| VAXCHORA VACCINE ORAL<br>SUSPENSION FOR<br>RECONSTITUTION 4X10EXP8 TO<br>2X 10EXP9 CF UNIT | 2                                 | \$0 copay                  |
| VIMKUNYA INTRAMUSCULAR<br>SYRINGE 40 MCG/0.8 ML                                            | 2                                 | \$0 copay                  |
| VIVOTIF ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 2 BILLION UNIT                              | 2                                 | \$0 copay                  |

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|-------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| YF-VAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION 10 EXP4.74<br>UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5<br>ML(2.5 ML IN 1 VIAL) | 2         | \$0 copay            |
| <b>Inflammatory Bowel Disease Agents</b>                                                                                            |           |                      |
| <b>Inflammatory Bowel Disease Agents</b>                                                                                            |           |                      |
| <i>alosetron oral tablet 0.5 mg</i> (Lotronex)                                                                                      | 1         |                      |
| <i>alosetron oral tablet 1 mg</i> (Lotronex)                                                                                        | 4         |                      |
| <i>balsalazide oral capsule 750 mg</i> (Colazal)                                                                                    | 1         |                      |
| <i>budesonide oral capsule,delayed,extend.release 3 mg</i>                                                                          | 1         |                      |
| <i>budesonide rectal foam 2 mg/actuation</i> (Uceris)                                                                               | 1         |                      |
| DIPENTUM ORAL CAPSULE 250 MG                                                                                                        | 4         | ST                   |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)                                                                         | 1         |                      |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i>                                                                        | 1         |                      |
| <i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)                                                                   | 1         |                      |
| <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)                                                             | 1         | QL (120 per 30 days) |
| <i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>                                                                        | 1         |                      |
| <i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)                                                                                | 1         |                      |

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|---------------------------------------------------------------------------------------|-----------|------------------------|
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa)                                | 1         |                        |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)                                  | 1         |                        |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs) | 3         |                        |
| <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 28 days)   |
| <i>alendronate oral tablet 10 mg</i>                                                  | 1         | QL (30 per 30 days)    |
| <i>alendronate oral tablet 35 mg</i>                                                  | 1         | QL (4 per 28 days)     |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)                                        | 1         | QL (4 per 28 days)     |
| <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)                                 | 1         | QL (60 per 30 days)    |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar)                                        | 1         | QL (120 per 30 days)   |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>                           | 1         |                        |
| <i>ibandronate oral tablet 150 mg</i>                                                 | 1         | QL (1 per 28 days)     |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE    | 4         | PA; QL (2 per 28 days) |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)                               | 4         | PA                     |

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| <b>Drug Name</b>                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)                             | 1                |                            |
| <i>paricalcitol oral capsule 4 mcg</i>                                              | 1                |                            |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG                                 | 4                | QL (60 per 30 days)        |
| <i>risedronate oral tablet 150 mg</i> (Actonel)                                     | 1                | QL (1 per 28 days)         |
| <i>risedronate oral tablet 30 mg, 5 mg</i>                                          | 1                | QL (30 per 30 days)        |
| <i>risedronate oral tablet 35 mg</i> (Actonel)                                      | 1                | QL (4 per 28 days)         |
| <i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>                      | 1                | QL (4 per 28 days)         |
| <i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i> (Atelvia)              | 1                | QL (4 per 28 days)         |
| STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML                                              | 2                | QL (1 per 180 days)        |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity) | 4                | PA; QL (2.24 per 28 days)  |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)                         | 4                | PA; QL (1.56 per 30 days)  |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)                                | 4                | PA                         |
| <b>Miscellaneous Therapeutic Agents</b>                                             |                  |                            |
| <b>Miscellaneous Therapeutic Agents</b>                                             |                  |                            |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML                                      | 4                | PA                         |

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| <b>Drug Name</b>                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|----------------------------------------------------------------------------------|------------------|-----------------------------|
| ANDEMBRY AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>200 MG/1.2 ML             | 4                | PA                          |
| BAQSIMI NASAL SPRAY, NON-<br>AEROSOL 3 MG/ACTUATION                              | 2                |                             |
| <i>betaine oral powder 1 gram/scoop</i> (Cystadane)                              | 4                | PA                          |
| <i>buspirone oral tablet 10 mg, 15<br/>mg, 30 mg, 5 mg, 7.5 mg</i>               | 1                |                             |
| <i>diazoxide oral suspension 50</i> (Proglycem)<br><i>mg/ml</i>                  | 4                |                             |
| ELMIRON ORAL CAPSULE 100 MG                                                      | 3                |                             |
| EVRYSDI ORAL RECON SOLN 0.75<br>MG/ML                                            | 4                | PA                          |
| EVRYSDI ORAL TABLET 5 MG                                                         | 4                | PA; QL (30 per 30 days)     |
| <i>glucagon emergency kit (human)<br/>injection recon soln 1 mg</i>              | 2                |                             |
| <i>glutamine (sickle cell) oral powder</i> (Endari)<br><i>in packet 5 gram</i>   | 4                | PA; QL (180 per 30<br>days) |
| GVOKE HYPOPEN 2-PACK<br>SUBCUTANEOUS AUTO-INJECTOR<br>0.5 MG/0.1 ML, 1 MG/0.2 ML | 2                |                             |
| GVOKE PFS 1-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 0.5<br>MG/0.1 ML, 1 MG/0.2 ML   | 2                |                             |
| GVOKE SUBCUTANEOUS<br>SOLUTION 1 MG/0.2 ML                                       | 2                |                             |
| <i>hydroxyzine pamoate oral capsule<br/>100 mg, 25 mg, 50 mg</i>                 | 1                |                             |
| <i>leucovorin calcium oral tablet 10<br/>mg, 15 mg, 25 mg, 5 mg</i>              | 1                |                             |
| <i>levocarnitine (with sugar) oral</i> (Carnitor)<br><i>solution 100 mg/ml</i>   | 1                |                             |
| <i>levocarnitine oral tablet 330 mg</i> (Carnitor)                               | 1                |                             |

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| <b>Drug Name</b>                                                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|-------------------------------------------------------------------------------------------------|------------------|---------------------------------|
| <i>mesna oral tablet 400 mg</i> (Mesnex)                                                        | 4                |                                 |
| <i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv)<br>(w/w)                                    | 1                | QL (30 per 30 days)             |
| <i>pyridostigmine bromide oral syrup</i> (Mestinon)<br>60 mg/5 ml                               | 1                |                                 |
| <i>pyridostigmine bromide oral tablet</i><br>30 mg                                              | 1                |                                 |
| <i>pyridostigmine bromide oral tablet</i> (Mestinon)<br>60 mg                                   | 1                |                                 |
| <i>pyridostigmine bromide oral tablet</i> (Mestinon Timespan)<br><i>extended release 180 mg</i> | 1                |                                 |
| RIVFLOZA SUBCUTANEOUS<br>SOLUTION 80 MG/0.5 ML (160<br>MG/ML)                                   | 4                | PA                              |
| RIVFLOZA SUBCUTANEOUS<br>SYRINGE 128 MG/0.8 ML, 160<br>MG/ML                                    | 4                | PA                              |
| TAKHZYRO SUBCUTANEOUS<br>SOLUTION 300 MG/2 ML (150<br>MG/ML)                                    | 4                | PA; QL (4 per 28 days)          |
| TAKHZYRO SUBCUTANEOUS<br>SYRINGE 150 MG/ML                                                      | 4                | PA; QL (2 per 28 days)          |
| TAKHZYRO SUBCUTANEOUS<br>SYRINGE 300 MG/2 ML (150<br>MG/ML)                                     | 4                | PA; QL (4 per 28 days)          |
| THALOMID ORAL CAPSULE 100<br>MG                                                                 | 4                | PA NSO; QL (120 per<br>30 days) |
| THALOMID ORAL CAPSULE 150<br>MG, 200 MG                                                         | 4                | PA NSO; QL (56 per 28<br>days)  |
| THALOMID ORAL CAPSULE 50<br>MG                                                                  | 4                | PA NSO; QL (224 per<br>28 days) |
| TYBOST ORAL TABLET 150 MG                                                                       | 2                | QL (30 per 30 days)             |
| VEOZAH ORAL TABLET 45 MG                                                                        | 3                | PA; QL (30 per 30 days)         |

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| Drug Name                                                             | Drug Tier | Requirements/Limits     |
|-----------------------------------------------------------------------|-----------|-------------------------|
| VOWST ORAL CAPSULE                                                    | 4         | PA; QL (12 per 30 days) |
| <b>Ophthalmic Agents</b>                                              |           |                         |
| <b>Antiglaucoma Agents</b>                                            |           |                         |
| acetazolamide oral capsule,<br>extended release 500 mg                | 1         |                         |
| acetazolamide oral tablet 125 mg,<br>250 mg                           | 1         |                         |
| acetazolamide sodium injection<br>recon soln 500 mg                   | 1         |                         |
| betaxolol ophthalmic (eye) drops<br>0.5 %                             | 1         |                         |
| bimatoprost ophthalmic (eye)<br>drops 0.03 %                          | 1         | QL (2.5 per 25 days)    |
| brimonidine ophthalmic (eye) (Alphagan P)<br>drops 0.1 %, 0.15 %      | 1         |                         |
| brimonidine ophthalmic (eye)<br>drops 0.2 %                           | 1         |                         |
| brimonidine-timolol ophthalmic (Combigan)<br>(eye) drops 0.2-0.5 %    | 1         |                         |
| brinzolamide ophthalmic (eye) (Azopt)<br>drops,suspension 1 %         | 1         |                         |
| carteolol ophthalmic (eye) drops 1<br>%                               | 1         |                         |
| dorzolamide ophthalmic (eye)<br>drops 2 %                             | 1         |                         |
| dorzolamide-timolol ophthalmic (Cosopt)<br>(eye) drops 22.3-6.8 mg/ml | 1         |                         |
| latanoprost ophthalmic (eye) drops (Xalatan)<br>0.005 %               | 1         | QL (2.5 per 25 days)    |
| levobunolol ophthalmic (eye) drops<br>0.5 %                           | 1         |                         |
| LUMIGAN OPHTHALMIC (EYE)<br>DROPS 0.01 %                              | 2         | QL (2.5 per 25 days)    |

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| Drug Name                                                                                              | Drug Tier | Requirements/Limits  |
|--------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                                                          | 1         |                      |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>                                            | 1         |                      |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %                                                                | 2         | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %                                                          | 2         | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %                                                    | 2         |                      |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))                            | 1         | QL (30 per 30 days)  |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                                            | 1         |                      |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>                             | 1         |                      |
| <i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)                                                  | 1         |                      |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)                                          | 1         | QL (2.5 per 25 days) |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %                                                                 | 3         | QL (5 per 30 days)   |
| <b>Replacement Preparations</b>                                                                        |           |                      |
| <b>Replacement Preparations</b>                                                                        |           |                      |
| <i>d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution</i> (d5 % and 0.9 % sodium chloride) | 1         |                      |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> (D5 % (d-glucose)-0.9 % sodchlr) | 1         |                      |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>                                     | 1         |                      |
| ISOLYTE S IV SOLUTION-EXCEL SINGLE USE                                                                 | 3         |                      |

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| Drug Name                                                                         | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------|-----------|---------------------|
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION                                  | 3         |                     |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %                     | 3         |                     |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride) | 1         |                     |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride) | 1         |                     |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride) | 1         |                     |
| <i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>                      | 3         |                     |
| <i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>                       | 1         |                     |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION (electrolyte-a)                     | 3         |                     |
| <i>potassium chloride intravenous solution 2 meq/ml</i>                           | 1         |                     |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>            | 1         |                     |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>                  | 1         |                     |
| <i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)       | 1         |                     |
| <i>potassium chloride oral tablet extended release 15 meq, 20 meq</i>             | 1         |                     |
| <i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)         | 1         |                     |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10) | 1         |                     |
| <i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15) | 1         |                     |

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| <b>Drug Name</b>                                                                                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| potassium chloride oral tablet,er (Klor-Con M20)<br>particles/crystals 20 meq                                                                           | 1                |                            |
| potassium chloride-0.45 % nacl<br>intravenous parenteral solution 20<br>meq/l                                                                           | 1                |                            |
| potassium citrate oral tablet (Urocit-K 10)<br>extended release 10 meq (1,080<br>mg)                                                                    | 1                |                            |
| potassium citrate oral tablet (Urocit-K 15)<br>extended release 15 meq                                                                                  | 1                |                            |
| potassium citrate oral tablet<br>extended release 5 meq (540 mg)                                                                                        | 1                |                            |
| sodium chloride 0.45 %<br>intravenous parenteral solution<br>0.45 %                                                                                     | 1                |                            |
| sodium chloride 0.9 % intravenous<br>parenteral solution                                                                                                | 1                |                            |
| sodium chloride 0.9% solution<br>mini-bag, single use                                                                                                   | 1                |                            |
| <b>Respiratory Tract Agents</b>                                                                                                                         |                  |                            |
| <b>Anti-Inflammatories, Inhaled<br/>Corticosteroids</b>                                                                                                 |                  |                            |
| ADVAIR HFA INHALATION HFA (fluticasone propion-<br>AEROSOL INHALER 115-21 salmeterol)<br>MCG/ACTUATION, 230-21<br>MCG/ACTUATION, 45-21<br>MCG/ACTUATION | 2                | QL (12 per 30 days)        |
| AIRSUPRA 90-80 MCG INHALER<br>90-80 MCG/ACTUATION                                                                                                       | 2                | QL (32.1 per 30 days)      |
| ARNUITY ELLIPTA INHALATION (fluticasone furoate)<br>BLISTER WITH DEVICE 100<br>MCG/ACTUATION, 200<br>MCG/ACTUATION, 50<br>MCG/ACTUATION                 | 2                | QL (30 per 30 days)        |

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| Drug Name                                                                                                              |                                  | Drug Tier | Requirements/Limits          |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------|------------------------------|
| 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>breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>                              | (budesonide-formoterol)          | 1         | QL (30.9 per 30 days)        |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>                          | (Pulmicort)                      | 1         | PA BvD; QL (120 per 30 days) |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>                | (Breyna)                         | 1         | QL (30.6 per 30 days)        |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>                                         |                                  | 1         | QL (12 per 30 days)          |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>                                         |                                  | 1         | QL (24 per 30 days)          |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>                                          |                                  | 1         | 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)                   | 1         | QL (60 per 30 days)          |
| <i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>                   | (fluticasone propion-salmeterol) | 1         | QL (60 per 30 days)          |
| <b>Antileukotrienes</b>                                                                                                |                                  |           |                              |
| <i>montelukast oral tablet 10 mg</i>                                                                                   | (Singulair)                      | 1         |                              |

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| Drug Name                                                                                                                | Drug Tier | Requirements/Limits   |
|--------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)                                                                 | 1         |                       |
| zafirlukast oral tablet 10 mg, 20 mg (Accolate)                                                                          | 1         |                       |
| <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 30 days)   |
| albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)                                            | 1         | QL (13.4 per 30 days) |
| albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)                                            | 3         | QL (36 per 30 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         | PA BvD                |
| 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)   |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION                                                             | 3         | QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION                                                | 2         | QL (10.7 per 30 days) |

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| <b>Drug Name</b>                                                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---------------------------------------------------------------------------------------------------------------|------------------|---------------------------------|
| COMBIVENT RESPIMAT<br>INHALATION MIST 20-100<br>MCG/ACTUATION                                                 | 2                | QL (8 per 30 days)              |
| <i>ipratropium bromide inhalation<br/>solution 0.02 %</i>                                                     | 1                | PA BvD                          |
| <i>ipratropium-albuterol inhalation<br/>solution for nebulization 0.5 mg-3<br/>mg(2.5 mg base)/3 ml</i>       | 1                | PA BvD; QL (540 per 30<br>days) |
| PROAIR RESPICLICK INHALATION<br>AEROSOL POWDR BREATH<br>ACTIVATED 90 MCG/ACTUATION                            | 3                | QL (2 per 30 days)              |
| SEREVENT DISKUS INHALATION<br>BLISTER WITH DEVICE 50<br>MCG/DOSE                                              | 2                | QL (60 per 30 days)             |
| SPIRIVA RESPIMAT INHALATION<br>MIST 1.25 MCG/ACTUATION, 2.5<br>MCG/ACTUATION                                  | 2                | QL (4 per 30 days)              |
| STIOLTO RESPIMAT INHALATION<br>MIST 2.5-2.5 MCG/ACTUATION                                                     | 2                | QL (4 per 30 days)              |
| STRIVERDI RESPIMAT<br>INHALATION MIST 2.5<br>MCG/ACTUATION                                                    | 2                | QL (4 per 28 days)              |
| <i>terbutaline oral tablet 2.5 mg, 5<br/>mg</i>                                                               | 1                |                                 |
| <i>theophylline oral solution 80<br/>mg/15 ml</i>                                                             | 1                |                                 |
| <i>theophylline oral tablet extended<br/>release 12 hr 100 mg, 200 mg, 300<br/>mg, 450 mg</i>                 | 1                |                                 |
| <i>theophylline oral tablet extended<br/>release 24 hr 400 mg, 600 mg</i>                                     | 1                |                                 |
| <i>tiotropium bromide inhalation<br/>capsule, w/inhalation device 18<br/>mcg</i> (Spiriva with<br>HandiHaler) | 1                | QL (30 per 30 days)             |

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| 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>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>               | 1         | PA BvD                       |
| ALYFTREK ORAL TABLET 10-50-125 MG                                               | 4         | PA; QL (60 per 30 days)      |
| ALYFTREK ORAL TABLET 4-20-50 MG                                                 | 4         | PA; QL (90 per 30 days)      |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG                        | 4         | QL (560 per 28 days)         |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>                 | 1         | PA BvD                       |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML                                 | 4         | PA; QL (1 per 28 days)       |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML                             | 4         | PA; QL (1 per 28 days)       |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG           | 4         | PA; QL (56 per 28 days)      |
| KALYDECO ORAL TABLET 150 MG                                                     | 4         | PA; QL (56 per 28 days)      |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                                     | 4         | PA; LA; QL (3 per 28 days)   |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG                                           | 4         | PA; LA; QL (3 per 28 days)   |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML                                           | 4         | PA; LA; QL (3 per 28 days)   |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML                                        | 4         | PA; LA; QL (0.4 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG                                                | 4         | PA; QL (60 per 30 days)      |

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| Drug Name                                                                                             | Drug Tier | Requirements/Limits      |
|-------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG                                      | 4         | PA; QL (56 per 28 days)  |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                                            | 4         | PA; QL (112 per 28 days) |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet)                                                      | 4         | PA; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> (Esbriet)                                                       | 4         | PA; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 534 mg</i>                                                                 | 4         | PA; QL (90 per 30 days)  |
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet)                                                       | 4         | PA; QL (90 per 30 days)  |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML                                                 | 4         | PA BvD                   |
| <i>roflumilast oral tablet 250 mcg</i> (Daliresp)                                                     | 1         | QL (28 per 28 days)      |
| <i>roflumilast oral tablet 500 mcg</i> (Daliresp)                                                     | 1         | QL (30 per 30 days)      |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)                  | 4         | PA; QL (56 per 28 days)  |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | 4         | PA; QL (56 per 28 days)  |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)            | 4         | PA; QL (84 per 28 days)  |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)                        | 4         | PA; QL (1 per 21 days)   |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML                                | 4         | PA                       |

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| Drug Name                                                              | Drug Tier | Requirements/Limits          |
|------------------------------------------------------------------------|-----------|------------------------------|
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG                                  | 4         | PA                           |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML       | 4         | PA                           |
| <b>Skeletal Muscle Relaxants</b>                                       |           |                              |
| <b>Skeletal Muscle Relaxants</b>                                       |           |                              |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>                         | 1         |                              |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                         | 1         |                              |
| <i>dantrolene oral capsule 100 mg, 50 mg</i>                           | 1         |                              |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium)                        | 1         |                              |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                        | 1         |                              |
| <i>tizanidine oral tablet 2 mg</i>                                     | 1         |                              |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex)                          | 1         |                              |
| <b>Sleep Disorder Agents</b>                                           |           |                              |
| <b>Sleep Disorder Agents</b>                                           |           |                              |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil) | 1         | PA; QL (30 per 30 days)      |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                         | 2         | QL (30 per 30 days)          |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)              | 1         | QL (30 per 30 days)          |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML                                     | 4         | PA; QL (150 per 30 days)     |
| <i>modafinil oral tablet 100 mg</i> (Provigil)                         | 1         | PA; QL (30 per 30 days)      |
| <i>modafinil oral tablet 200 mg</i> (Provigil)                         | 1         | PA; QL (60 per 30 days)      |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)                  | 4         | PA; LA; QL (540 per 30 days) |

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| Drug Name                                                                                       | Drug Tier | Requirements/Limits         |
|-------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>tasimelteon oral capsule 20 mg</i> (Hetlioz)                                                 | 4         | PA; QL (30 per 30 days)     |
| <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)                 | 1         | 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                                          | 4         | PA; QL (90 per 30 days)     |
| <i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))                                  | 1         | PA; QL (60 per 30 days)     |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)                                           | 4         | PA; QL (30 per 30 days)     |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)                                          | 4         | PA; LA; QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG                                                                       | 4         | PA; QL (30 per 30 days)     |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)                               | 1         | PA; QL (360 per 30 days)    |
| <i>tadalafil oral tablet 2.5 mg</i>                                                             | 1         | PA; QL (30 per 30 days)     |
| <i>tadalafil oral tablet 5 mg</i> (Cialis)                                                      | 1         | PA; QL (30 per 30 days)     |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin) | 4         | PA                          |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                          | 4         | PA                          |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG       | 4         | PA; QL (60 per 30 days)     |
| UPTRAVI ORAL TABLET 200 MCG                                                                     | 4         | PA; QL (240 per 30 days)    |

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| Drug Name                                                                               | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------|-----------|---------------------|
| UPTRAVI ORAL TABLETS,DOSE<br>PACK 200 MCG (140)- 800 MCG<br>(60)                        | 4         | PA                  |
| <b>Vitamins And Minerals</b>                                                            |           |                     |
| <b>Vitamins And Minerals</b>                                                            |           |                     |
| <i>bal-care dha combo pack 27-1-<br/>430 mg</i>                                         | 1         |                     |
| <i>bal-care dha essential pack 27 mg<br/>iron-1 mg -374 mg</i>                          | 1         |                     |
| <i>c-nate dha softgel 28 mg iron-1<br/>mg -200 mg</i>                                   | 1         |                     |
| <i>completenate tablet chew 29 mg<br/>iron- 1 mg</i>                                    | 1         |                     |
| <i>folivane-ob capsule 85-1 mg</i>                                                      | 1         |                     |
| <i>kosher prenatal plus iron tab 30<br/>mg iron- 1 mg</i>                               | 1         |                     |
| <i>marnatal-f capsule 60 mg iron-1<br/>mg</i>                                           | 1         |                     |
| <i>m-natal plus tablet 27 mg iron- 1</i> (pnv,calcium 72-iron-<br><i>mg</i> folic acid) | 1         |                     |
| <i>mynatal advance oral tablet 90-1-<br/>50 mg</i>                                      | 1         |                     |
| <i>mynatal capsule 65 mg iron- 1 mg</i>                                                 | 1         |                     |
| <i>mynatal oral tablet 90-1-50 mg</i>                                                   | 1         |                     |
| <i>mynatal plus captab 65 mg iron- 1<br/>mg</i>                                         | 1         |                     |
| <i>mynatal-z captab 65 mg iron- 1<br/>mg</i>                                            | 1         |                     |
| <i>mynate 90 plus oral tablet<br/>extended release 90 mg iron-1 mg</i>                  | 1         |                     |
| <i>newgen tablet 32-1,000 mg-mcg</i>                                                    | 1         |                     |
| <i>niva-plus tablet 27 mg iron- 1 mg</i>                                                | 1         |                     |

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| <b>Drug Name</b>                                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>                                                | 1                |                            |
| <i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron- 1 mg -50 mg</i>                           | 1                |                            |
| <i>o-cal prenatal oral tablet 15 mg iron- 1,000 mcg</i>                                                  | 1                |                            |
| <i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>                                                             | 1                |                            |
| <i>pnv prenatal plus multivit tab (pnv,calcium 72-iron-gluten-free (rx) 27 mg iron- 1 mg folic acid)</i> | 1                |                            |
| <i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>                                                 | 1                |                            |
| <i>pnv-omega softgel 28-1-300 mg</i>                                                                     | 1                |                            |
| <i>pr natal 400 combo pack 29-1-400 mg</i>                                                               | 1                |                            |
| <i>pr natal 400 ec combo pack 29-1-400 mg</i>                                                            | 1                |                            |
| <i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>                                                   | 1                |                            |
| <i>pr natal 430 ec combo pack 29-1-430 mg</i>                                                            | 1                |                            |
| <i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>                                                  | 1                |                            |
| <i>prenaissance oral capsule 29-1.25-55-325 mg</i>                                                       | 1                |                            |
| <i>prenaissance plus oral capsule 28-1-50-250 mg</i>                                                     | 1                |                            |
| <i>prenatabs fa tablet 29-1 mg</i>                                                                       | 1                |                            |
| <i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>                                    | 1                |                            |
| <i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>                                                      | 1                |                            |

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| <b>Drug Name</b>                                                                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>prenatal low iron oral tablet 27 mg iron- 1 mg</i>                                               | 1                |                            |
| <i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)             | 1                |                            |
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid) | 1                |                            |
| <i>prenatal-u capsule 106.5-1 mg</i>                                                                | 1                |                            |
| <i>preplus oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)                        | 1                |                            |
| <i>pretab oral tablet 29-1 mg</i>                                                                   | 1                |                            |
| <i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>                                                   | 1                |                            |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i>                                                   | 1                |                            |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i>                                                   | 1                |                            |
| <i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>                                                 | 1                |                            |
| <i>taron-c dha capsule 35-1-200 mg</i>                                                              | 1                |                            |
| <i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>                          | 1                |                            |
| <i>virt-c dha oral capsule 35-1-200 mg</i>                                                          | 1                |                            |
| <i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>                                                | 1                |                            |
| <i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>                                             | 1                |                            |
| <i>virt-pn plus oral capsule 28-1-300 mg</i>                                                        | 1                |                            |
| <i>vitafol gummies 3.33 mg iron-0.33 mg</i>                                                         | 1                |                            |

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| <b>Drug Name</b>                                                | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------|------------------|----------------------------|
| <i>vitafol nano oral tablet 18 mg<br/>iron- 1 mg</i>            | 1                |                            |
| <i>vitafol-ob+dha combo pack 65-1-<br/>250 mg</i>               | 1                |                            |
| <i>vp-ch-pnv oral capsule 30 mg<br/>iron-1 mg -50 mg-260 mg</i> | 1                |                            |
| <i>vp-pnv-dha oral capsule 28 mg<br/>iron- 1 mg-200 mg</i>      | 1                |                            |
| <i>zatean-pn dha capsule 27 mg<br/>iron-1 mg -300 mg</i>        | 1                |                            |
| <i>zatean-pn plus softgel 28-1-300<br/>mg</i>                   | 1                |                            |
| <i>zingiber tablet 1.2 mg-40 mg-<br/>124.1 mg-100 mg</i>        | 1                |                            |

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This formulary was updated on October 8, 2025. For more recent information or other questions, please contact PHP Pharmacy Customer Service at 1-888-436-5018 (TTY users should call 711), 24 hours a day, seven days a week, or visit [www.php-ca.org/for-members/drug-benefit/formulary](http://www.php-ca.org/for-members/drug-benefit/formulary).